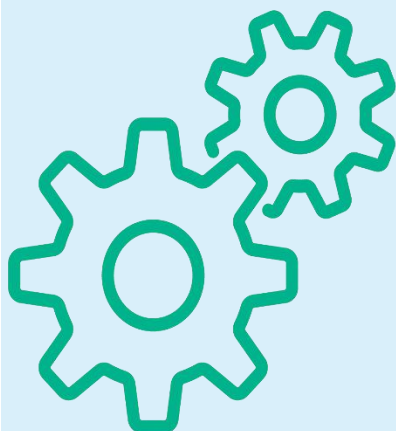


Covid-19 Impact Survey

Investigation Report



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What is Healthwatch?

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.



We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Why this subject?



Throughout the last two years the National Health Service (NHS) has faced increased pressures, caused by the Covid-19 pandemic, which has included:

More patients requiring hospital treatment because of contracting Covid-19.

Some staff isolating either because they had Covid-19 or were in close contact with someone who had the virus.

Increased demand for Personal Protective Equipment (PPE), which resulted in reports of shortages in some health and care settings.

Reports of increasing pressure on the NHS 111 and 999 services

This has resulted in:

- Postponement of non-emergency care;
- Extra care measures being taken to keep staff and patients safe, for example, not allowing partners to attend antenatal appointments at hospitals;
- Hospital and care home visits, from relatives and friends, being restricted;
- Increased waiting times to access services;
- Increased waiting times for follow up appointments;
- Increased use of telephone and online appointments by health professionals.

Given the national situation and the local interest in examining the impact of Covid-19, Healthwatch across the Humber Network worked together to gather intelligence on how the Covid-19 pandemic had directly or indirectly affected health and care services regionally. Members of the Healthwatch Humber n-Network included:

- Healthwatch Kingston Upon Hull (HWH)
- Healthwatch East Riding of Yorkshire (HWERY)



- Healthwatch North East Lincolnshire (HWNEL)
- Healthwatch North Lincolnshire (HWNL)

The Patient Experience Group at the Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) wanted to find out the impact Covid-19 was having upon their patients and whether the measures they had already put in place were having an effect. A sub-group was established to look at what information would be useful from the trusts perspective and what questions might be asked. It was agreed that this would be incorporated into the planned work of Healthwatch.

The overall aim of this investigation, therefore, was to find out how the Covid-19 pandemic had affected people's ability to access and be treated by local health and care services and identify where improvements needed to be made in order to maintain residents' health and wellbeing.



Introduction

The Covid-19 virus first emerged in 2019 in Wuhan, China. On 11 March 2020 the World Health Organization declared the outbreak a pandemic with over 100 countries being affected and rising community transmission.

Since it was first identified the virus has mutated thousands of times with some being classified as 'Variants of Interest' or 'Variants of Concern'.

Throughout the pandemic the UK government introduced various measures to control the spread of the virus and avoid a situation whereby the NHS could face high numbers of Covid-19 inpatients, causing added pressure on hospital services.

On 12 March 2020 Prime Minister (PM) Boris Johnson made a statement, from the Prime Minister's Office at 10 Downing Street outlining the situation regarding the pandemic and the potential future impact.

...“the number of cases will rise sharply and indeed the true number of cases is higher – perhaps much higher – than the number of cases we have so far confirmed with tests.

I've got to be clear, we've all got to be clear, that this is the worst public health crisis for a generation.

Some people compare it to seasonal flu. Alas, that is not right. Owing to the lack of immunity, this disease is more dangerous.

And it's going to spread further and I must level with you, level with the British public, many more families are going to lose loved ones before their time...

But as we've said over the last few weeks, we have a clear plan that we are now working through...”¹

Measures that were taken throughout the pandemic included:

- Three national lockdowns, this included leaving home for only limited reasons and for daily exercise;
- Tier systems for local areas, which meant that areas of high infection had tighter restrictions imposed and there was limited travel between areas.
- The introduction of Social Distancing;
- Shielding for the most vulnerable in society;
- Compulsory mask wearing in certain settings such as on public transport or in shops;
- Creating temporary 'Nightingale' hospitals, holding extra bed capacity needed to treat Covid-19 patients if required;

¹ <https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>



Covid-19 Impact Survey: Investigation Report.

- Asking people to work from home where possible;
- Establishing the Test and Trace Service;
- Creating and promoting the Covid-19 App;
- Establishing the National helpline 119;
- The vaccination programme.

Other services implemented restrictions in order to address problems created by the pandemic, including:

- Many GP practices moved some appointments to telephone consultations rather than face-to-face;
- Care homes restricted visiting to help prevent infections on the premises;
- Supermarkets had to restrict the amount of some products that people could buy, due to shortages caused by panic buying during the pandemic.

In December 2020 vaccines started to be rolled out across the UK. The vaccines used in the UK were: Pfizer (BioNTech), Oxford AstraZeneca, Moderna, and the Johnson and Johnson (Janssen) vaccine. The vaccines were administered in a set order determined by need and whether a person was employed in a frontline health and social care profession

The second dose was recommended to follow about three months after the first dose and the booster three months after the second dose (children over the age of 16). Children between the ages of 12-15 were allowed two shots of the vaccine. There is currently an ongoing booster programme for those aged 75 and over.

Following months of vaccinations being administered, many of the UK's remaining restrictions were lifted on 19 July 2021. However, a further wave of the virus (Omicron) meant that some of these restrictions were re-imposed including: the wearing of face masks in certain settings and the government advising that people should work from home where possible.

The National Picture

On 31 January 2022 the number of people who had tested positive for Covid-19, in the UK, was 17,315,893². Over the course of the pandemic 692,439² admittances to hospital had been made and 155,754² had died of the disease within 28 days of getting a positive PCR test.

The 2020 'pandemic patient experience'³ report, from the patients association, highlighted some of the issues affecting health and care systems. From a survey of 953 people, 67% of respondents had experienced the cancellation of a health and care

² National case data available at: <https://coronavirus.data.gov.uk/>

³ The patients association report available at: <https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=2fdaa424-8248-4743-a4d5-fe1d3f403d20>



appointment due to the pandemic and 47% had decided to postpone. Areas that were identified as particularly difficult to access included: dental services, mental health support, diagnostic services and appointments with GP's. The survey also looked at whether people's overall health and care needs were supported. Half of those responding to the survey felt that they had not been supported.

Whilst some respondents saw the advantages of undertaking remote consultations as a way to access services, others appeared to have a preference for face-to-face appointments.

In 2021 a second survey and report⁴ was undertaken by the patients association. This survey focused on the themes that had been highlighted in the previous report. The report revealed that patients were still finding it hard to access primary care services and that many patients' still preferred face-to-face contact rather than remote consultations, often over the telephone.

Again many respondents had had appointments either cancelled or postponed (63%) with some experiencing this more than once for the same appointment. Fewer respondents (56%) mentioned postponing accessing treatment.

The Local Picture

On 31 January 2021 1,498,455⁵ people had tested positive across the Yorkshire and Humber region. Information for the local authority areas, under the Healthwatch Humber Network, is listed in the following table.

	Case Numbers ⁵	Deaths within 28 days of a positive result ⁵
North Lincolnshire	42,453	368
North East Lincolnshire	43,520	362
East Riding	83,361	917
Hull	74,254	769
Total	243,588	2,416

⁴ The patients association report available at: <https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=835c8fb6-71f2-41e3-8e44-489216762cf6>

⁵ All regional and local case number data is available on the government website at: <https://coronavirus.data.gov.uk/>



Four NHS trusts operated across the Healthwatch Humber Network. Information about the number of admittances, due to Covid-19, are listed below:

Hospital Trust	Number of admittances ⁶
Northern Lincolnshire and Goole NHS Foundation Trust	2736
Hull University Teaching Hospitals NHS Trust	4,181
Humber Teaching NHS Foundation Trust	128
Rotherham, Doncaster and South Humber NHS Foundation Trust	264
Total	7309

Public Feedback shared with the Healthwatch Network

During the pandemic patients have contacted the Healthwatch Humber Network on a range of matters, which seem to have become worse as a result of Covid-19, such as:

- Problems getting through to GP Practices;
- Issues accessing GP face-to-face appointments;
- Problems getting a Covid-19 vaccination;
- Longer waits for follow up appointments at the hospital;
- Access to dental services despite being 'registered' with a dental practice;
- Access to an NHS dentist (for those without dentist).



⁶ All hospital trust information is available on the government website at: <https://coronavirus.data.gov.uk/>



Approach

In order to obtain a large number of views, across the network, a survey was chosen as the best method of capturing feedback. Contributions were encouraged from service providers about what questions they would like answers to so that the information collected would be most relevant for them to update/adapt their services.

The survey questions cover seven service areas:

- Hospital services
- GP services
- Mental health Services
- Pharmacies
- Care homes
- Community services
- Dentistry

Each Healthwatch undertook promotion of the survey in their local areas. This was primarily achieved through utilising existing distribution methods / contacts and through engagement opportunities, including:

- Healthwatch newsletters and social media contacts;
- Healthwatch websites;
- Promotion through other organisations social media, such as North East Lincolnshire's council and CCG;
- Advertising through Community Partnerships;
- Face-to-face engagement at community centres, support groups, local markets and events (such as the Carer's Right's day in North East Lincolnshire and Orchard 2000 Health Centre in Hull)
- Hard copies and freepost envelopes left with local organisations for those that are digitally excluded and hard to reach;
- Promotional resources sent out in survey packs;
- Dedicated email campaigns;



Findings

In total 1185 surveys were received, broken down by Healthwatch area as follows:

- 200 for HWNL
- 490 for HWNEL
- 194 for HWERY
- 274 for HWH
- 27 others (Lincolnshire)

The survey findings are shown below and broken down by specific service areas.

Hospital Services

INTRODUCTION

Two NHS trusts covered five hospitals across the Healthwatch Humber region (not including specialist hospitals covering inpatient mental health):

- Hull University Teaching Hospitals NHS Trust - runs both Hull Royal Infirmary and Castle Hill hospital;
- Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) – runs Scunthorpe General Hospital, Diana Princess of Wales Hospital and Goole hospital.

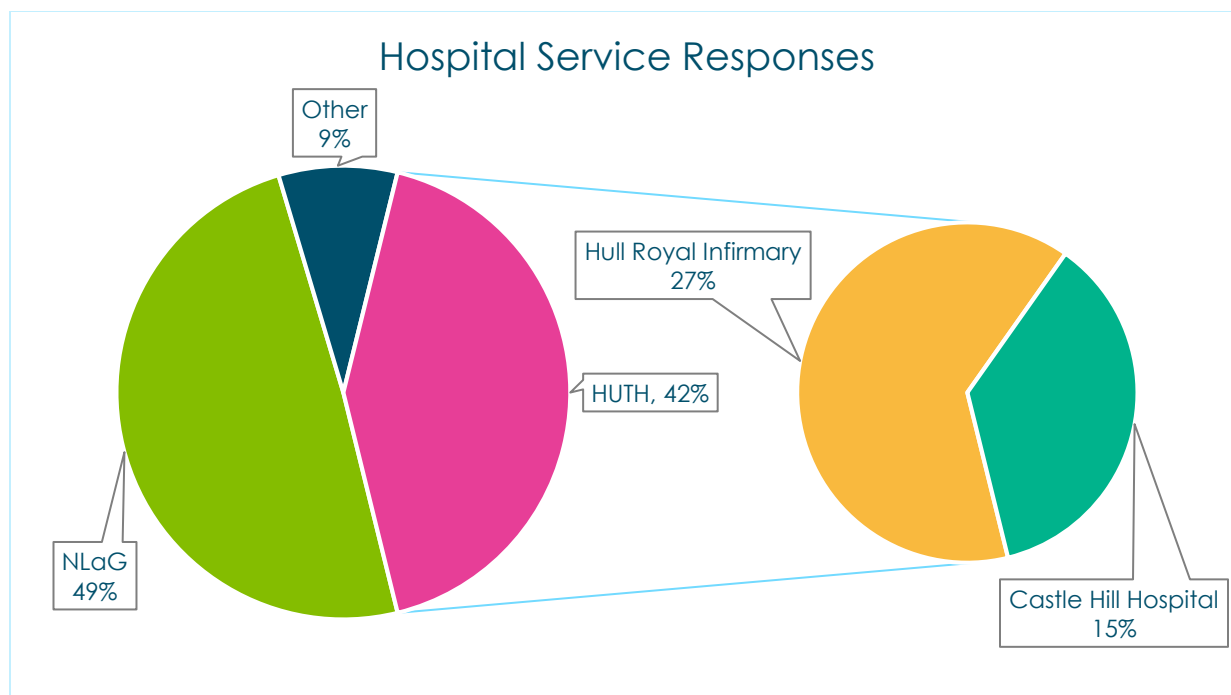
The survey questions covered areas that the Healthwatch Humber Network knew had been affected by the Covid-19 pandemic; either through feedback received from the public or from having discussions with hospital staff. Areas covered by the survey included: visiting, waiting lists and appointments.

In total 119 people shared their experiences of using Hospital Services across the Humber region. 55 were in relation to hospitals run by the Hull University Teaching Hospitals NHS Trust and 64 were in relation to hospitals run by the Northern Lincolnshire and Goole NHS Foundation Trust (An additional 11 people shared experiences of other hospitals and 22 people did not specify, which hospital they were referring to).

Hull University Teaching Hospitals NHS Trust

55 People across the Humber region shared experiences in relation to hospitals which were run by the Hull University Teaching Hospitals NHS Trust, covering experiences from both Hull Royal Infirmary and Castle Hill Hospital. Of these 55 people 26 were from the East Riding of Yorkshire, 22 were from Hull and seven were from the North Lincolnshire area. The following graph shows the breakdown by NHS trust and Hospital.





VISITING

10 respondents indicated they had visited someone in hospital during the pandemic and nine people reported having wanted to visit someone in hospital but they had not been able to. Mostly, people had asked staff on the ward about visiting but some people had checked the hospital website or been told by the patient. There was an equal amount of people who had visited someone in Hull Royal Infirmary as there was for Castlehill, five responses each. Whereas, there was one more person who had wanted to visit a patient but been unable to at Hull Royal Infirmary (5) than at Castlehill (4). For people who were not able to visit six felt they were kept informed about the patient's condition, while five felt they were not. Examples of why people felt they were not kept informed of the patients conditions included:

“The nurses were so busy they were unable to take calls or update us on the condition of my grandad.”

(Hull Royal Infirmary)

“I tried to find details of my wife post operation but had great difficulty contacting the ward.”

(Castle Hill Hospital)

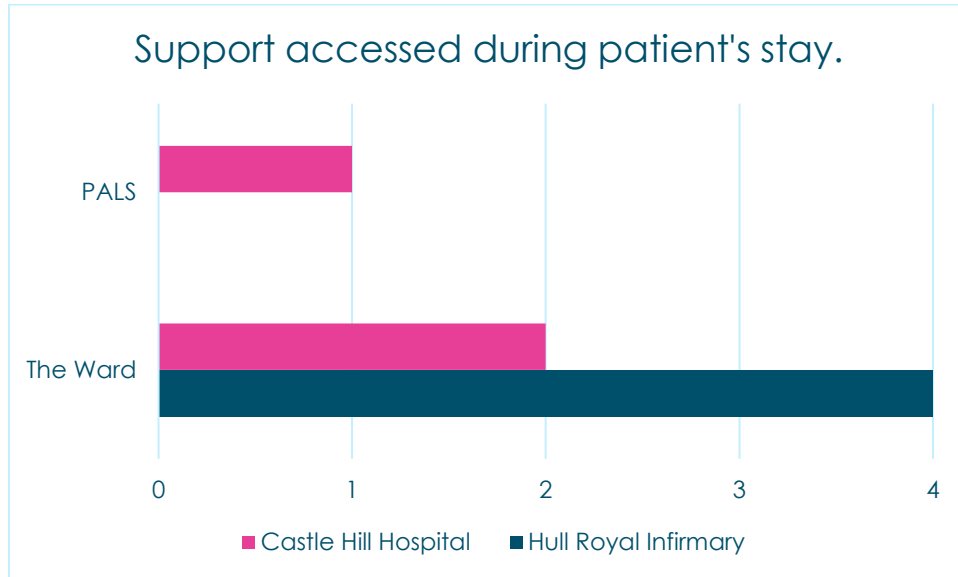
“They keep you out the way so they can do what they wish without consulting family.”

(Hull Royal Infirmary)



When asked if there was any further information people would like to share about their experience of visiting patients, it was generally felt that patients and relatives had found the restrictions on visiting difficult and it had contributed to feelings of **“despair and great sadness”**. One person reported being the family member to liaise with the hospital and had then passed information on to other family members and another described the system as **“utter chaos”** even though they had booked the visit.

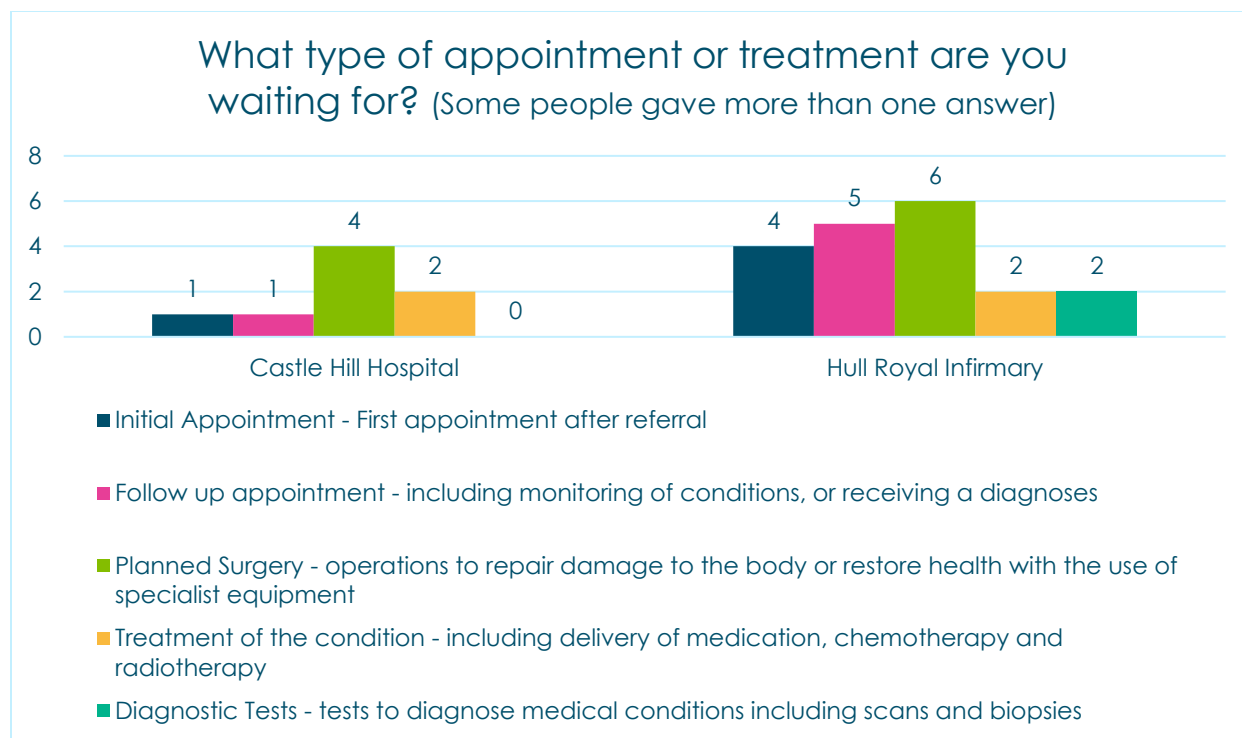
We also asked which support services people accessed during the patient's stay in hospital and the details are given below:



HOSPITAL WAITING LISTS

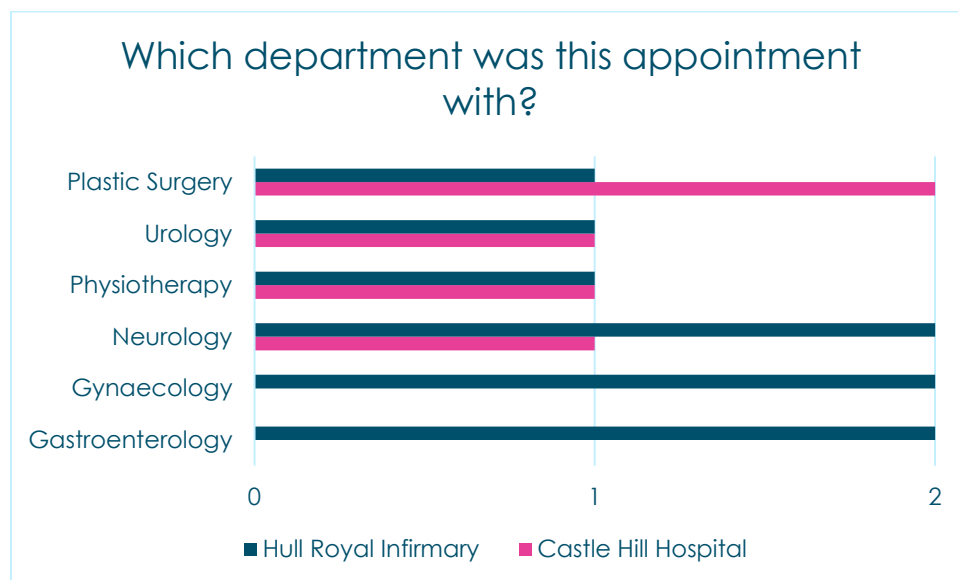
23 people reported they were on a waiting list for either an appointment or treatment. The types of appointment or treatment people reported waiting for are detailed below, note that some people selected that they were waiting for more than one type of appointment:





The majority of people across the trust who were waiting for appointments or treatment, were waiting for planned surgery and most people were waiting for their appointments with Hull Royal Infirmary.

The most common departments people were waiting for appointments with are shown in the chart below:



Other areas included:

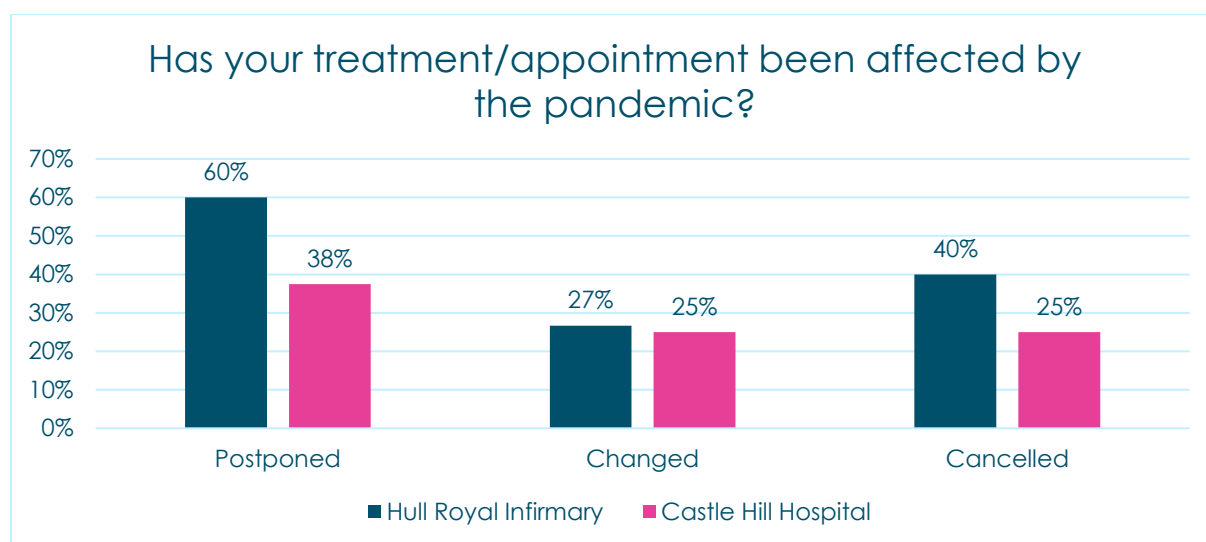
- Autoimmune Clinic



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- Endocrinology
- Cardiology
- Hematology
- Maxillofacial
- Rheumatology

Of the 23 people who stated they were waiting for treatment or an appointment 15 were regarding Hull Royal Infirmary and eight related to Castle Hill Hospital. Respondents were asked whether they had an appointment or treatment postponed, changed or cancelled and were able to give more than one answer. For Hull Royal Infirmary, 60% had experienced a postponement, 27% reported an appointment or treatment being changed in some way and 40% had an appointment or treatment cancelled. The figures in relation to Castle Hill Hospital were smaller but still 38% of people reported experiencing a postponement, 25% had seen a change and 25% experienced a cancellation of an appointment or treatment. These figures are highlighted in the chart below.



Comments people made about the reasons for the disruption to appointments/treatment included:

“Planned surgery from February 2020 has been cancelled numerous times, went for pre-op assessment a few weeks ago, told I would get my op within 2 weeks then heard nothing. Took 4 days to speak to someone only to be told it was back to emergency surgery only and mine wouldn’t be going ahead. It has impacted on my mental health and totally ground my physical health to nil.”

(Castle Hill Hospital)

“Initial Telephone/ video appointment failed on three occasions. Eventually had telephone Appt.”



(Hull Royal Infirmary)

“My husband keeps getting appointments for pre-op assessments then they get changed then cancelled, he finally attended last month and was told his surgery would be within 2 weeks but he never heard anything and it took him 4 days of phoning the waiting list people only to be told sorry (yet again) it's emergency ops only”

(Castle Hill Hospital)

“My operation for my endometriosis was cancelled, as a result I was hospitalised. And then promised a procedure within 4 weeks as it was fatal to my tubes. I was then waiting 16 weeks with no treatment due to the strain of covid. I only just got my operation yesterday after waiting since May.”

(Hull Royal Infirmary)

Most people who were awaiting appointments had been referred by their GP. Other places people were referred from included; Grimsby Diana Princess of Wales Hospital, A & E and Maxillofacial Grimsby.

One person stated they had cancelled a hospital appointment because of the pandemic but did not give any indication as to why.

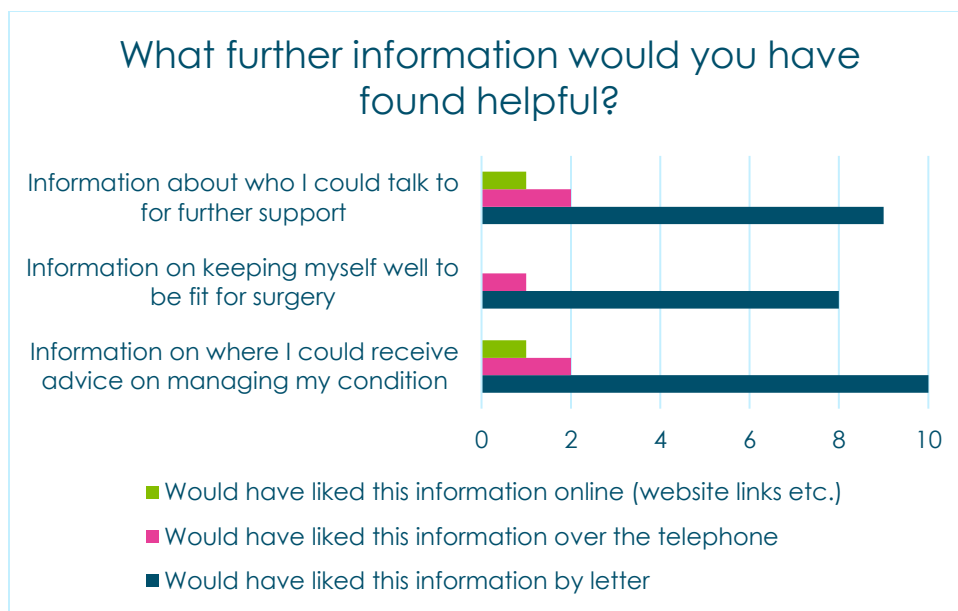
Five people were provided with information about how long they may have to wait for their appointment or treatment, three in relation to Hull Royal Infirmary and two in relation to Castle Hill Hospital. The ways in which people received information was the same for both hospitals, they were either sent a letter or they contacted the hospital themselves to ask. The majority (3) of the people who were provided with information about waiting times were satisfied with this. Further information, by letter, that this group of people would have found useful included:

- Information on where to receive advice on managing a condition.
- Information about who to talk to for further support.
- A comment was made about also being kept up to date with delays and additional delays.

No one reported being told what to do if they thought their condition had become worse. Yet three out the five people felt as though their condition had deteriorated in the previous 12 months, for this deterioration two people sought help from their GP and the third had contacted the department which was carrying out the treatment.

Others who had not been provided with information about how long they may have to wait for their appointment/treatment, would most liked to have received advice, by letter, on managing their condition. A breakdown of other topics and ways they would like to be contacted is given below, people were able to give more than one response to this question:





Other comments made included:

“Info on when elective surgery is resuming and how long waiting lists are?”

(Castle Hill Hospital)

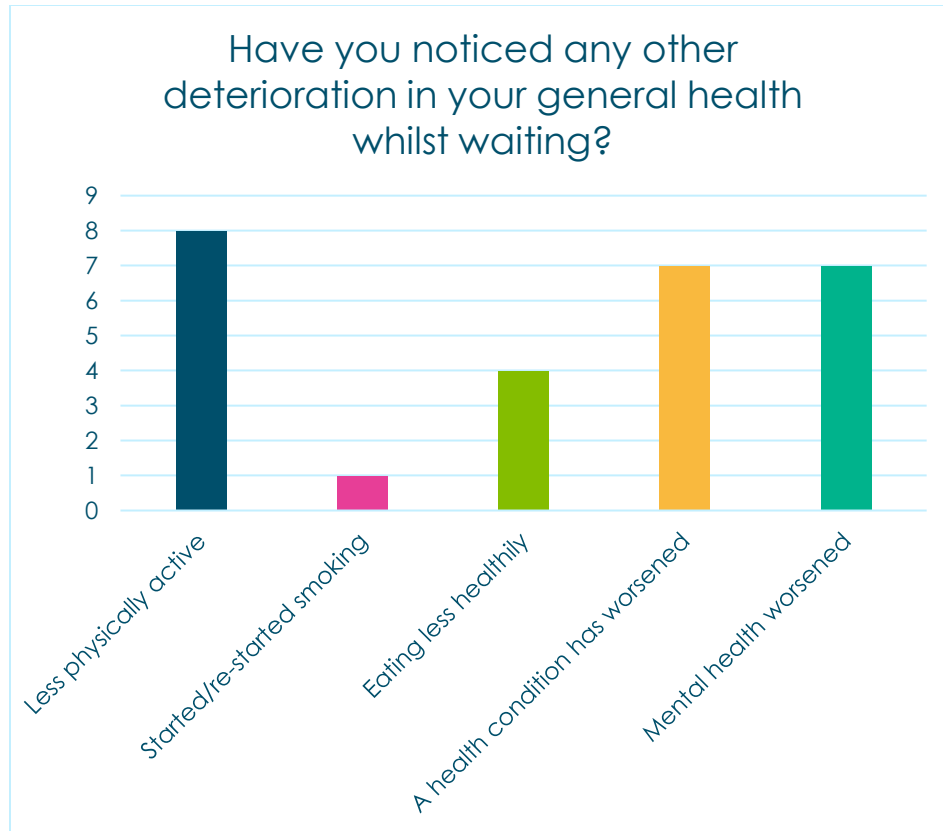
“Would prefer face to face Appt”

(Hull Royal Infirmary)

In addition, only two people, of those who were not provided information about how long they may have to wait, were told what to do if they thought their condition had become worse. Yet, 10 reported feeling that their condition had deteriorated in the last 12 months. Most of those who felt that their condition had worsened sought help from their GP (5), others contacted A & E (3) and some did not seek any help (2).

For everyone who was waiting for an appointment or treatment, many noticed a deterioration in general health whilst they had been waiting. A breakdown of the perceived areas of deterioration are detailed below, people were able to give more than one response to this question:





We asked people about what they do themselves to stay physically and mentally well. Comments people made included:

- Exercise and keeping fit (12)
- Eating Healthily (4)
- Medication (3)
- Talking to family or friends (2)
- Resting and Sleep (2)
- Gardening (1)
- Meditation (1)
- Vaccinations (1)

Three people either reported that they just 'carry on' or do nothing to stay physically or mentally well.

Respondents commented on what would increase their physical or mental wellbeing, this included:

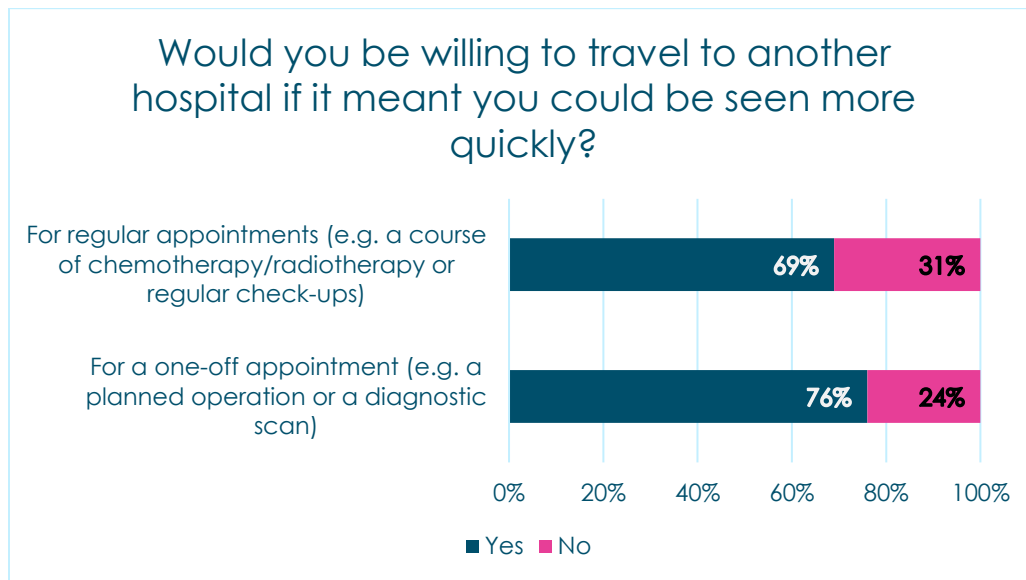
- Having the treatment they are waiting for (7)
- Having better communication about their situation, such as knowing waiting times, guidance and advice, knowing they are well and that services are available to them if needed (5)
- Exercise (2)



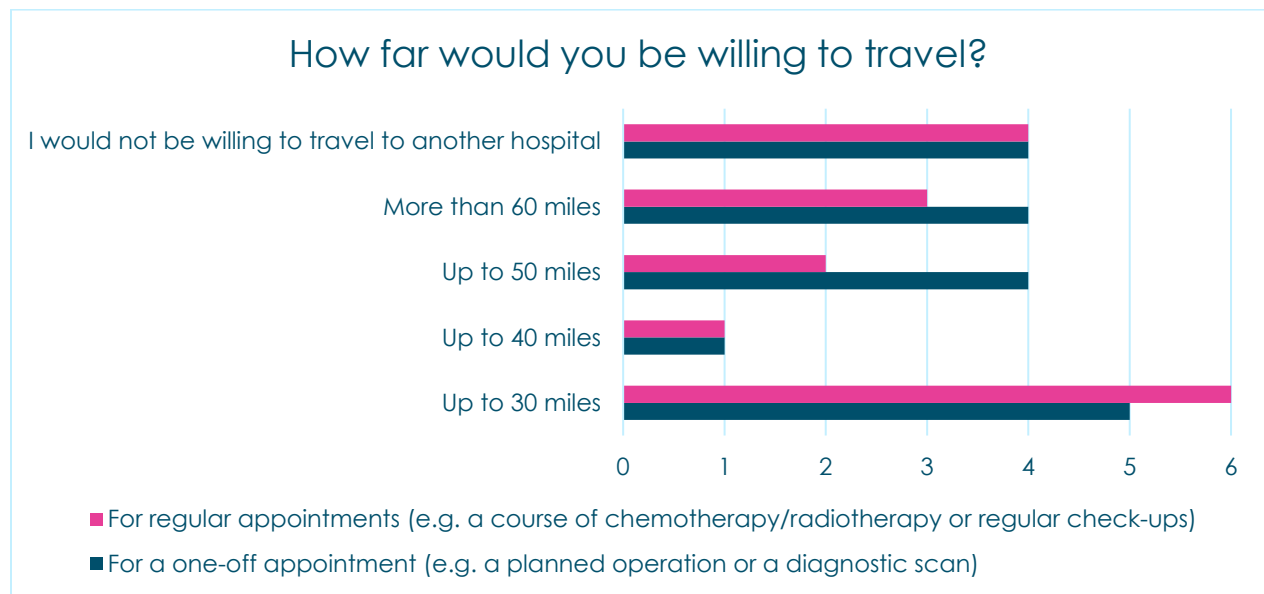
Covid-19 Impact Survey: Investigation Report.

- Bereavement Support (1)
- Cardiac Rehabilitation (1)
- Medical Review (1)

We asked people to consider whether they would be willing to travel to another hospital if it meant they could be seen more quickly. The majority of people said they would for both one-off and regular appointments. A breakdown of this is detailed below:



When asked how far people would be willing to travel for both one-off and regular appointments most people would be willing to travel up to 30 miles. This is shown below with other distances people reported being willing to travel.



We asked people, if you were to travel to another hospital what would make it easier for you to get to your hospital appointment? Suggestions included:

- Dedicated transport to and from appointments;
- Room in the hospital car park;
- Ease of access at the site for those with mobility difficulties;
- Being able to travel by train;
- Hospital car or taxi;

We finished this section by asking people if they had any other information they would like to provide about waiting lists. 42% of the comments received related to communication with people stating:

“It’s the not knowing and lack of communication that makes me feel so low.”

(Hull Royal Infirmary)

“It’s disgusting that for nearly 2 years my husband has NOT been informed about his op, HE has had to chase up for information continuously”

(Castle Hill Hospital)

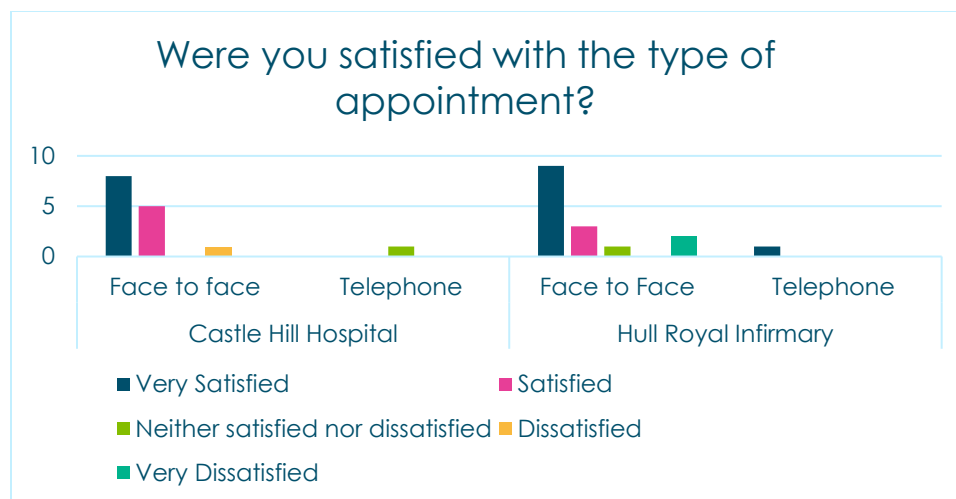
“Referred around 3 months ago but have still heard nothing from the Endocrinology department”

(Hull Royal Infirmary)

HOSPITAL APPOINTMENTS

33 people, on our survey, indicated that they had an appointment with either Hull Royal Infirmary or Castle Hill Hospital during the pandemic. Most people (29) had face to face appointments, two people indicated that they had telephone appointments and two people skipped this question. Levels of satisfaction, with the type of appointment, are shown below, and highlight that the majority of people (26) were either satisfied or very satisfied:





Reasons people gave for being satisfied or very satisfied included:

“All my appointments so far have been timely and as Covid safe as they could be”

(Castle Hill Hospital)

“On time, good covid measures, excellent consultant and supportive nurses, great follow up”

(Hull Royal Infirmary)

“First class service from the Fracture Clinic and the team who operated on my wrist at Castle Hill”

(Castle Hill, Hospital)

Reasons for being dissatisfied or very dissatisfied included:

“Dissatisfied as wrong info given and had not been put on waiting list for surgery as I was told I had”

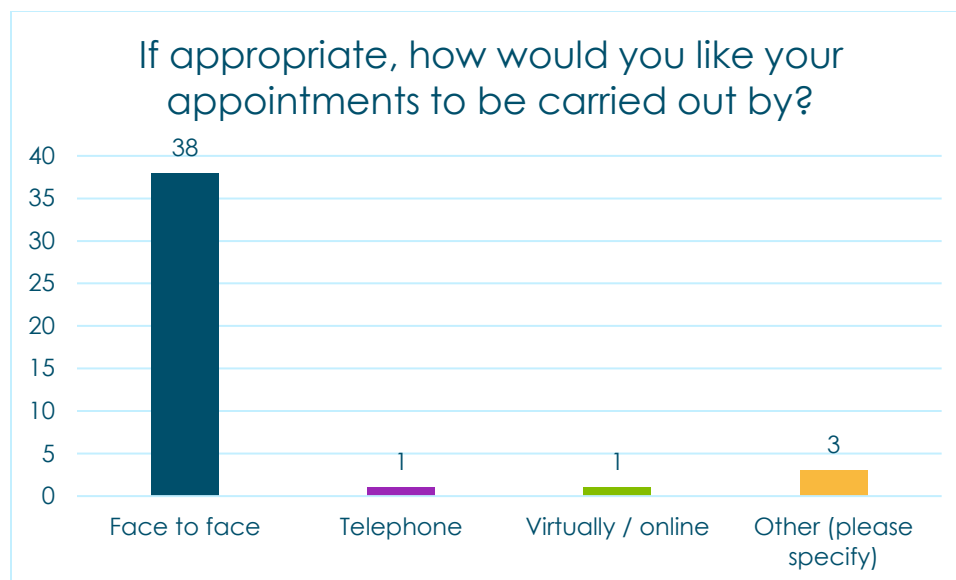
(Castle Hill Hospital)

“Long waiting times and unhelpful staff”

(Hull Royal Infirmary)

We then asked people if the appointment type did not suit them, did they know how to change it, eight people said they did, three people did not know how to change it and 20 people indicated that this was not applicable to them as they were satisfied or neither satisfied nor dissatisfied with the type of appointment. Most people (27) stated that they knew where to go for help if they wanted to change or cancel an appointment and just four people stated they did not. We asked people how they would like appointments to be carried out, most people stated they would like to them to be face to face, as shown below.





Of the three who indicated 'other' two stated that face to face was either necessary for treatment or best but they would be happy with online or telephone if the concern was minor or not physical. The third response stated that they would be satisfied with whichever type was appropriate, they appreciated that they did not necessarily need to see a doctor every time, as they may have some questions which could be answered virtually.

