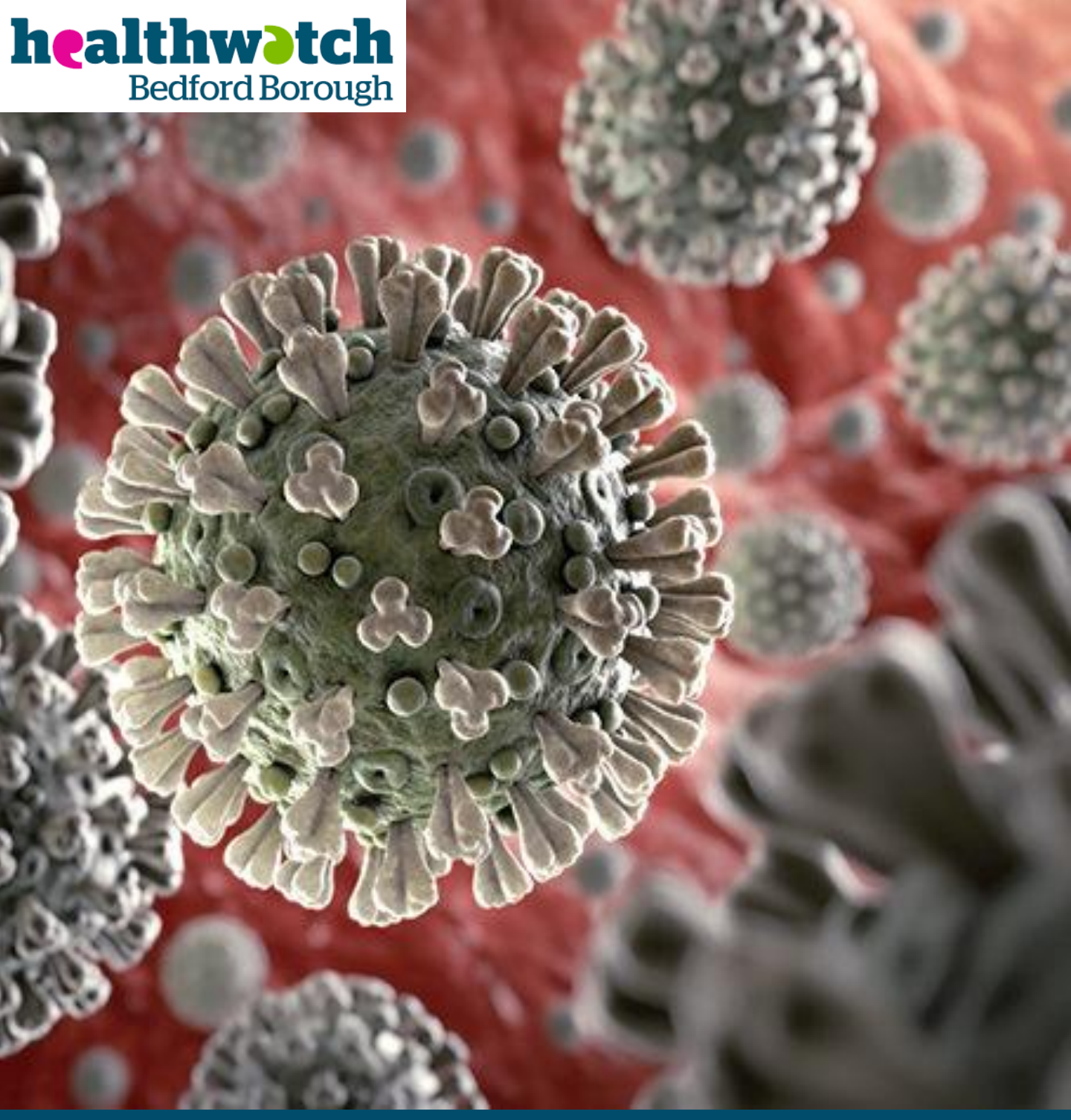
healthwatch
Bedford Borough



# ‘Behind Closed Doors’

## COVID-19 Survey Report 2020

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# About Us

Healthwatch Bedford Borough (HBB) are an independent consumer champion which gathers and represents the views of the local public. We seek to ensure that the views of the public and people who use health and social care services are taken into account when working with service commissioners and providers.

## What we do

By using your feedback and intelligence, we identify causes for concern and celebration and share these regularly with those with the power to make changes to health and social care. We do this by:

*Influencing – helping shape the planning of health and social care services*

*Signposting – helping people access and make choices about care*

We publish our findings and make recommendations to health and social care services about changes they could make to ensure people's experiences are improved. During this year, this has meant a great deal of work has gone on behind the scenes to ensure the local public are fully updated on acute changes as they have occurred.

During the pandemic, the way in which HBB has provided its services has dramatically changed. In 'normal' times we would ensure physical attendance at meetings and events, however since lockdown all staff have been deployed to working from home with immediate effect from the 18th March 2020. This has meant major changes to our regular routine, like many others across the Borough and indeed the UK.

To support the public, we have been dialling in to emergency talks with various departments and sitting on programme Boards, looking at COVID-19 risk and ensuring those who commission and provide services understand how crucial decisions around service delivery are, to local residents and patients. We have ensured that BAME and seldom heard community voices are included, shared updated communications on local services, offered the opportunity to feed back via our social media daily, listened to local people and continued to offer support and guidance through our Signposting service.

HBB gives people a powerful voice locally. We are working to help people get the best out of their local health and social care services. Whether it is improving them today or helping to shape them for tomorrow, we are all about ensuring that local voices are able to influence the delivery and design of services. Not just people who use them, but anyone who might need to in the future. COVID-19 is no exception to this. During the pandemic we have ensured powerful voices have been heard and will continue to do so moving forward through the next phase.

# What is COVID-19?

## Epidemiology

On 31st December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.

On 12 January 2020, it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19.

## Transmission

The source of the outbreak has yet to be determined. A zoonotic source to the outbreak has not been identified yet, but investigations are ongoing.

According to current evidence, SARS-CoV-2 is primarily transmitted between people through respiratory droplets and contact routes. Airborne transmission is possible in specific settings in which procedures or support treatments that generate aerosols are performed.

At the moment, human-to-human transmission is occurring extensively. Hence, precautions to prevent human-to-human transmission are appropriate for both suspected and confirmed cases (see infection prevention and control guidance).

In addition to respiratory secretions, SARS-CoV-2 has been detected in blood, faeces and urine.

## Covid-19 Clinical Features

COVID-19 presents with a range of symptoms of varying severity. Asymptomatic infection also occurs often, although frequency is not defined.
More common symptoms are fever, a new and continuous cough, shortness of breath, fatigue, loss of appetite, anosmia (loss of smell) and ageusia (loss of taste). Non-specific symptoms include shortness of breath, fatigue, loss of appetite, myalgia, sore throat, headache, nasal congestion, diarrhoea, nausea and vomiting.
Atypical symptoms, such as delirium and reduced mobility, can present in older and immunocompromised people, often in the absence of a fever.

# Lockdown

Lockdown is the shutting down of all non-essential activities to slow the spread of the Coronavirus (COVID-19). In the UK, this has seen strict limits imposed on daily life, including:

- **people ordered to only leave the house for essentials such as food, medicine, exercise or to care for a vulnerable person**
- **the closure of non-essential shops**
- **the banning of gatherings of more than two people**

The UK lockdown was applied on 23rd March 2020. This has formed the basis for each nation's 'Stay at Home' guidance (see page 6). Specific stay at home guidance for England, Scotland, Wales and Northern Ireland has been available throughout. During the majority of the period covered, all countries of the UK remained in strict lockdown, but from 1st June 2020 the limits in England were relaxed, with groups of up to six people allowed to meet while socially distancing.

Bedford in comparison to other local authority areas in the East of England. The darker shaded areas have higher rates. Source: Coronavirus (COVID-19) in the UK

'How Bedford compared at peak'

The second highest Upper Tier Local Authority rate in the region was Norfolk with 243 cases per 100,000.

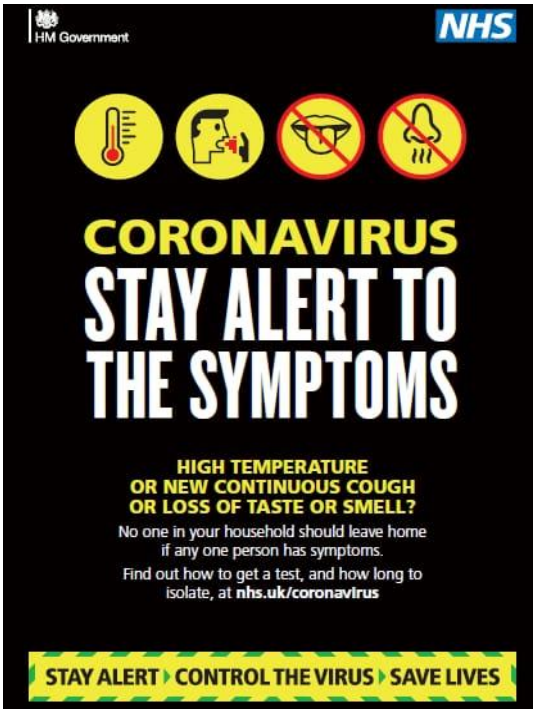
Rutland was the lowest in the region, and the country, with 88 cases per 100,000.

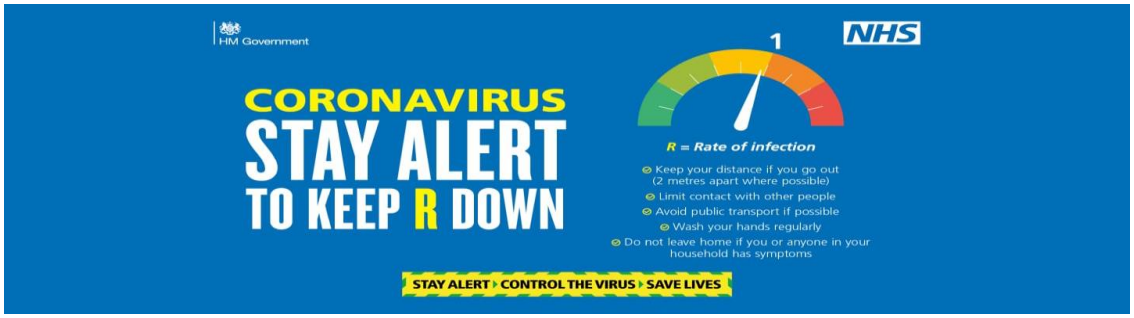
The average rate across the East of England was 233 per 100,000.

The average rate across Bedfordshire was 310 per 100,000.

The average rate across England was 275 per 100,000.

**A selection of the communication materials that have been shared with the public from the British Government, Public Health England and the NHS since the pandemic started. Healthwatch Bedford Borough has continued to share materials on a daily basis.**





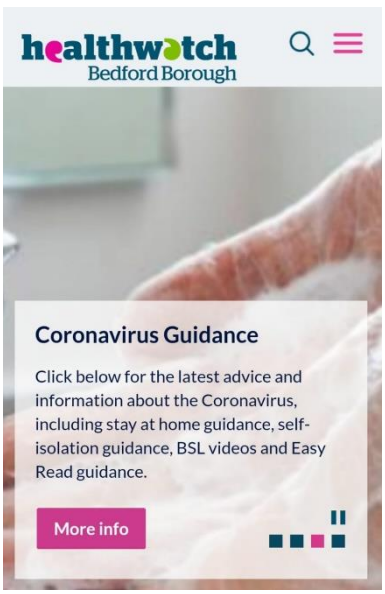
# Method

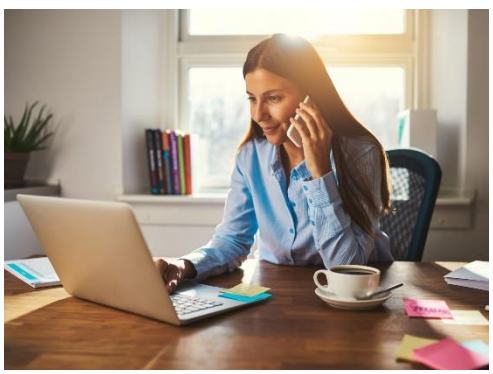
As part of a piece of work rolled out by Healthwatch England during April 2020, HBB agreed to share a survey via our Survey Monkey online to seek the views of the local public on the information they had received about COVID-19. We sought to find local residents' understanding on how to access health and social care services and their experiences in this area.

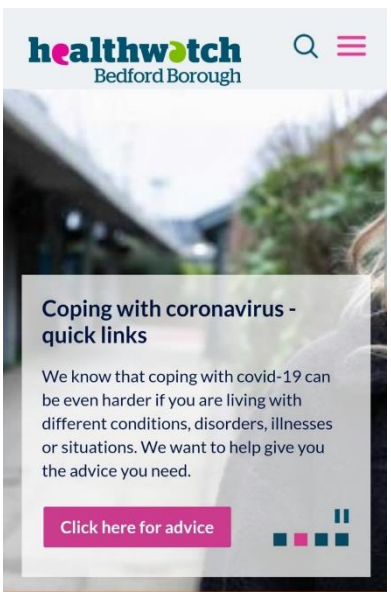
Initial response to the survey was poor, with less than sixty respondents. With Bedford Borough having such an ethnically diverse population, with many residents for whom English is not a primary language, our feedback from community leaders was that the survey was too long and too difficult to complete.

We also learned that this survey did not print off easily for those who would need to complete it in paper format. Therefore in May 2020 it was decided that in order to access the wider population and gather further intelligence, a simplified survey was urgently needed. Having had a meeting to discuss this, the team agreed that telephone interviews should be added to our communications plan to enable people to have their say in a more simplified way.

The number of completed online surveys however, remained low for Bedford Borough even with these additional steps taken. Having analysed the evidence received, should such a broad survey need to be used again during the pandemic, HBB will incorporate this into a wider information gathering project to ensure that those who find surveys difficult to complete, for a number of reasons, are facilitated in different formats including a more extensive telephone interview process from the outset and with support from local community groups, faith and community leaders.