We then asked whether people had any further comments on future appointments. People gave very varied feedback and whilst some remained in favor of face to face appointments and wondered why there was a need to change the way services were delivered, one person highlighted the positives of virtual appointments in saving travel expenses and not feeling at risk in waiting rooms.

PATIENT INITIATED FOLLOW UP (PIFU)

Three people who attended appointments at Hull Royal Infirmary (1) and Castle Hill Hospital (2), stated that someone spoke to them about Patient Initiated Follow Up (PIFU). All three respondents said that they understood the explanation about what PIFU is and how it works, this explanation was given by their doctor or nurse. However, one of the patients specified they did not know who to contact in order to activate it and none of them had been given an information leaflet about PIFU. One respondent, from Castle Hill Hospital, made the following comment about their understanding of PIFU;

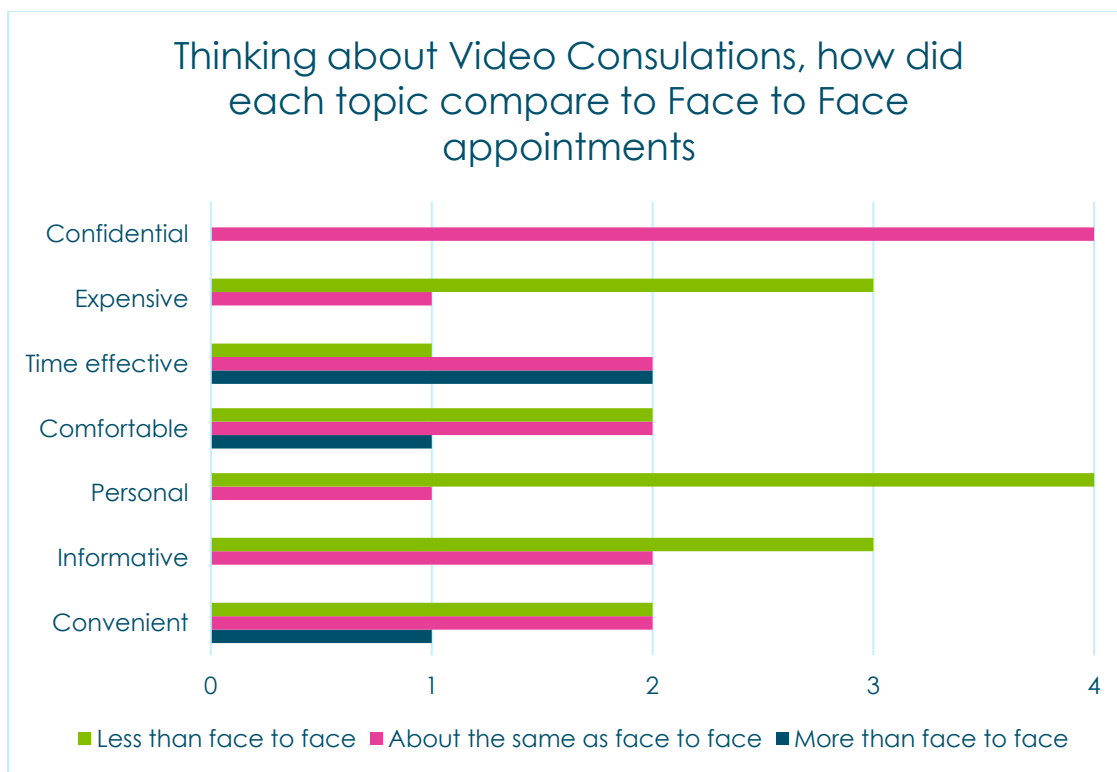
"I understand PIFU to mean that my consultant told me to contact his Secretary to ensure that my injections were delivered in the timescale required."

(Castle Hill Hospital)



VIDEO CONSULTATIONS

Five survey respondents indicated they had had a video consultation with hospital staff. When thinking about video consultations, these respondents were asked to compare them to face to face appointments. A breakdown of this comparison is given below:



Most (4) responses related to video appointments with staff at Hull Royal Infirmary and just one at Castle Hill Hospital. Overall, service users felt that video consultations were worse than face-to-face appointments and all but one respondent said they would not recommend them to friends and family. We also asked how easy it was to find a suitable location to participate in the video-consultation, most respondents (3) stated it was either easy or very easy to find a suitable location. One respondent said it was neither easy nor difficult and one respondent stated they found it very difficult.

We also asked respondents what could have made their video consultation experience better, comments included:

“I struggled with the tech in preparation and I am fairly competent”

(Hull Royal Infirmary)

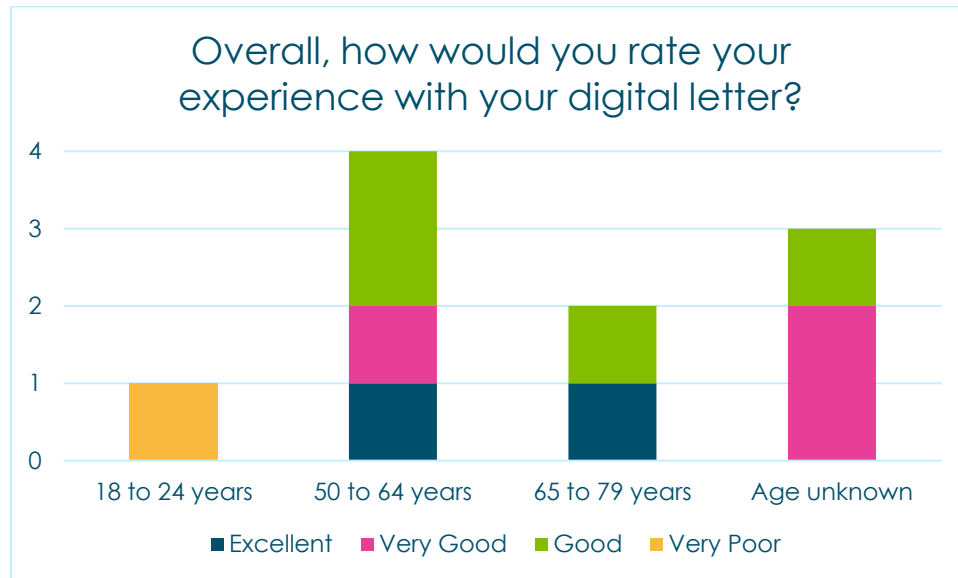
“Three times failed. Due to failure of equipment and lack of experience on my part. On a separate occasion was not informed it was to be video call.”

(Hull Royal Infirmary)



DIGITAL LETTERS

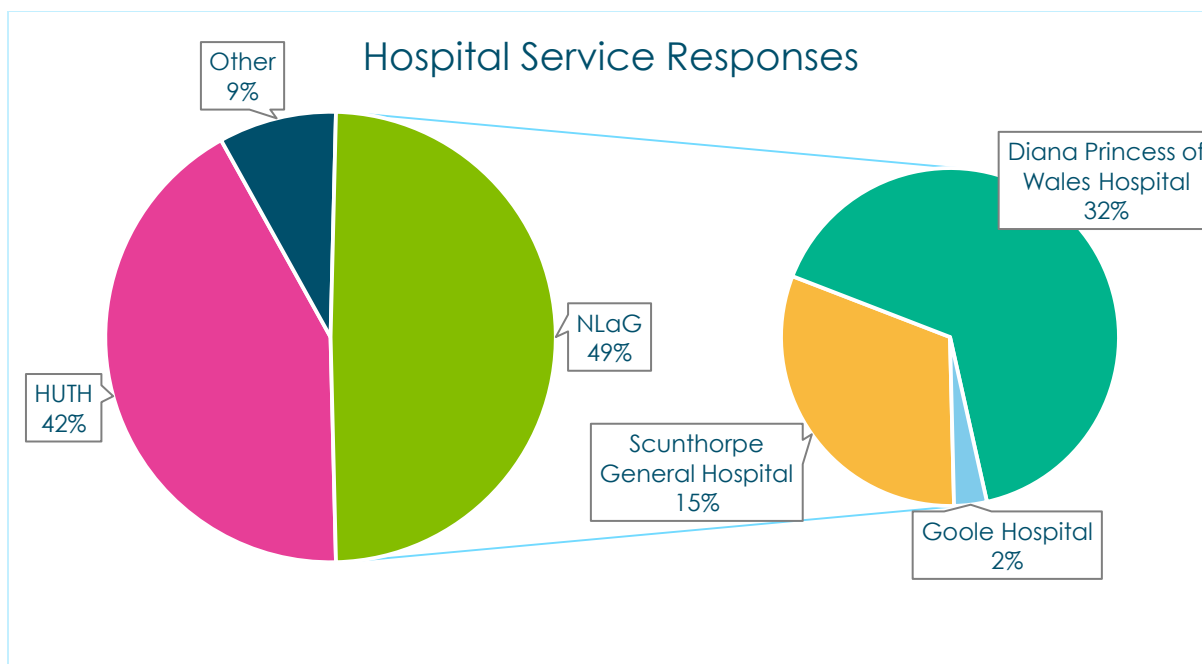
Out of those commenting on hospital services in relation to Hull Royal Infirmary and Castle Hill Hospital, 10 indicated they had received a digital letter from the hospital. We asked these respondents how they would rate their experience with their digital appointment letter, responses are detailed below:



Northern Lincolnshire and Goole NHS Foundation Trust

64 People across the Humber region shared experiences in relation to hospitals which were run by the Northern Lincolnshire and Goole NHS Foundation Trust, covering experiences from Scunthorpe General Hospital (20), Diana Princess of Wales Hospital (42) and Goole Hospital (2). Of these 64 people 39 were from North East Lincolnshire, 21 from North Lincolnshire, three from East Riding of Yorkshire and one respondent was from the Lincolnshire area.





VISITING

12 respondents indicated they had visited someone in a hospital during the pandemic, six related to Scunthorpe General Hospital and six to Diana Princess of Wales Hospital. Most (7) people had asked staff on the ward about visiting arrangements, however, two had accessed the information from the hospital website and one was told by the patient. An additional 12 respondents said they had wanted to visit someone but been unable to do so, of these nine related to Diana Princess of Wales and three to Scunthorpe General Hospital. For those who were unable to visit, four felt they were kept informed about the patient's condition and two felt they were not, six respondents did not provide an answer to this question. Comments stating why people felt they were not kept informed of the patient's condition were:

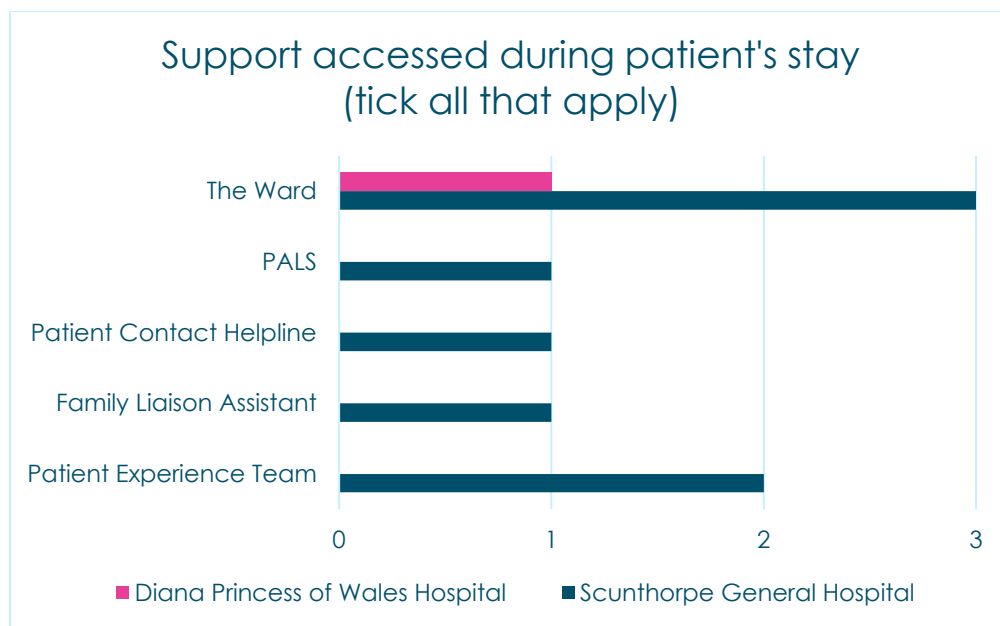
"No communication"

(Diana Princess of Wales Hospital)

"had to call and information was very limited"

(Scunthorpe General Hospital)

When we asked respondents about support they had accessed during the patients stay in hospital, four could not remember and others indicated they had accessed support as detailed below, one respondent accessed more than one type of support:



Some comments about the services received are detailed below:

“The support was excellent”

(PALS, The Ward – Scunthorpe General Hospital)

“Visiting my mother in Grimsby Hospital during the Coronavirus outbreak was straight forward and well handled by the Ward staff.”

The Ward – Diana Princess of Wales Hospital)

Further information shared in relation to experiences of visiting patients in Scunthorpe General Hospital, Diana Princess of Wales Hospital and Goole Hospital included:

“My father and my family were treated with dignity.”

(Scunthorpe General Hospital)

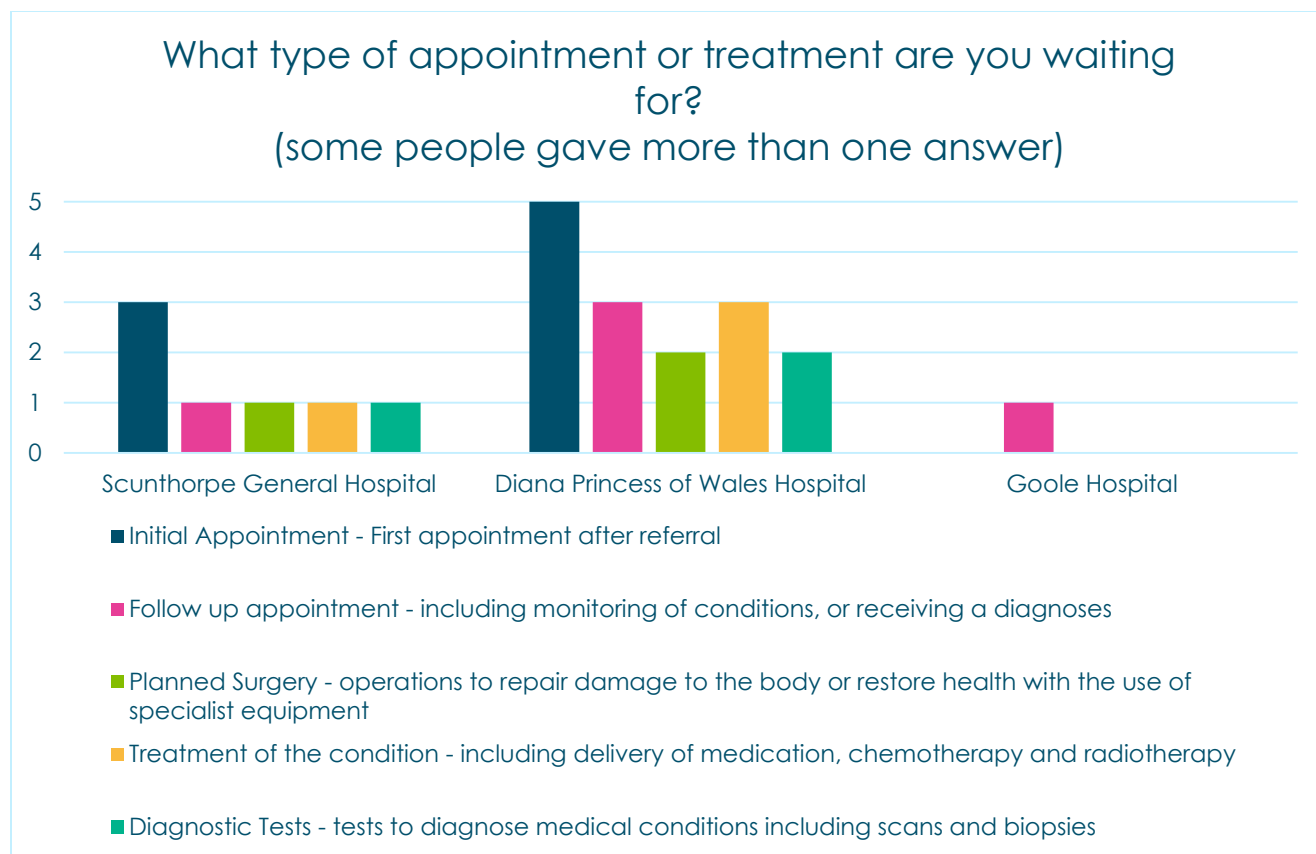
“Very safe and excellent PPE lots of hand gel available too.”

(Scunthorpe General Hospital)

HOSPITAL WAITING LISTS

20 people reported they were on a waiting list for either an appointment or treatment. The types of appointment or treatment people reported waiting for is detailed below, some people indicated they were waiting for more than one type of appointment:

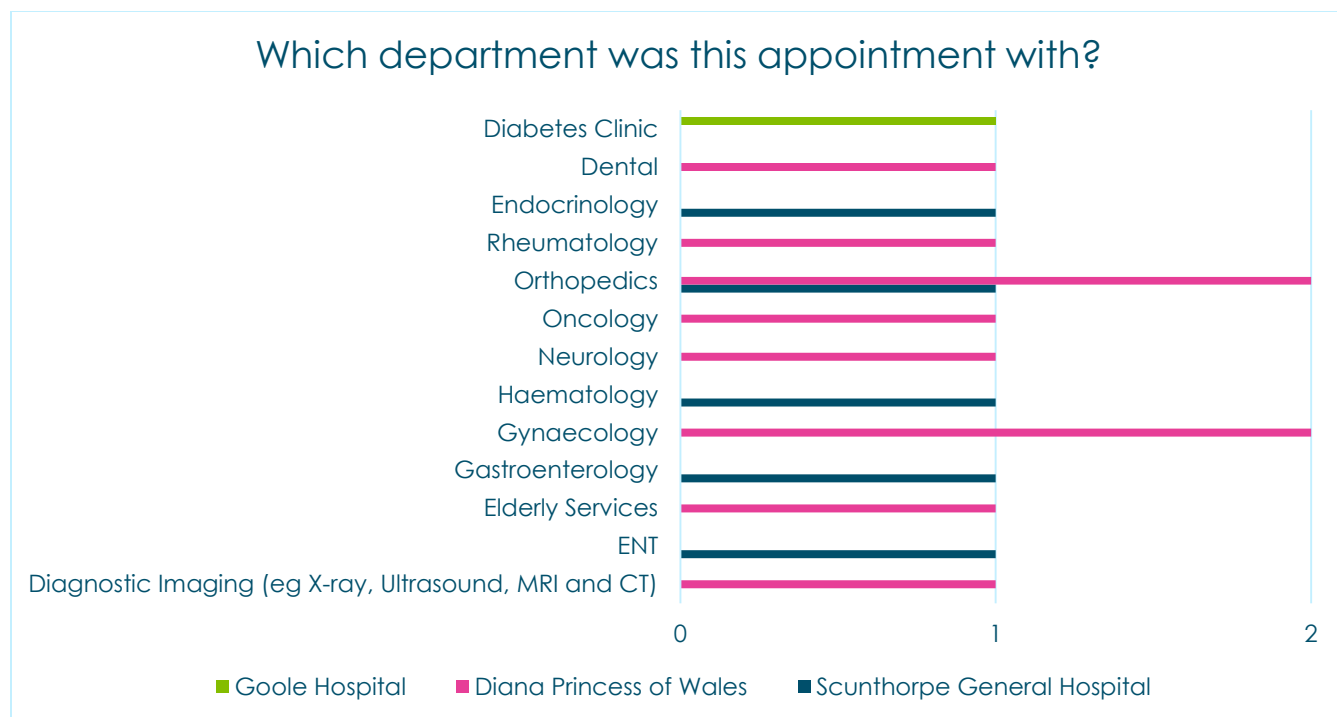




Within the Northern Lincolnshire and Goole NHS Foundation Trust, most people were waiting for their first appointment following a referral (8). Just under half of respondents who were waiting for appointments at Diana Princess of Wales Hospital were waiting for initial appointments after referral (4). For those waiting for initial appointments at Scunthorpe General Hospital this figure was closer to one third (3).

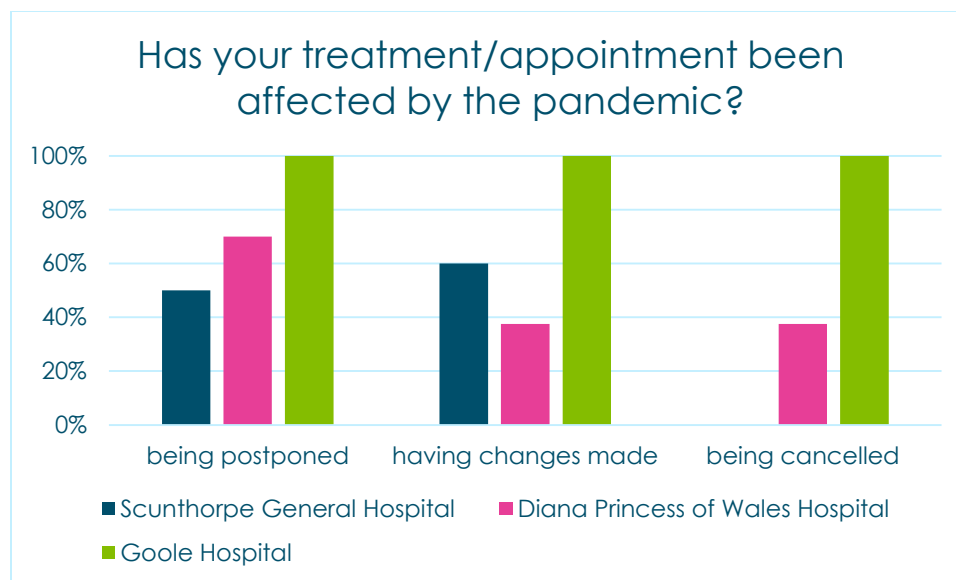
A breakdown of the departments people were waiting for appointments or treatment with is given below, four people did not provide an answer to the question:





Of the 20 people who stated that they were waiting for treatment or an appointment 11 related to Diana Princess of Wales Hospital, eight were for Scunthorpe General Hospital and one for Goole Hospital. Respondents were asked whether they had experienced a postponement, change or cancellation in relation to an appointment or treatment and were able to give more than one answer. Of those who related to Diana Princess of Wales Hospital 70% had experienced a postponement, 37.5% reported an appointment or treatment being changed in some way and 37.5% had an appointment or treatment cancelled. For those who related to Scunthorpe General Hospital, 50% reported a postponement and 60% stated they had changes made to an appointment or treatment. These figures are charted below. Please note that Goole Hospital had one respondent who reported yes to postponement, changes and cancellations, so this reports as 100%, but it is the experience of one sole service user who responded to our survey in relation to Goole Hospital.





Comments people made in relation to the reasons for the disruptions to appointment/treatment included:

“Had a phone consultation which lasted 45 seconds. How can this be correct? Especially after waiting over a year for the appointment”

(Scunthorpe General Hospital)

“no beds due to covid”

(Diana Princess of Wales Hospital)

“When I rang as instructed by my hospital letter I was told that I’m on the list and it would be ages before I got an appointment due to COVID.”

(Diana Princess of Wales Hospital)

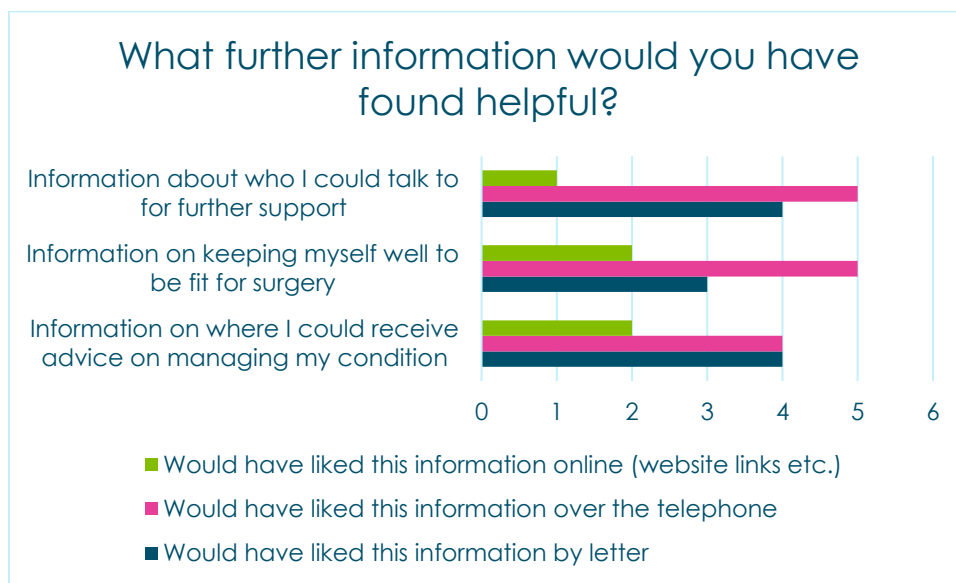
Most people who were awaiting appointments had been referred by their GP, other places people were referred from included the Dentist or another hospital department.

One person stated that they cancelled a hospital appointment, the reason they gave for this was that they forgot about the appointment.

Six people were provided with information about how long they may have to wait for their appointment or treatment, there was an equal amount of patients in relation to Scunthorpe General Hospital (3) as there were Diana Princess of Wales Hospital (3). People said they were either informed letter from the hospital or they had contacted the hospital to ask what was happening, one respondent said that it was ***“obviously through covid”***. Of the people who answered the question, ‘were you satisfied with the information you received?’ 60% said they were not satisfied. Most of the people who were not satisfied with the information that was provided, felt that they would have



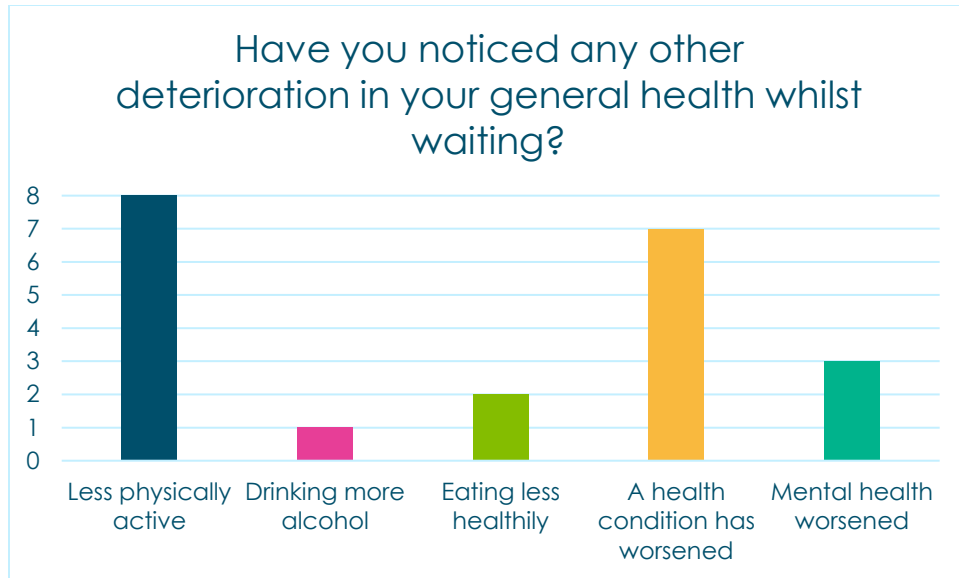
liked to have received further information by telephone. A breakdown of topics and the ways people would like further information is given below, people were able to select more than one answer to this question:



Two people had been told what to do if they thought their condition had deteriorated, as opposed to the 12 people who had not. Further to this 11 people had felt their condition had deteriorated in the previous 12 months. Of the 11 who felt their condition had deteriorated eight sought help from their GP, one attended A & E and one stated that they had accessed private healthcare. One respondent did not give any indication where they had sought help if they considered their condition had deteriorated.

For everyone who was waiting for an appointment or treatment, eight people indicated they had noticed a deterioration in their general health whilst they had been waiting. A breakdown of perceived areas of deterioration is detailed below:





We asked what people do to stay physically and mentally well, people mentioned:

- Exercise (4)
- Talking with friends and family (2)
- Hobbies (2)
- Distraction techniques (1)
- Healthy Eating (1)
- Medication (1)

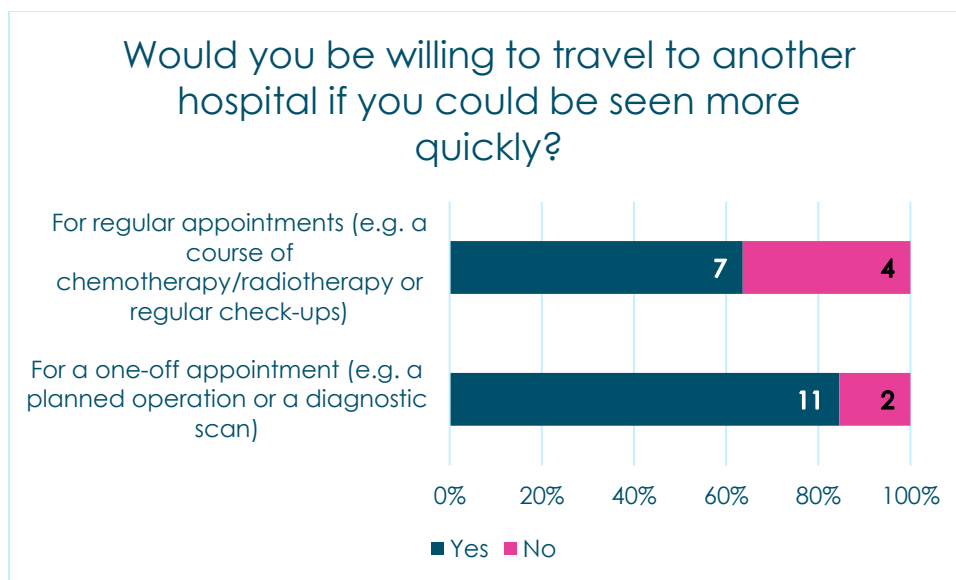
Four people indicated that they try to carry on as normal and two thought there was nothing they could do due to factors such as age and pain levels.

Respondents commented on what would increase their physical or mental wellbeing, this included:

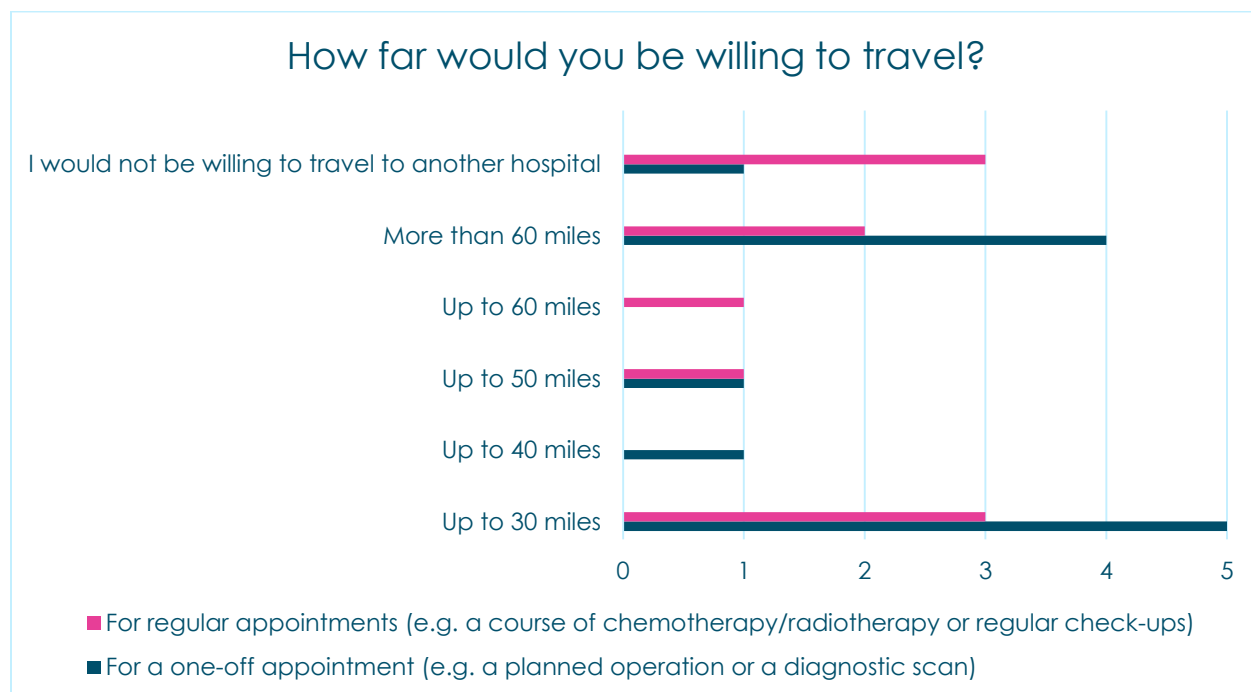
- Having the treatment they are waiting for (5)
- Having better information provided (2)
- Exercise (2)
- Better work/life balance (1)

We asked people to consider whether they would be willing to travel to another hospital if it meant they could be seen more quickly. The majority of people said they would for both one-off and regular appointments. A breakdown is detailed below:





When asked how far people would be willing to travel for both one-off and regular appointments, of those who said they would be willing to travel, most people said they would be willing to travel up to 30 miles. However, there was one person who stated they would not travel for one-off appointments and three people who indicated they would not be willing to travel for regular appointments. This is shown below with other distances people reported being willing to travel.



We asked people, if you were to travel to another hospital, what would make it easier for you to get to your hospital appointment, suggestions included:

- Time suitable for family to transport;



- Notice of the appointment to arrange transport;
- Being given a choice of dates so I can arrange transport;
- Free Parking;
- Plentiful parking for blue badge holders;

We finished this section by asking people if they had any other information they would like to share about waiting lists. Comments included:

“I’d like to know how long it is to getting a date”

(Diana Princess of Wales Hospital)

“Why when told by 2 consultants I would be put on the nhs emergency list I am now told sometime next year.”

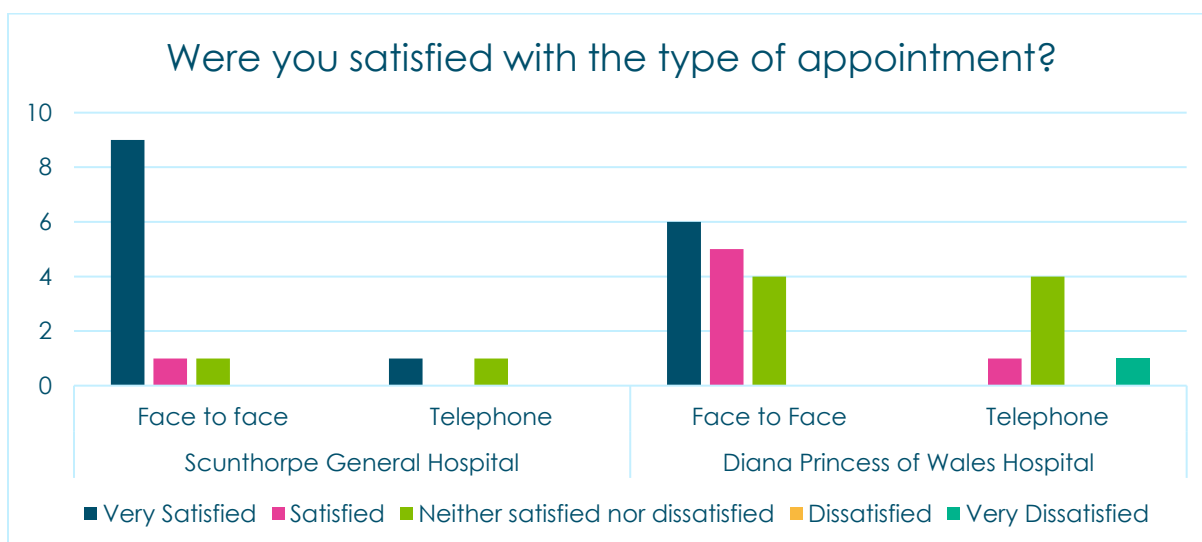
(Scunthorpe General Hospital)

“I’d like to know how long it is to getting a date”

(Goole Hospital)

HOSPITAL APPOINTMENTS

36 people indicated that during the pandemic they had had a hospital appointment at either Scunthorpe General Hospital (12) or Diana Princess of Wales Hospital (24), no one indicated they had an appointment at Goole Hospital during the pandemic. Most people (24) had face to face appointments, seven people had telephone appointments. One person stated they had both a face to face appointment and a telephone appointment, another had paid for a private face to face appointment and three people skipped this question. On the whole, most people were either satisfied or very satisfied with the type of appointment. Levels of satisfaction with the type of appointment are shown below:



(In the above chart please note the following:

- In relation to Scunthorpe General Hospital, the response of the respondent who answered they had both a telephone and face to face appointment has been included in both the telephone and face to face figures.
- Three respondents answering in relation to Diana Princess of Wales Hospital, did not answer this question.)

Reasons people gave for being satisfied or very satisfied included:

“It is easier to address any problems when talking face to face”

(Diana Princess of Wales Hospital)

“They always give me the option of face to face or telephone”

(Scunthorpe General Hospital)

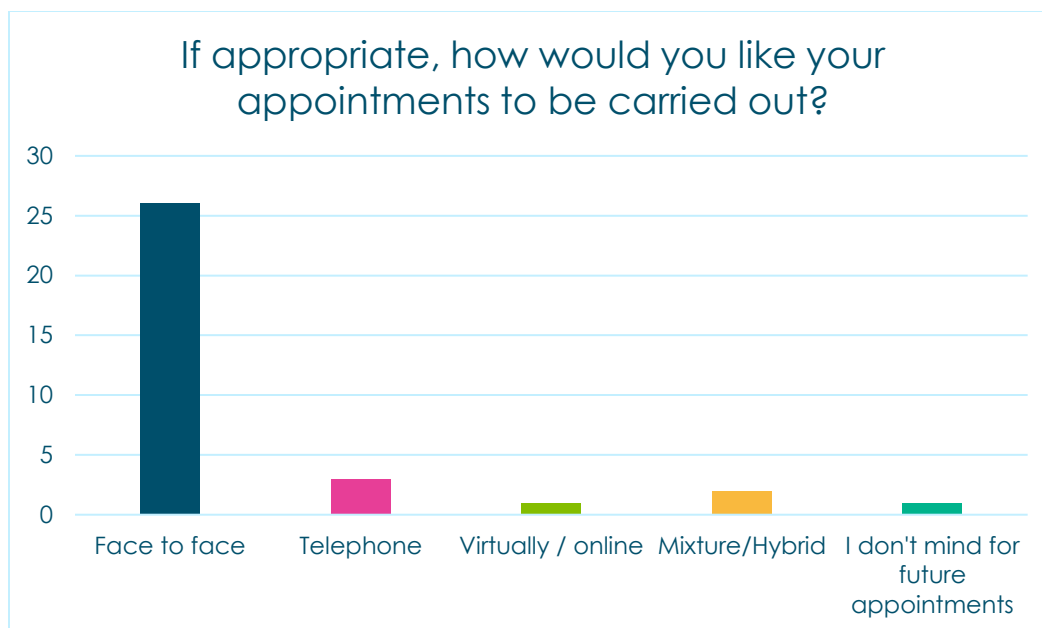
“had both face to face and over the telephone, both worked just fine.”

(Diana Princess of Wales Hospital)

The person who stated they were very dissatisfied did not leave any comment as to why they felt this way.

We then asked people if the appointment type did not suit them, did they know how to change it; 11 people said they did, four people did not know how to change it and 16 people indicated this was not applicable to them as they were satisfied with the type of appointment. Most people (31) stated they knew where to go for help if they wanted to change or cancel an appointment and just two people stated they did not. We asked people how they would like appointments to be carried out, most people stated they would like them to be face to face as shown below.





When asked whether people had any further comments on future appointments, most people did not wish to make further comments. Of those who did, two are highlighted below.

“I think only follow up appointments after treatment would suitable for either on-line or a telephone call for future appointments!”

(Scunthorpe General Hospital)

“Wouldn't mind over the telephone if needed, not keen on the internet”

(Diana Princess of Wales Hospital)

PATIENT INITIATED FOLLOW UP (PIFU)

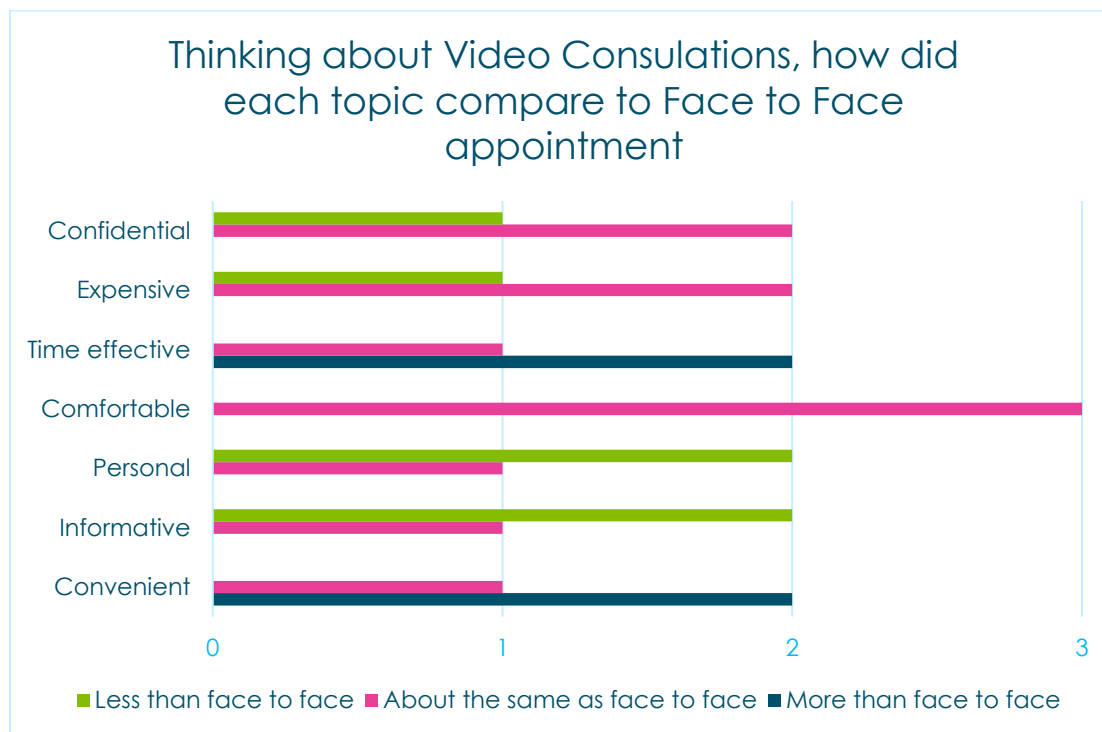
Seven people from Scunthorpe General Hospital (4) and Diana Princess of Wales Hospital (3), answered the questions in relation to Patient Indicated Follow Up (PIFU). Four stated someone had spoken to them about PIFU and all four of these respondents stated they understood the explanation from their doctor or nurse about PIFU and how it works. The additional three people stated they had not understood what PIFU is or how it works. Two patients were given leaflets about PIFU, one patient from Scunthorpe General Hospital and another from Diana Princess of Wales Hospital, these patients also knew who to contact to activate PIFU. The only comment made about PIFU was:

“what is it?”