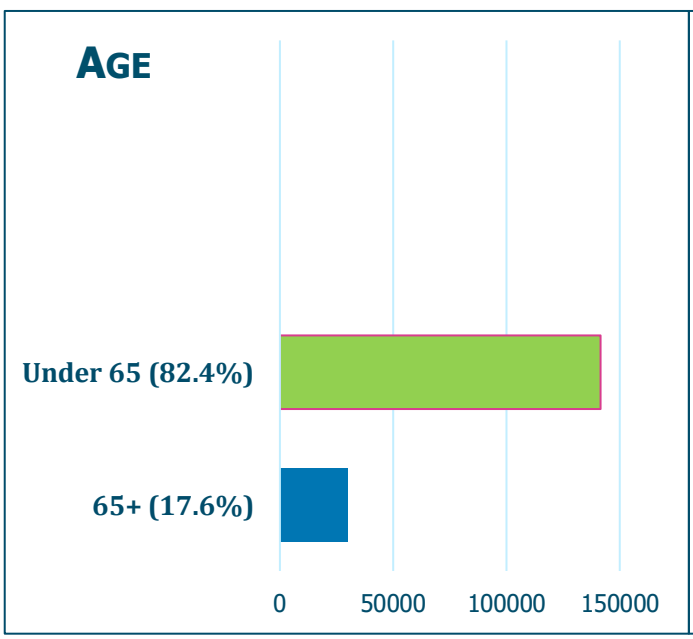


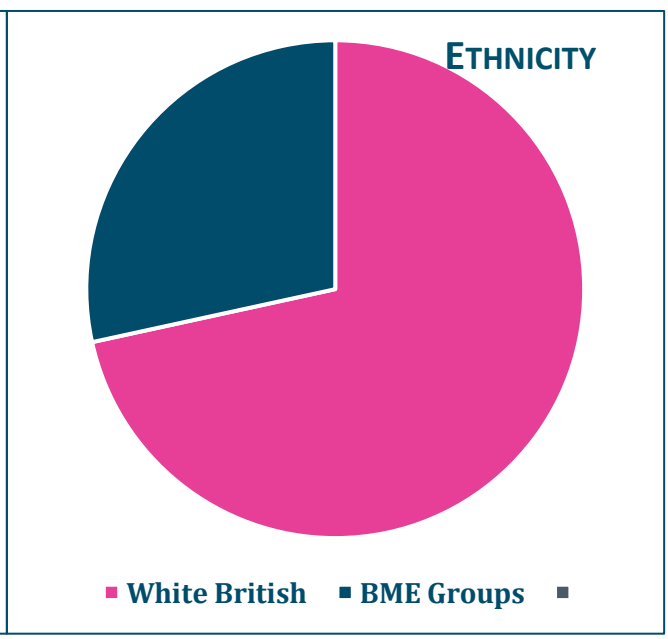
# Bedford Borough Demography

Bedford Borough covers an area of 476 sq. km and is home to an estimated 171,623 people (2018). It is one of the most ethnically diverse authorities in the East of England, with up to 100 different ethnic groups living within its boundaries. The 2011 Census indicated that 28.5% of the Borough's population was from Black and Minority Ethnic (BME) groups (defined as all ethnic groups other than White British). Almost two-thirds of the population (64.2%) live in the urban area of Bedford and Kempston, and 35.8% in the surrounding rural area which comprises 45 parishes.

The proportion of older people is also lower, with 16.8% of the Borough's population aged 65+ in 2013 compared to 17.3% in England and 18.7% in the region. However, between 2001–2013, the population aged 85+ increased by more than 40%, more than four times the rate of overall population growth.

On average across the Borough men in Bedford can expect to live to 79.9 years, and women to 83.2 years, with 63.2 years of healthy life for men and 65 for women. However for those in the deprived areas of Bedford, the life expectancy is 11 years less.

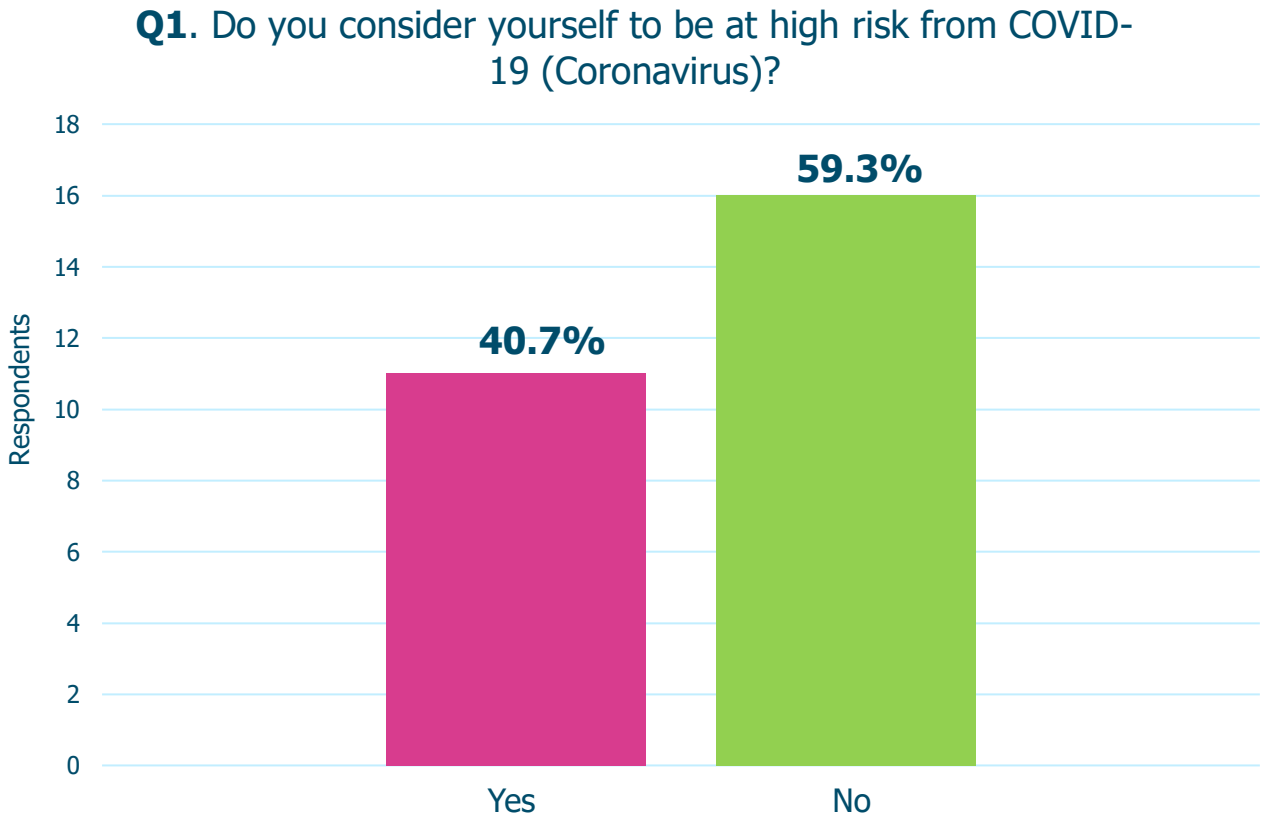


# Data Analytics

The following pages contain the results from online and telephone surveys conducted by HBB.