VIDEO CONSULTATIONS

Three survey respondents indicated they had had a video appointment with hospital staff. When thinking about video consultations, the respondents were asked to compare them to face to face appointments. A breakdown of this comparison is given below:



Two of the responses related to Scunthorpe General hospital and these respondents stated that they thought the video consultations were worse than face to face appointments. The third response related to Diana Princess of Wales, they thought video consultations were about the same as face to face appointments. We also asked how easy it was to find a suitable location to participate in the video consultation, most respondents (2) stated it was either easy or very easy, the third said it was neither easy nor difficult.

We then asked if respondents had any further comments they wished to make about video consultations, comments included:

“No waiting better if on time”

(Scunthorpe General Hospital)

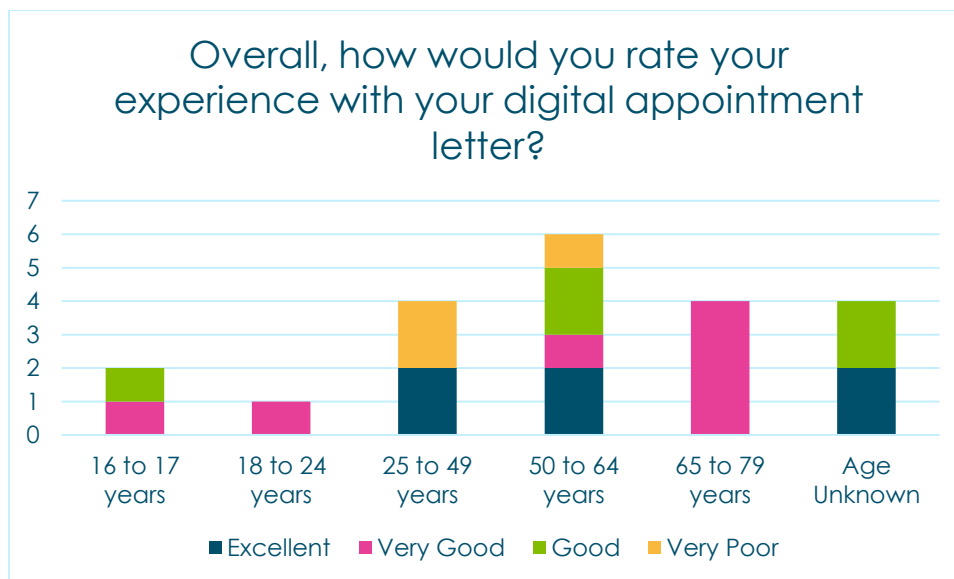
“Nothing could have improved it! The doctor could not see my distress, walking & confusion when he was speaking!”

(Scunthorpe General Hospital)



DIGITAL LETTERS

Out of those commenting on hospital services in relation to Scunthorpe General Hospital, Diana Princess of Wales Hospital and Goole Hospital, 21 people indicated they had received a digital letter from the hospital. We asked these respondents how they would rate their experience with their digital appointment letter, responses detailed below are broken down by age group, and this shows that they have been well received by a good range of age groups.



Most comments made by people in relation to digital letters were positive and included how they were better for the environment, were quicker to arrive than posted letters and were easy to access and use. Four comments were negative and included people preferring to have a paper copy as a visual reminder and one person said that the link had expired and they were unable to access the letter. Two people said they were happy with the digital letter but would either like a paper copy as well or thought other people may struggle to use them.



GP Services

Introduction

Across the Healthwatch Humber region there were 119 GP practices, at the time of writing. These can be broken down into the following areas:

- North Lincolnshire – 20 (Including Hibaldstow Medical Practice)
- North East Lincolnshire - 22
- East Riding of Yorkshire – 44
- Hull - 33

The survey received 501 responses in total for GP practices. The questions covered: contacting GPs, appointments and referrals.

Responses to our survey were collected between 1st October and 31st December 2021, as such the following sections relate to practices and primary care networks which were operational during this time.

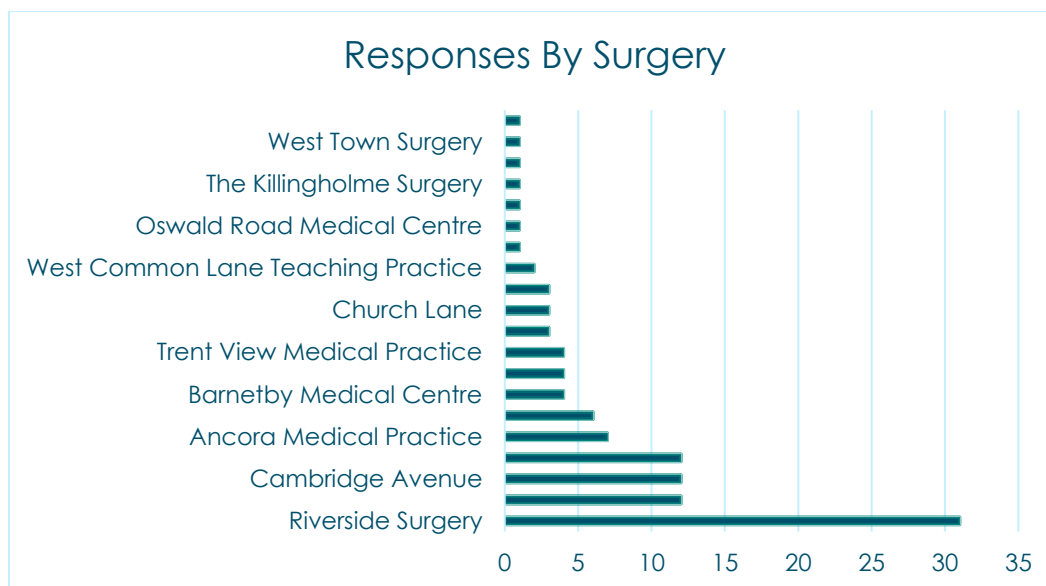
North Lincolnshire

127 people from North Lincolnshire commented on GP services, this includes comments about Hibaldstow Medical Practice. It is worth noting that whilst this practice is within the North Lincolnshire unitary authority boundary, at the time the survey was running, it sat within the NHS Lincolnshire Clinical Commissioning Group (CCG) area. Other medical practices within North Lincolnshire were within the North Lincolnshire CCG area.

The majority of responses received were in relation to: Riverside Surgery, Kirton in Lindsey and Scotter Surgery, Cambridge Avenue Medical Centre and Bridge Street Surgery. 13 respondents did not provide the name of their GP practice and four responses related to surgeries that were out of the North Lincolnshire area (17). Those 17 replies have not been included in the GP analyses as it cannot be verified that the responses reflect services provided in North Lincolnshire. Therefore the following analysis includes 110 responses.

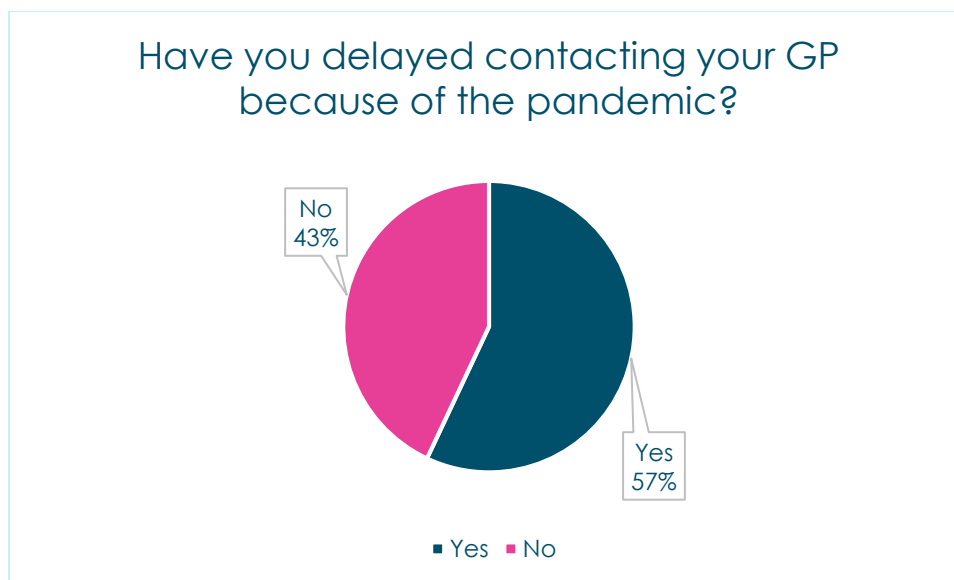
A breakdown of response numbers by GP Practice is given below, however the rest of this section will collectively cover all practices within the North Lincolnshire unitary authority boundary.





CONTACTING GP'S

We asked people whether they had delayed contacting their GP because of the pandemic. 57% of respondents reported having delayed contacting the GP because of the pandemic.



We asked people the reason they had delayed contacting their GP, 61 people offered comments on this. Around a quarter of the responses stated that people had not wanted to add additional pressure to the GP or that they did not feel their condition was urgent enough to contact them. The remaining 75% reported difficulties in contacting the GP or being unable to access face to face appointments, however around 37% of these responses reported a perceived view that they would not be able



to contact or get an appointment because of hearsay from their friends and family and so had not tried themselves. Comments included:

“I know from what other people have said it is impossible to get an appointment”

(Ancora)

“I know they won’t see me and it takes too long to get through”

(Barnetby Medical Centre)

“Just seen the struggle friends and family have had getting to see someone and just being told to go to A&E”

(The Oak Tree Medical Centre)

“inability to get through, queues too long, no time to wait when you are calling in a break from work”

(Riverside)

“Difficult to get through on the phone, have used the web service but then directed to phone so it’s a vicious circle”

(Central Surgery Barton)

“I have tried repeatedly to speak to them and cannot get through on the phone”

(Cambridge Avenue)

“Don’t consider the problem urgent-others need appointments more”

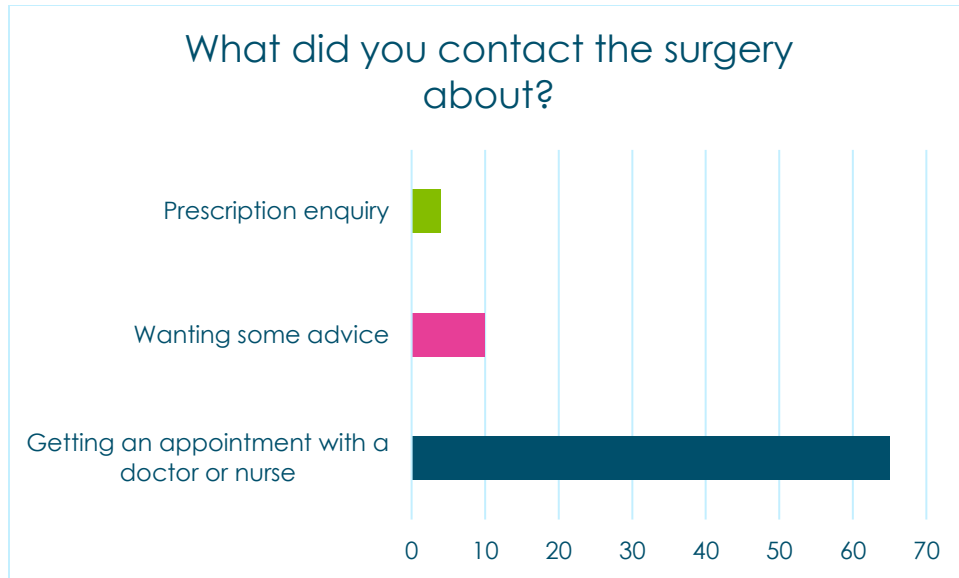
(Bridge Street)

“As they are so busy I’ve avoided asking for their help if possible”

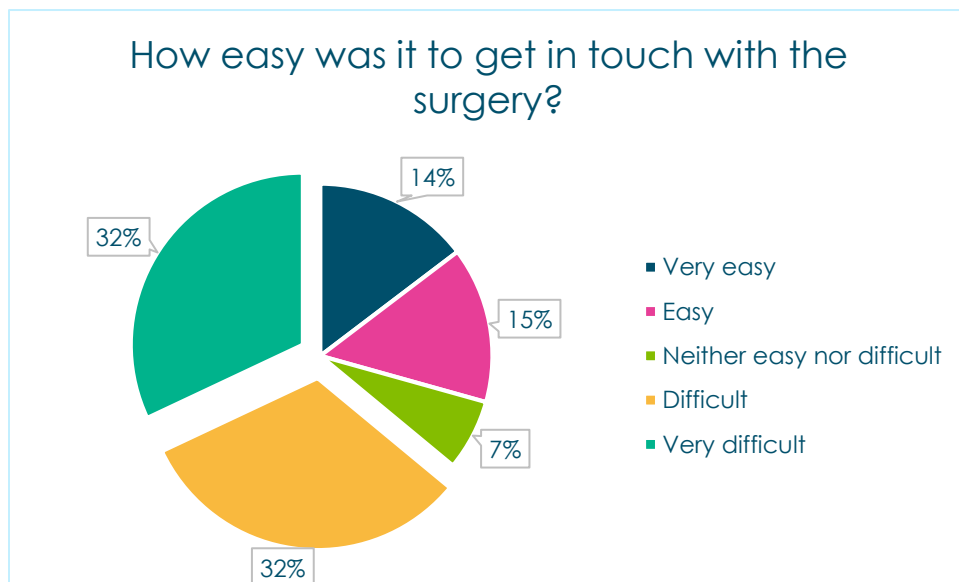
(Kirton Lindsey)

98 people we asked, said that they had contacted their GP during the pandemic, the majority (64) said they had contacted their surgery by telephone, eight had contacted them online or using a web form, one person contacted them in person and 25 people did not respond to this question. Reasons people contacted their surgery are shown in the next graph (please note that five respondents gave two answers each to the question and 25 people did not answer the question):



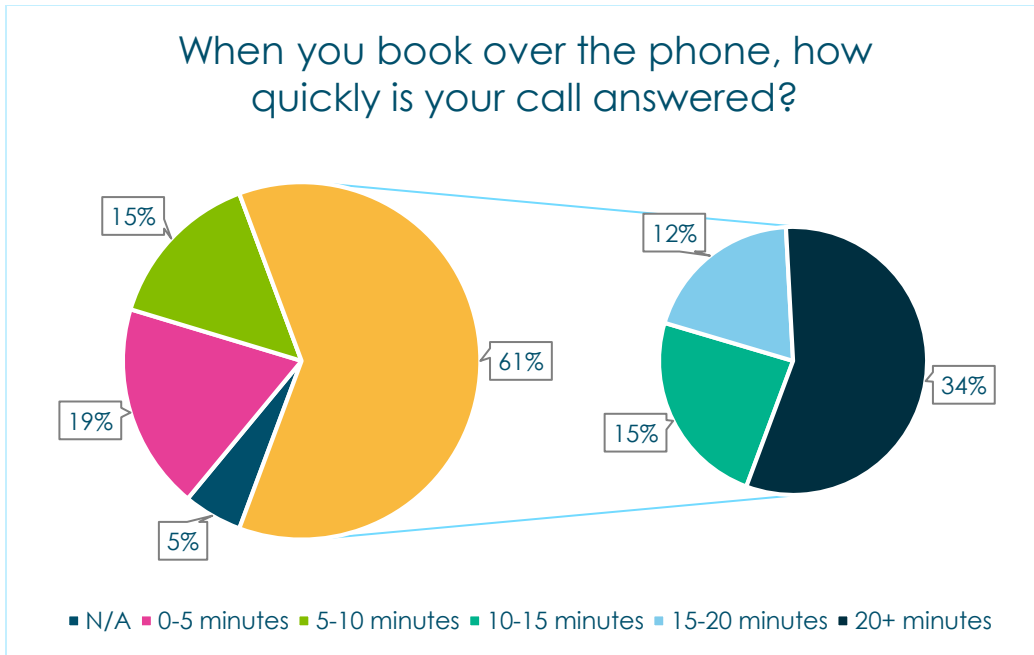


We also asked people how easy it was to get in touch with the surgery and most people had found it either difficult or very difficult.

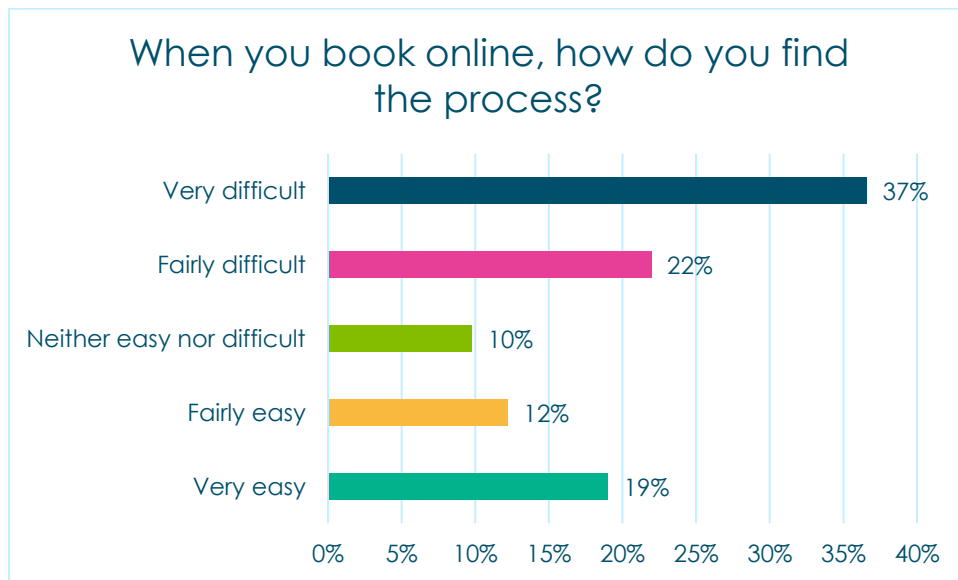


In relation to booking over the telephone, we asked how quickly calls are answered, most people reported a wait in excess of 10 minutes.





We also asked about how easy people found the online booking process, of the 75 people who answered the question, 34 people stated this was not applicable to them and the majority of people who have given an opinion (41) indicated they had some level of difficulty.



We also asked people for any additional comments they wished to make in relation to contacting the surgery, these included:

“Despite a lot of callers ahead, staff are always polite”

(South Axholme)



“Since I moved to central surgery I have never been able to see a gp face to face I have only had appointments with the nurse practitioner over the phone. Ok for some ailments but I worry if I get something that needs to be seen in person that this will not be available”

(Central Surgery Barton)

“Too long pre recorded information”

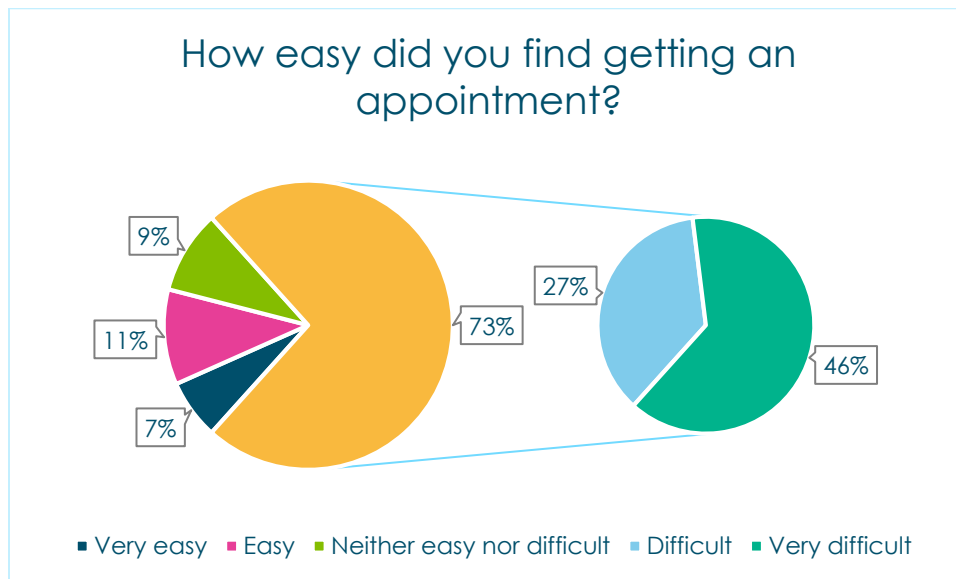
(Bridge Street)

“You can be waiting a while, also they state they will call you back the same day however no specific time which is impossible when you work full time”

(Riverside)

APPOINTMENT

We asked people how easy they found it to get an appointment, over 70% reported finding it difficult to some degree.



We asked people what action they had taken if they had experienced difficulty in getting a GP Appointment. Actions people had taken included using:

- A & E (9)
- Pharmacies (7)
- NHS 111 (10)

People offered some comments in relation to this which included:

- Being told by NHS 111 to contact their GP.



- Following the advice to not attend A & E but to call NHS 111 instead but being told by NHS 111 to go to A & E anyway.
- Going without seeing a doctor, experiencing pain and worry about their health.
- Deterioration of condition leading to hospitalisation.

Of those who informed us that they had had an appointment with the GP, more than 65% stated that this was a telephone appointment. 12% reported having face to face appointments and 4% were virtual or online. Around 18% of people chose the other category, of this cohort of people six respondents stated they had not been able to get an appointment, and five reported having both face to face and telephone appointments. We asked whether people were satisfied with how their appointment was conducted, for example face to face, and 55% of respondents were not satisfied. People made comments such as:

“Want to go back to face to face appointment”

(Bridge Street)

“Would feel better discussing medical issues face to face”

(Riverside)

“Was not face to face so I don't think I got the right diagnosis”

(Ancora)

“How do you accurately diagnose illnesses by phone? How accurate are these appointments?”

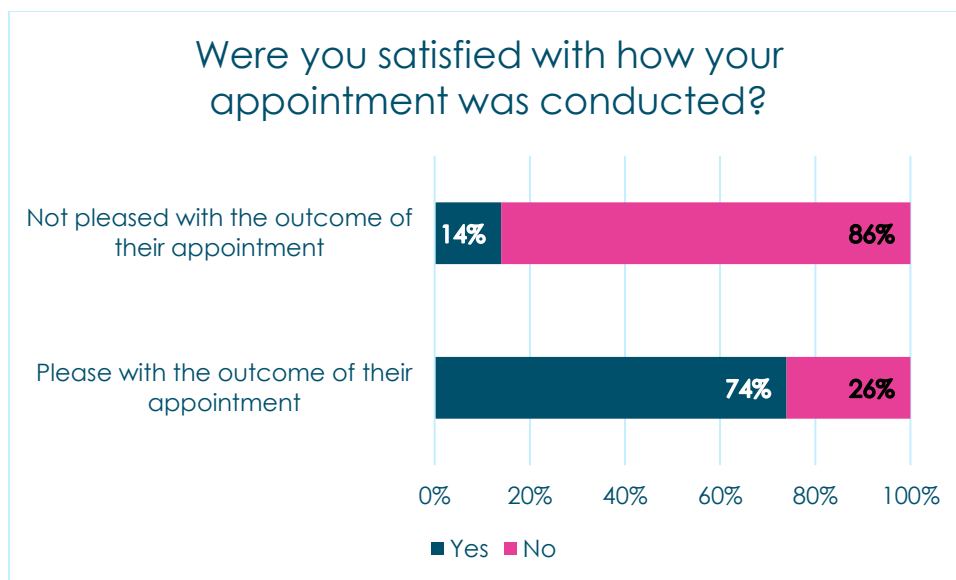
(Riverside)

“I didn't feel like I was able to express my concerns thoroughly over the telephone to my GP, and the entire call lasted approximately 2mins 30seconds. Had I been offered a face-to-face appointment, I'm sure it would have been longer and the assessment would have been more thorough.”

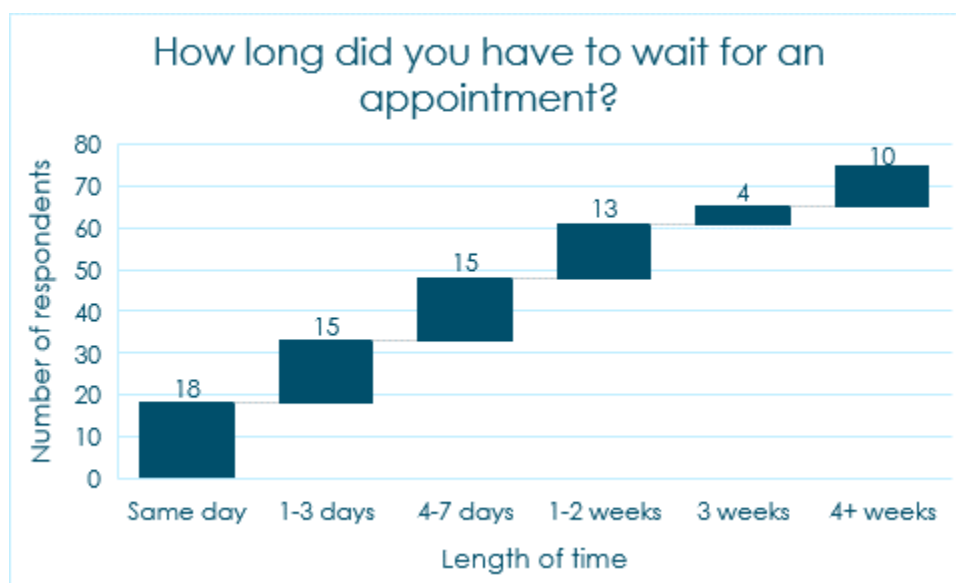
(Central Surgery Barton)

We also asked whether people were pleased with the outcome of their appointment and this time 52% stated that they were pleased with the outcome. Of those who stated they were pleased with the outcome, 74% had been satisfied with how the appointment was conducted, for example face to face or telephone. This is in comparison to the 48% who had not been pleased with the outcome, of whom 86% had not been satisfied with how the appointment had been conducted.





When asked how long people had to wait for an appointment, most (64%) were seen within one week and many of those within 3 days (44%).



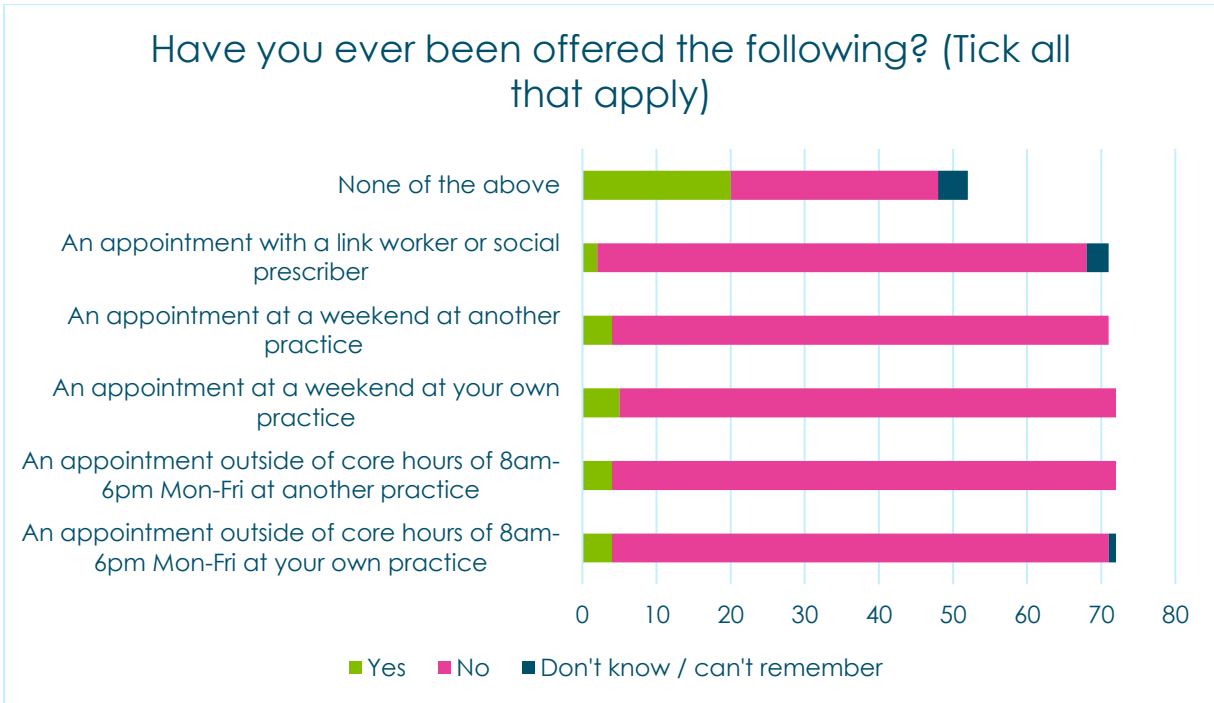
We asked people whether, for their last appointment, they felt the amount of time they had to wait was acceptable for the concern they had. 55% of respondents did not feel the amount of time they waited was acceptable.

We asked people whether they had ever been offered any of the following:

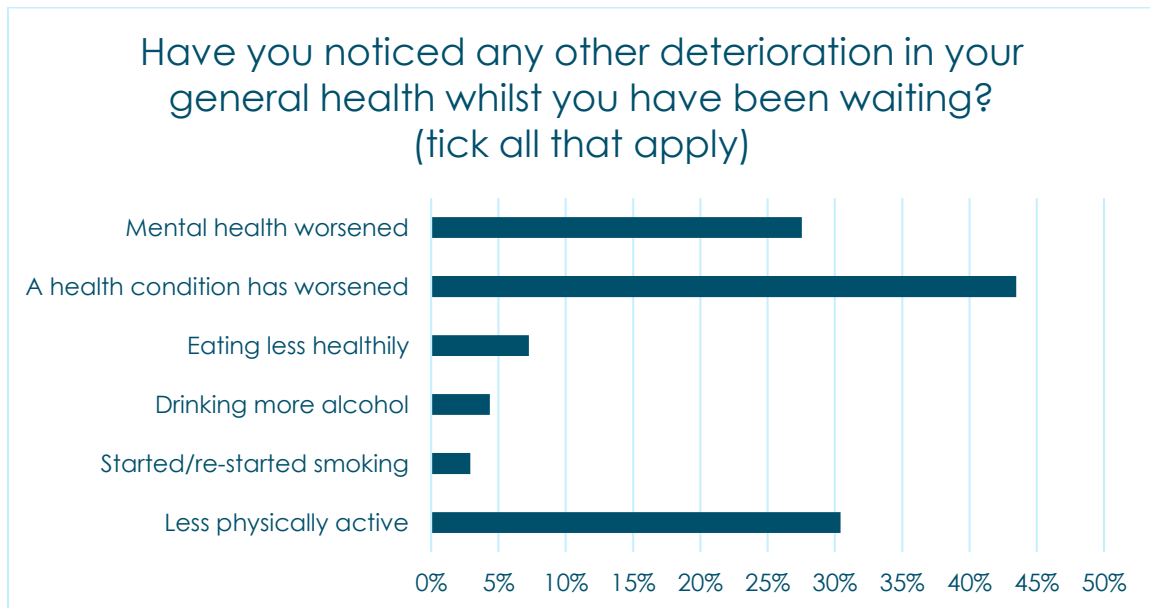
- An appointment outside of core hours at their own GP practice.
- An appointment outside of core hours at another GP practice.
- An appointment at a weekend with their own GP practice.
- An appointment at a weekend with another GP practice.
- An appointment with a link worker or social prescriber.



The majority of people had not been offered any of these alternative appointments a detailed chart is shown below.



We asked people whether they had noticed any other deterioration in their general health whilst they were waiting for an appointment, people were able to give more than one response and results are detailed below:



We also asked what people do to stay physically and mentally well, the main things people reported included:

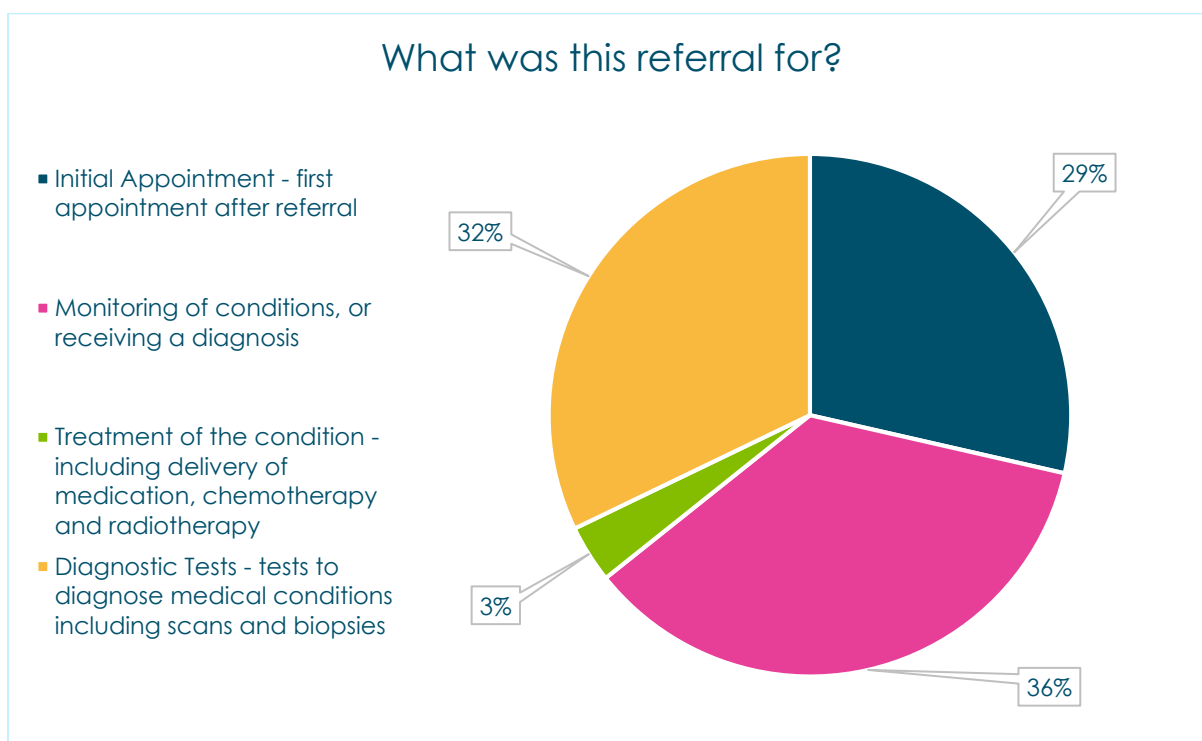


- Exercising (41)
- Eating Healthily (12)
- Talking with friends and family (11)
- Hobbies (10)

Further to this, we asked what people thought would help them to increase their physical or mental wellbeing, 48% of responses to this related to wishing to access either medical help or other agencies for support to manage health. Around 22% were either doing or would like to be able to do more to help themselves such as getting more exercise or eating more healthily. People also mentioned an end to the pandemic and a better work-life balance, one respondent also mentioned having free taster sessions for things such as swimming, gym, arts and crafts etc. through social prescribing.

REFERRALS

31 people told us they had been referred to another service, a breakdown of the types of referral is shown below:



70% of respondents who needed a referral, were not told how long they may have to wait to be seen and just three of these respondents were given information about how to manage their condition whilst they were waiting for a referral and / or information about who to contact if they needed more information about their referral. Of the 30% who were told how long they may have to wait to be seen, six were also given information about how to manage their condition whilst they were waiting and information about who to contact if they needed more information about their referral.



17 Respondents indicated they had either experienced a delay with their appointment or had it cancelled by services as a result of the pandemic. Reasons people gave for this included:

- Lack of communication
- Lack of face to face appointments
- Changes to treatment process
- Long waiting lists / increased hospital demand

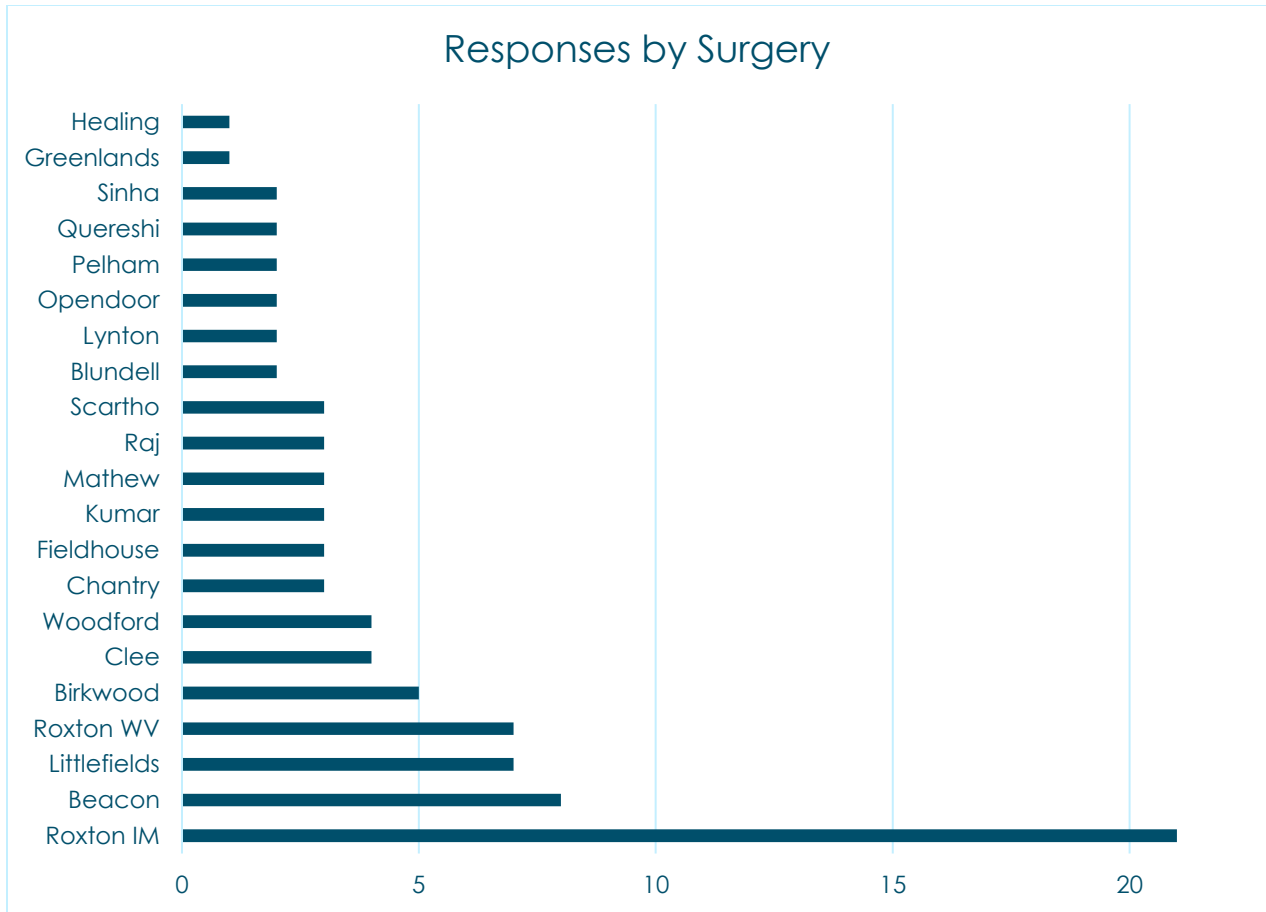
North East Lincolnshire

110 people from North East Lincolnshire commented on GP services. There were 22 GP practices in North East Lincolnshire, at the time the survey was conducted, and these fell under the North East Lincolnshire CCG.

The majority of responses received were in relation to The Roxton practice at Immingham, Beacon, Littlefields and the Roxton Practice at Weelsby View. Of the 110 responses, 15 respondents did not provide the name of their GP practice. In addition to this, seven responses related to surgeries that were out of the North East Lincolnshire area or it was unclear which GP practice they related to. Those 22 replies have not been included in the GP analyses as it cannot be verified that the responses reflect services provided in North East Lincolnshire. Therefore the following analysis includes the remaining 88 responses.

A breakdown of response numbers by GP Practice is given below, please note that since this report was written the Blundell surgery has now closed:

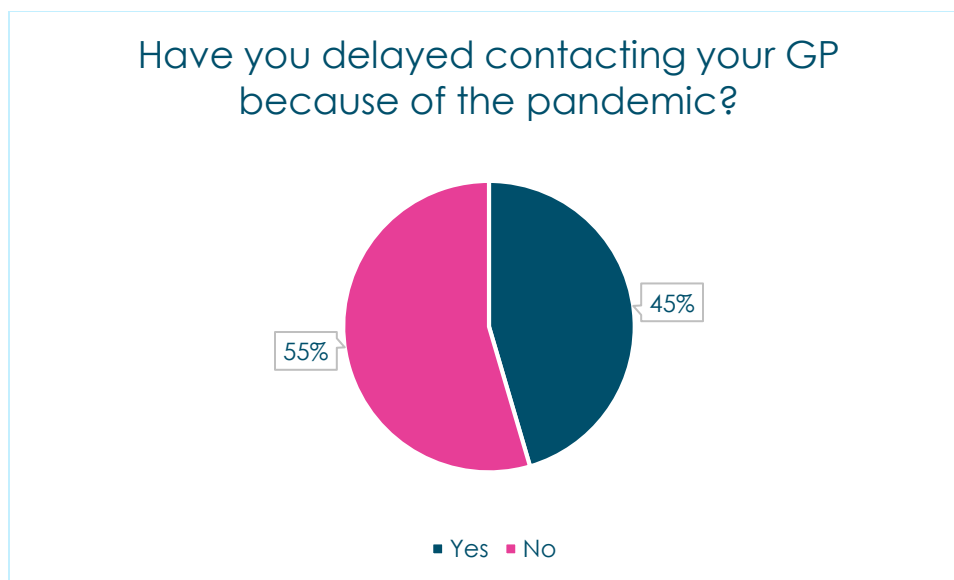




CONTACTING GP'S

We asked people whether they had delayed contacting their GP because of the pandemic. 45% of respondents reported having delayed contacting the GP because of the pandemic.





We asked people the reason they had delayed contacting their GP, 37 people offered comments on this. Around 35% of the responses had reported that at least part of the reason for delaying contact was not wanting to add additional pressure to the service. The remaining 65%, reported experiencing difficulties in contacting the GP and the lack of face to face appointments as being the main reasons they had delayed contacting the GP. Comments included:

“To lessen the burden on the doctors. If I needed to, I would ring to speak with a doctor.”