## Telephone responses

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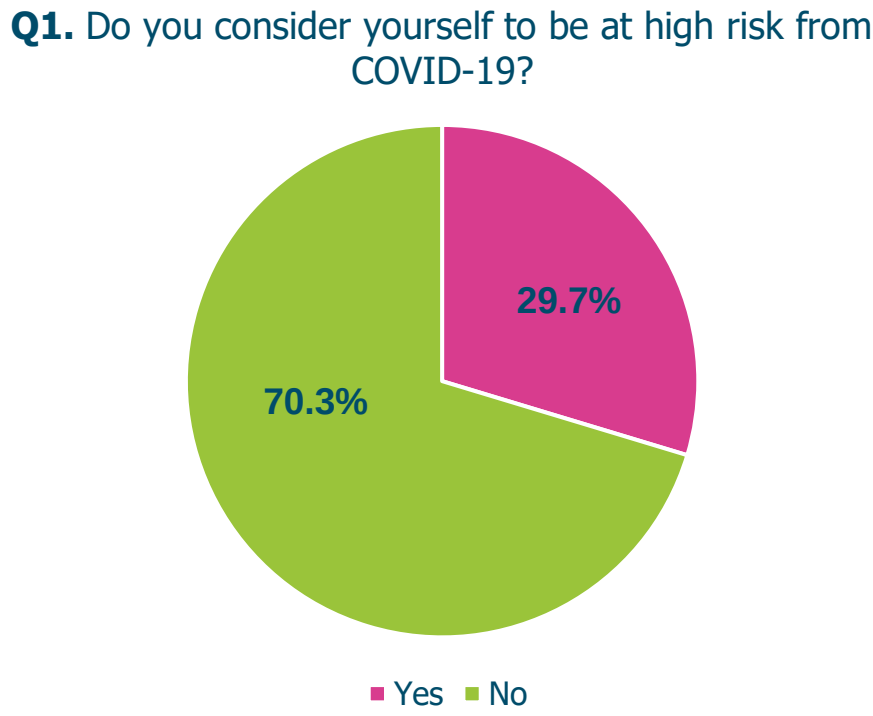

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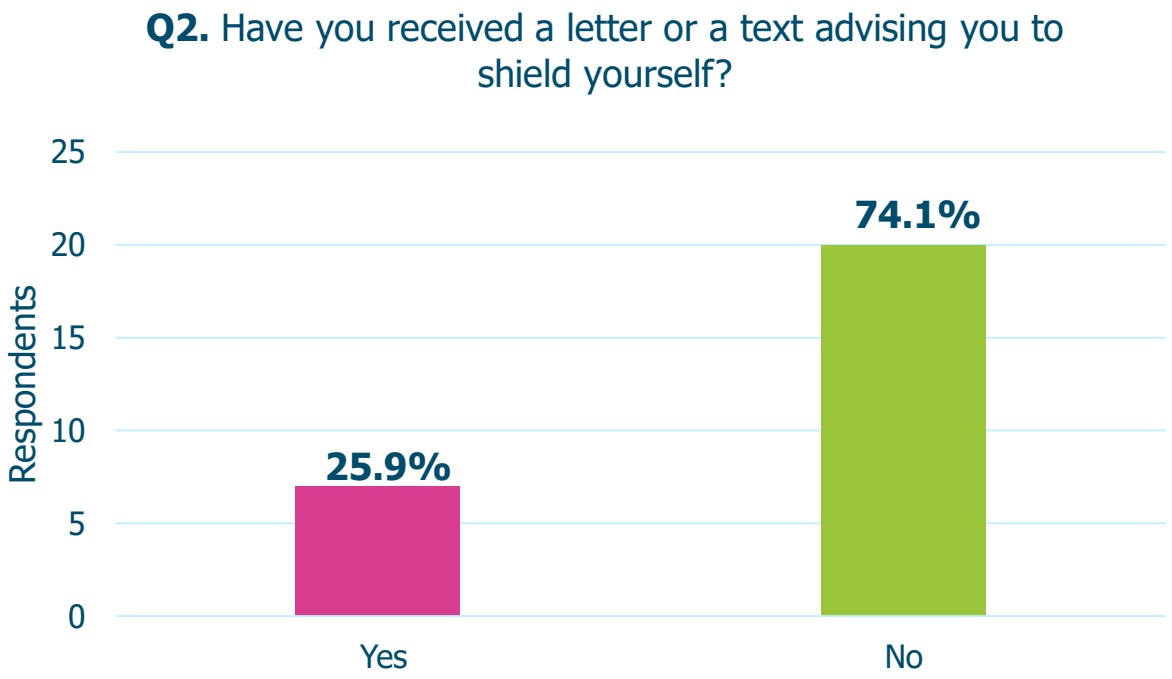


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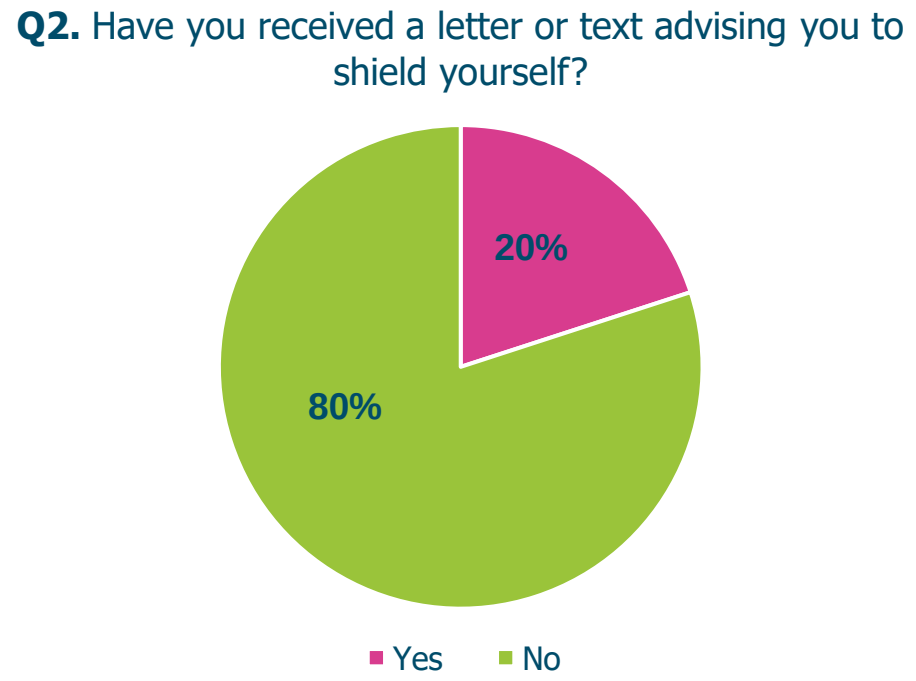