(Fieldhouse)

“Takes over one hour to make contact with 'care navigator'”

(Birkwood)

“Felt discouraged from doing so by government messages and lockdowns”

(Chantry)

“I had to ring the doctors multiple times before speaking to anyone”

(Weelsby View Medical Centre)

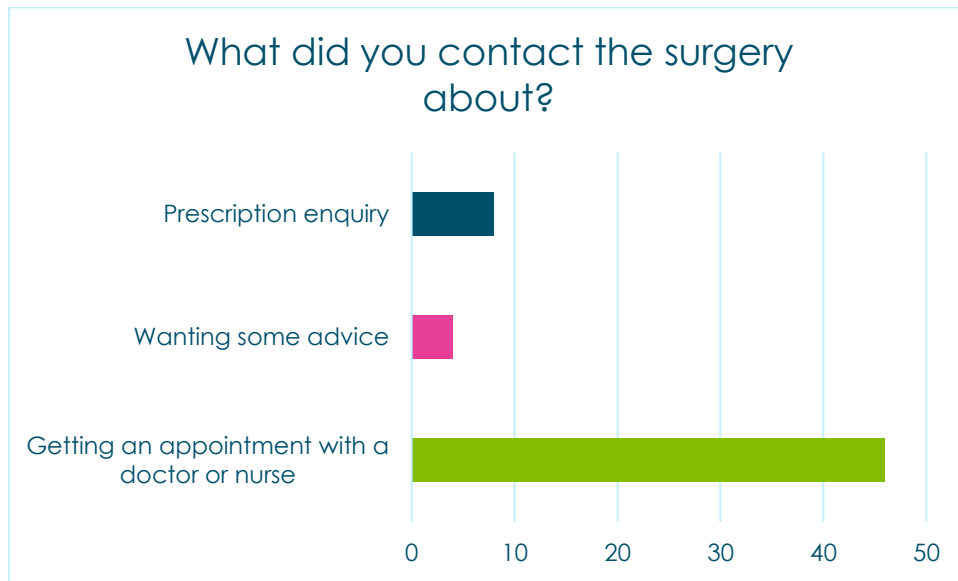
“Because you can never get through and are restricted to certain hours for contacting them.”

(Beacon Medical Centre)

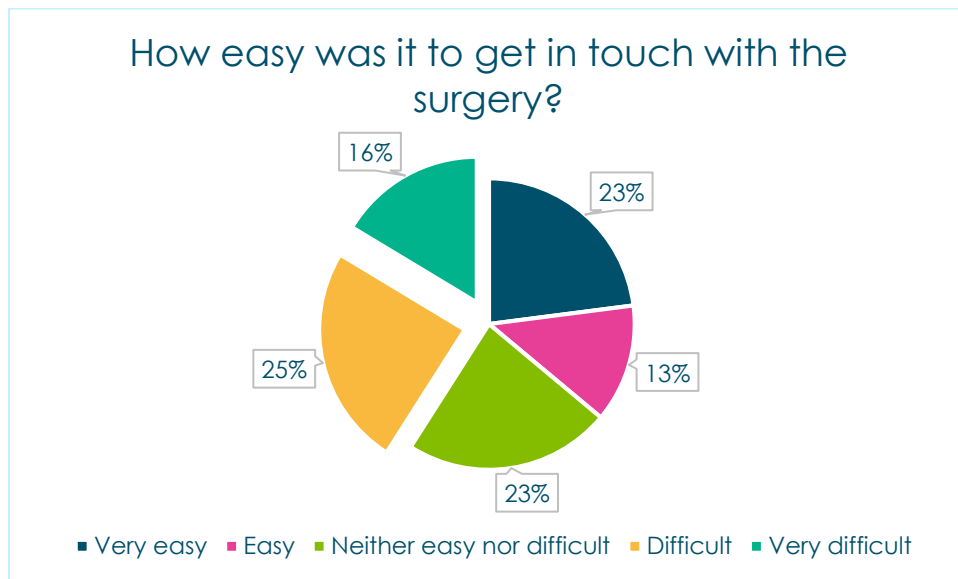
77 People said that they had contacted their GP during the pandemic, the majority (46) said they had contacted their surgery by telephone, 13 had contacted them online or using a web form and one person had emailed their GP practice. 17



respondents did not indicate how they contacted the surgery. Reasons people contacted their surgery are shown in the graph below (please note that 19 respondents did not give an answer to this question):

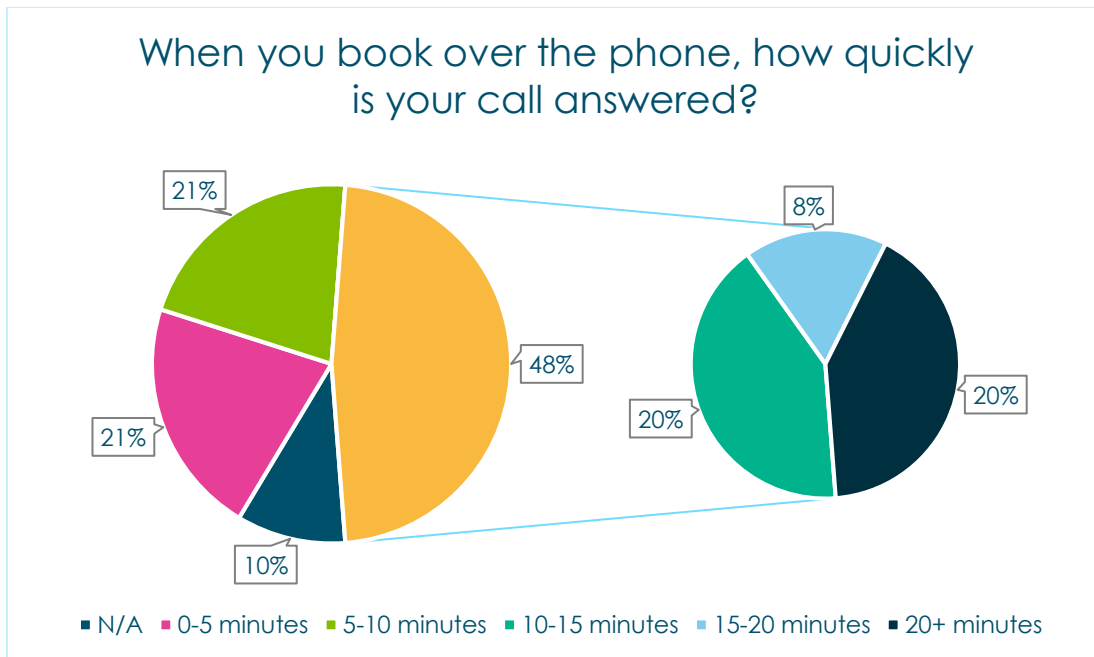


We also asked people how easy it was to get in touch with the surgery and around 40% had found it either difficult or very difficult.

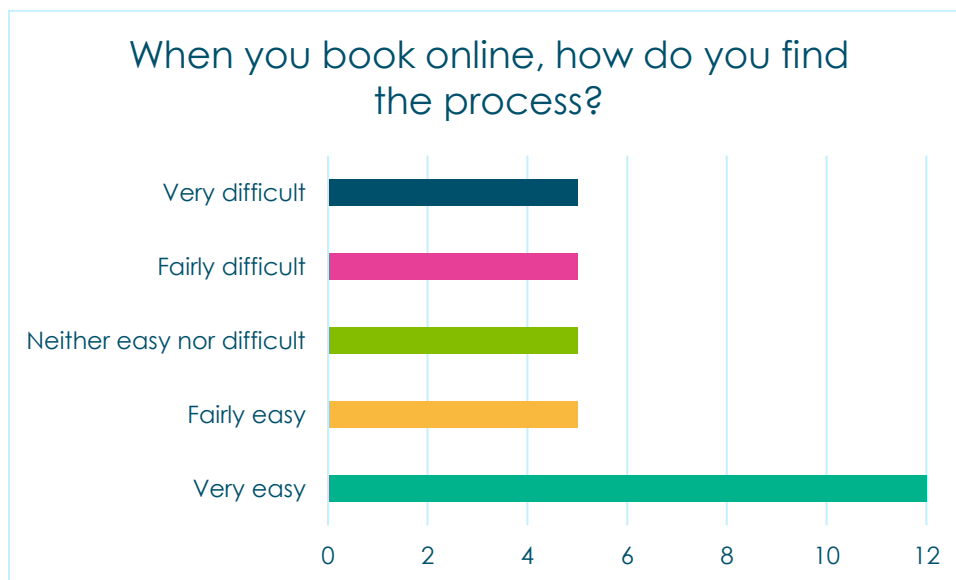


In relation to making contact by telephone, we asked how quickly calls were answered, 48% of respondents reported a wait in excess of 10 minutes.





We also asked about how easy people found the online booking process, of the 60 people who answered the question, 28 stated that this was not applicable to them. The majority of people who gave an opinion (17) indicated they found the process either very easy or fairly easy.



We also asked for any additional comments they wished to make in relation to contacting the surgery, these included:

“Receptionists are always helpful. If they don't know the answer to a question, they find it and call you back.”

(Woodford)



“Greeting message far too long. Web page out of date”

(Healing)

“It’s a pain to go online and put details in. I would rather see doctor face to face”

(Cromwell)

“Feel frustrated when getting fobbed off by reception staff”

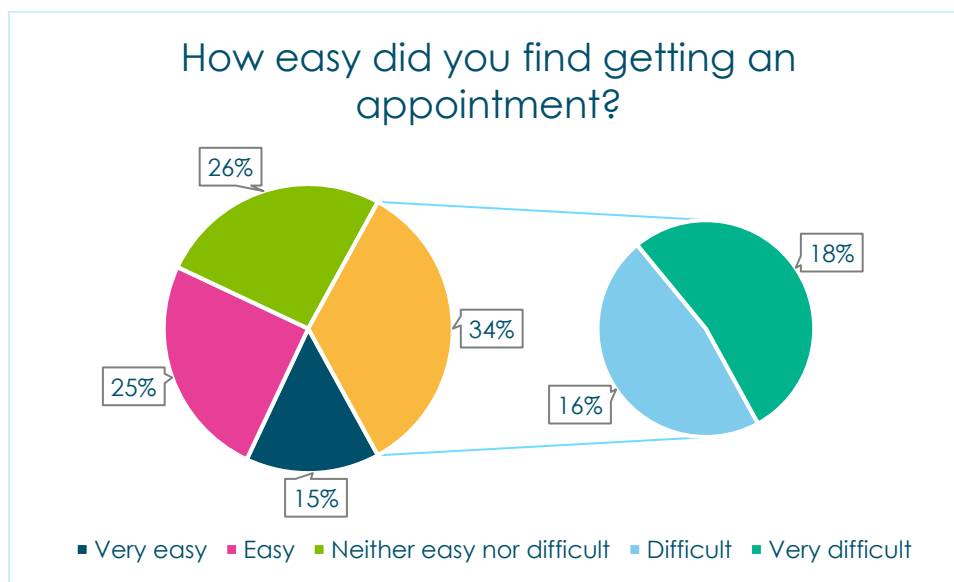
(Dr Kumar)

“The triage system only works for the retired and unemployed. It is impossible to get an appointment if you cannot ring between 8 and 10. The online system is useless and won’t load or let you book anything. The response from the surgery is if you are worried go to A&E! This used to be a brilliant surgery when it was in Albert Street, now it is a nightmare.”

(Beacon)

APPOINTMENTS

We asked people how easy they found it to get an appointment, around a third reported finding it difficult to some degree.



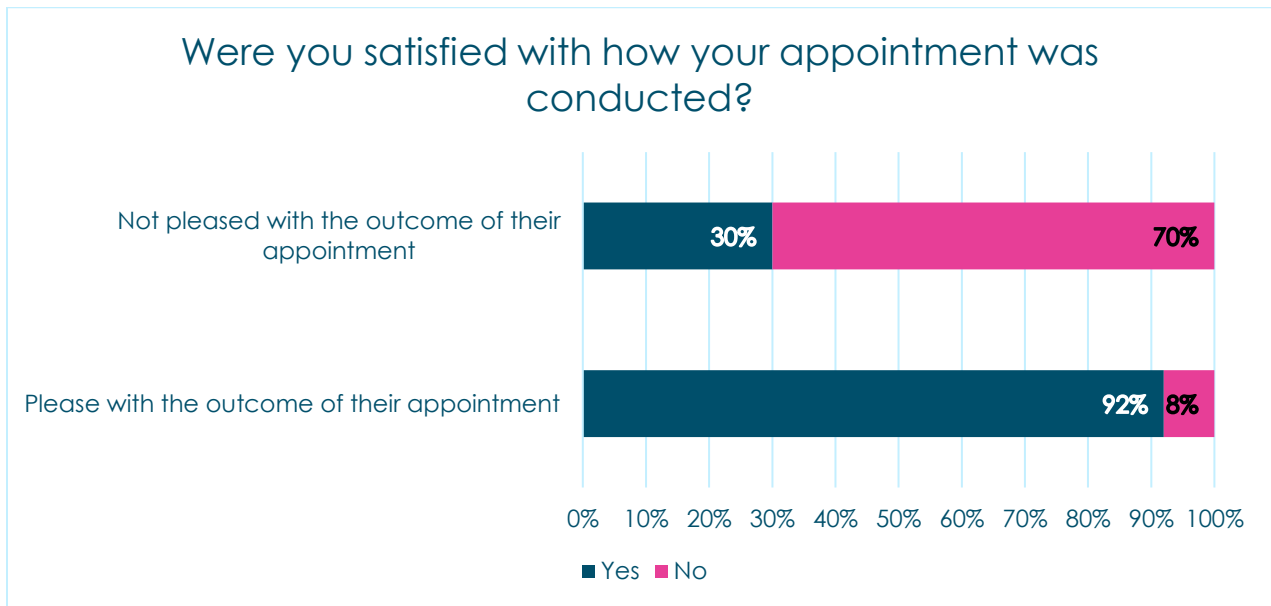
We asked people what action they had taken if they had experienced difficulty in getting a GP appointment, many people (22) reported doing nothing. Actions people had taken included using:

- A & E (3)
- Pharmacies (2)
- NHS 111 (5)



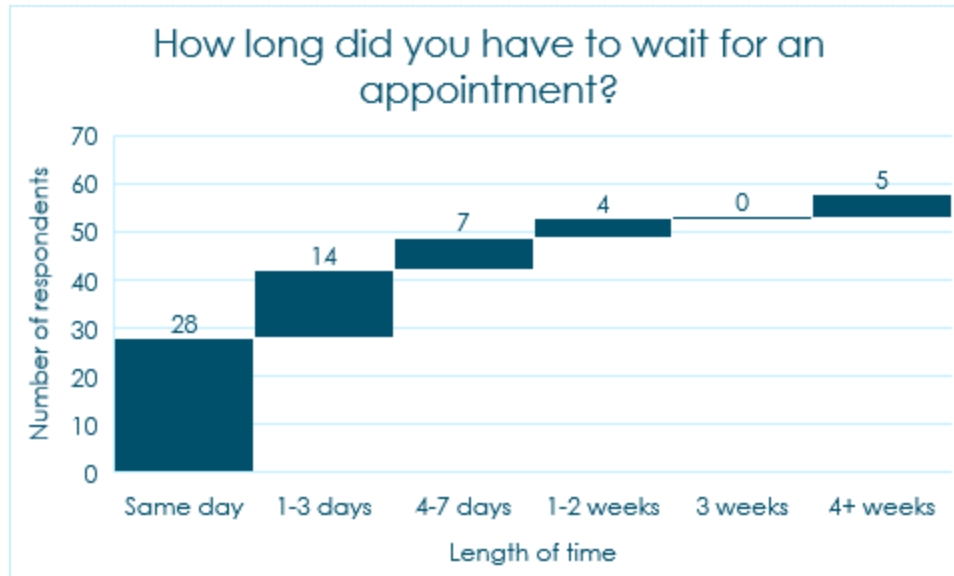
Of those who informed us that they had had an appointment with the GP, there was an even split between those who had face to face (25) appointments and those who had telephone appointments (25) with four people stating they had both and three indicating they had had virtual or online appointments.

We also asked whether people were pleased with the outcome of their appointment and 67% stated they were pleased with the outcome. Of those who stated they were pleased with the outcome 92% had been satisfied with how the appointment was conducted, for example face to face or telephone. This is in comparison to the 33% who had not been pleased with the outcome, of whom 70% had not been satisfied with how the appointment had been conducted.



When asked how long people had to wait for an appointment, most (84%) were seen within one week and many of those were seen the same day (48%).





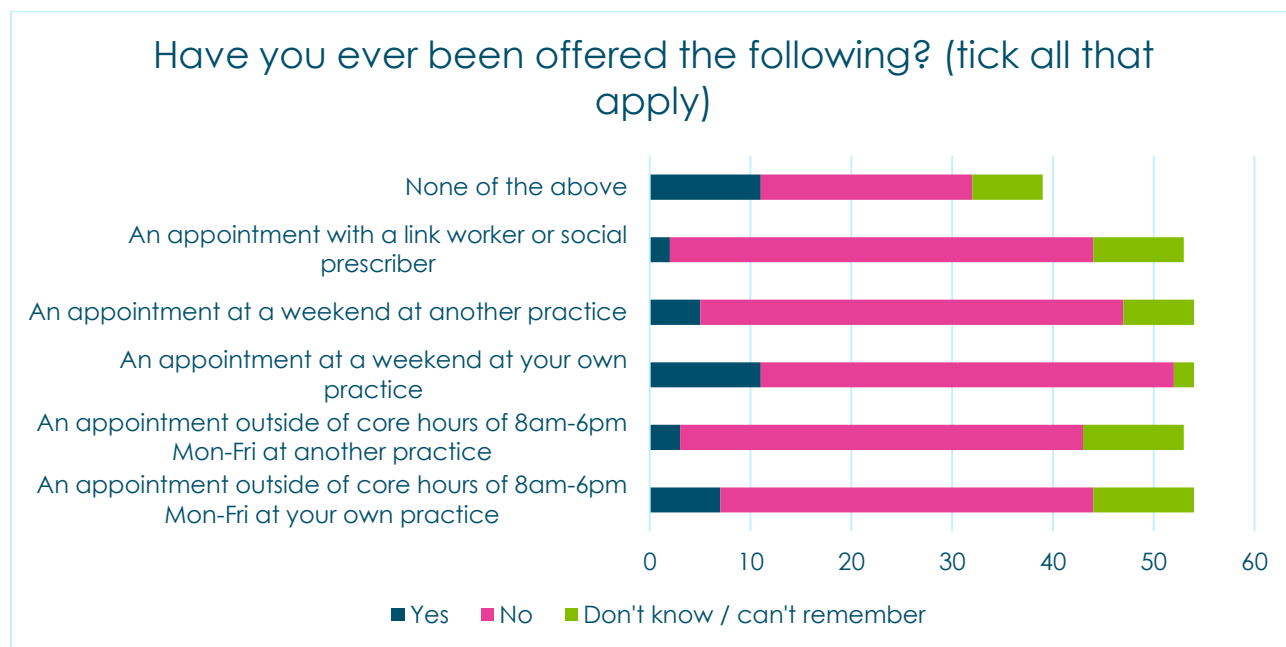
We asked people whether, for their last appointment, they felt the amount of time they had to wait was acceptable for the concern they had. 71% of respondents felt the amount of time they waited was acceptable.

We asked people whether they had ever been offered any of the following:

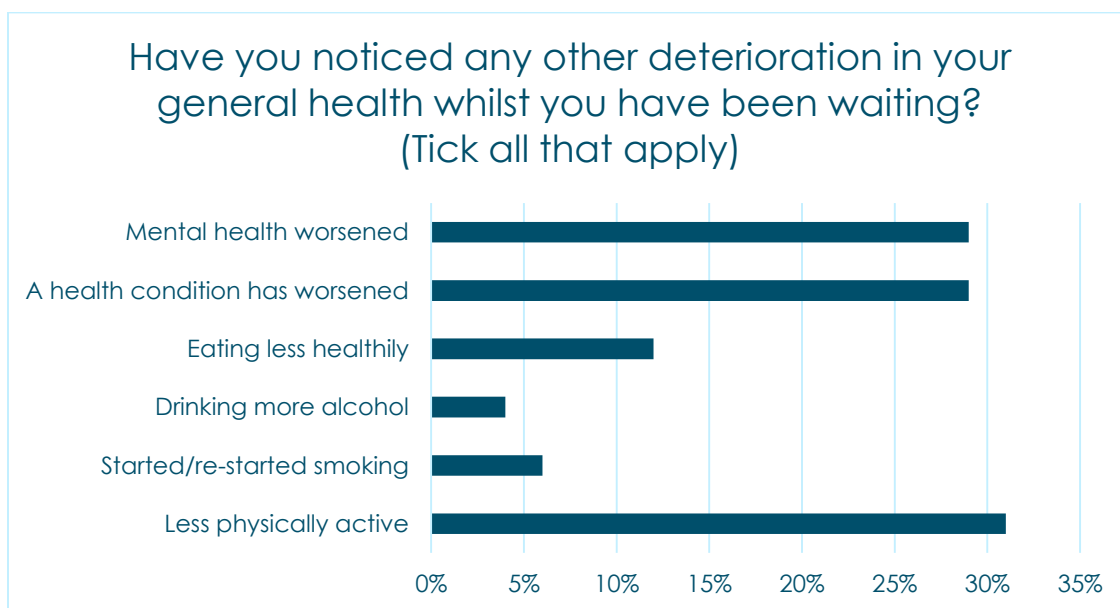
- An appointment outside of core hours at their own GP practice.
- An appointment outside of core hours at another GP practice.
- An appointment at a weekend with their own GP practice.
- An appointment at a weekend with another GP practice.
- An appointment with a link worker or social prescriber.

The majority of people had not been offered any of these alternative appointments, a detailed chart is shown below.





We asked people whether they had noticed any other deterioration in their general health whilst they were waiting for an appointment, people were able to give more than one response and results are detailed below:



We also asked people what they do to stay physically and mentally well, the main things people reported included:

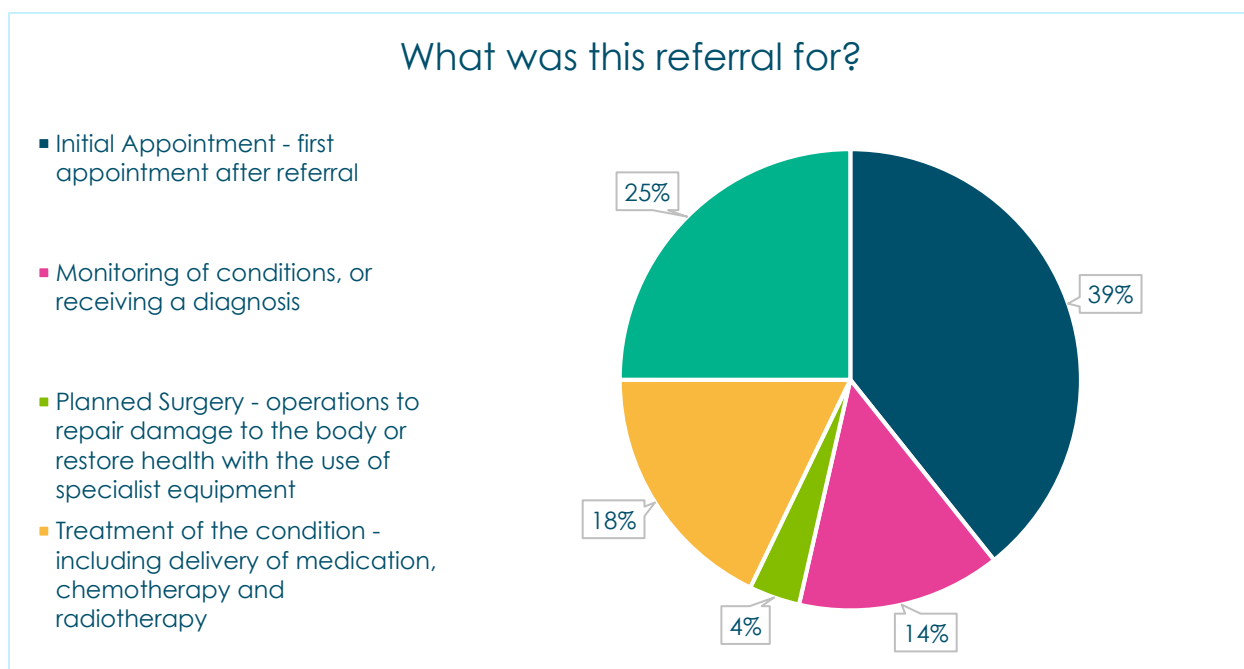
- Exercising (30)
- Socialising with friends and family (14)
- Eating Healthily (10)
- Hobbies (6)



Further to this, we asked what people thought would help them to increase their physical or mental wellbeing, 33% of responses related to accessing either medical help or other agencies for support to manage health. Around 27% were either doing or would like to do more to help themselves, such as getting more exercise or eating more healthily. People also mentioned an end to the pandemic and better economic circumstances. 20% of people were unsure of what they could do to help them to increase their physical and mental wellbeing and 12% thought there was nothing they could do.

REFERRALS

31 people told us they had been referred to another service, a breakdown of the type of referrals is given below:



About 50% of respondents who needed a referral, were not told how long they may have to wait to be seen and four of these respondents (around 30%) were given information about how to manage their condition whilst they were waiting for a referral and /or information about who to contact if they needed more information about their referral. Of the 50% who were told how long they may have to wait to be seen, 10 (around 70%) had been given information about how to manage their condition whilst they were waiting and / or information about who to contact if they needed more information about their referral. 16 respondents indicated they had either experienced a delay with their appointment or had it cancelled by services as a result of the pandemic. Reasons people gave included:

- The pandemic



- Lack of staffing

Hull

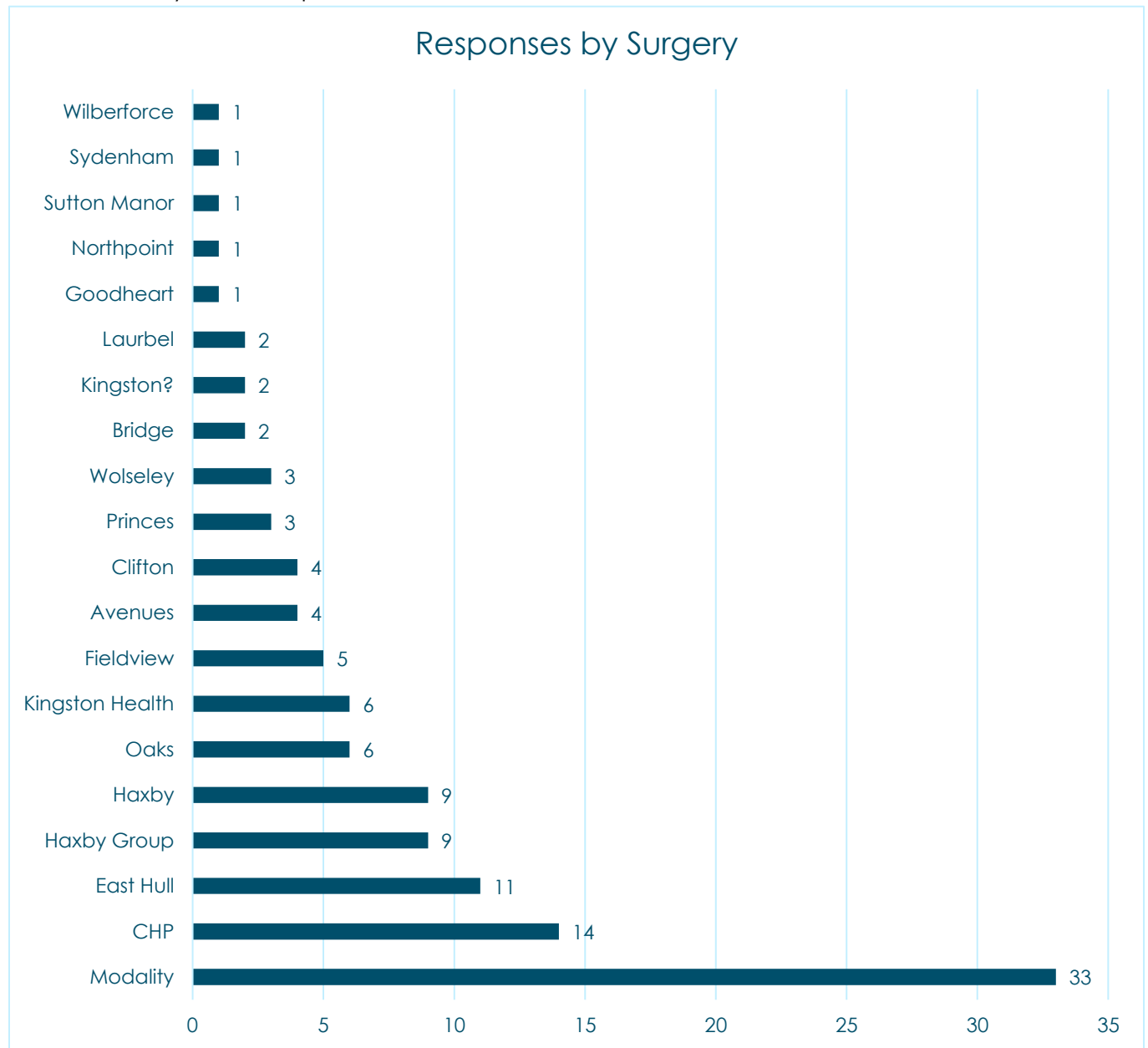
141 people from Hull indicated they wished to comment on GP services. There were 33 GP practices in Hull, at the time the survey was conducted, and these fell within the Hull CCG.

The majority of responses received were in relation to Modality, East Hull and Haxby Group. Please note that six responses provided enough information to identify they related to GP practices in Hull, but not enough to distinguish between those of a similar name. Such as four responses stated they related to Haxby, but it was not clear whether this was Haxby Group Hull or Haxby Newington/Calvert. Further to this, two responses stated they related to Kingston but it was not clear whether this was Kingston Medical Centre or Kingston Health. These responses have been included as they relate to services in Hull but cannot be attributed to any particular service provider.

20 respondents did not provide the name of their GP practice and three responses related to surgeries that were out of the Hull area. Those 23 replies have not been included in the GP analyses as it cannot be verified that the responses reflected services provided in Hull. As such the following analysis includes the remaining 118 responses received, which were identified as relating to GP practice in Hull.



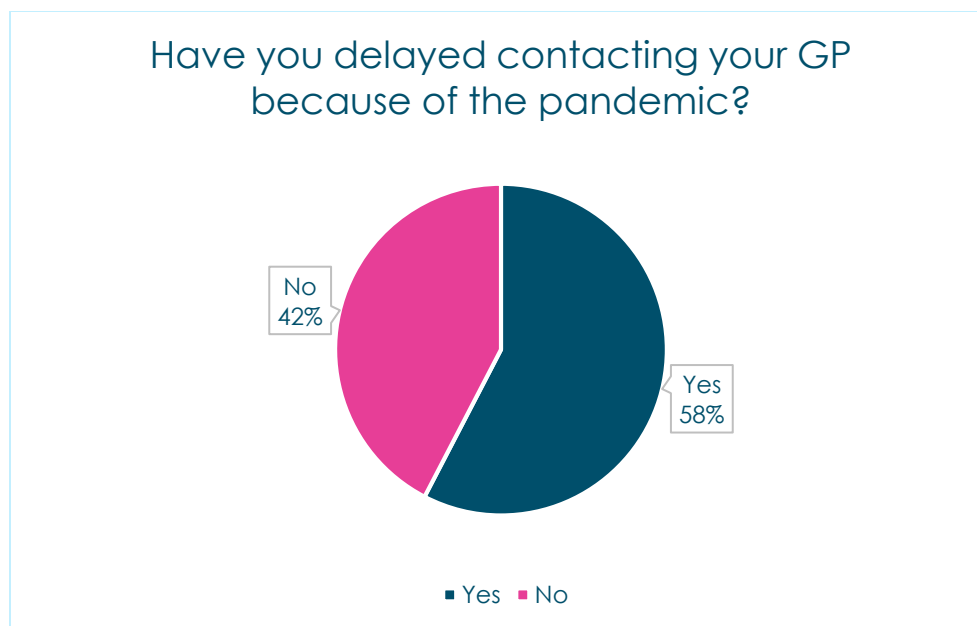
A breakdown of response numbers by GP Practice is given below, however our report will collectively cover all practices.



CONTACTING GP'S

We asked people whether they had delayed contacting their GP because of the pandemic. 58% of respondents reported having delayed contacting their GP because of the pandemic.





We asked people the reason they had delayed contacting their GP, 62 people offered comments on this. Around half of the responses stated that people had experienced difficulties in contacting their GP and had delayed contacting for this reason and around a fifth of responses indicated that they had delayed contacting as they had been unable to be seen face to face by their GP. A further fifth of responses indicated that they had not wished the place the surgery under any unnecessary pressure and considered their condition suitable to wait. Comments people made in response to this question included:

“Didn't want to bother them with not very serious problem.”

(Wolseley Medical Centre)

“Convolutd prerecorded telephone message actively seemed to discourage making any contact with Surgery”

(Kingston Health)

“Mainly because they were only offering telephone appointments. When you need a physical examination, telephone/video calls are no good.”

(Modality, Alexandra Road)

“I am working and the late time on the phone is too long”

(Kingston Health)

“Every time I ring, I cannot get a face to face appointment, only a phone appointment”

(Kingston Medical Centre)



“I felt that the surgery was overworked & my condition could wait a while until the situation calmed.”

(East Hull Group)

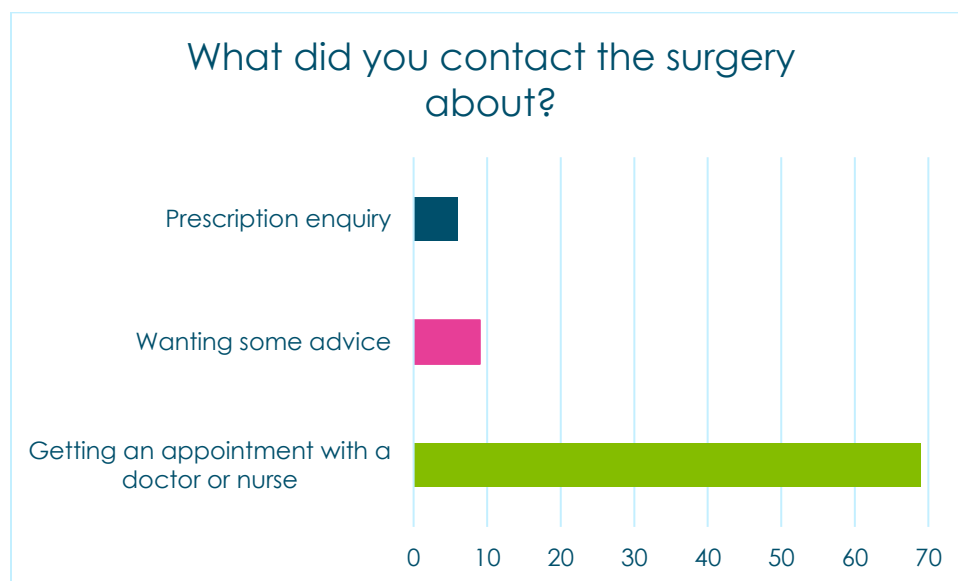
“Because the doctors were so busy with Covid I didn’t want to bother them. Also, I don’t like telephone consultations- I can’t put my point across & get confused”

(Modality, Springhead Medical Centre)

“Telephone queue is often 50+ ahead of me, the call back function doesn’t always work and have been often asked to call back another day for an appointment”

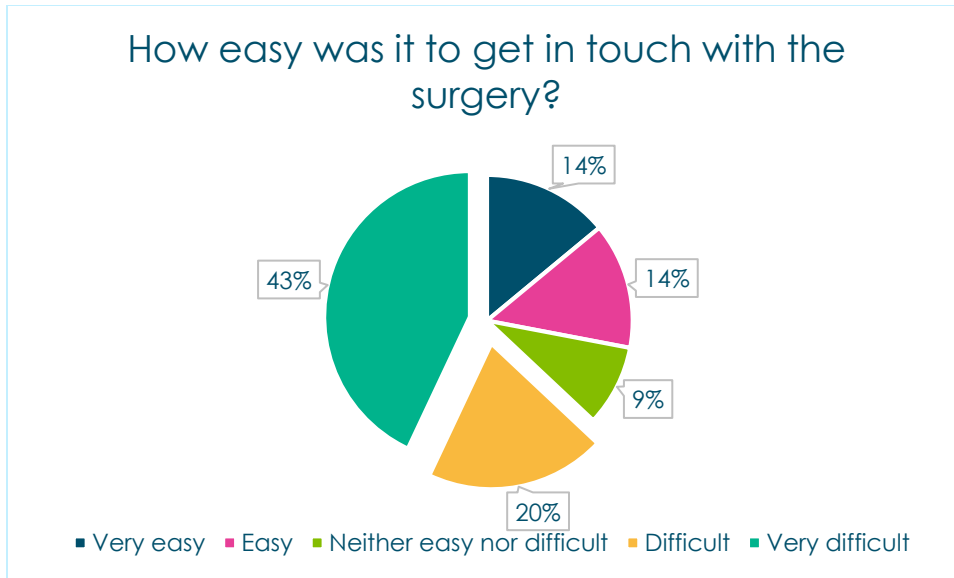
(Modality, Springhead Medical Centre)

105 people said that they had contacted their GP during the pandemic, although not every respondent told us how they had contacted their surgery. The majority (74) said they had contacted their surgery by telephone, nine had contacted them online or using a web form, three people had contacted them in person and one person contacted them via email. Reasons people contacted their surgery included:

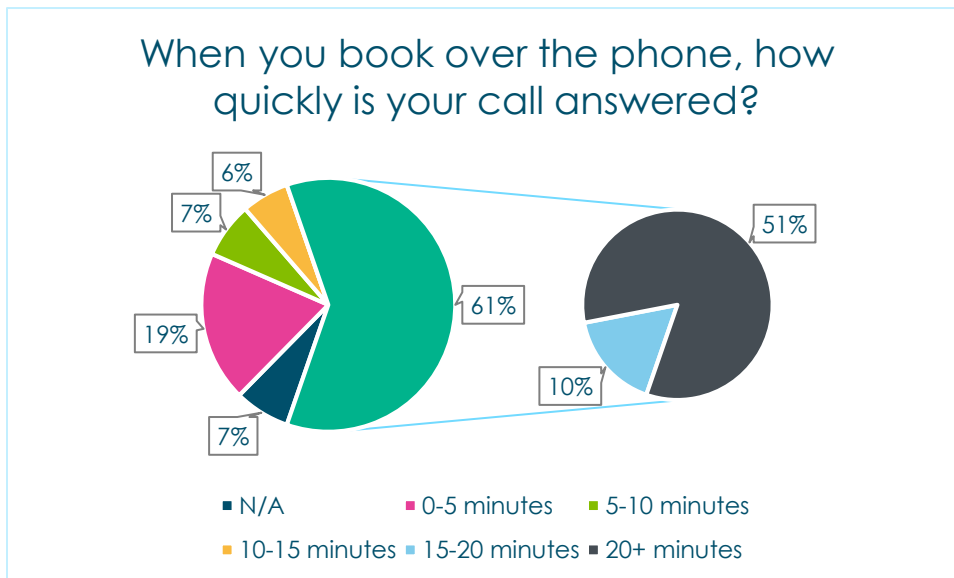


We also asked people how easy it was to get in touch with the surgery and most people (63%) had found it either difficult or very difficult.



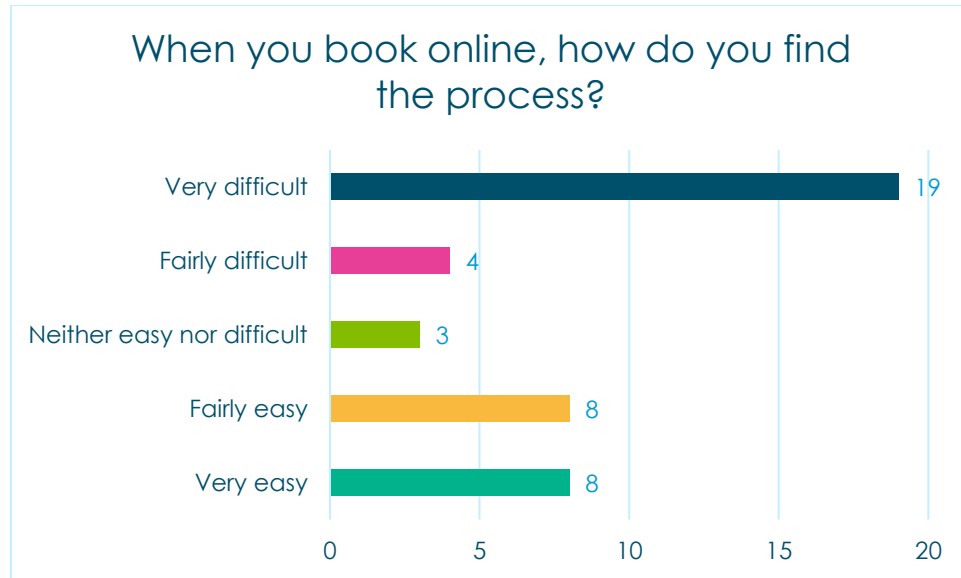


In relation to making contact by telephone, we asked how quickly calls were answered, most people reported a wait in excess of 15 minutes.



We also asked about how easy people found the online booking process, of the 86 people who answered the question, 44 stated this was not applicable to them. The majority of people who had given an opinion (42) indicated they had some level of difficulty.





We also asked people for any additional comments they wished to make in relation to contacting the surgery, these included:

“Twice used locum e-doctor, and in both cases the referred me to own GP but contacted them stressing urgency.”

(Kingston Health)

“The new call back system works ok if you have all day to keep your phone handy, however not if you are at work.”

(Modality Hull)

“Feel ‘fobbed off’, when tried to contact via online service, advised to try again at the beginning of the week.”

(Modality Hull)

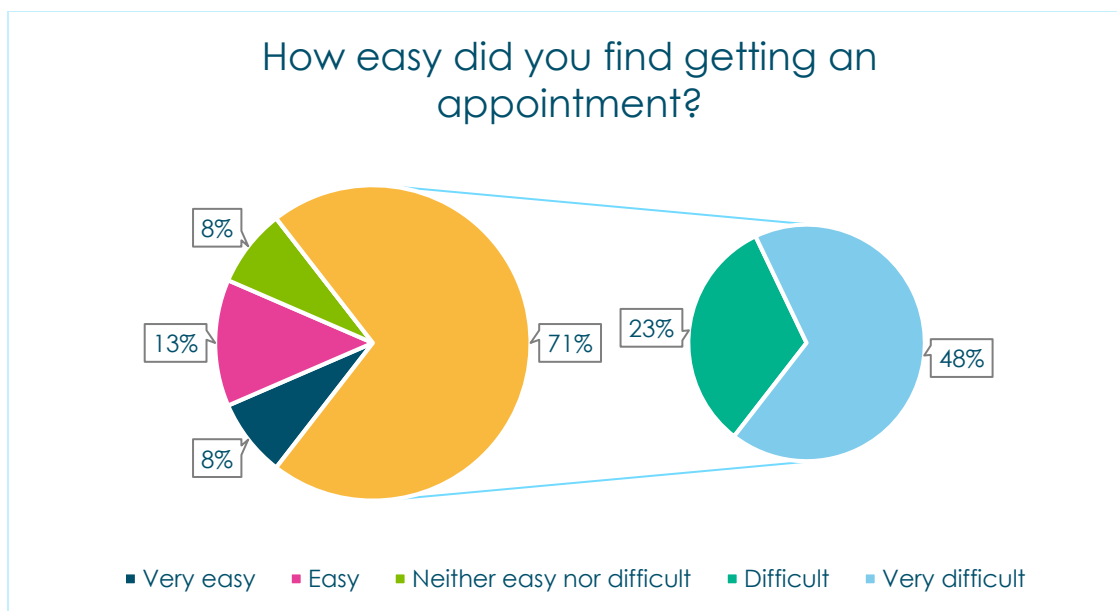
“Not enough appointments for the amount of patients”

(East Hull)

APPOINTMENTS

We asked people how easy they had found it to get an appointment, over 70% reported finding it difficult to some degree.





We asked people what action they had taken if they had experienced difficulty in getting a GP appointment. Actions people had taken included:

- Urgent Treatment Centre (13)
- NHS 111 (9)
- Pharmacy (9)
- A & E (2)

People offered comments in relation to this which included:

- Using the online locum service
- Monitored their own condition (blood pressure and weight)
- Sought help with their condition from abroad

Of those who informed us that they had had an appointment with the GP, around 46% stated that this was a telephone appointment, 28% reported having a face to face appointment and 8% had virtual / online appointments. Around 18% of people chose the other category, of this cohort of people six had used multiple methods, one person had a home visit and eight people indicated they had not been able to get an appointment. We asked whether people were satisfied with how their appointment was conducted, for example face to face, and 56% had been satisfied. We asked for those who had not been satisfied to give more details and comments included:

“Only offered telephone appointment and then prescribed antibiotics and steroids with no face to face consultation”

(Laurbel Surgery)

“If I want to see a doctor then I don't want to speak to a nurse”



(Modality Hull, Alexandra Road)

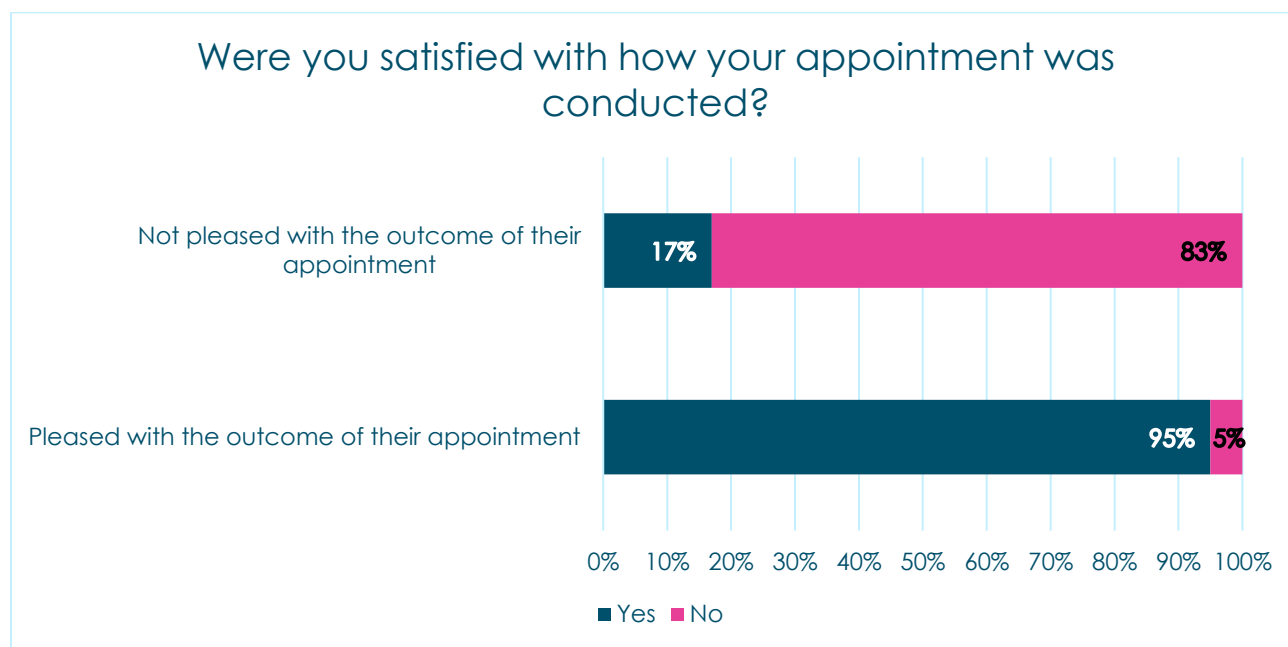
“No introduction from the person I was speaking too I had to ask his name and told to go to A/E if I had the problem again luckily my Optician saw me”

(Kingston Health)

“Phone calls, sending photos & info by email delayed treatment by over 3 weeks”

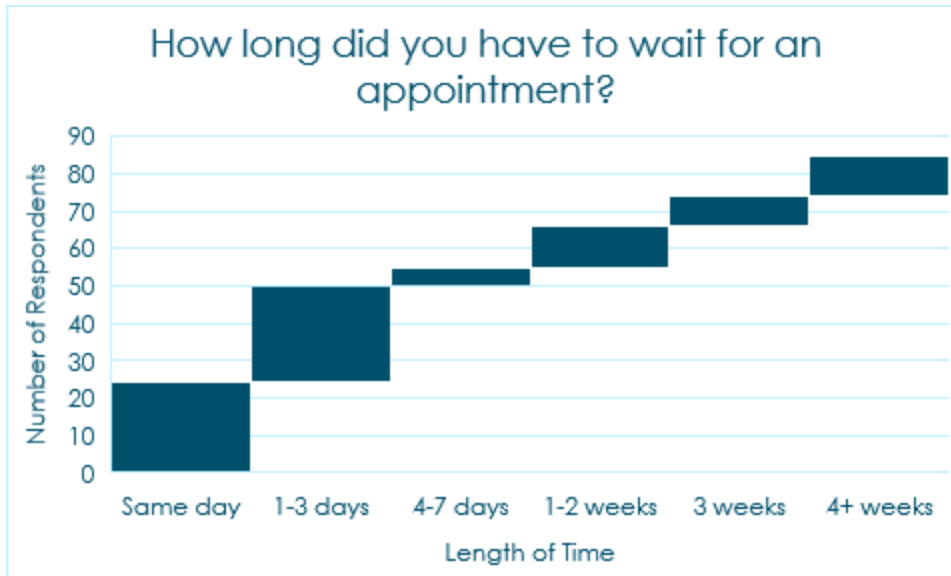
(East Park)

We also asked whether people were pleased with the outcome of their appointment and 49% stated that they were pleased with the outcome. Of those who stated they were pleased with the outcome 95% had been satisfied with how the appointment was conducted, for example face to face or telephone. This is in comparison to the 51% who had not been pleased with the outcome, of whom 83% had not been satisfied with how the appointment had been conducted.



We then asked how long people had to wait for an appointment, most (65%) were seen within one week and many of those within three days (59%).





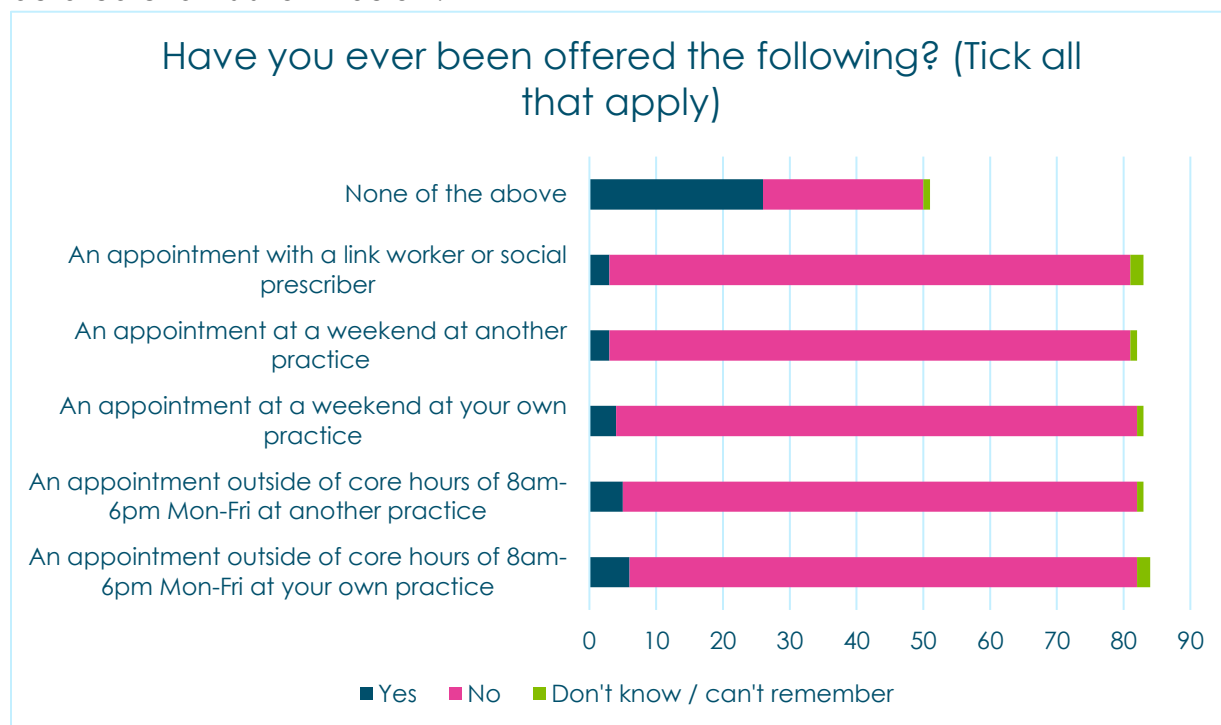
We asked people whether, for their last appointment, they felt the amount of time they had to wait was acceptable for the concern they had. 52% of respondents did not feel the amount of time they waited was acceptable.

We asked people whether they had been offered any of the following:

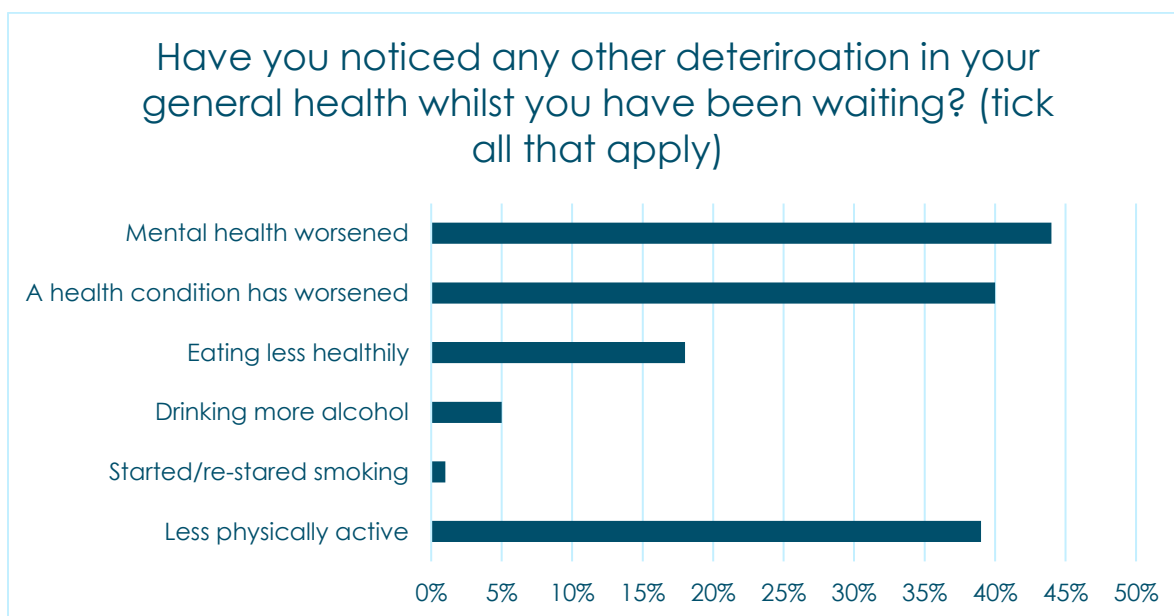
- An appointment outside of core hours at their own GP practice.
- An appointment outside of core hours at another GP practice
- An appointment at a weekend with their own GP practice.
- An appointment at a weekend with another GP practice.
- An appointment with a link worker or social prescriber.



The majority of people had not been offered any of these alternative appointments, a detailed chart is shown below.



We asked people whether they had noticed any other deterioration in their general health whilst they were waiting for an appointment, people were able to give more than one response and results are detailed below:



We also asked people what they do to stay physically and mentally well, the main things people reported included:



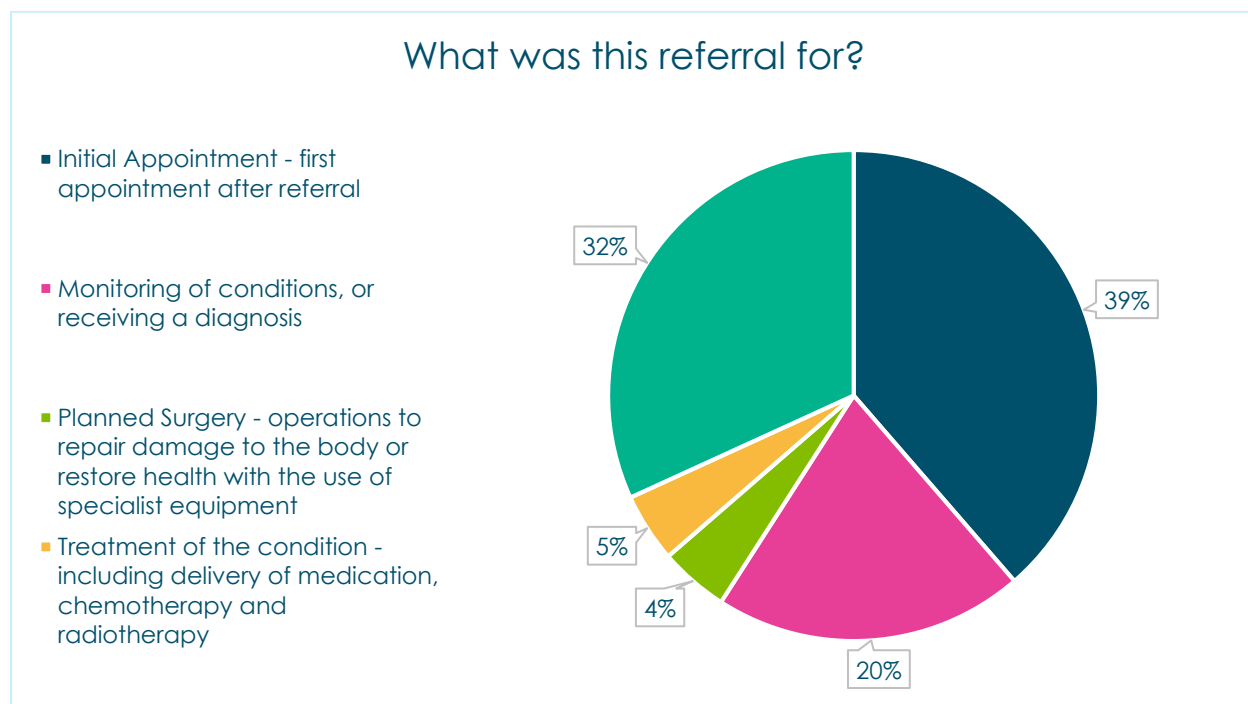
Covid-19 Impact Survey: Investigation Report.

- Exercising (50)
- Socialising (17)
- Hobbies (16)
- Eating Healthily (11)

Further to this, we asked people what they thought would help them to increase their physical or mental wellbeing, 57% of respondents wished to access either medical help or other agencies for support to manage their health. Around 14% were either doing or would like to be able to do more to help themselves, such as getting more exercise or eating more healthily. People also mentioned either ending the pandemic restrictions, or continuing with some of the restrictions such as wearing face masks and social distancing. Two respondents also mentioned financial help to access support or reduced cost of leisure facilities locally.

REFERRALS

48 people told us they had been referred to another service, a breakdown of the types of referral is shown below:



64% of respondents who needed a referral, were not told how long they may have to wait to be seen and just eight were given information about how to manage their condition whilst they were waiting for a referral and / or information about who to contact if they needed more information about their referral. Of the 36% who were told how long they may have to wait to be seen, seven were also given information about how to manage their conditions and / or information about who to contact if they



needed more information about their referral. 22 respondents indicated they had either experienced a delay with their appointment or had it cancelled as a result of the pandemic. Reasons people gave for this included:

- Reduced appointments due to pandemic.
- Only seeing people in an emergency.
- Technical fault.
- Backlog of appointments after the pandemic.

One respondent indicated that they had cancelled a GP appointment due to feeling unsafe in the surgery, they described that the room **“felt hot and stuffy”** as such they **“presumed the ventilation indoors was inadequate”** which led to them becoming distressed and leaving.

Other comments people made in relation to GP access or services included:

“You should be able to Book a time slot for the telephone appointment”

(Kingston Health)

“Don't tell people you'll ring at some point on that day. I have a face to face job and can't use tell clients I'm going to answer my mobile!!”

(Kingston Medical Centre)

“When I eventually spoke to GP (telephone Appointment) He was very supportive. Referred me for X-ray at a local outreach centre.”

(Haxby)

“Not had any problems at GP. Initial telephone consultation then seen same day if deemed appropriate”

(Fieldview)

“Stop re-organizing GP surgeries into groups, which are then under pressure to do more for less.”

(Modality)

East Riding of Yorkshire

110 people from East Riding of Yorkshire indicated that they wished to comment on GP services. There were around 44 GP practices in East Riding of Yorkshire, at the time the survey was conducted, and these fell within the East Riding of Yorkshire CCG.

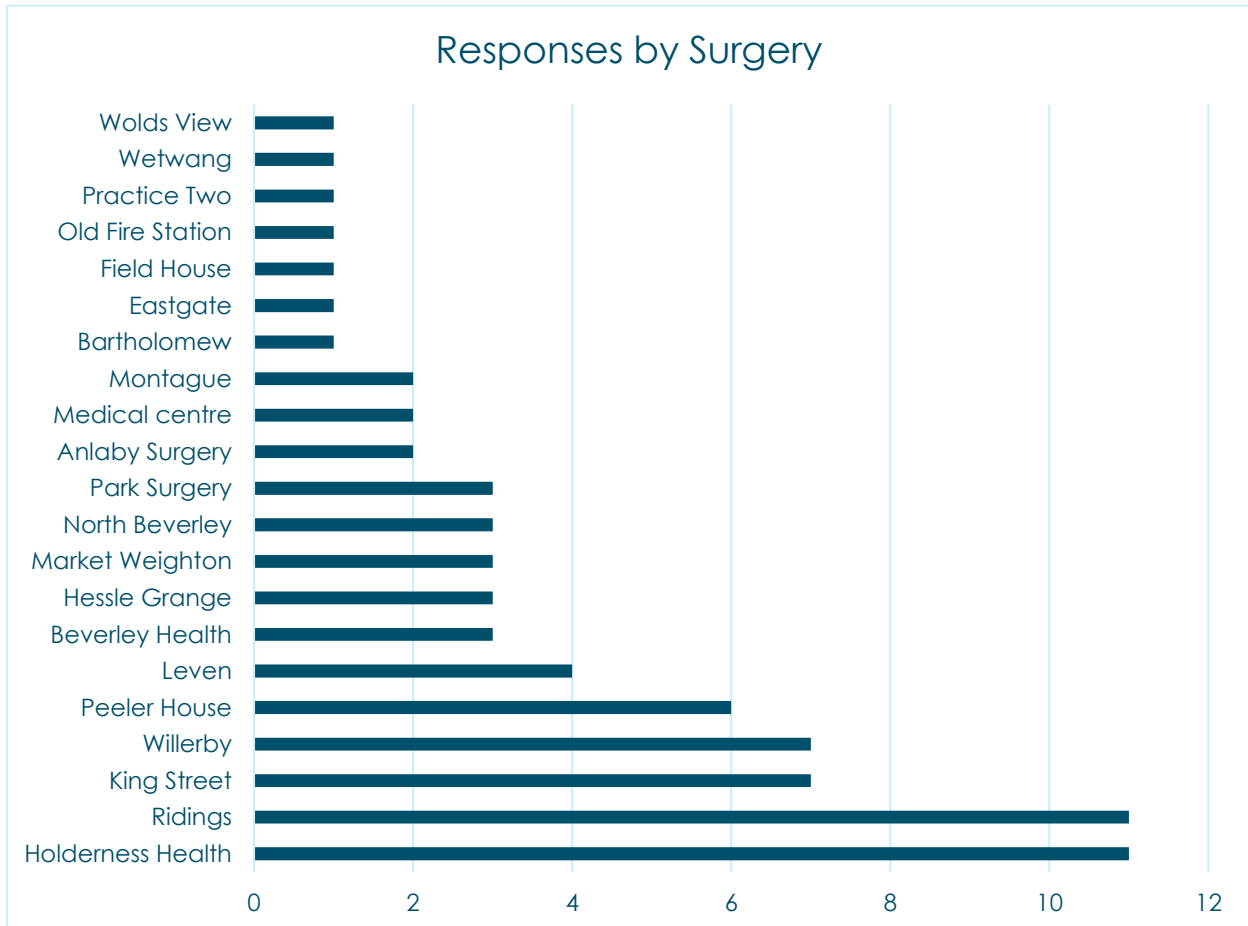
Where GP practices were part of a group, these have been merged together. Of the 110 responses received, 18 respondents did not provide the name of their GP practice and 18 responses related to surgeries that were out of the East Riding of Yorkshire area.



Covid-19 Impact Survey: Investigation Report.

Those 36 replies have not been included in the GP analyses as it cannot be verified that the responses reflect services provided in East Riding of Yorkshire. Therefore a total of 74 responses have been used for the following analysis.

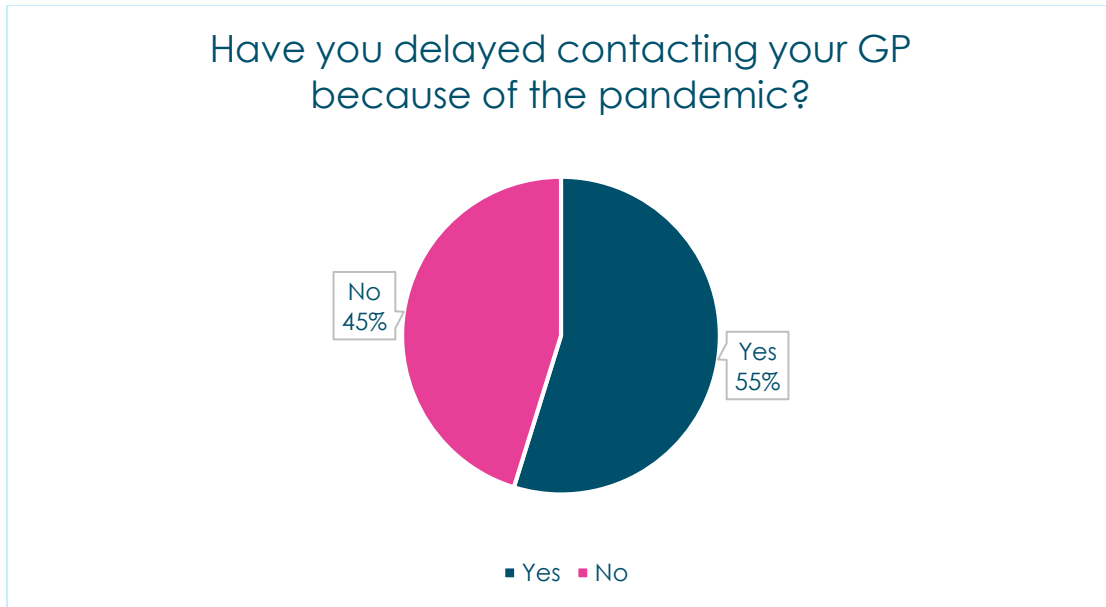
A breakdown of response numbers by GP practice is given below, however our report will collectively cover all practices within the East Riding of Yorkshire.



CONTACTING GP'S

We asked people whether they had delayed contacting their GP because of the pandemic. 59% of respondents reported having delayed contacting their GP because of the pandemic.





We asked people the reason they had delayed contacting their GP, 38 people offered comments on this. 32% of the responses stated that people had not wanted to add additional pressure to the GP or that they did not feel their condition was urgent enough to contact them. The remaining 68% reported things such as difficulties in contacting their GP or being unable to access face to face appointments. Comments included:

“Didn’t want to put them under pressure”

(Market Weighton)

“Because you cannot get through then when you do the appointments have gone”

(Peeler House)

“Phone lines constantly engaged, usually queuing system which can be over 100 waiting and waiting ridiculous lengths of time to get through.”

(Bartholomew)

“The issue I had did not seem serious enough under the circumstances”

(Leven)

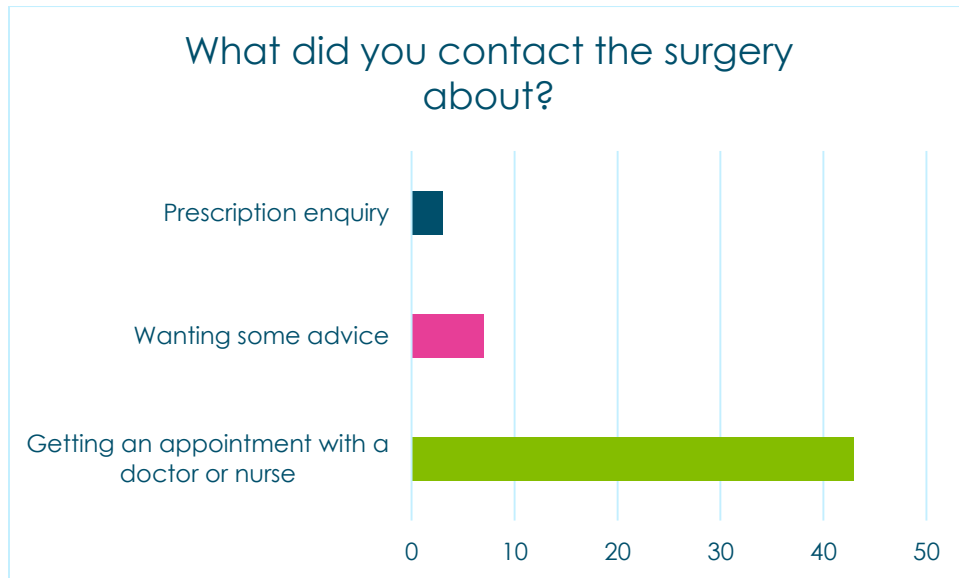
“They are not giving appointments- it’s all by phone”

(Ridings)

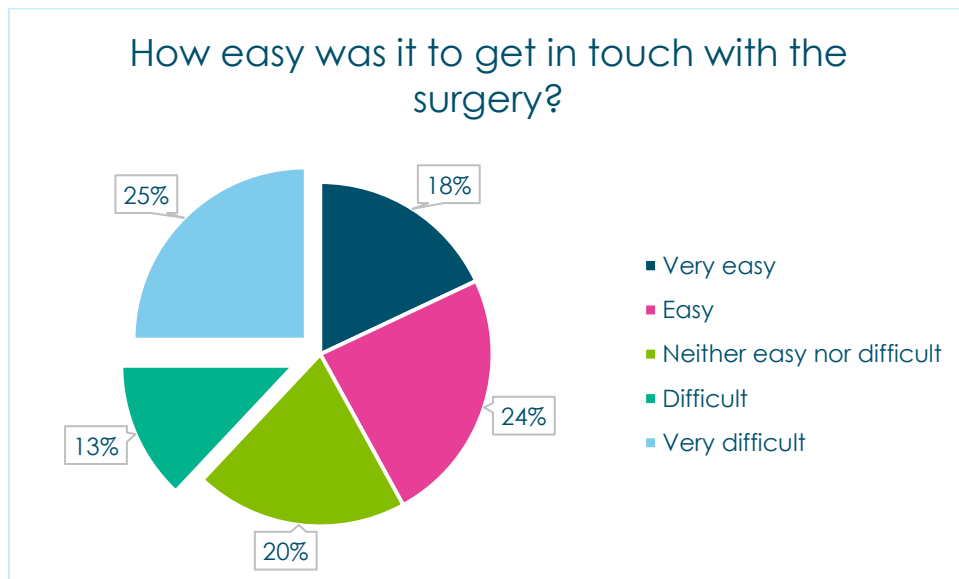
71 people we asked said they had contacted their GP during the pandemic, the majority of those who answered the question (48) said they contacted their surgery by telephone, six had contacted them online or using a web form and one person contacted them in person. Reasons people contacted their surgery are shown in the



following graph (one person indicated they had contacted the surgery for both an appointment and advice)

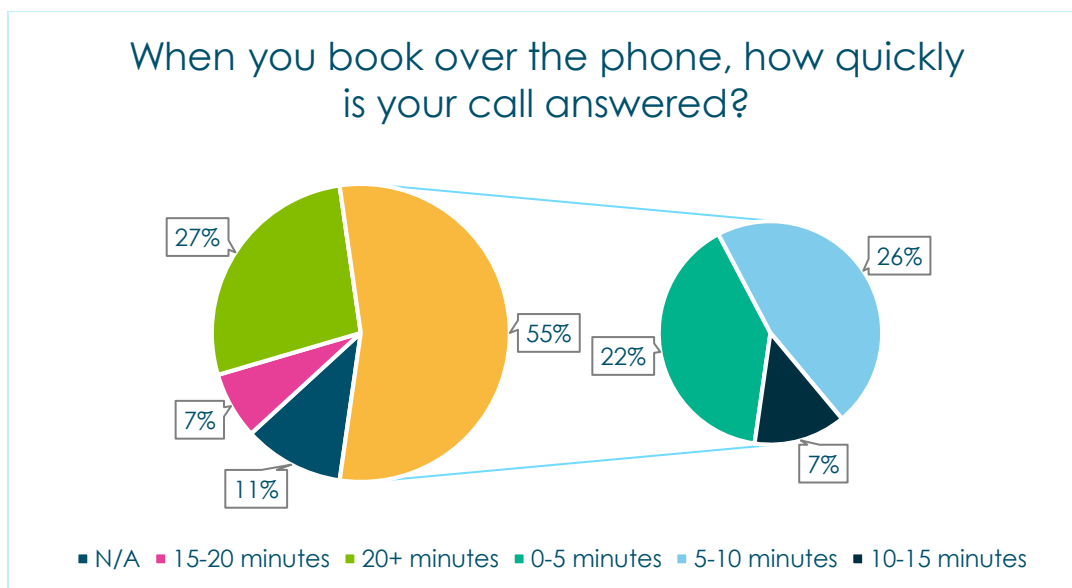


We also asked people how easy it was to get in touch with the surgery and 38% of respondents had found it either difficult or very difficult in comparison to the 42% who had found it easy or very easy.

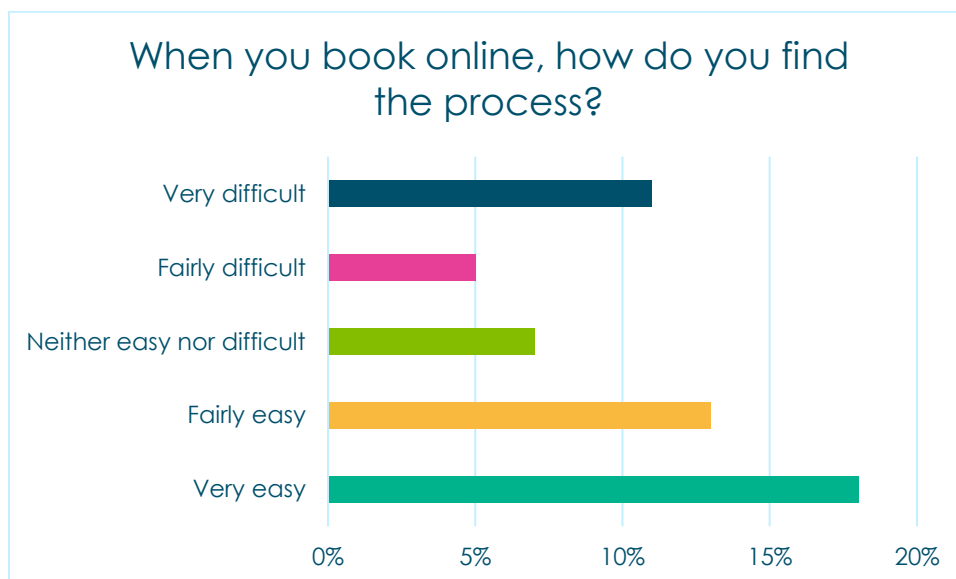


In relation to making contact by telephone, we asked how quickly calls were answered, most people reported a wait of less than 15 minutes.





We also asked about how easy people found the online booking process, of the 55 people who answered the question, 25 people stated this was not applicable to them and the majority who gave an opinion (17) indicated they had found it either easy or fairly easy.



We also asked people for any additional comments they wished to make in relation to contacting the surgery, these included:

“It is very easy to contact the surgery and they are very responsive.”

(Peeler House)

“The message at the start was designed to get people to hang up and preventing reasonable requests for help.”



(King Street)

“Current systems are not working. The online form you complete detailing what you require, you then receive a message to say you need to book an appointment and to contact the surgery! What is the point of this form I ask?”

(Bartholomew)

“I think the Ridings have been excellent over the Pandemic and continued to offer high quality accessible services - well done to all the team”

(Ridings)

“Before Covid you could book you appointment online. Now you can only book smear tests online, you have to phone up and battle for a face to face appointment”

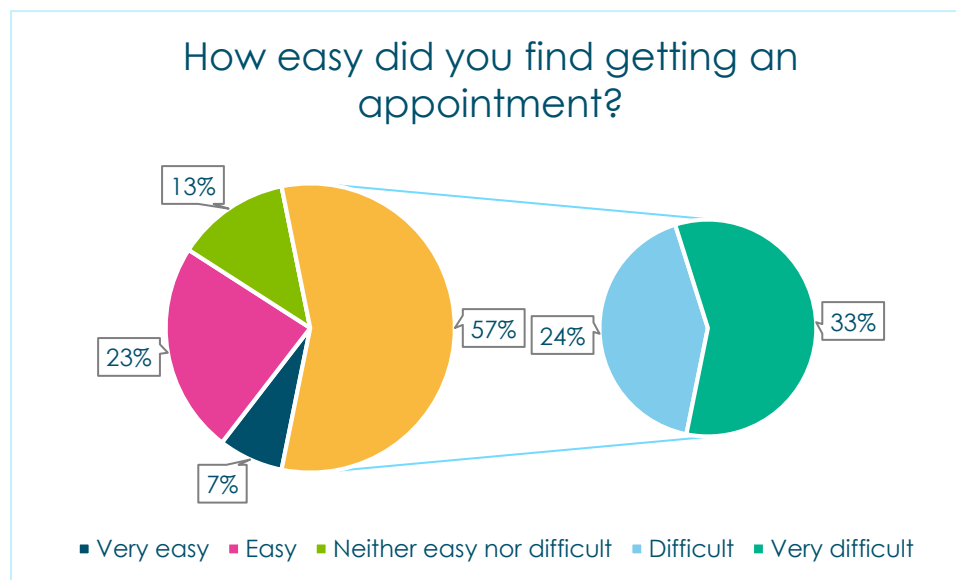
(Ridings)

“I understand how busy they are and under pressure but things were like that before the pandemic, local surgeries merged under one umbrella and it hasn't improved GP access as intended, it's made it worse.”

(Holderness Health)

APPOINTMENTS

We asked people how easy they found it to get an appointment, 57% reported finding it difficult to some degree.



We asked people what action they had taken if they had experienced difficulty in getting a GP appointment. Actions people had taken included using:



Covid-19 Impact Survey: Investigation Report.

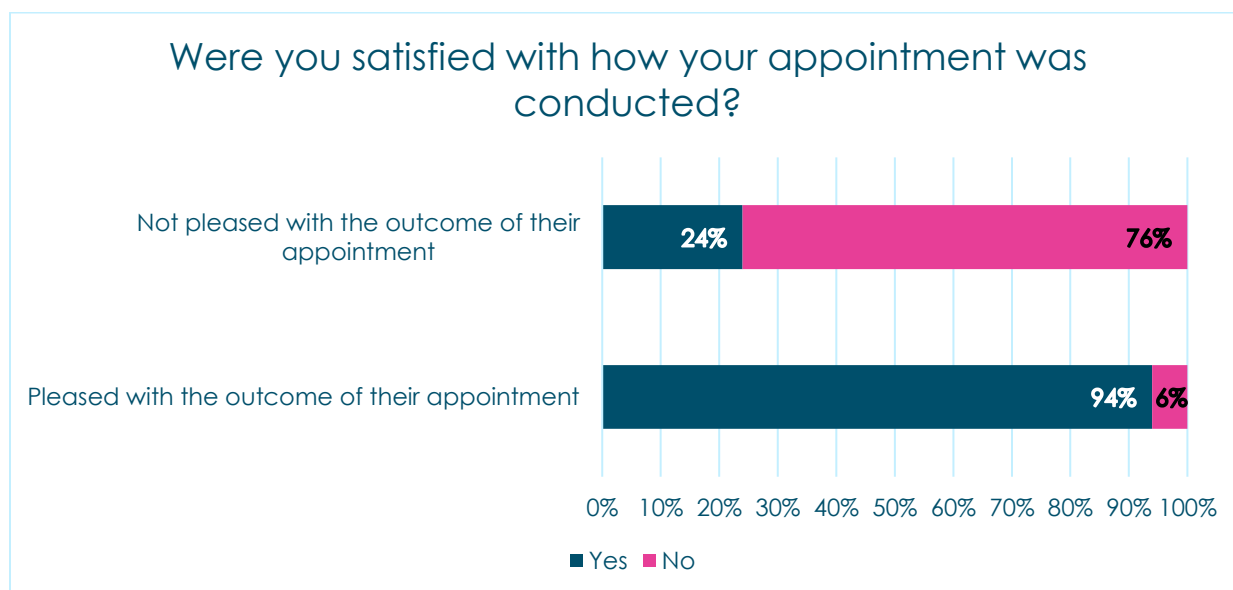
- NHS 111 (10)
- Urgent Treatment Centre (7)
- Pharmacies (6)

People offered some comments in relation to this which included:

- Continuing to try to contact GP.
- Googling symptoms.
- Waiting for the GP to phone back.

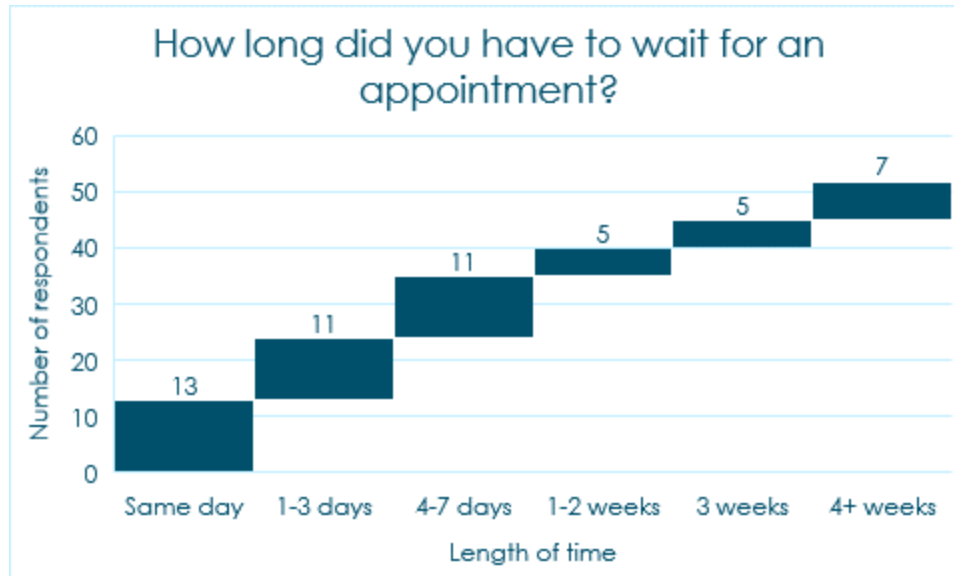
Of those who informed us they had had an appointment with the GP, more than 63% stated that this was a telephone appointment. 28% reported having a face to face appointment, 2% were virtual or online and 7% of people chose other. Of those who chose other some indicated they had not yet had an appointment, one person stated they did **“not have any choice but to use the telephone”** and one person indicated that they had had both telephone and face to face appointments.

We also asked whether people were pleased with the outcome of their appointment and 69% stated that they were pleased with the outcome. Of those who were pleased with the outcome, 94% had been satisfied with how the appointment was conducted, for example face to face or telephone. This is in comparison to the 31% who had not been pleased with the outcome, of whom 76% had not been satisfied with how the appointment had been conducted.



When asked how long people had to wait for an appointment, most (67%) were seen within one week and 25% were seen the same day.





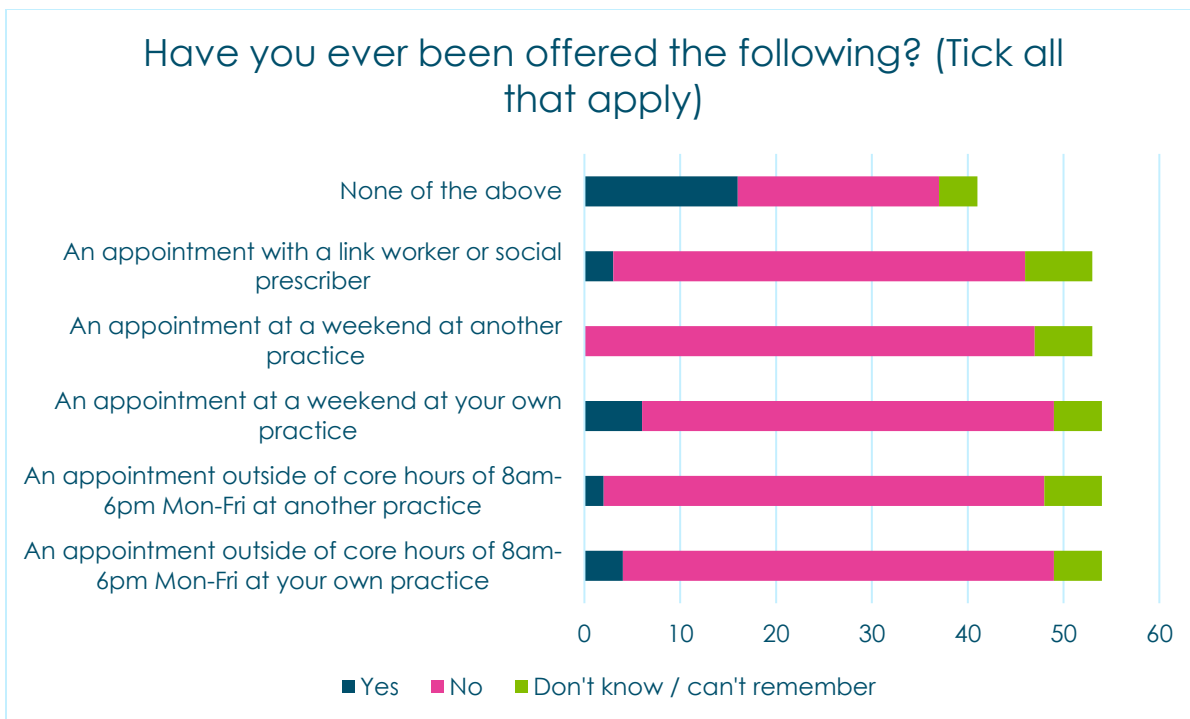
We asked people whether, for their last appointment, they felt the amount of time they had to wait was acceptable for the concern they had. 60% of respondents did feel that the time they had to wait was acceptable.