**Telephone responses**

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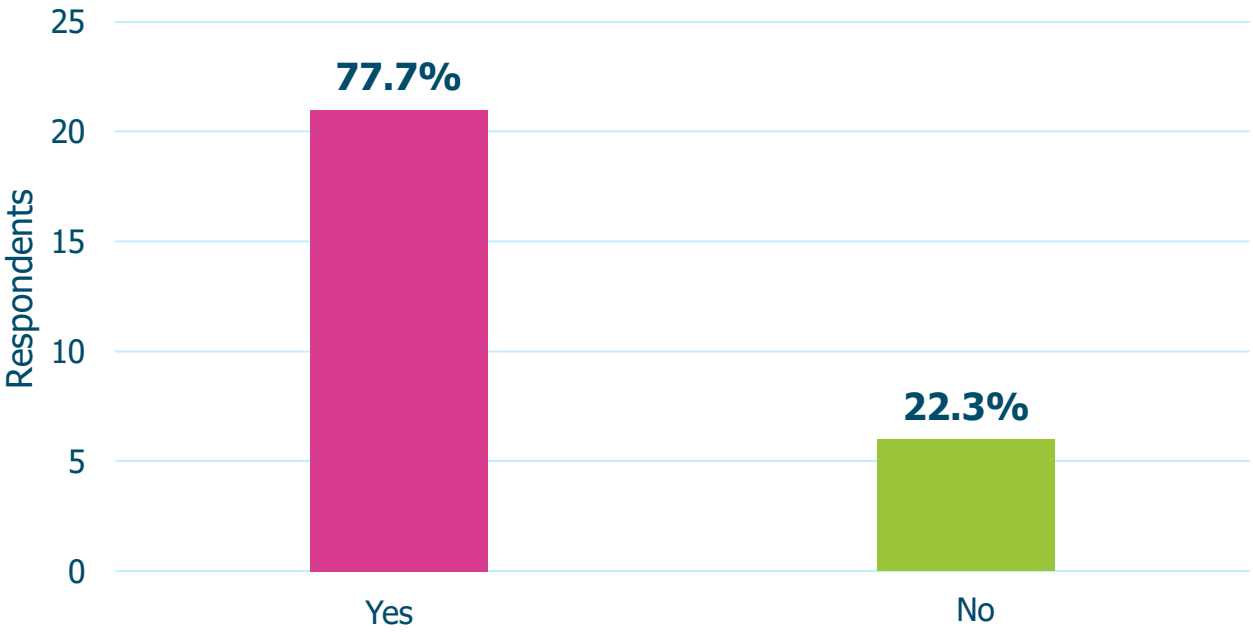


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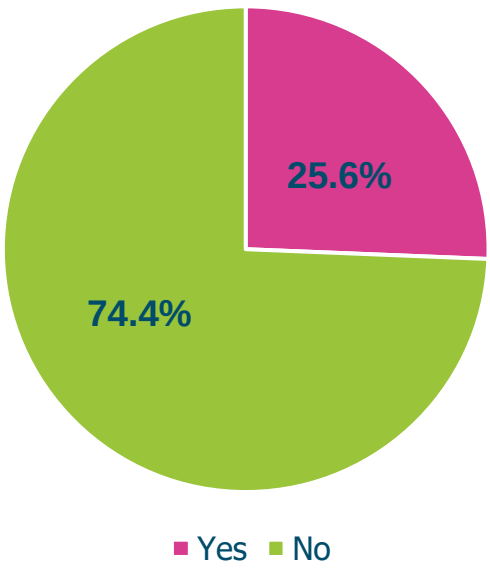

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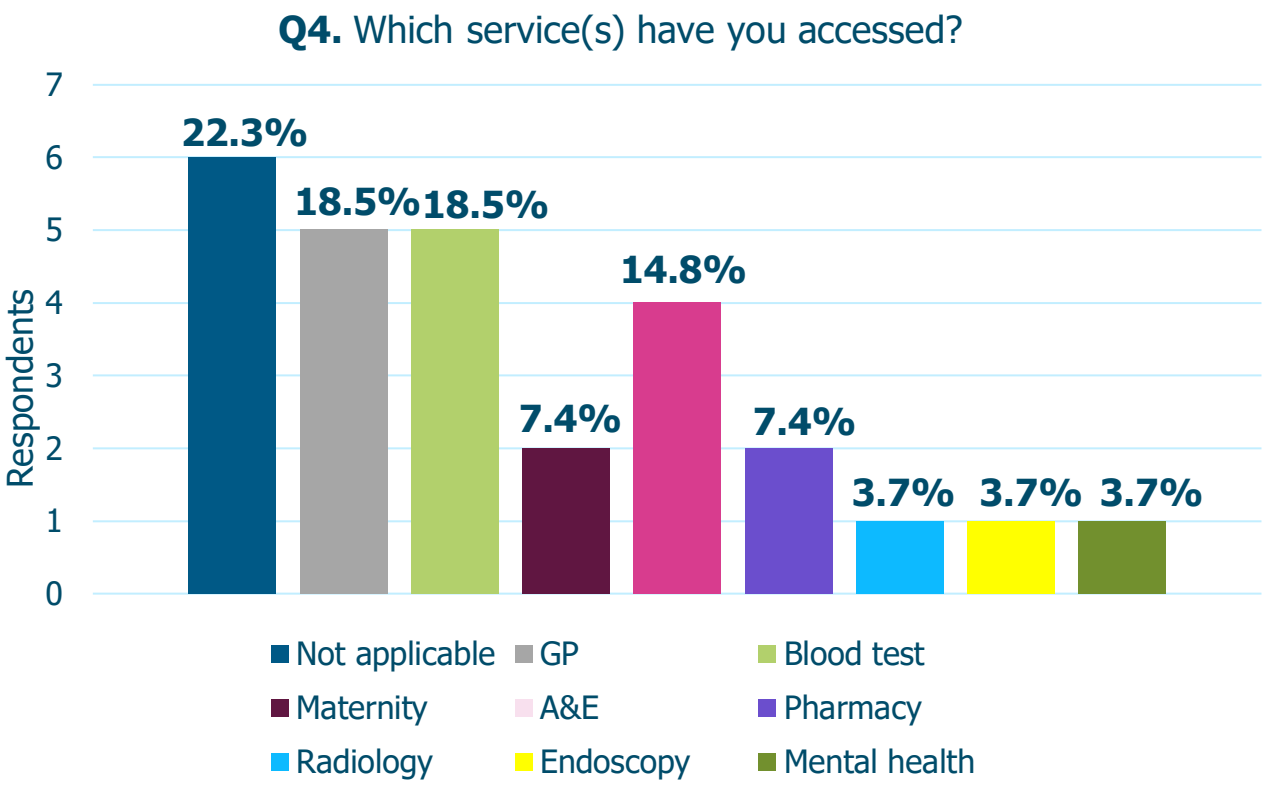