We asked people whether they had ever been offered any of the following:

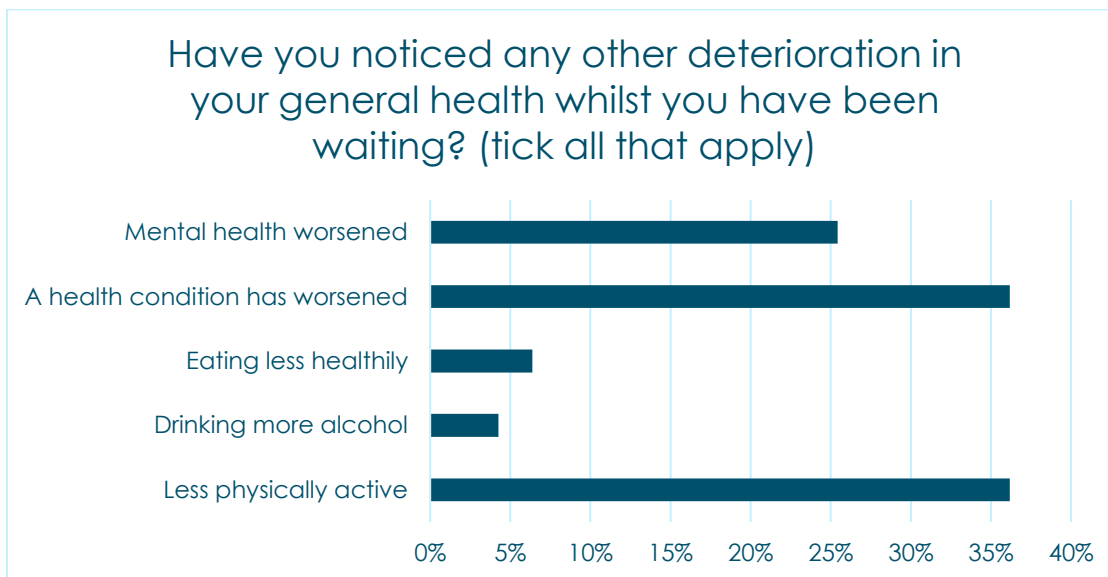
- An appointment outside of core hours with their own GP practice.
- An appointment outside of core hours with another GP practice.
- An appointment at a weekend with their GP practice.
- An appointment at a weekend with another GP practice.
- An appointment with a link worker or social prescriber.

The majority of people had not been offered any of these alternative appointments, a detailed chart is shown below.





We asked people whether they had noticed any other deterioration in their general health whilst they were waiting for an appointment, people were able to give more than one response and results are detailed below:



We also asked people what they do to stay physically and mentally well, the main things people reported included:

- Exercising (34)
- Socialising (10)
- Hobbies (8)

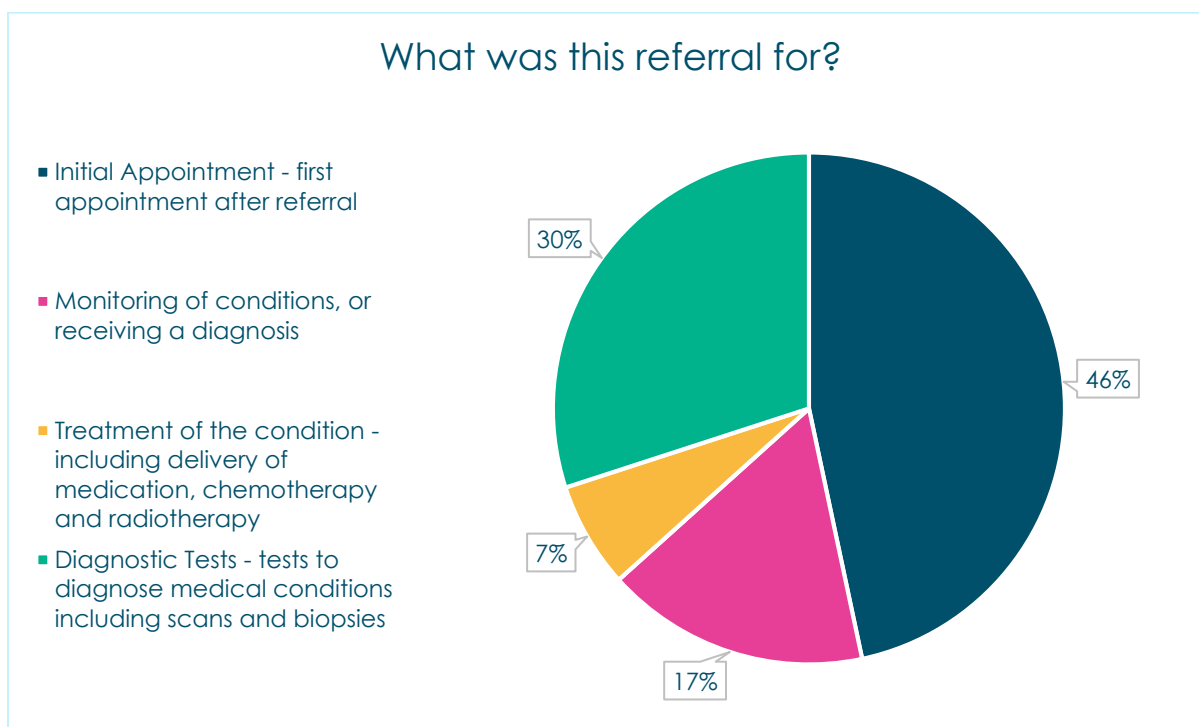


- Eating Healthily (6)

Further to this, we asked what people thought would help them to increase their physical or mental wellbeing, 47% of responses to this related to accessing either medical help or other agencies for support to manage health. Around 12% were either doing or would like to do more to help themselves, such as getting more exercise. People also mentioned wanting an end to the pandemic, a better work life balance and one respondent mentioned how they wished that going forward there would be more accessibility, such as being able to join in online for things such as theatre showings, quizzes and telephone consultations.

REFERRALS

30 people told us they had been referred to another service, a breakdown of the types of referral is shown below:



47% of respondents, who needed a referral, were not told how long they may have to wait to be seen and just over half of these respondents were given information about how to manage their condition whilst they were waiting for a referral and / or who to contact if they needed more information about their referral. Of the 53% who were told how long they may have to wait to be seen, 63% were given information about how to manage their condition whilst they were waiting and 75% were given information about who to contact if they needed more information about their referral. 19 respondents indicated they had either experienced a delay with their appointment or had it



cancelled by services as a result of the pandemic. Reasons people gave for this included:

- Reduced operation due to the pandemic.
- Long waiting lists.
- Referred to wrong service.
- Shortage of supplies.

Two respondents had cancelled a GP appointment because of the pandemic reasons given for this were:

- I was unwell (not with Covid) and so was unable to attend.
- I didn't feel it was important enough given the pandemic situation.



Mental Health Services

Introduction

Across the areas covered by the Healthwatch Humber Network, Mental Health services were provided by various different providers. Services people indicated they had used included; adult mental health services, the crisis team, community mental health teams, children and young people's mental health services, Improving Access to Psychological Therapies (IAPT) services and an eating disorder service. This section of the report will break these down into the following areas:

- North Lincolnshire
- North East Lincolnshire
- East Riding of Yorkshire
- Hull

The survey received 57 responses in total for Mental Health services. The questions covered included: Access, appointments and waiting lists.

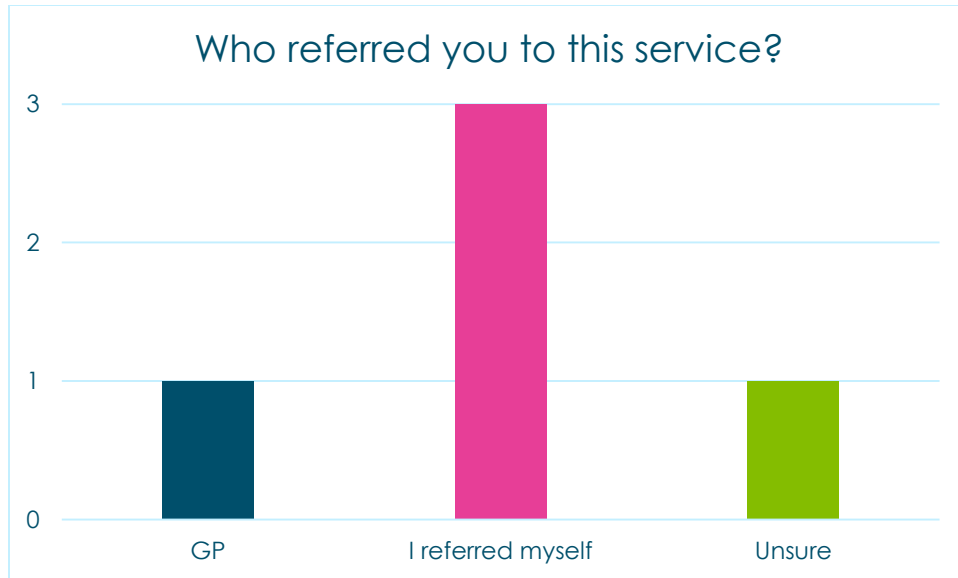
North Lincolnshire

10 people who lived in North Lincolnshire indicated they wished to provide information about their experiences of mental health services, however, only five progressed to complete the questions. One person indicated that their experiences related to a new condition or concern that had emerged since the start of the pandemic. Four respondents reported their reason for using mental health services was for an ongoing or pre-existing concern or condition. People reported accessing services for themselves (1), a child in their care (1), an adult they provide care to (2) or for a friend or relative (1).

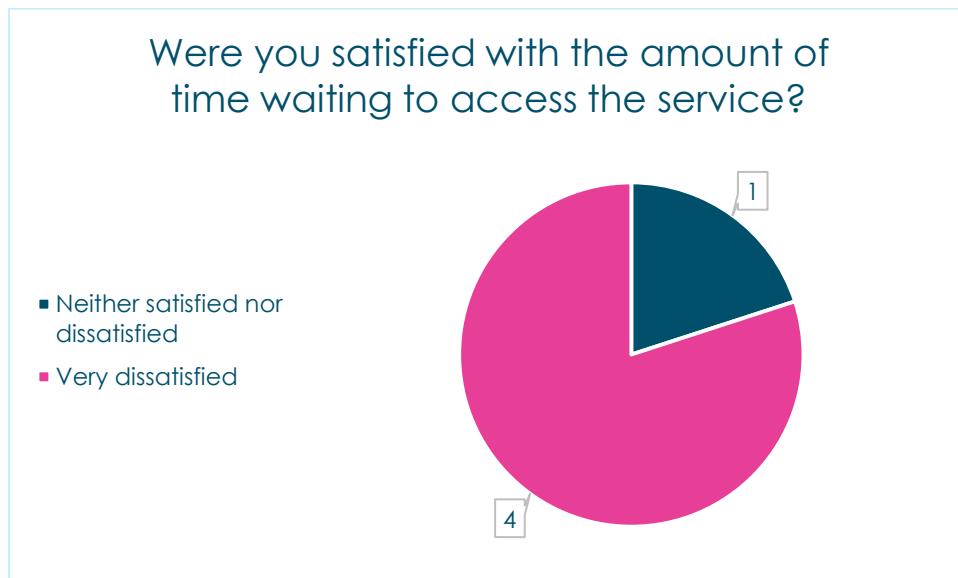
ACCESSING SERVICES

Mostly people referred themselves to services:





2 of the 5 people who responded to the questions stated they had to wait longer than 6 months to access the service, others had to wait at least a month. When asked about their satisfaction with the amount of time waiting to access the service, most respondents were very dissatisfied.



Comments made about accessing services included:

“Passed from pillar to post, calls unreturned, different appointments giving different times”

(Children and Young People’s Mental Health Services)

“I have been trying to get help with my mental health for over 2 years, I have been triage a couple of months ago and still have to wait for possibly another year.”



(Adult Mental Health Services)

APPOINTMENTS

Two people indicated they were still waiting for appointments and three were not. The appointments people were waiting for, were in relation to depression and borderline personality disorder. Yet all five reported having faced a delay or cancellation in relation to their appointment, but no one had cancelled their own appointment. Reasons respondents gave for this delay or cancellation were:

- Staff still working from home
- The service was not doing face to face appointments?
- The Mental health condition was not severe enough
- Staff shortages

For those who had attended an appointment, one reported being seen face to face and three reported having had telephone or virtual / online appointments. One respondent stated they were satisfied with their appointment or the assistance they were given. When asked about outcomes from their appointments responses were varied:

“Extremely dissatisfied with the outcome, basically concerns dismissed and passed my daughter back to the school mental health champion were no further actions have happened.”

(Children Young Peoples Mental Health Services)

“A carer had to help”

(Community Mental Health Team)

“He has dealt with it in his own way.”

(Adult Mental Health Services)

WAITING LISTS

Two respondents indicated they were still on waiting lists to be seen and only one had been provided with information about how long they may have to wait for their appointment. This information was provided during a video triage appointment but they did not feel satisfied with the information they received. Further information this person would have liked, included how to manage until they could see someone.

Whilst waiting two respondents indicated they had been told what to do if their condition became worse, and two stated that had not been told. All four respondents felt that their condition had deteriorated in the previous 12 months. One respondent



stated that had not sought any help for the deterioration in their condition. Other respondents stated that they had accessed:

- GP
- Internet
- Private healthcare

When we asked about any other information people would like to provide on waiting lists, comments included:

“Yes, they would be much shorter if the staff were actually working”

(CYPMHS)

“My friend has said that everywhere is either 'full' or the waiting lists and call back times are 10x what they used to be before Covid.”

(Adult Mental Health Services)

“I understand there is many waiting, but a none existent service in Scunthorpe doesn't help, if they had mental health support I wouldn't have to go further to other counties”

(Adult Mental Health Services)

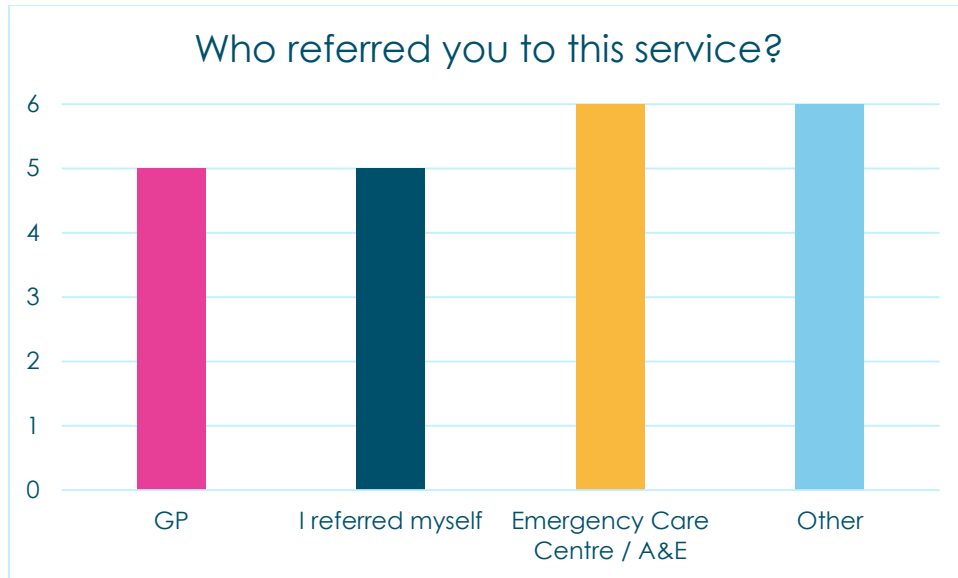
North East Lincolnshire

25 people who live in North East Lincolnshire indicated they wished to provide information about their experiences of mental health services, however, three people did not progress to complete the questions. Five people indicated that their experiences related to a new condition or concern that has emerged since the start of the pandemic. 17 responses reported their reason for using mental health services was for an ongoing or pre-existing concern or condition. People reported accessing services for themselves (18), an adult they provide care to (2) or for a friend or relative (2).

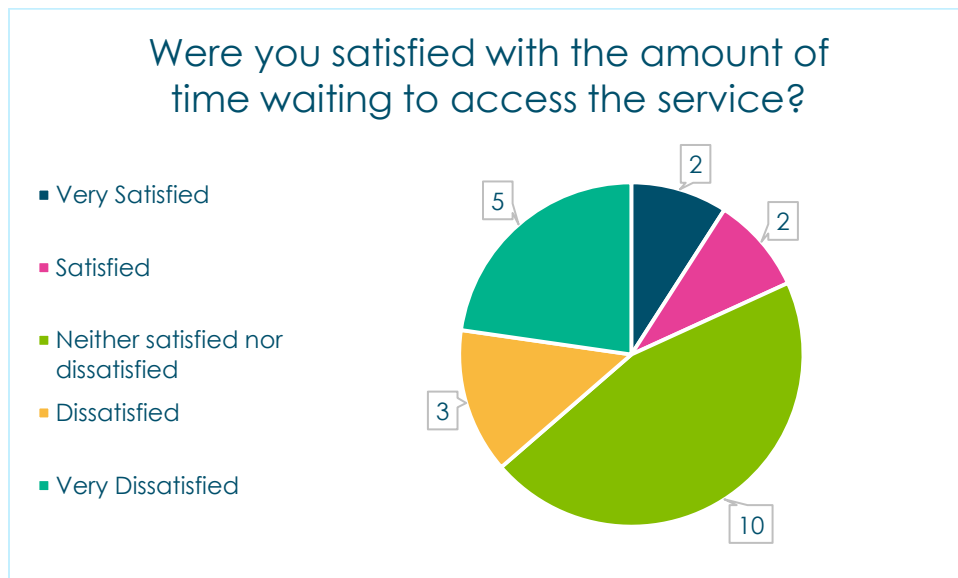
ACCESSING SERVICES

People were referred to services in various ways:





Most people (55%) were seen by services within two months, when asked about their satisfaction with the amount of time they had to wait to access the service, 45% of respondents were neither satisfied nor dissatisfied. Yet, more people were dissatisfied than were satisfied, this is shown in the following graph.



Comments made about accessing services included:

“Nobody wants to know GP washed hands of me now I have been referred but still not got help”

(IAPT)

“Never helpful and always waiting over a year”

(Adult Mental Health Services)



“There seems to be no clear criteria to access the service and the answer/solution provided are always the same”

(Crisis Team)

APPOINTMENTS

Six people indicated that they were still waiting for appointments and 16 were not. The appointments people were waiting for related to the following;

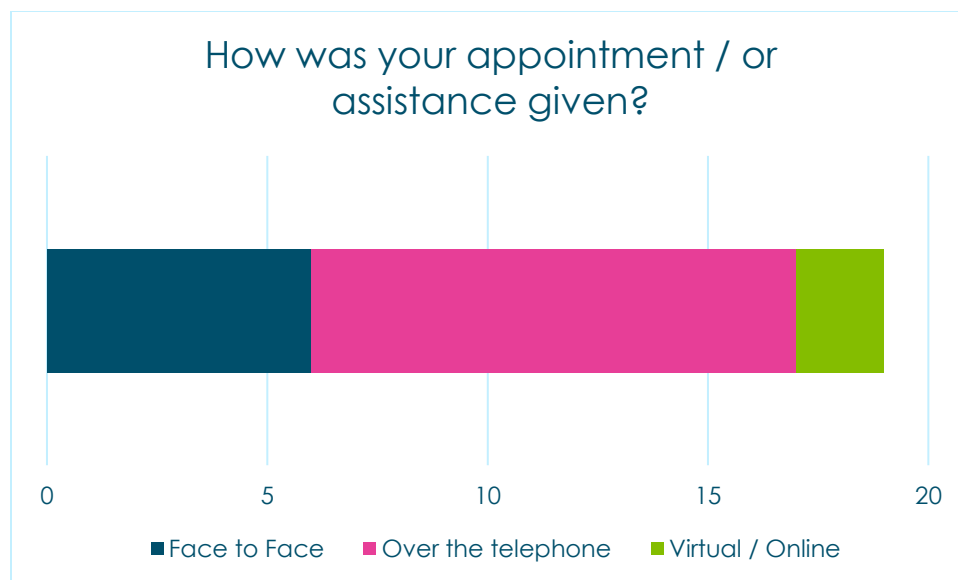
- Depression
- Bipolar disorder
- Post-traumatic stress disorder
- Anxiety
- Obsessive compulsive disorder

Nine people reported having faced a delay or cancellation in relation to their appointment due to the pandemic when asked and of those respondents, four reported cancelling an appointment themselves. There was an additional five respondents, who responded 'No' to our earlier question relating to having faced a delay or cancellation, who then indicated cancelling an appointment themselves due to the pandemic. Reasons given for the delay or cancellation included:

- Not feeling comfortable with using facetime to complete the appointment.
- Telephone appointments not taking place as arranged.
- Being told to self-isolate after coming into contact with someone who had Covid-19.
- Being unwell (not with Covid-19) and being unable to attend.
- Not feeling it was important enough given the pandemic situation.

For those who had attended appointments a breakdown of how these appointments were conducted is shown below.





39% of respondents were satisfied with how their appointment or the assistance given was provided, the majority (71%) of those respondents had had an appointment or were given assistance face to face. People reported the outcome from their appointment or assistance given as being:

- Signposted to self-help services (2)
- A one off appointment – no further support needed (7)
- Referred for follow up appointment (7)

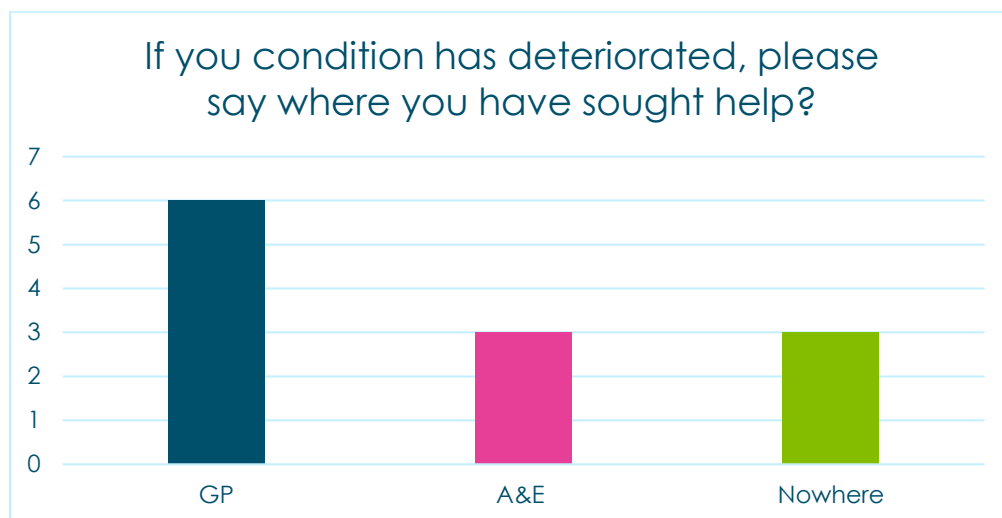
WAITING LISTS

20 respondents indicated they were still on waiting lists to be seen and only six of these had been provided with information about how long they may have to wait for their appointment. Most of those who had been provided information, received this over the telephone (4), one person received a letter and another was given the information via their care coordinator. Five people were satisfied with the information they received. Further information people reported they would have liked included:

- Appointment times a week beforehand.
- An idea of the wait time and the reasons for the wait.
- Tips on how to cope whilst waiting.

10 People had been told what to do if they thought their condition had become worse, this was 53% of those who answered the question: 'Have you been told what to do if you think your condition has become worse?'. Yet 60% of respondents felt as though their condition had deteriorated over the previous 12 months. Places people indicated that they had sought help if their condition had deteriorated are shown in the next chart:





Other comments made in relation to waiting lists included:

“Support needs to be in place whilst on a waiting list others it’s too little too late”

(Children and Young people’s mental health services)

“If things become bad while waiting for appointments and you struggle you are told to attend Harrison House, however when you attend you are sent away due to there not being enough staff.”

(Adult mental health services)

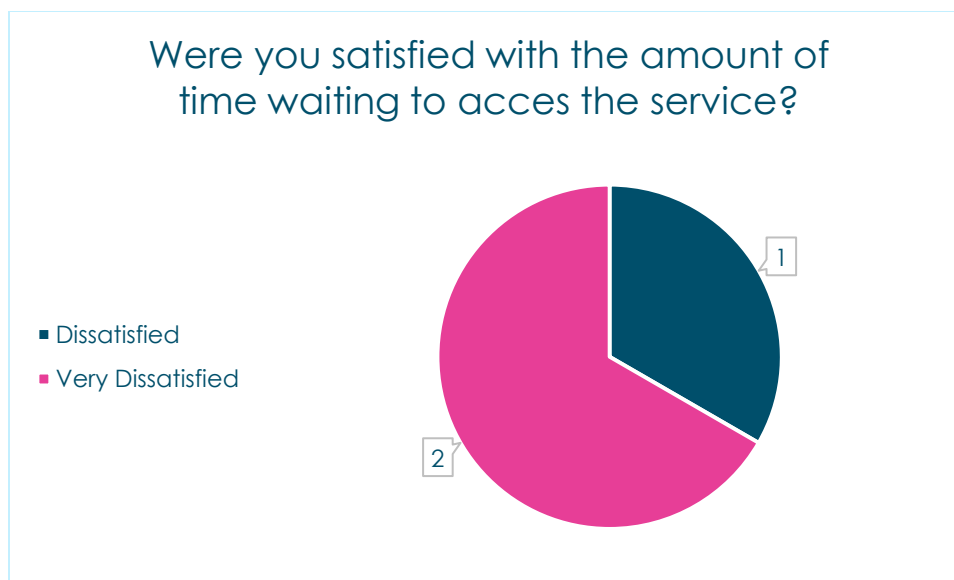
Hull

Six people who live in Hull indicated they wished to provide information about their experiences of mental health services, however, three people did not progress to complete the questions. Two people indicated that their experiences related to a new condition or concern that had emerged since the start of the pandemic. One respondent reported their reason for using mental health services was for an ongoing or pre-existing concern or condition. People reported accessing services for themselves (2) or an adult they provided care to (1).

ACCESSING SERVICES

All the respondents who completed the questions had referred themselves to services and one person reported waiting less than a month to access the service whereas two responses indicated a wait in excess of six months. All respondents were dissatisfied to some degree.





Only one comment was made in this section:

“Just awful.”

(Crisis Team)

APPOINTMENTS

Two people indicated that they were still waiting for appointments and one was not, neither person waiting for an appointment wished to comment on what the appointment was in relation to.

Two people reported experiencing a delay or cancellation of an appointment as a result of the pandemic and the only explanation given was:

- Due to covid.

One person had cancelled an appointment themselves because of the pandemic, however, no explanation as to why they cancelled was given.

For those who had attended appointments or received assistance, this was given over the telephone and no one was satisfied with this method. Outcomes reported from the assistance were:

- Signposted to self-help services.
- Found a private therapist instead of waiting.

WAITING LISTS

None of the respondents were provided with information about how long they may have to wait for their appointments. Information one respondent would have liked was:



“Some actual useful help and advice”

(Crisis Team)

None of the respondents had been told what to do if they thought their condition had become worse and all thought their condition had deteriorated over the previous 12 months, yet none had sought help from anywhere.

An additional comment made in relation to waiting lists was:

“Ringling when in crisis and being told to have a bath and a cuppa wasn’t helpful when wanting to end my life”

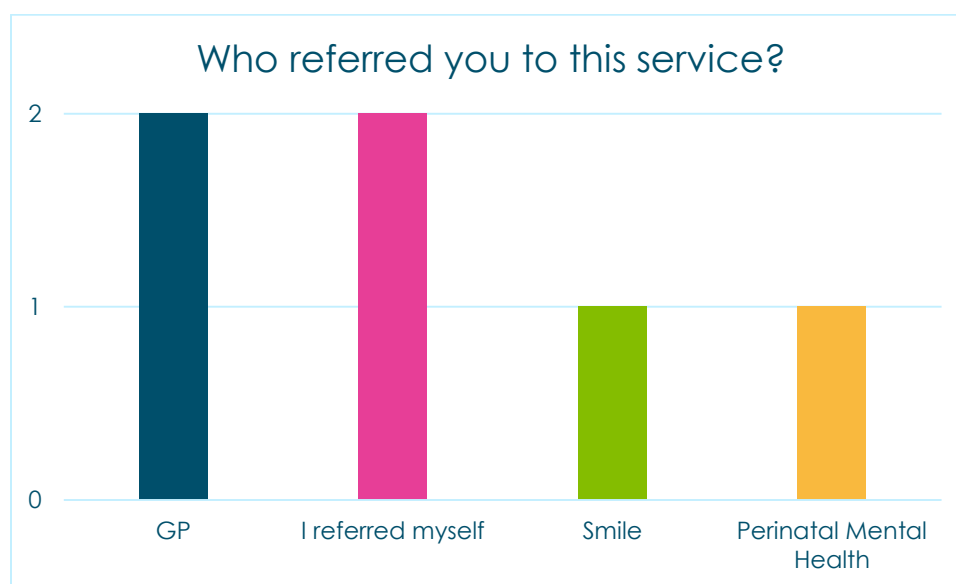
(Crisis Team)

East Riding of Yorkshire

12 people who live in the East Riding of Yorkshire indicated they wished to provide information about their experiences of mental health services, however, six people did not progress to complete the questions. Three people indicated that their experiences related to a new condition or concern that had emerged since the start of the pandemic. Three respondents reported their reason for using mental health services was for an ongoing or pre-existing concern or condition. All respondents stated they had accessed services for themselves.

ACCESSING SERVICES

People were referred to services via the following methods:



Five of the six people who responded to the questions stated that they had to wait less than three months to access the service, and one respondent reported a wait in excess of six months. When asked about their satisfaction with the amount of time they had to



wait to access the service, there was a split between those who were very satisfied and those who were dissatisfied by some degree.



Comments made about accessing services included:

“Was very luck to experience help with the East Riding Emotional Wellbeing Service for 6 months.”

(Adult Mental Health Services)

“I went through the Emotional health and wellbeing service twice, was told I would be given an appointment and never got one. Have just gone through it again today apparently I have an appointment in 2 months!”

(Adult Mental Health Services)

“Unless you are at crisis point, there is no help or guidance for people suffering.”

(Adult Mental Health Services)

“No interpreter”

(Adult Mental Health Services)

APPOINTMENTS

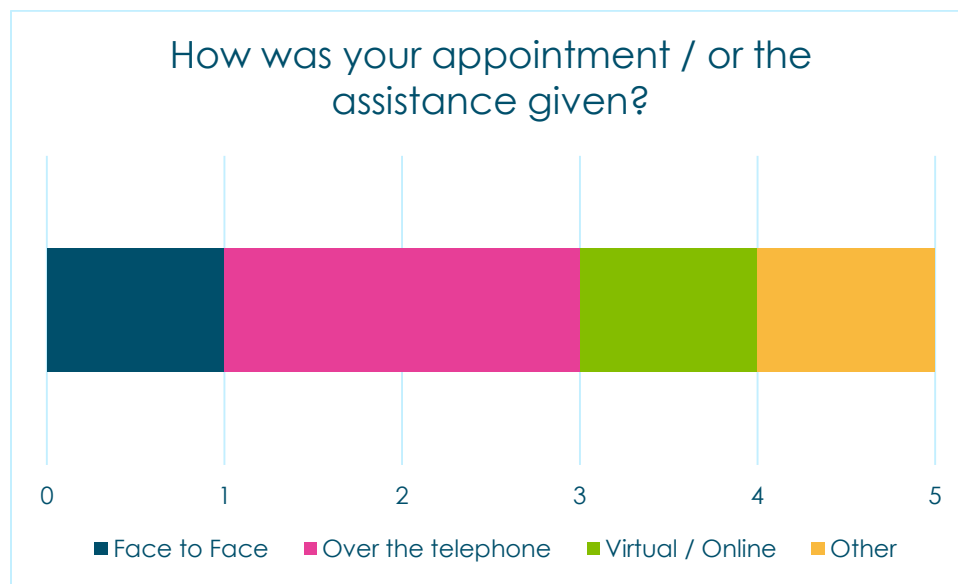
Two people indicated they were still waiting for appointments and four people were not. One person stated they did not wish to comment on the appointment they were waiting for, the other stated it was in relation to Anxiety Disorders.

Two people reported having faced a delay or cancellation in relation to their appointment as a result of the pandemic, and one person had cancelled their



appointment themselves. We asked reasons for these delays and cancellations, one person commented that they did not know, their referral was sent twice but they never got an appointment. The person who cancelled their own appointment did so as they were told to self-isolate after coming into contact with someone who had Covid.

For those who had had appointments or received assistance, we asked how this took place and results are detailed below:



Most of the respondents were satisfied (3) with how their appointment or the assistance given was provided. One person was not satisfied, their appointment / assistance was provided face to face and they commented:

“The doctor could have been more understanding and had more awareness into depression and anxiety”

(Adult Mental Health Services)

People reported the outcomes of their appointment or assistance given:

- Referral for follow-up appointments (3)
- Long term therapy (1)

WAITING LISTS

Three out of six respondents stated they had been provided with information about how long they may have to wait for their appointment. This information was received by:

- Letter
- Telephone



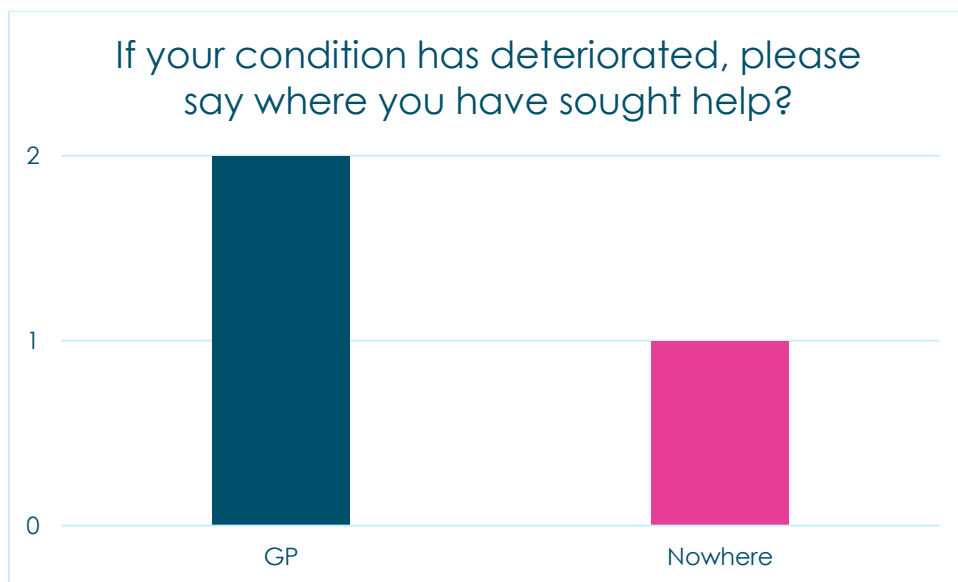
- Email

All three respondents stated they had been satisfied with the information they received. One made a comment in relation to further information they would have liked:

“Updates and better communication”

(Adult Mental Health Services)

Four out of six patients were told what to do if they thought their condition had become worse and three people reported that they felt their condition had deteriorated over the previous 12 months. For those who felt their condition had deteriorated, places people had sought support were as follows.



We invited people to give any other comments about Mental Health Services, comments made were:

“Specialist psychotherapy service is fantastic”

(Adult Mental Health Services)

“When you get the support its ok but you should be looked after for more than 14 sessions of CBT like that somehow magically fixes you.”

(Adult Mental Health Services)



Pharmacy Services

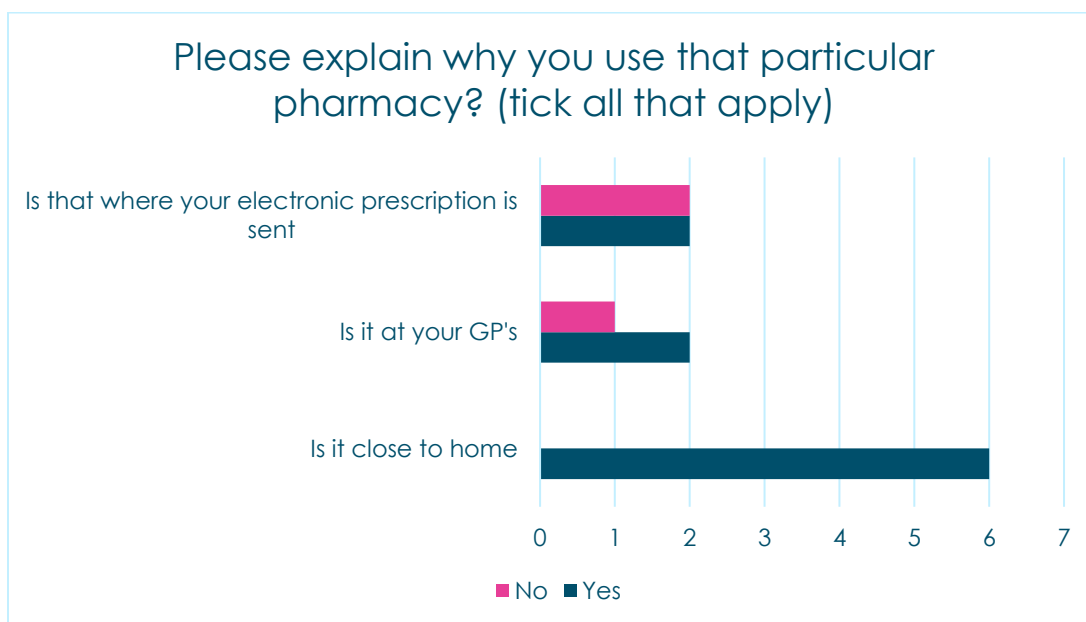
Introduction (Pharmacy Services)

245 people completed the survey in relation to pharmacy services, the vast majority of these were in North East Lincolnshire (191). We asked people about the types of pharmacy they had used, what they had used them for and how they had found that experience. The following section is broken down by area covering:

- North Lincolnshire
- North East Lincolnshire
- Hull
- East Riding of Yorkshire

North Lincolnshire

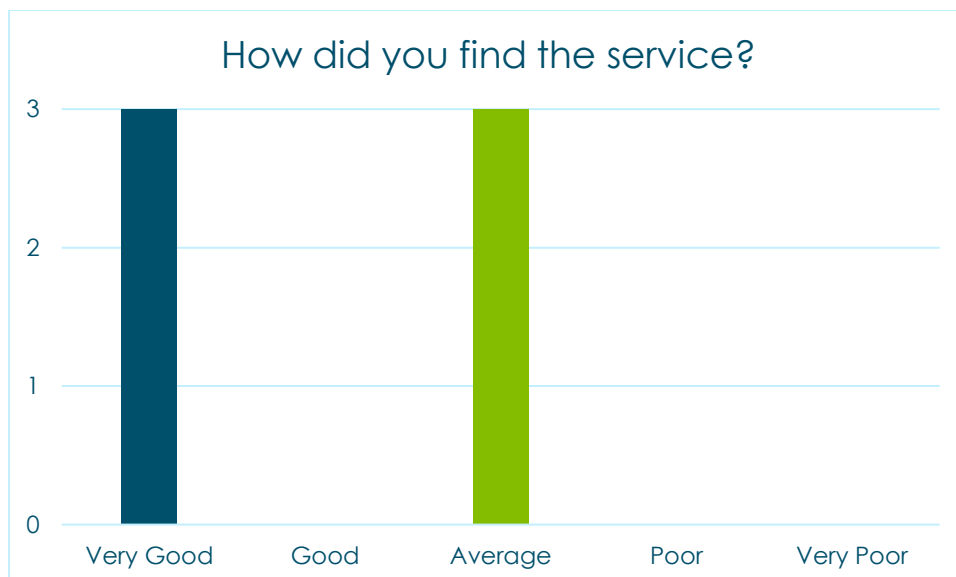
Nine people residing in North Lincolnshire, indicated that they would like to share experiences in relation to pharmacy services, however, only six went on to answer the questions. We first asked which type of pharmacy people had used, four had used a traditional community pharmacy, one respondent had a delivery from a community pharmacy and one had used a community pharmacy within a supermarket. We asked people to explain why they had used that particular pharmacy, and respondents were able to give more than one reason, this is shown below.



We asked people what they had used the pharmacy for, and half of the responses stated it was to pick up prescription medication. One respondent had a prescription delivered and one stated they had made an enquiry about medication. One respondent stated they had picked up prescription medication and also purchased



over the counter medication at the same time. We asked people how they found this service and the same number found it very good as those who found it average.

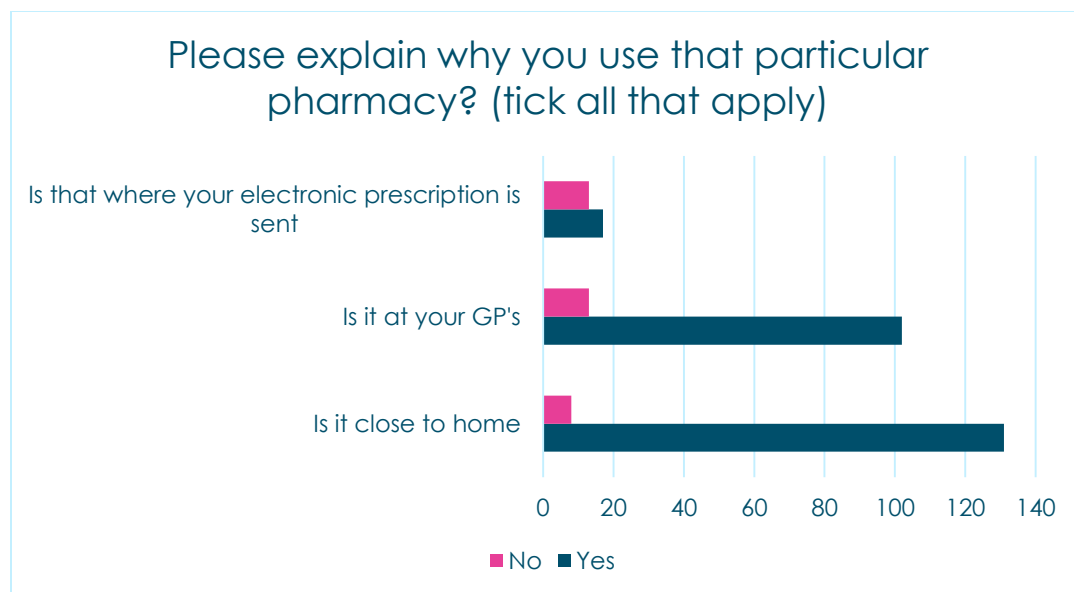


Two people had their prescriptions delivered and four collected the prescription themselves. All respondents received the medication they had been expecting.

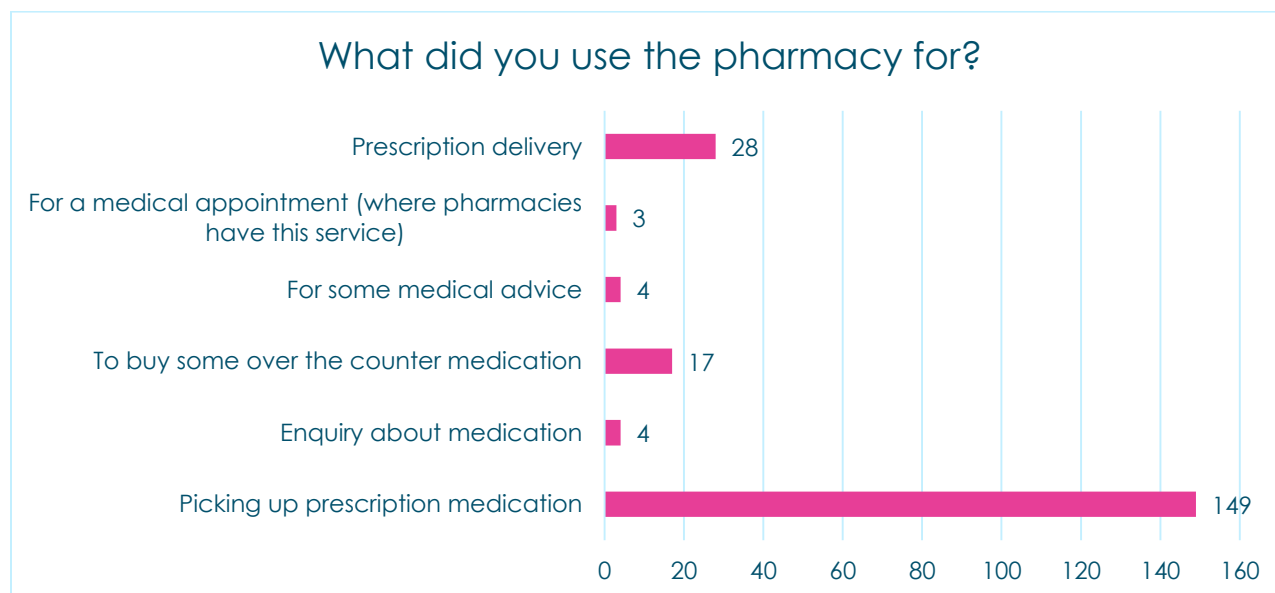
North East Lincolnshire

191 people residing in North East Lincolnshire, indicated that they would like to share experiences in relation to pharmacy services. We first asked which type of pharmacy people had used, most had used the traditional community pharmacy (156), three had received a delivery from a community pharmacy, seven used a community pharmacy within a supermarket and nine used an online pharmacy delivery. 16 people did not indicate the type of pharmacy they used. We asked people to explain why they had used that particular pharmacy, and respondents were able to give more than one reason, this is shown in the following graph. In addition to the reasons detailed below, seven people commented that they used this particular pharmacy for convenience.





We asked people what they had used the pharmacy for, and most people had used the pharmacy for picking up prescription medication. Those who had attended for a medical appointment, were referring to their flu vaccination. Please note that some people indicated they used the pharmacy for multiple reasons.



We asked people how they found this service and most people found the service good or very good.





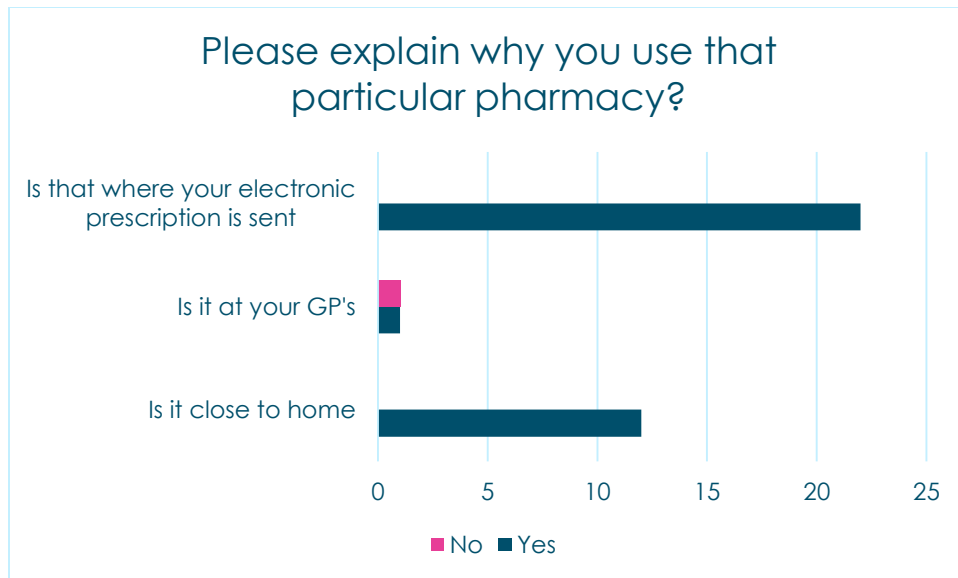
Most people collected their prescription themselves (124) and 13 had someone else collect it for them and 12 did not state who collected the prescription. 88% of respondents reported receiving all the medication they were expecting. Of the 12% who did not, comments made in relation to this included:

- New medication being missing
- Human error
- Miscommunication between pharmacy and GP

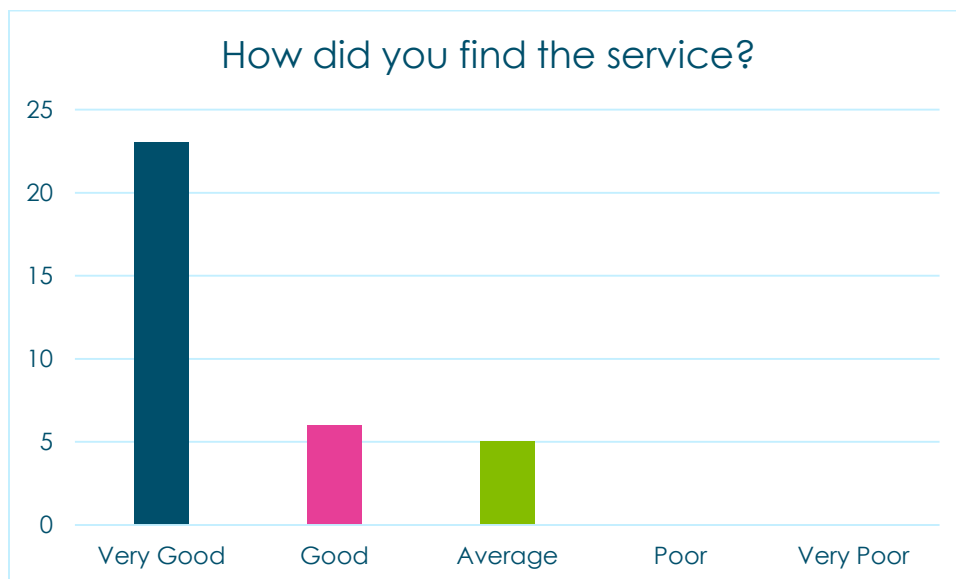
Hull

34 people residing in Hull, indicated that they would like to share experiences in relation to pharmacy services. We first asked which type of pharmacy people had used, most had used the traditional community pharmacy (33), and one used a community pharmacy within a supermarket. We asked people to explain why they had used that particular pharmacy, and respondents were able to give more than one reason, this is shown below. In addition to the reasons detailed below, one respondent added that the pharmacy they used had **“good opening hours”**.





We asked people what they had used the pharmacy for and most stated they had used it to pick up prescription medication (30) and four had a prescription delivered. We asked people how they found this service and most people found it above average.



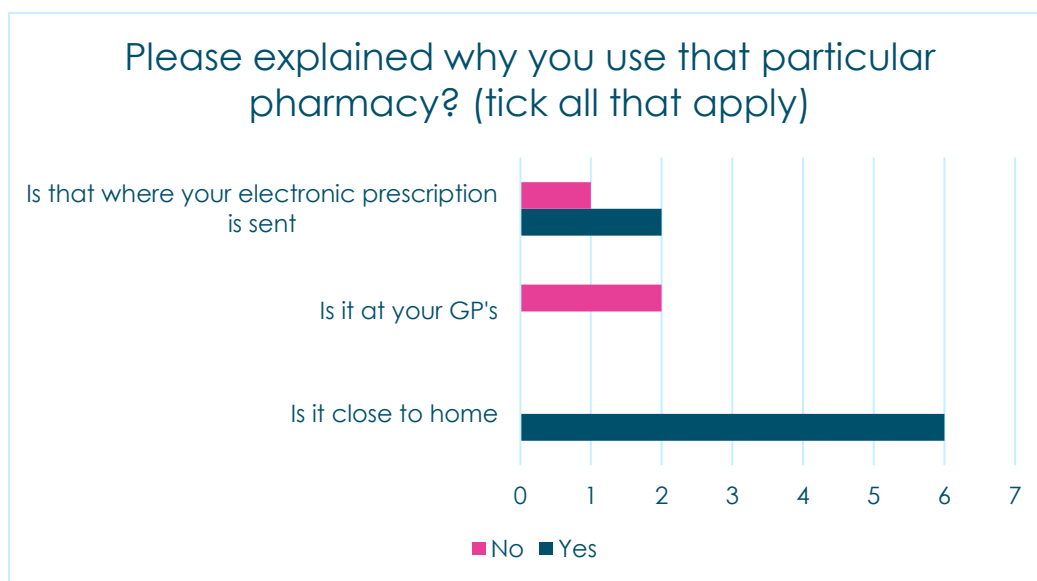
26 people collected their prescription themselves, three had someone else collect it for them and one person did not indicate who collected the prescription. Four people had their prescription delivered. 91% of respondents received all the medication they had expected. Comments of the 9% who did not included:

- That the doctor did not sign for all medication
- Items were not ready



East Riding of Yorkshire

Eight people residing in East Riding of Yorkshire, indicated that they would like to share experiences in relation to pharmacy services. We first asked which type of pharmacy people had used, six had used a traditional community pharmacy, one respondent had a delivery from a community pharmacy and one respondent did not answer this question. We asked people to explain why they had used that particular pharmacy, and respondents were able to give more than one reason, this is shown below.

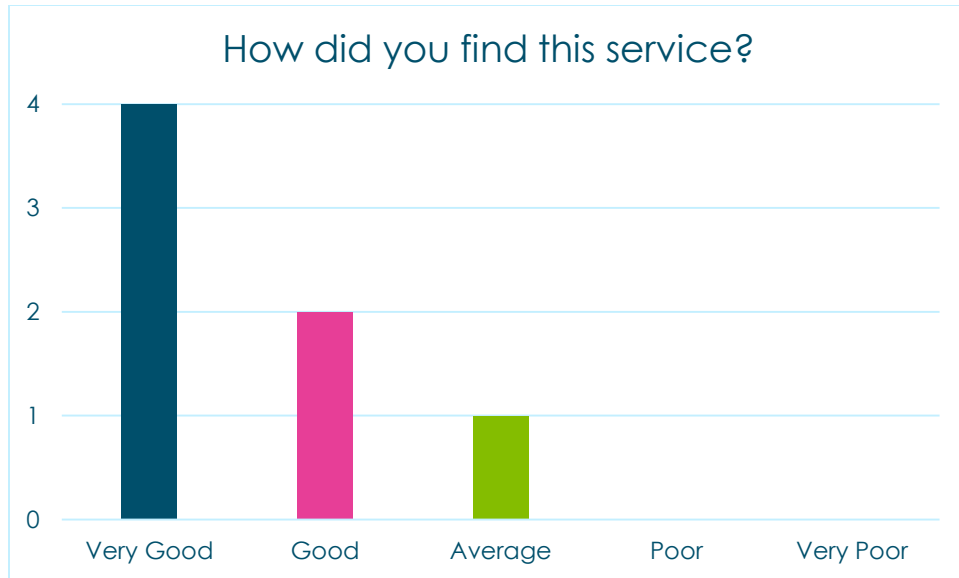


We asked people what they had used the pharmacy for, and four responses stated it was to pick up prescription medication. Two respondents indicated it was to seek medical advice and one respondent indicated they had used it for all the following reasons:

- Picking up prescription medication
- Enquiring about medication
- Buying over the counter medication
- For medical advice
- For a medical appointment
- Prescription delivery

We asked people how they found this service and the most people found it above average.





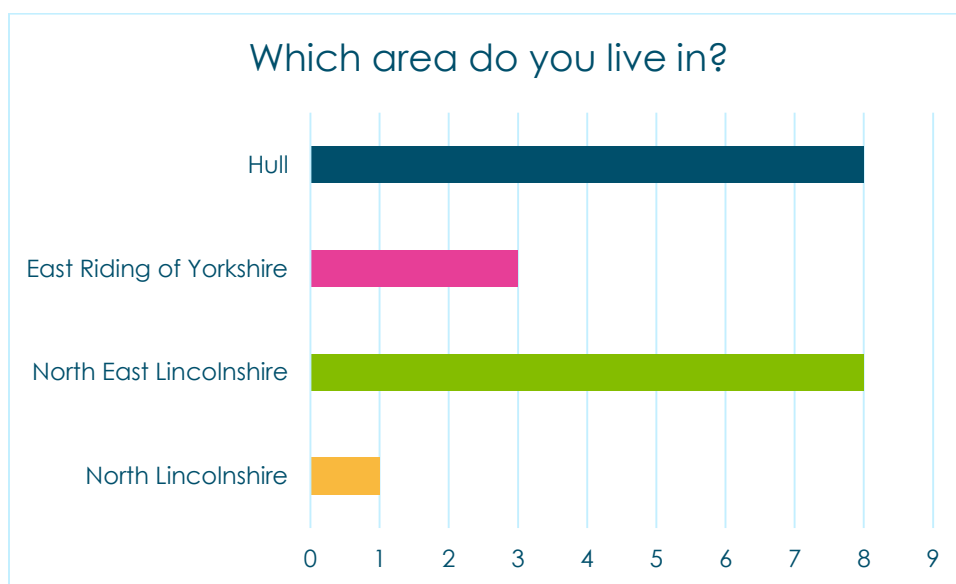
Five people collected the prescription themselves and one person stated they had not visited the pharmacy for a prescription. All respondents received the medication they had been expecting.



Care Homes

Introduction

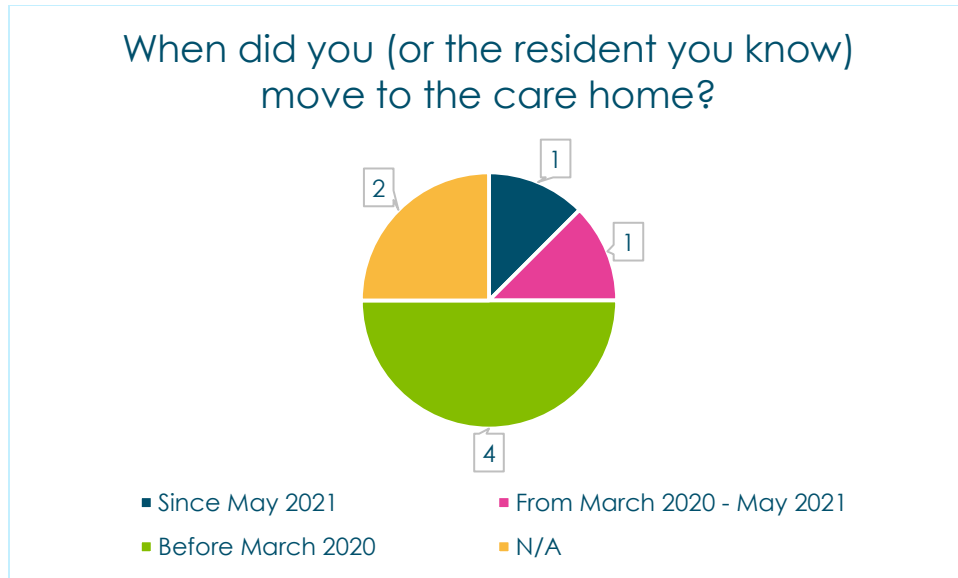
20 people indicated that they wished to share experiences in relation to care homes, with no more than eight responses for any one area across the Humber region. For this reason responses have been analysed collectively and show a view across the whole region although a breakdown of where people reside is included below.



Five respondents indicated they were a relative of a resident and two stated they were professionals visiting the care home on business. 13 people did not provide details about how they were commenting, whether it was as a resident, relative, friend or professional.

We asked respondents when the resident, which their experience related to, moved into the care home. Details of the period of time in which they became a resident is given below. Please note that 12 people skipped this question.

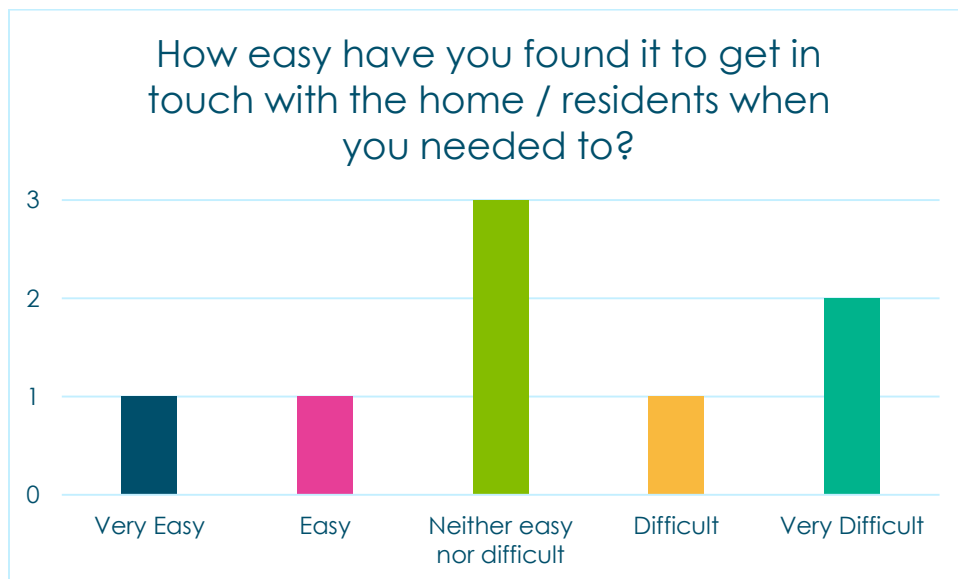




Measures put in place to enable residents and family to keep in touch are listed below: (please note some people gave more than one answer to this question)

- Video Chat (5)
- Telephone (1)
- Through the window visits (5)
- Garden Visits (2)
- Room Visits (1)

We asked how easy people found getting in touch with the home / residents when needed, eight people offered answers to the question and their responses are detailed below.



We asked people what they felt the impact of the visiting restrictions had on them or their loved one in a care home, comments are given below:

“It was awful. To many residents were left out as it was always the same residents that had the video calls”

(Professional, North East Lincolnshire)

“Detrimental to mental health for both resident and visitor”

(Relative, Hull)

“They have really not understood the situation outside, they do not understand why you wear masks and it has impacted on the relationship you have with them.”

(Relative, Hull)

“It had a devastating effect on our mum as within a couple of months of lockdown she deteriorated severely and rapidly.”

(Relative, East Riding of Yorkshire)

We asked when visiting was reinstated and respondents gave varied answers three felt that whilst some restrictions had been eased, visiting was still not fully restored at the time they completed the survey, two respondents indicated visiting had been reinstated between March 2021 and the end of the summer and one highlighted that end of life visits had always continued throughout. 14 respondents did not provide any comments on when visiting was reinstated. In response to the question ‘How are visits different now compared to pre-pandemic?’ the following themes were emphasised:

- Being restricted to personal room visiting only (not in communal areas)
- Booking systems
- Time limitations
- Unable to have meals or drinks with residents

Five respondents indicated the resident their experience was in relation to had attended hospital since the pandemic. Three people reported this experience had been positive or neutral, two respondents expressed more extensive views such as being able to take the resident to the hospital in their car, but being unable to see them at other times. One respondent commented that the experience was a ***“distressing experience for both mum and family”*** after detailing the issues faced in making arrangements for the resident to attend their appointment.

Two residents were reported to be on a waiting list for an appointment or treatment, one for an initial appointment and another for diagnostic testing. Of these two residents, one had experienced a delay or cancellation as a result of the pandemic, the other did not indicate there had been any delay or cancellation. However, another



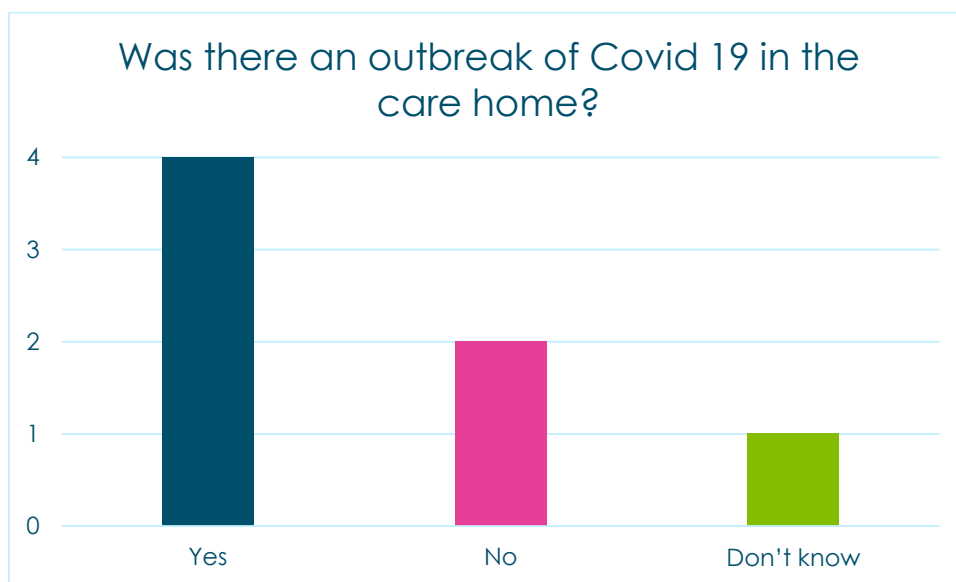
respondent reported the resident they knew was not currently on a waiting list but had also faced a delay or cancellation due to the pandemic, but no further details were provided.

Five respondents indicated the resident they knew had been in contact with their GP since the start of the pandemic. Two of these contacts had taken place as a visit to the care home, one had been face to face at the GP practice and one was by telephone. One respondent did not answer this question.

Seven people reported that the residents condition had deteriorated in the previous 12 months and details provided about any other care services that had been delayed or affected as a result of the pandemic included:

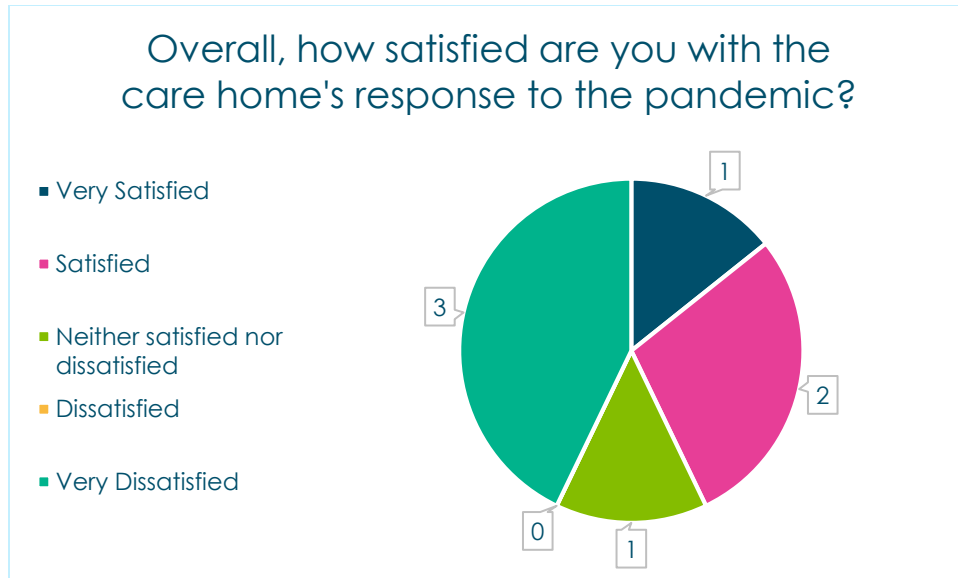
- Chiropodist
- Dentist
- Vision Call
- Physiotherapy

Five people were given information about how the home intended to keep residents safe, some received emails, letters or were given printed sheets. It was reported by four respondents that the care home, their experience related to, had experienced an outbreak of Covid-19. Yet, only one respondent stated they were satisfied with how the outbreak was managed.



We asked respondents to indicate how satisfied they were with the care homes overall response to the pandemic, results are shown below.





Other comments, relating to the care homes handling of the pandemic?, included:

“Initially very lax. Now over the top.”

(Relative, North Lincolnshire)

“It is difficult to put into words the effect the lack of contact had on us as a family. It seemed discriminatory that carers could go in and out and spend time with their families daily and we weren't allowed to visit our mum”

(Relative, East Riding of Yorkshire)

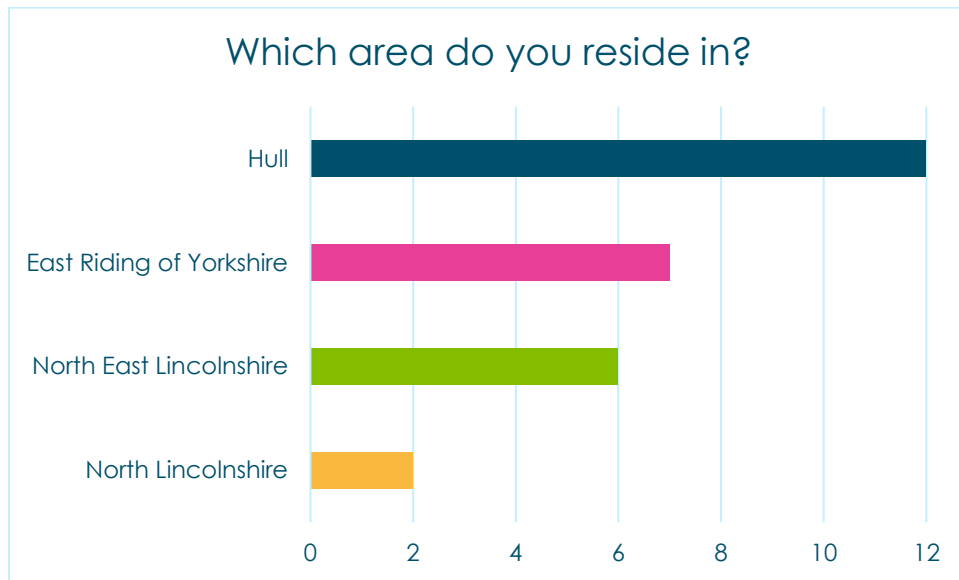
“Fully satisfied with the guidelines care homes were given at the then present times but so sad for loved ones”

(Professional, North East Lincolnshire)

Community Services

Introduction

27 people indicated that they wished to share experiences in relation to community services, with no more than 12 responses for any one area across the Humber region. For this reason responses have been analysed collectively and show a view across the whole region although a breakdown of where people reside is included below.

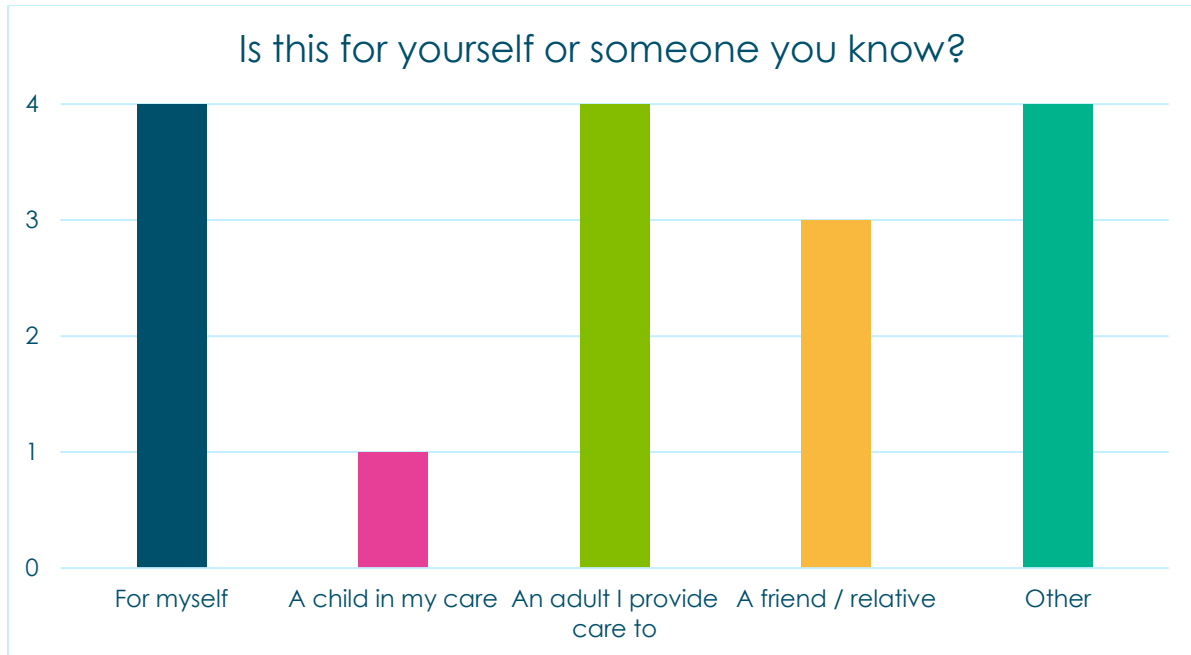


We asked people which community service they would like to comment on, results were as follows:

- District Nurses (3)
- Therapies (2)
- Physiotherapy (1)
- Falls service (4)
- Carers (3)
- Dental (1)
- Respite care (4)
- Health Visiting (1)
- Vaccinators (1)

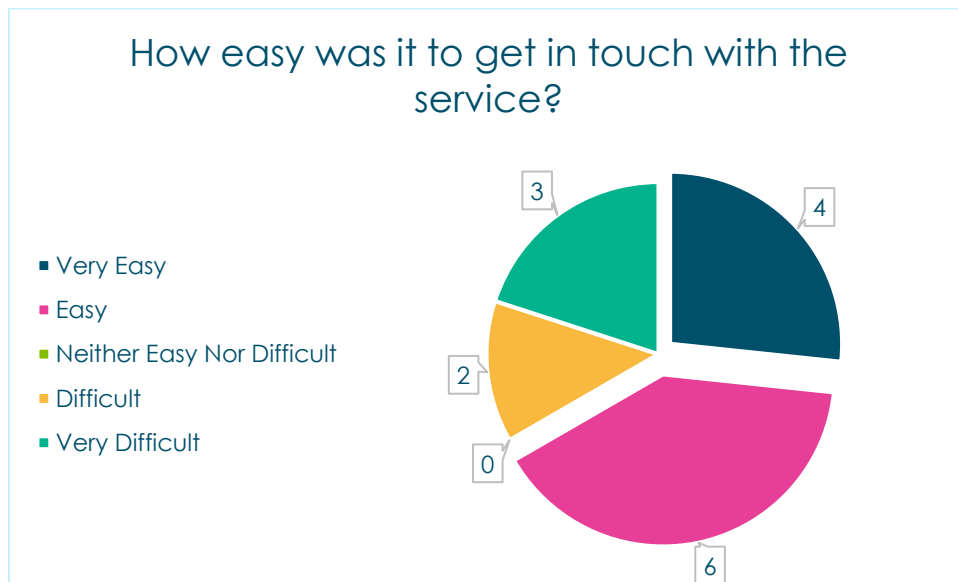
We asked whether the service was for themselves or someone they knew, 11 people did not provide a response to who the service was for:





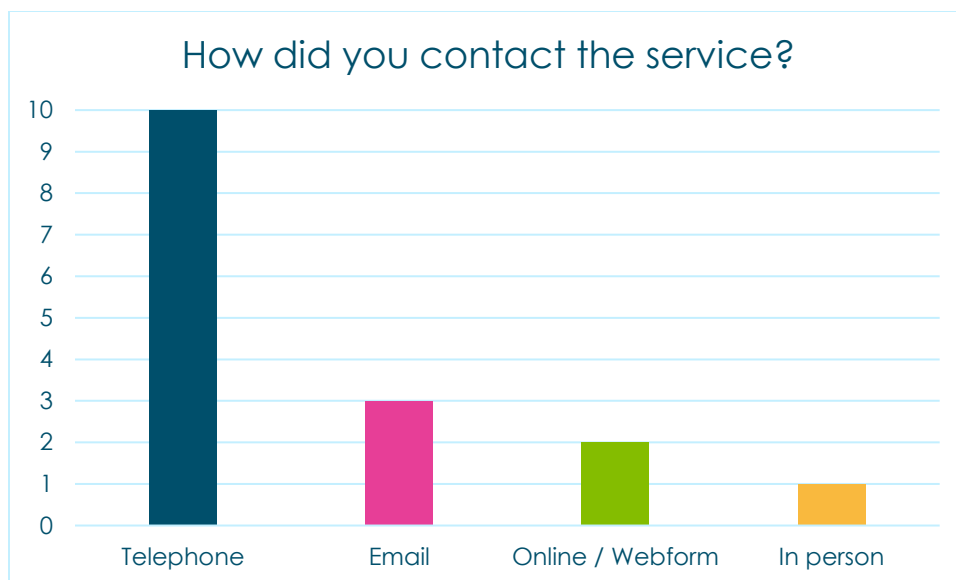
CONTACTING SERVICES

Six people had accessed services for a new condition / concern that had emerged since the start of the pandemic, and 10 people had accessed if for an ongoing / pre-existing concern / condition. We asked how easy people had found getting in touch with services, most people had found it easy or very easy:



We asked how people had contacted the service, most people had contacted them by telephone (10) and all forms of communication are shown below.





19% of respondents indicated they had delayed contacting the service because of the pandemic, one person offered an explanation for this as:

“I Didn’t know they existed!!”

(Falls Service)

We asked whether respondents wished to make any other comments about contacting the service, these included:

“They need to stay open I have nowhere else to go”

(Day Services)

“Initially could only leave answer phone message but my call was returned promptly.”

(Therapies)

“Day center was in weekly contact.”

(Day Centre)

“Very easy and the duty teams means there is always someone to answer my question”

(Health Visiting)

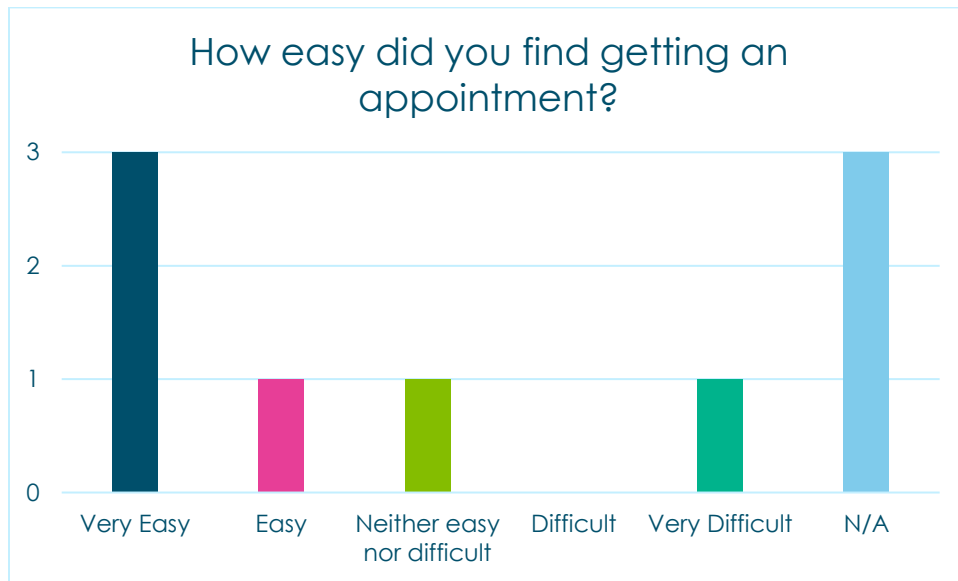
“Yes, they should publicise themselves More!!”

(Falls Service)

APPOINTMENTS

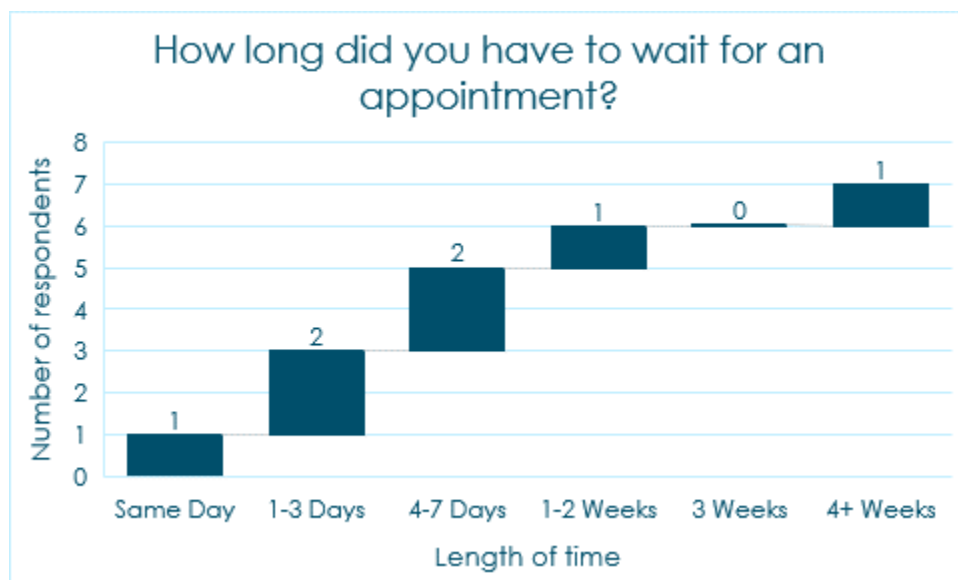


We asked respondents how easy they found it to get an appointment and most people thought it was very easy, three people stated this was not applicable to them. 18 people did not indicate how easy they found getting an appointment.



For the person who had found it very difficult to make an appointment, the action they took was to contact their GP.

The most common way appointments were conducted was over the telephone (3) with two people reporting that they had a home visit and one had a face to face appointment in clinic. Most people were seen within a week and only one person reported a wait in excess of two weeks.

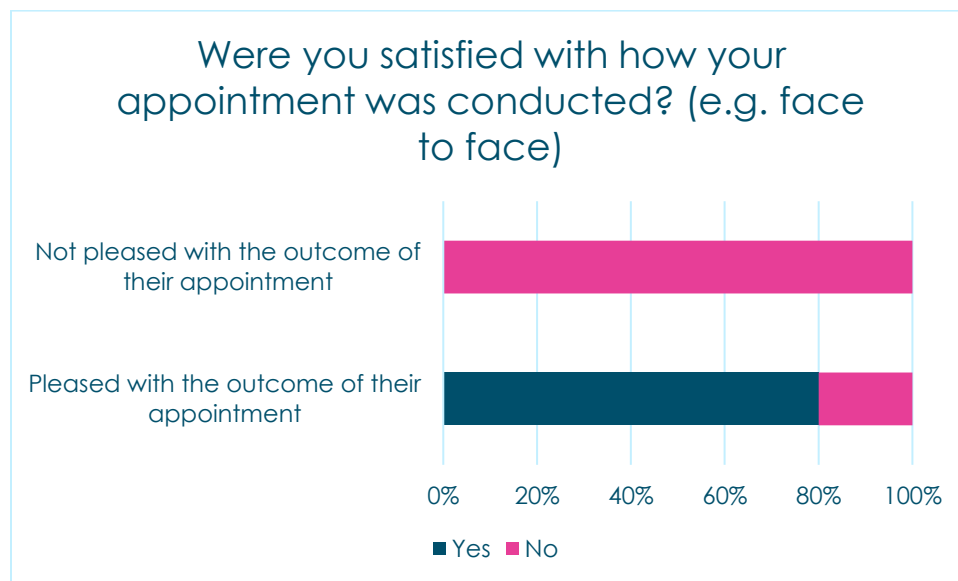


Four people reported being satisfied with how their appointment was conducted, for example face to face or telephone, two people were not satisfied and one of the reasons given was:

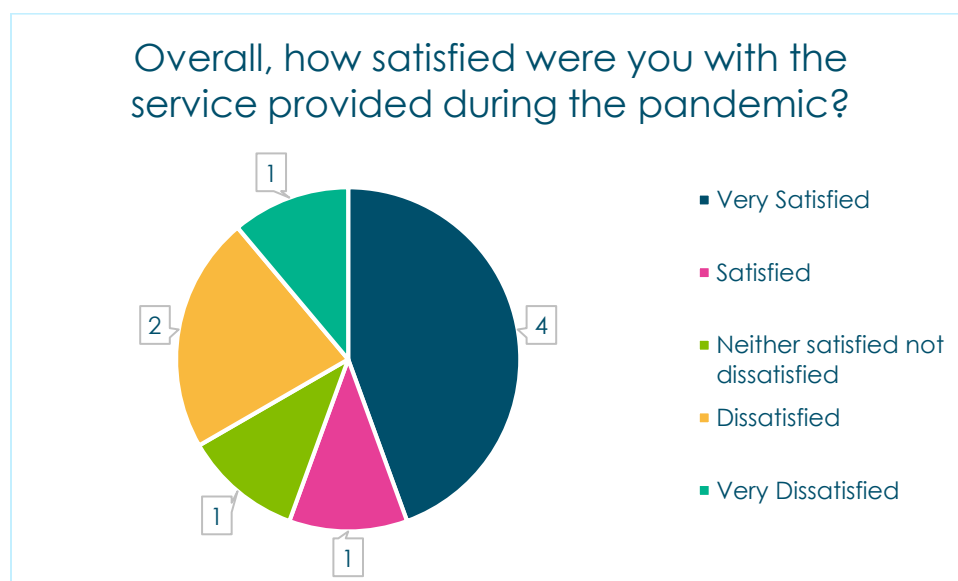
“My appointment was at 10:55 and I was queuing outside until 12”

(Vaccination)

We also asked if people were pleased with the outcome of their appointment and 86% were. Below is a chart to show how people's satisfaction, with how their appointment was conducted, related to the outcome of their appointment.



We asked people how satisfied they were overall with the service provided during the pandemic; the results are shown below.