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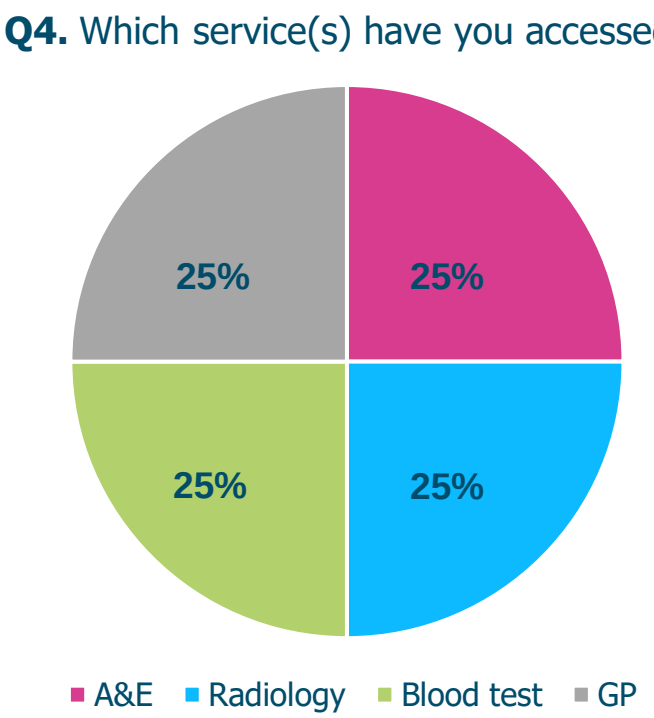

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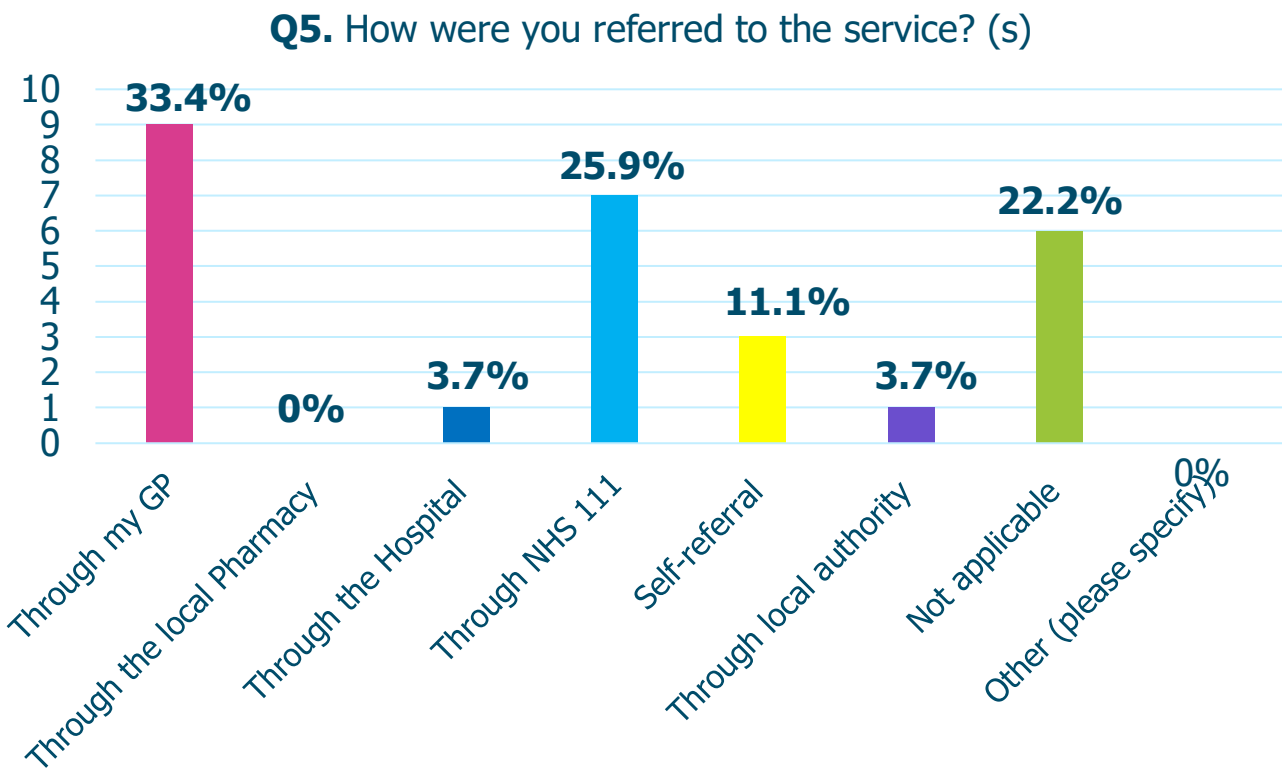


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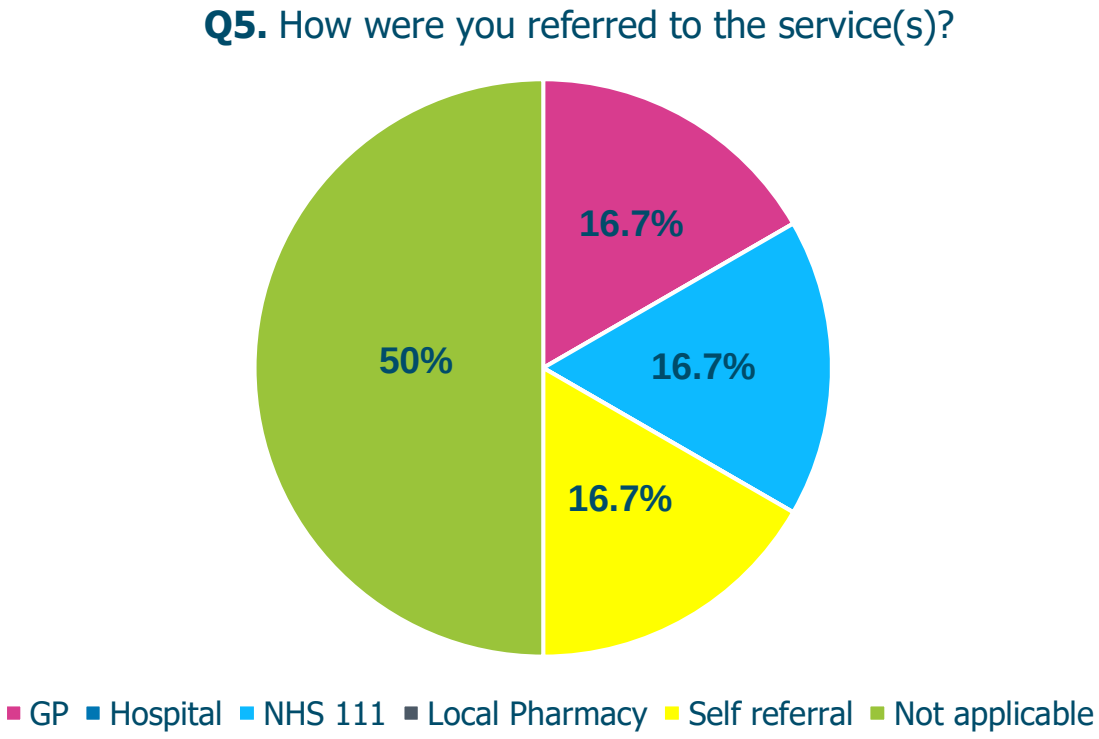

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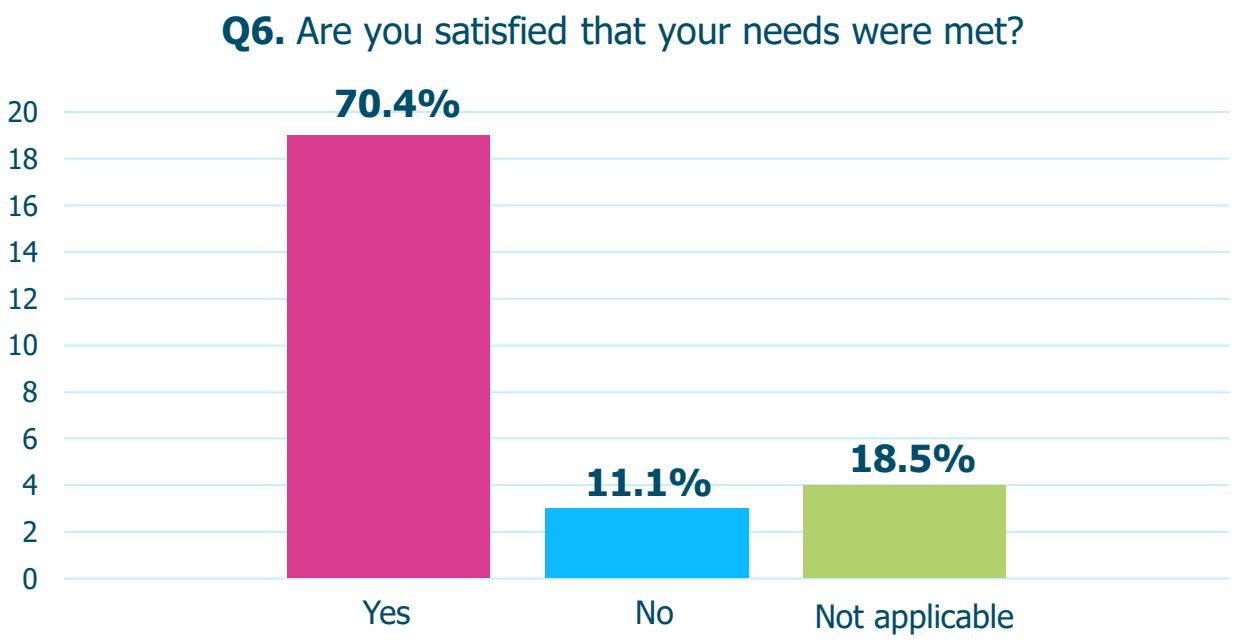


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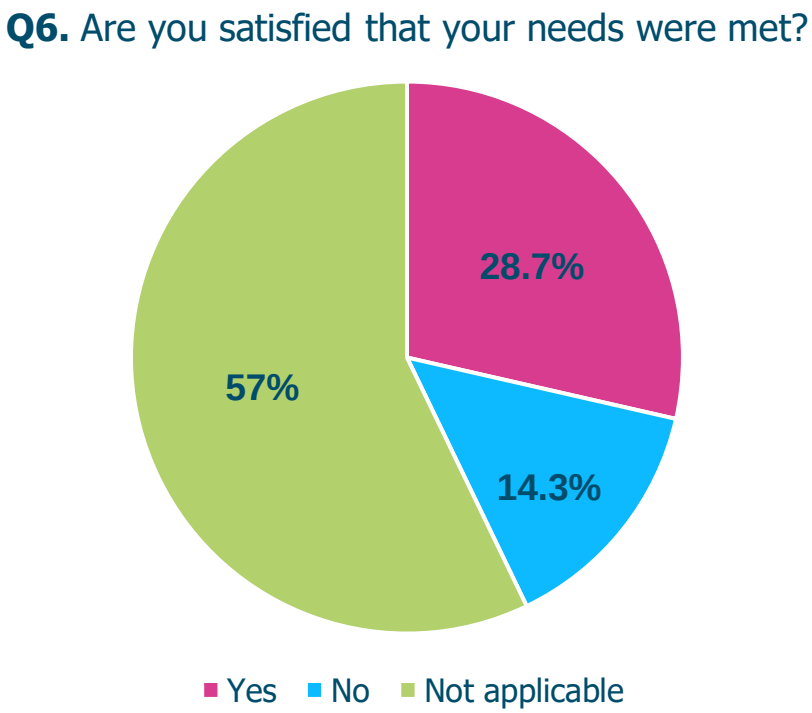

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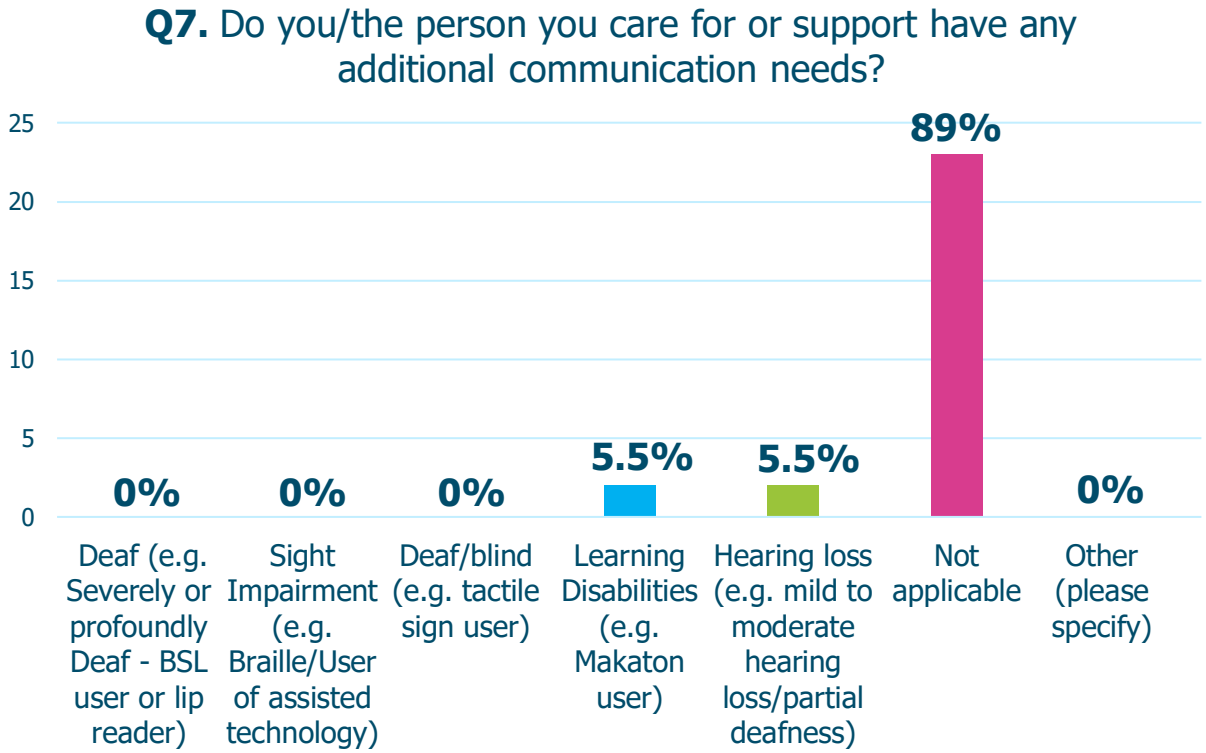