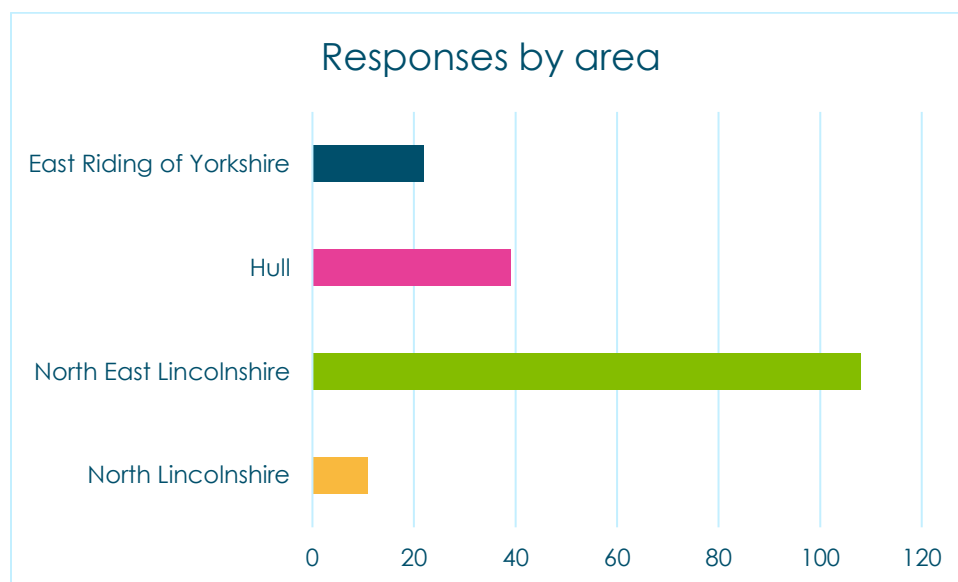
Dentistry

Introduction

Across the areas covered by the Healthwatch Humber Network, there are various different dental practices and many see both NHS and private patients. This section of the report will break these down into the following areas:

- North Lincolnshire
- North East Lincolnshire
- East Riding of Yorkshire
- Hull

The survey received 180 responses in total for dentistry. The questions covered topics such as whether respondents had a dentist, appointments throughout the pandemic and seeking treatment without being registered with a regular dentist. A breakdown of responses by area is given below.

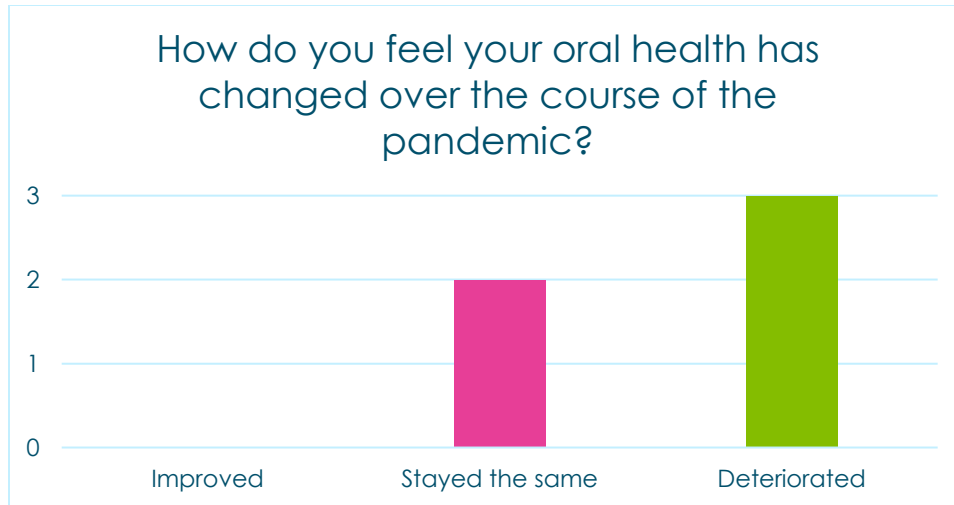


North Lincolnshire

11 respondents reported residing in North Lincolnshire and wished to share experiences in relation to dentistry. Of these responses, seven were registered with a dentist and four were not. Of the seven who were registered with a dentist, four indicated they received NHS treatment and one has private treatment, two people did not answer the question.

When asked about any changes to oral health over the course of the pandemic, many people thought their oral health had deteriorated, as shown below, six people did not indicate whether their oral health had changed.





Comments about why people thought this was included:

“Fear”

(Brigg)

“Dentists were shut for a long time. Even now, routine dentistry is not back with us.”

(Immingham)

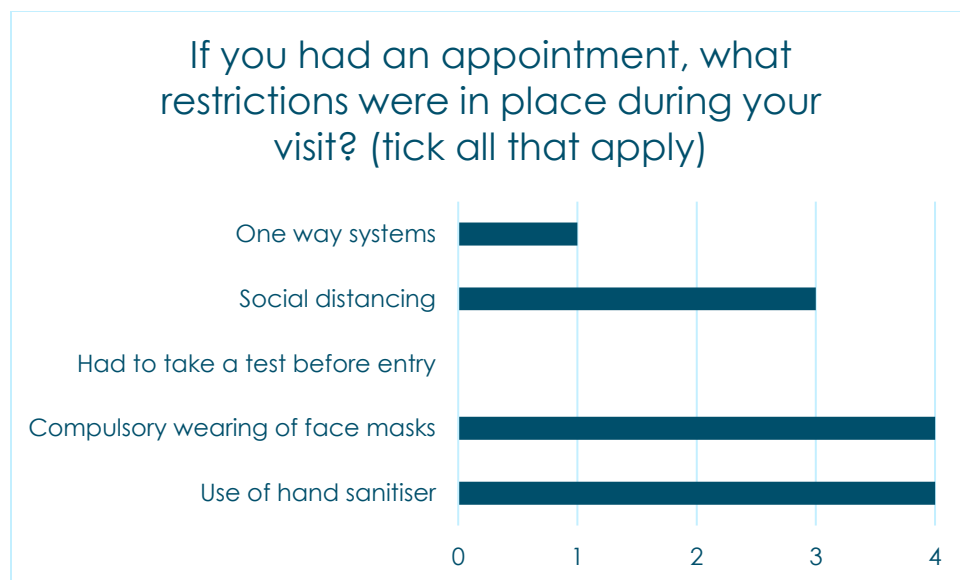
“Teeth have broken and filling has chipped.”

(Oasis, Brigg)

Four people reported having appointments during the pandemic and one person had tried to get an appointment but been unsuccessful. The person who had been unsuccessful in gaining an appointment had needed one for a ***“Broken tooth”*** which had cut the inside of their mouth, as well as a ***“front broken filling”*** and ***“various chipped surfaces”*** on other teeth.

Restrictions in place for those who had attended appointments are detailed below, people were able to give more than one answer to the question.





Of those who told us they did not have a dentist, three had tried to access treatment during the pandemic and all three were successful. These three respondents shared their experience of trying to get a dentist and these are detailed below:

“I rang the emergency dentist on Oswald Road Scunthorpe who were surprisingly good. I managed to get an appointment for the next day”

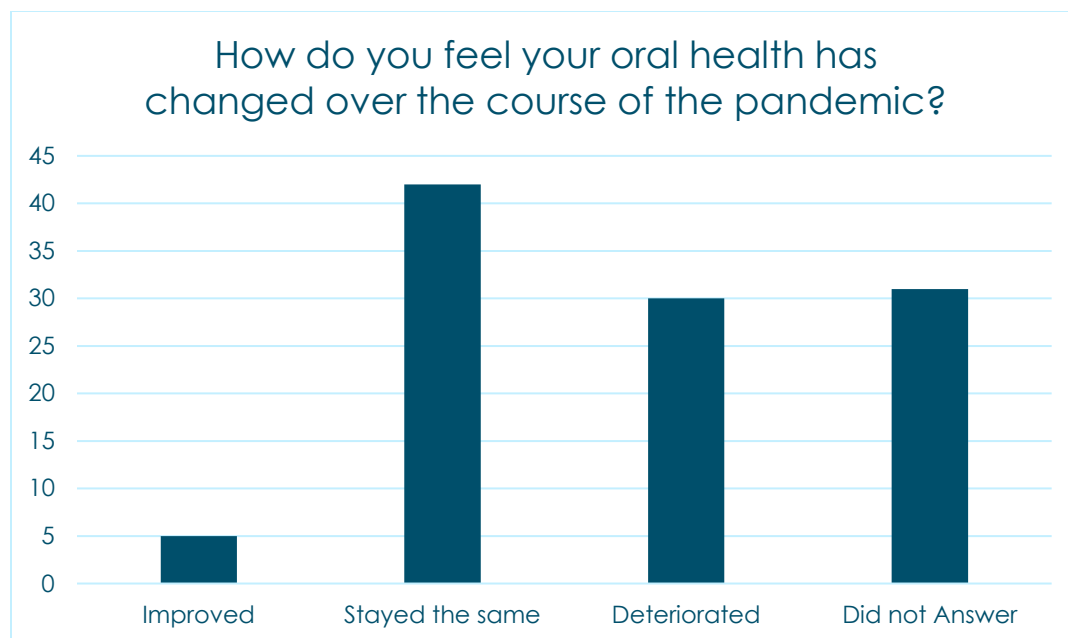
“Emergency dentist Rejuvenate - still unable to get in with a ‘proper’ dentist. It’s sad that I have to wait until I have a mouthful of abscesses before I can be seen!”

“Went on 111 website, worked my way through 8 dentists who were indicating they might take on NHS patients, but none would see me as an emergency appointment. Was told waiting list was 1000 people before me. Another said first appointment would be 3-4 years away. I was told I could be a private patient quite easily.”

North East Lincolnshire

108 respondents reported residing in North East Lincolnshire and wished to share experiences in relation to dentistry. Of these responses, 79% were registered with a dentist and 21% were not. Of those who were registered with a dentist, 76% indicated they received NHS treatment and 24% had private treatment.

When asked about any changes to oral health over the course of the pandemic, many people thought their oral health had deteriorated, as shown below.



Comments on why people thought this included:

“Due to Government Rules Scale & Polish not undertaken as part of Dental Check Up”

(MyDentist, Cleethorpes)

“Anxiety- grinding teeth. Have not seen a dentist in a few years”

(Scartho Dental Practice)

“Have not been able to get an appointment”

(Dentology)

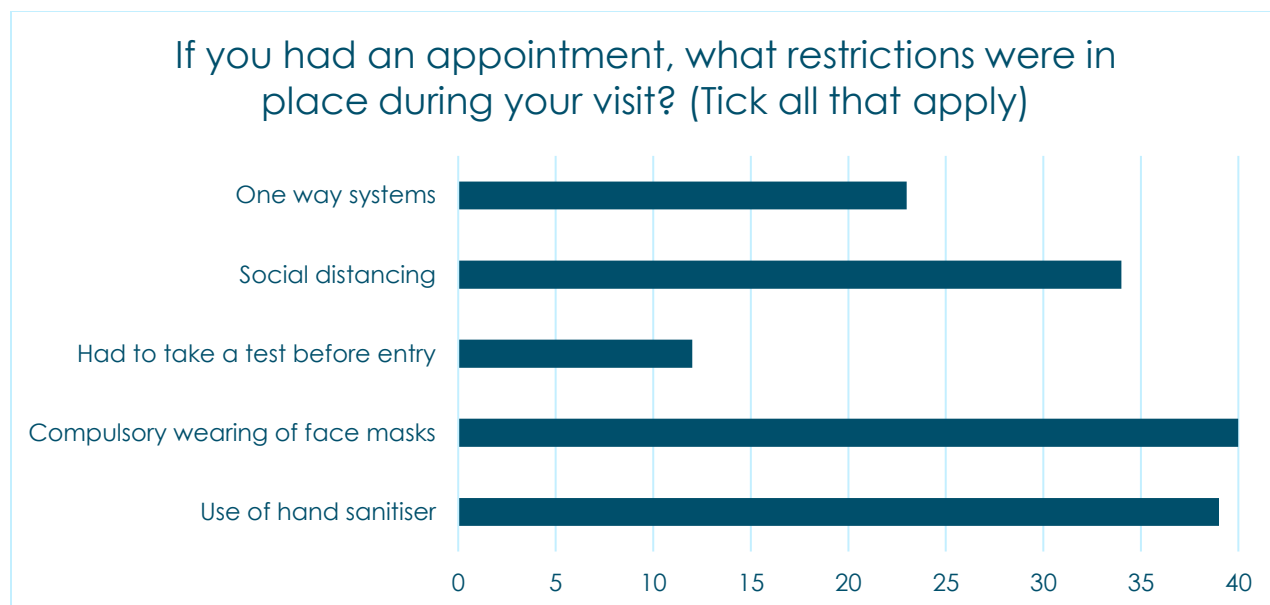
“Because of missing appointments”

(Bulmers, Grimsby)

38 people reported having had appointments during the pandemic and nine people had tried to get an appointment but been unsuccessful. Of those who were unable to get an appointment, five stated this was for a routine check-up and three people indicated they needed an appointment for a filling, one person did not indicate what their appointment was for.

Restrictions in place for those who had attended appointments are detailed below, people were able to give more than one answer to the question.





Of those who told us they did not have a dentist, 14 had tried to access treatment during the pandemic and seven were successful. Seven indicated they had not been successful and reasons for this included:

“I have rung round nearly all the Dentists in Grimsby. Cannot get registered, was told by one that I am on a waiting list but it could be 2 years before I'm seen.”

“CALLED EVERY DENTIST I COULD FIND NEAR ME AND NOBODY TAKIN ON!!!!!!!!!!!!”

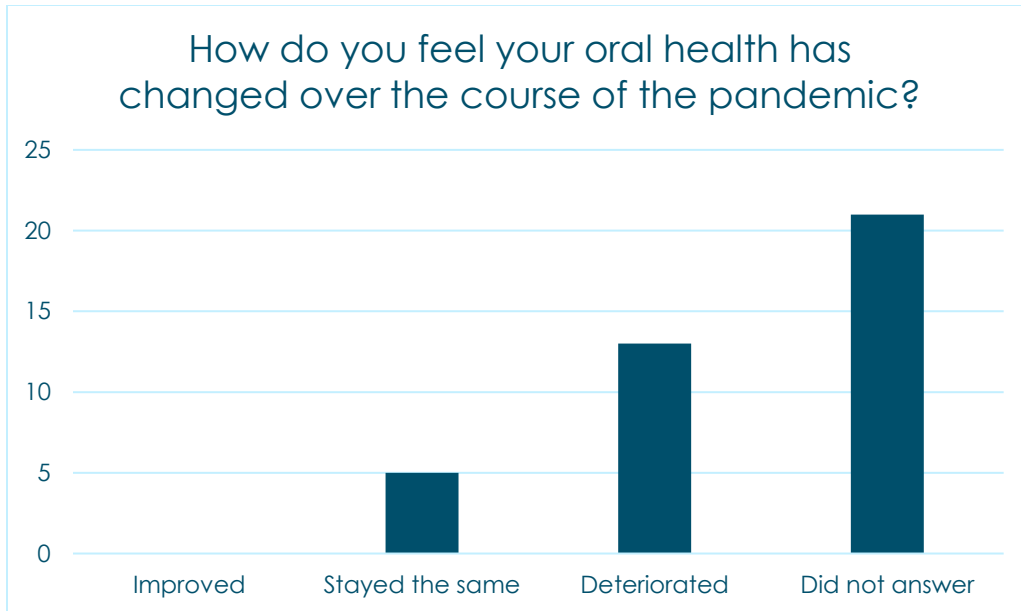
“Contacted all private and nhs dentists and was placed on waiting lists. Treatment needed was not emergency. Been waiting over 9 months.”

Hull

37 respondents reported residing in Hull and wishing to share experiences in relation to dentistry. Of these responses, 63% were registered with a dentist and 37% were not. Of those who were registered with a dentist, 17 (71%) indicated they received NHS treatment and the remaining respondents did not answer the question.

When asked about any changes to oral health over the course of the pandemic, many people thought their oral health had deteriorated.





Comments on why people thought this included:

“Cancelled appointments”

(Albion Street)

“Cannot get an appointment unless emergency and then have to wait a long time”

(545 Dentist)

“Age and inability to access a dentist for several years”

(MyDentist, Holderness Road)

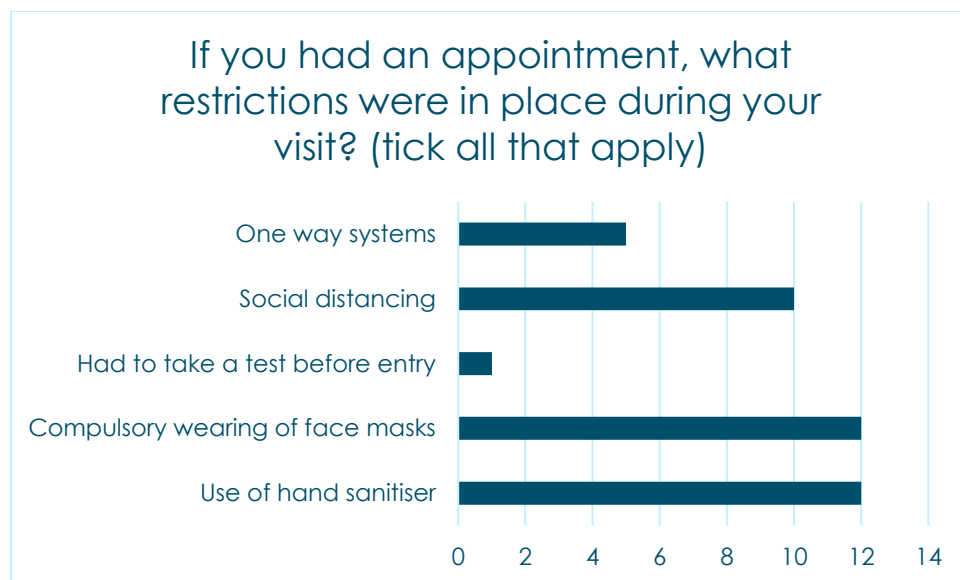
“Routine appointment for the whole family which includes a 5yr child has been cancelled, difficulties getting rebooked in.”

(MyDentist, Hessle)

14 people reported having appointments during the pandemic and four people had tried to get an appointment but been unsuccessful. Of those who were unable to get an appointment: two stated this was for a routine check-up, one for a repair to a bridge / crown and one for pain / infection.

Restrictions in place for those who had attended appointments are detailed below, people were able to give more than one answer to the question.





Of those who told us they did not have a dentist, 16 had tried to access treatment during the pandemic and six were successful. 10 indicated they had not been successful and eight explained what they had tried to do, some experiences are shared below:

“Took pain relief and waited until it settled.”

“Rang round local dentists but none were taking on NHS patients”

“I tried to call a number of Dentists, however, they all have at least an 18month waiting list.”

“Paid for private treatment. I’m on benefits and it’s left me in debt”

“Contacted several dental practices and was informed new patients were not being taken, unless privately paying.”

We asked people to provide information about their experience of trying to get a dentist, 15 people answered the question, some experiences are shared below.

“Had to call NHS 111 after being refused an appointment, used emergency dentist, argued with my dentist finally got an appointment but had to pay twice. NHS 111 was very good but the dental service provided was minimal, literally “emergency” leaving me to argue for a proper appointment.”

“My 83 old Mum has lost three of her front teeth. She is not registered with a Dentist. I called a few however, due to their waiting lists, they are unable to take Mum on. It is affecting her confidence now.”

“I called every dentist in the Hull area on the NHS website that said they were taking NHS adult patients - none of them were. I ended up accessing an emergency dentist



via 111. The emergency dentist was great but because I had been unable to register with a dentist it took longer to be seen.”

Other comments covered the following:

- Calling dentists
- Joining waiting lists
- Using NHS 111 for emergency treatment
- Checking the NHS website – however even when it indicated a practice was taking on adult NHS patients, this was found to not be the case when contacted.

We asked for any other comments people wished to make regarding dentistry, comments included:

“Dentists seem to require regular attendance as they have a perverse financial incentive to do so. Nobody would be struck off a GP list for failing to turn up regularly or refused hospital treatment because they don’t go once a year. Dentistry should be free at the point of delivery like other NHS services and practices should have to justify delisting in the same way GPs have to.”

“There will be hundreds of people like myself who previously had regular treatment who will need extractions in the near future due to lack of regular treatment, my dentist closed suddenly pre COVID leaving me without a service.”

“The NHS dental website needs to be updated so that patients can find dentists which are taking patients.”

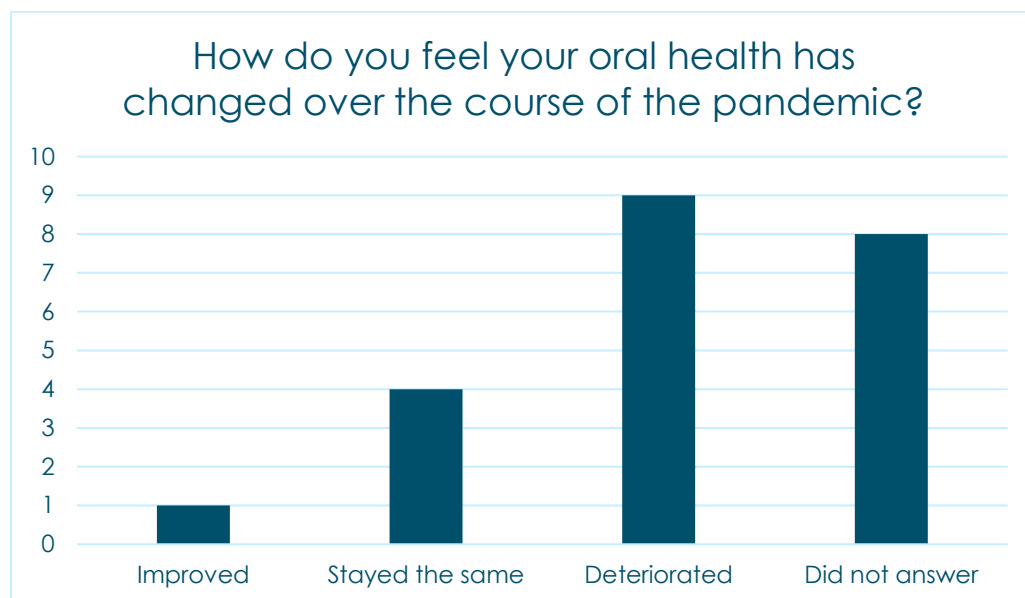
“My family of 5 have been registered with this dentist for years. My husband works away often so doesn’t attend the 6 monthly checkups and I never book him on them unless he needs it so it’s not like he has missed any appointments. He has been suffering really badly with a tooth and when I rung for an appointment for him they said he was no longer a patient at this practice because he hasn’t been for so long. I never knew it was an issue till then and now I can’t get him a dentist.”

East Riding of Yorkshire

22 respondents reported residing in the East Riding of Yorkshire and wished to share experiences in relation to dentistry. Of these, 86% were registered with a dentist and 14% were not. Of those who were registered with a dentist, 11 indicated they received NHS treatment, three received private treatment, and the remaining respondents did not answer the question.

When asked about any changes to oral health over the course of the pandemic, many people thought their oral health had deteriorated.





Comments on why people felt this way included:

“The dentist will not see patients unless they have a severe problem. A missing filling or broken tooth is not counted as requiring treatment.”

(Sinclair)

“I have been taking better care of my teeth and have also had access to treatment and routine appointments”

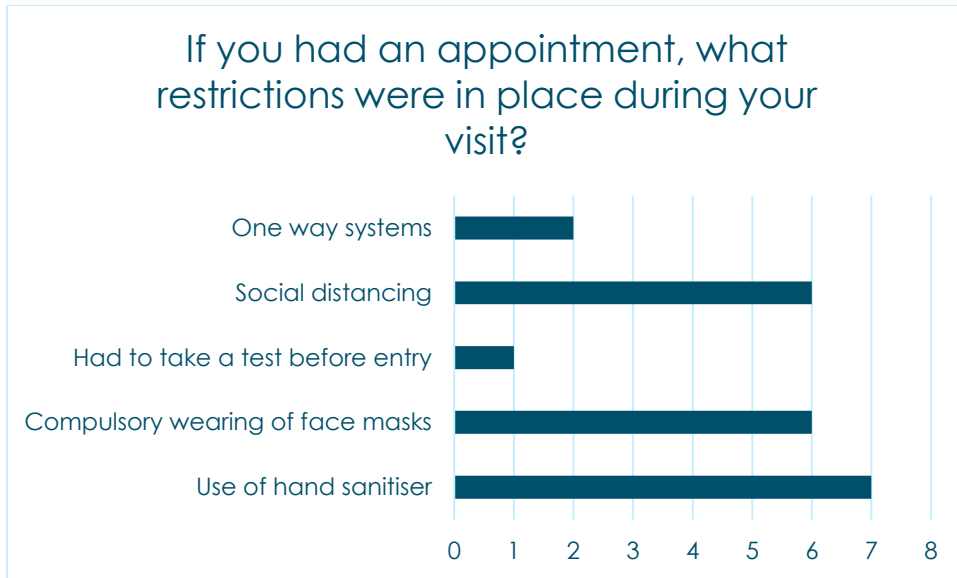
(Cottingham Dental Practice)

“Appointment cancelled & unable to get a treatment for broken teeth & checkup” *(My Dentist)*

Seven people reported having appointments during the pandemic and three people had tried to get an appointment but had been unsuccessful. Of those who were unable to get an appointment: one had been for a repair to a bridge / crown, one for a filling and another for a checkup and treatment for broken teeth.

Restrictions in place for those who had attended appointments are detailed below, people were able to give more than one answer to the question.





Of those who told us they did not have a dentist, all had tried to access treatment during the pandemic and were unsuccessful. Two people made comments on what they had done when they had been unsuccessful in gaining an appointment:

“Contacted local dentist surgeries attempting to register”

“Moved into area in November 2020 tried several dentists none able to take patients”



Conclusion

Hospital

Looking at the collective impact on people across the Humber region in relation to hospital services, a number of key observations can be made. Firstly, when it comes to communication from information about visiting people in hospital right through to accessing appointments for themselves, people value being able to speak with someone directly ideally face to face or when relevant over the phone. People are not yet actively using the digital offerings the health service currently has on offer such as online resources and information and virtual appointments. People did however indicate that video calls were both cost effective and equally confidential as a face to face appointment, however considered them to be less personal and less informative.

Secondly, in relation to accessing appointments in an appropriate and timely manner many people indicated they would be willing to travel distances up to and in many cases over 30 miles to access not just one off appointments but also regular appointments. Key factors which would influence people's ability to do this included; notice and choice about appointments, availability and accessibility of parking close to the hospital, public transport links and financial burden. It would be fair to assume that people are willing to travel but for many who rely on public transport this option can be very difficult, for example the cost of travel and the travelling time or availability of travel at suitable times. With decreasing disposable income, people do not have available fund to travel and for people whom have caring responsibilities or work commitments, they may be unable to spend a full day travelling by bus or train to attend an appointment potentially lasting only a few minutes.

For those who are experiencing a wait for appointments or treatment, due to wider service pressures which are expected to be ongoing for some time, communication again is of high importance. People would like to be given accurate information either in letters or over the phone. This information could include potential wait times and delays as well as measure they can take themselves to maintain or improve their wellbeing whilst they wait for medical support. People may also benefit from being informed about what a deterioration of their condition may look like and who to contact or what to do if this happens. This information would empower people to begin making informed positive changes, which will in turn could support medical professionals when appointments do come around as people may already have begun to see improvements or otherwise avoided any unnecessary deterioration of their condition.

Many people are already aware of the types of things they can do to stay physically or mentally well, which is why tailored advice to the individual would be more beneficial. This tailored advice would provide people with the platform to build up from above the



overwhelming amount of general information which is available in relation to 'staying fit and well'. There also seemed to be further work to be done in relation to the understanding and awareness around Patient Initiated Follow Up as very few people had heard of this and some who had heard of it didn't understand what it was.

GP

Looking at the impact Covid-19 had on GP services across the whole Humber region, it can be seen that within three of the four areas the majority of people responded saying they had delayed contacting the GP, the exception to this was seen in the North East Lincolnshire area. The reasons people gave for delaying contacting the GP were reflected similarly across the region and could be categorised into two distinct themes. There had been those who had not wished to place any additional burden on services, and as such delayed contacting, in line with government messages, to only contact if necessary. This is further demonstrated by the question we asked as to why people had contacted and the vast majority of people within each area had only contacted for an appointment and not for prescription enquiries or general advice. Further to this, there had been a large group of people who had delayed contacting their GP Practice as they had either experienced difficulties in making contact or had perceived that they would not be able to make contact and as such not attempted.

When asked about the ease of contacting surgeries 51.5% of respondents across the Humber region experienced some form of difficulty. In particular those who had contact by telephone with 50.25% across the region reporting having a wait in excess of 10 minutes to have their call answered and 29% reporting a wait in excess of 20 minutes. When asked about contacting online 48% stated this was not applicable to them but of those who did answer, across the Humber region, 46% of people had found the process difficult to some degree. Many comments from those who had experienced difficulties booking online relate to either the service being unavailable due to covid or lack of appointments available for booking.

When asked about the ease of getting an appointment, many had faced some degree of difficulty, with over 50% in three out of four areas, again NEL appeared less impacted however this area still had over a third report difficulties. For those who had experienced difficulties we asked what alternative action people had taken. Across the Humber region 27 people used NHS 111, 21 utilised a pharmacy, 17 people attended an Urgent Treatment Centre and nine visited A & E. This demonstrates that some people are aware of other services they can contact as an alternative to GP services. However, there is still more work to be done around this as 65 people across the region reported experiencing difficulties in getting and GP appointment but not doing anything as an alternative. The most common appointment type reported by patients across the region during this time was telephone appointments, followed by face to



face appointments. Very few people across the region reported having virtual/video appointments. We found a relationship between whether a person was satisfied with the way their appointment was conducted and whether they were pleased with the outcome of their appointment. Higher levels of satisfaction in relation to the outcome of appointments was seen amongst those who had been satisfied with how their appointment had been conducted. This is a strong indication that the way an appointment is conducted is of high importance to patients and perhaps that there is still work to do in ensure the right appointment method is used first time.

55% of people we asked waited less than three days for an appointment with their GP across the whole Humber region. A further 26.5% were seen within 2 weeks. Just 18.5% had to wait longer than three weeks for an appointment. We also asked whether people thought the amount of time they had to wait was acceptable for the concern they had. Whilst two areas saw higher numbers of dissatisfied patients, overall across the whole Humber region 56% of patients did feel that the amount of time they waited was acceptable.

We asked if patients had ever been offered any appointments outside of core working hours with their own surgery or another surgery. Low numbers of people reported having been offered these types of appointments with just 9% or less of those who answered the question being offered either a weekend or out of hours appointment within their own surgery or another. There was also just 3% who had been offered an appointment with a social prescribing link worker, this demonstrates a potential need to increase the awareness around social prescribing not just amongst the general public but also within healthcare settings themselves.

Many people reported noticing their general health had deteriorated whilst they were waiting for an appointment. In particular people had noticed a health condition worsening, they had become less physically active or had noticed decrease in mental health. When asked about staying physically or mentally well, however, many people (155) reported exercise was how they stayed physically and/or mentally well.

Where people had been referred by the GP to another service the most common referral across the region was for an Initial Appointment (38%) followed by Diagnostic Testing (30%). Very few people were referred, across the region, for planned surgery (2%) or treatment (8%) such as delivery of medication, chemotherapy and radiotherapy. The majority of people were not told how long they may have to wait to be seen after referral and few people were given information about how to manage their condition whilst they were waiting. Even in those who were told how long they may have to wait after referral, few were given information on how to manage their condition or who to contact if they needed more information about the referral. From the evidence we have, most patients who had referrals through the GP needed initial appointments or diagnostics testing, this indicates that the patients are experiencing

new or developing conditions. Being given information about managing symptoms/conditions at this early stage could be imperative for reducing the impact a condition is having on the individuals' life and being the early intervention which may lead to better outcomes for the patient in the long run. Another impact of a new or developing condition, could be anxiety about the uncertainty or what the future holds, even minor illness can cause distress to people if they do not have an understanding of not just what will happen next to me, but also what will happen next in terms of being seen by the service referred to.

Mental Health Services

It was common across the region for people to refer themselves to services, all areas had self-referral reported and many people also reported their mental health concern was due to an ongoing or pre-existing condition. There was also a high level of dissatisfaction around waiting times to access services. 50% of all respondents were dissatisfied by some degree and 72% reporting having to wait more than 1 month to be seen, 19% had to wait longer than 6 months.

For those who were waiting for an appointment, 70% had not been given any information about how long they may have to wait and only 50% were told what to do if they think their condition had worsened. This lack of information could further negatively impact on a persons mental health.

Where people had been given information, they were satisfied with what information had been provided and the way in which it was provided, whether that be over the phone, face to face or by email. This would suggest that current ways of passing on information are effective and should be used more widely.

The most common appointment type people had experienced was by telephone, yet of those who had this type of appointment 85% were not satisfied with this method. Comparing this to those who had a face to face appointment, who had a satisfaction rate of 75%. Again this shows a link between the appointment type and satisfaction.

Pharmacy Services

Many people chose the pharmacy they used based on its location, particularly people used one which was close to their home, the exception to this was seen in the Hull area, where people stated this was due to their electronic prescription was sent there. This could indicate that geography plays a part in the way in which people use pharmacy services, choosing to use a convenient location which is close to their home. The difference seen in Hull could be attributed to the more concentrated population in comparison to the other wider more rural areas.



People mostly informed us that they used the pharmacy to either collect prescription medication or purchase over the counter medication. With the vast array of services many pharmacies offer, this could indicate an underutilisation and an opportunity to share some of the strain on medical services.

Overall, people were very satisfied with pharmacy services, this again indicates that there is further opportunity to develop the offer by pharmacy services building on those positive community relationships.

Care Homes

With the limited information we collected on this subject it is difficult to draw any definitive conclusions. There was some indication that people have experienced a little difficulty in contacting care homes throughout the pandemic period and there was a general feeling that visiting restrictions had been difficult. However, most reported that visiting restrictions were being or had been lifted, although some felt this had still not been fully restored.

People reported that residents had experienced some difficulty in accessing additional services outside the home.

In terms of managing the pandemic and any outbreaks seen within residential settings, 43% of those who spoke with us about this had been dissatisfied with the way in which this had been handled. We can appreciate that guidance was not only difficult to keep up with but much had a high level of interpretation which put strain on services attempting to keep residents safe and maintain good relationships with residents friends and families.

People also commented on the lack of communication from residential settings, this reinforces the need for clear communication to take place between not only residents but their friends and families also.

Community Services

People commented on a range of community services, and on the whole people had found getting in touch with services relatively easy. People indicated they had contacted the services predominantly by telephone and it had also been fairly easy to get an appointment with community services. People reported a variety of types of appointment such as over the phone, home visits and face to face appointments in service. Most people were seen within a week. There was further correlation seen in this section between the satisfaction of the way in which an appointment was conducted and whether they were pleased with the outcome. This further reinforces observations made in other service areas that when a person is satisfied with how their appointment is conducted they are more likely to report a positive outcome of the appointment.



Overall people were mostly satisfied with the community services they were accessed with during the pandemic.

Dentistry

Over the entire Humber region, 48% of people reported feeling their oral health had deteriorated, 46% reported no change. 24% of respondents indicated they did not currently have an NHS Dentist and of those 66% had tried to get treatment during the pandemic, but 67% had been unable. People reported phoning different practices to attempt to access treatment, but were turned down by each and they were unable to register to be seen at all. This highlights the local difficulties people are facing in accessing NHS dental treatment.

Overall

Looking at all service areas Humber wide there are a few common themes which have arisen in different sectors, which paint a picture of general problems across numerous health and care organisations and prove the important of getting the little things right.

Firstly, a common theme of importance across almost every service area was communication, people want to be kept informed about services. It would appear that even in the face of long delays, people find the uncertainty difficult and would welcome truthful and accurate information, whether this is that they will be waiting 1 week or 1 year, having an idea of the timescales, removes the uncertainty which leaves many feeling very unhappy with care services. A second part of communication is the need for people to feel heard by services, when calling services or trying to access support, people feel they are met with barriers to even holding constructive conversations with staff. Many feel that they are unable to “**get past reception**” and feel let down by services because they are made to feel a nuisance for trying to access support.

Following on from communication and being heard, there is work to be done in ensuring people are given accurate and appropriate information to empower them to manage and maintain their own health. This is particularly important whilst waiting for specialist appointments, but would be a benefit in general. By providing accurate and useful information to individuals about how to manage and maintain their own conditions, they will be in the best possible position to begin working towards positive health outcomes. Whilst this information may be available at later stages, we have identified that many do not receive this whilst waiting for appointments, and it is at this crucial early stage, where early intervention is possible to give the best outcomes.

Another common theme was the underutilisation of digital services, across the NHS and wider health and care sector, vast amounts of money have been invested in developing digital offerings to alleviate some pressure on customer facing staff.



However, it would appear that many people have either experienced difficulty using digital services or a reluctance towards using them, and not just amongst the older generations. Where money has been invested in technology to improve access and availability of services, services should ensure that patients are initially appropriately directed to digital services and appropriately supported, where necessary, to use them. Whilst initially this may place additional strain on services to provide the support needed for people to build trust in these digital offerings, as people become more confident and begin to see the benefit of using the digital services, this initial strain is likely to decrease along and eventually go some way to alleviate pressure on customer facing roles. Another underutilisation which could go some way to improving patient experience, is the pharmacy services, many people use pharmacies for their convenient locations, by improving communication around services available within pharmacies and again building confidence in those services, further alleviation of pressures could occur.

Lastly, with the current climate and the continually rising cost of living, it is hard to ignore the financial burden some face when accessing health and care services. Whilst people indicate they would be willing to travel to access timely support, with decreasing disposable incomes people will begin to feel the pinch of travelling to and from any regular appointments, or struggle with unexpected one off costs. As mentioned earlier, people mostly choose their pharmacy service due to convenient locations. As such providers should ensure people are able to access wider health and care services in the same convenient way, or at the very least ensure that any health requirements do not place people under and unnecessary or undue financial burden.



Recommendations

NHS Trust Recommendations

- **Patient Experience leads** at the trusts work with members of the public, to ensure digital offerings are fit for use by those who need to use them, and developed and improved in line with the wishes and opinions of the local population.
- When a person is put onto a waiting list, **administration teams and frontline staff** make sure patients are provided with the following key information: What a deterioration of their condition may look like, what they should do and who they should contact if this happens and tailored advice on improving or maintaining their condition whilst they are waiting. We would suggest this information be provided to the person in a written format (either digitally or paper) to enable people to refer back to it when necessary.
- **Communication leads** promote a wider awareness of Patient Initiated Follow Up. Promotion should be co-produced with local people ensuring information being shared is going to be understood by the general population and is delivered in a way that is appropriate and suitable.

Humber and North Yorkshire Health and Care Partnership Recommendations

- **The ICS and Humber Acute Service Review**, take on board factors affecting people's ability to travel; including a lack of transport and cost, when looking at any changes to service provision.
- **Communication leads** consider providing more information about local pharmacy services. This should include locations of pharmacies and services they provide, highlighting the benefits of using such services, to ensure local populations understand the services pharmacies can offer. This should in turn help alleviate pressures on primary and secondary care services.

GP Practice Recommendations

- We recommend that **Practice Managers** work on external messaging systems to confirm that services are available to those who need them, and look to further develop systems to improve communication for those wishing to contact surgeries to alleviate some of the negative perception around contacting services.
- **Practice Managers** who have online appointment booking facilities, at their surgeries, but have not yet reopened their online booking platforms, to look at reopening them as soon as possible. For those who have reopened or those



looking to reopen soon, consideration should be taken to suitable availability of appointments, evaluated through regular monitoring to check for common themes for appointment times/types being requested to ensure the facility is being best used and monitor the impact this has on telephone booking systems and availability of telephone lines for contacting the surgery.

- **Communication leads and care navigators** should aim to increase public awareness of alternative services that may be able to assist people if they cannot get an appointment with their GP. This could be through providing feedback over the telephone when people ring to enquire about a GP appointment and putting information on websites and social media. Provided information should include, where relevant and appropriate: pharmacy services, including helping to locate a pharmacy which offers the right level of service to meet the individuals need (such as delivering flu vaccines) and is in a suitable location for them.
- **Practice Managers** should look at offering patients choice about how their appointment is conducted. Where the appointment method offered and the wishes of the patient do not align, clear rationale for the decision, including an outline as to the suitability of the appointment type offered should be given to the patient at the time of booking, to help the patient to understand the reason.
- **Practice Managers** should ensure that staff are well informed about social prescribing and how to make referrals if necessary. Staff also need to be able to clearly communicate information about social prescribing to patients so that they understand how this can be of benefit to them.
- Each time a referral is made for a new or developing condition **the referrer (e.g. GP or nurse)** advises the patient about ways in which to maintain or manage symptoms and seek to develop early intervention strategies which can be used whilst waiting for formal diagnosis or initial specialised appointments.
- **Practice Managers** to ensure that **staff who refer patients** pass on information about potential wait times and also who to contact if they need more information about the referral. This could alleviate some anxiety around the uncertainty of waiting and ensure they are empowered to be able to reach out to the relevant person if the need arises whilst waiting.

Mental Health Services Recommendations

- **Service Managers** should make sure waiting times are monitored to ensure those who seek support are seen in a timely manner. This will ensure people are appropriately supported during times of illness.
- **Service Managers** to ensure **staff who make initial contact with patients**, are given information about how long they are likely to wait until they will be seen by the service. They should also ensure patients are given information about how to



manage their condition whilst they wait for an appointment and who they can contact should they feel their condition has worsened.

- **Service Managers** should look at offering patients choice about how their appointment is conducted. Where the appointment method offered and the wishes of the patient do not align, clear rationale for the decision, including an outline as to the suitability of the appointment type offered should be given to the patient by staff at the time of booking, to help the patient to understand the reason.

Pharmacy Service Provider Recommendations

- **Service Providers** should carefully consider the location when introducing and developing pharmacy services to ensure it best suits the local populations.

Care Home Recommendations

- The Healthwatch Humber Network recommends that **Care Home Managers** review any continuing visiting restrictions and ensure that residents/relatives are not being negatively impacted by imposed restrictions. All effort should be made to ensure residents are given adequate support to see their friends and relatives to maintain social connections whilst living in the residential setting.
- **Care Home Managers** should ensure, where appropriate and relevant, care home staff are supporting residents to access timely additional care provided outside of the setting. Minimising stress by supporting transfers between settings with the help of transport services or friends and family.
- **Care Home Managers** should review any restrictions which are currently in place within the home, or any new measures introduced in the future, to ensure there is a strong rationale for such limitations. This rationale should then be clearly communicated to residents, friends and relatives and should highlight the benefits to the continuation or introduction of new measures.

Next Steps

The information gathered and presented by the Healthwatch Humber Network represents the feedback we collected in 2021.

Once published the report will be cascaded across the Healthwatch Humber Network to providers and commissioners for their information and action. This will include providing copies to: The local hospital trusts, GP surgeries and the Humber and North Health and Care Partnership.



Covid-19 Impact Survey: Investigation Report.

Recommendations will be regularly monitored to assess the impact of the report.

Acknowledgements

We would like to thank:

Members of the public who took the time to complete the survey.

Organisations who helped to cascade the survey.

The Patient Experience Group at Northern Lincolnshire and NHS Foundation Trust who worked with us to help create the hospital questions section and for their support of the project.

Staff from local CCGs who also assisted in the development of questions to be covered in the survey (2021).