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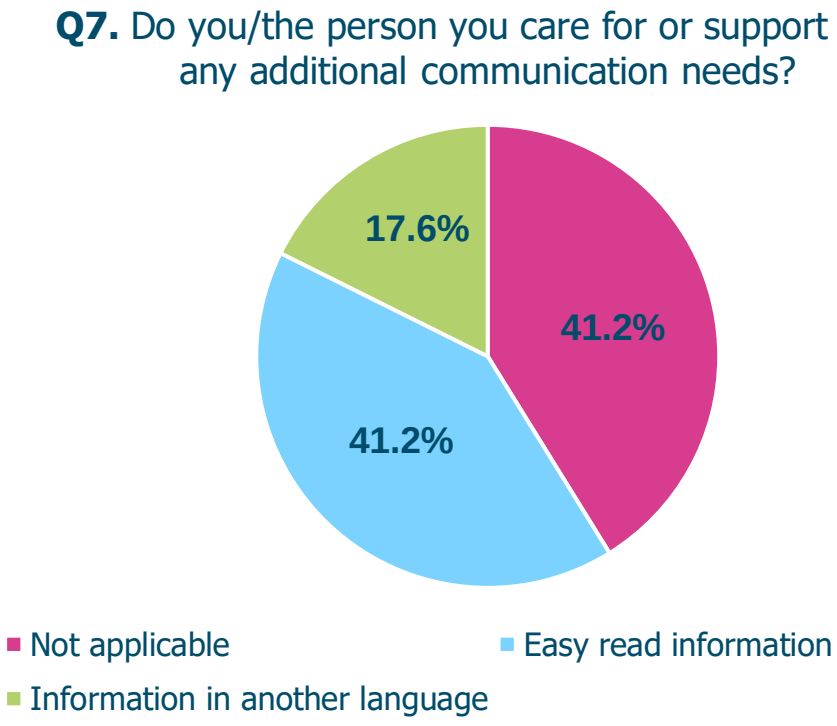

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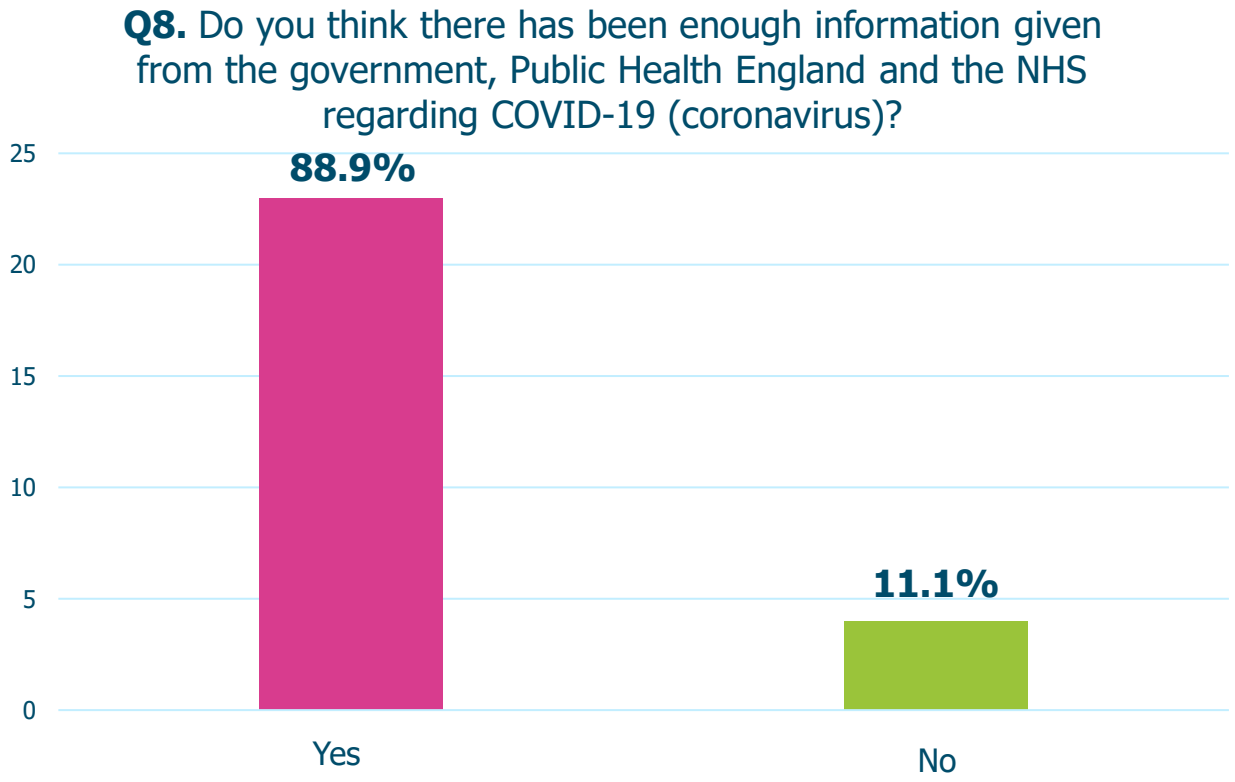


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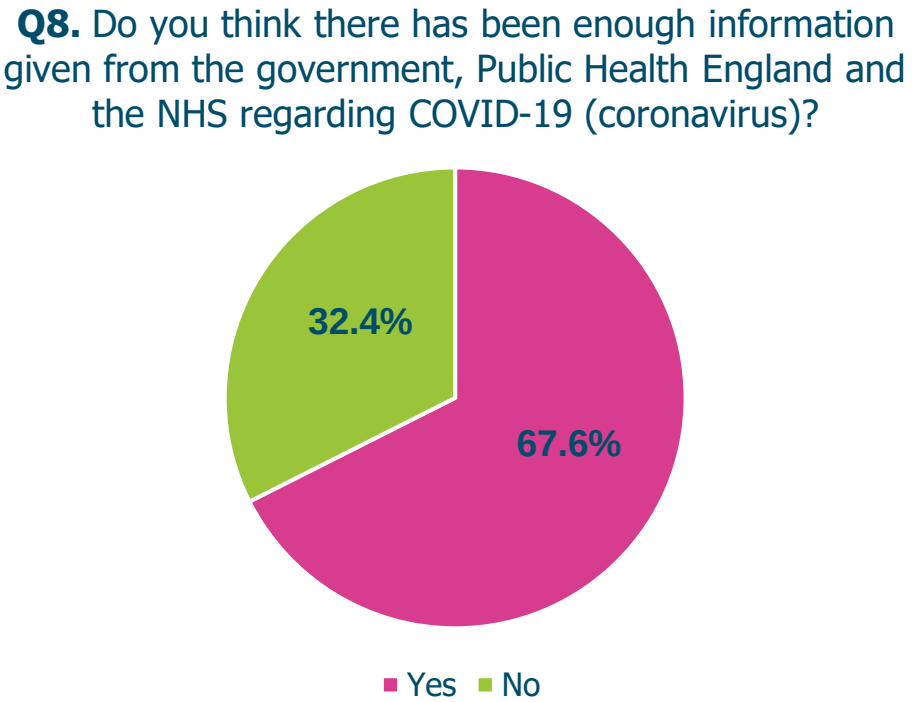

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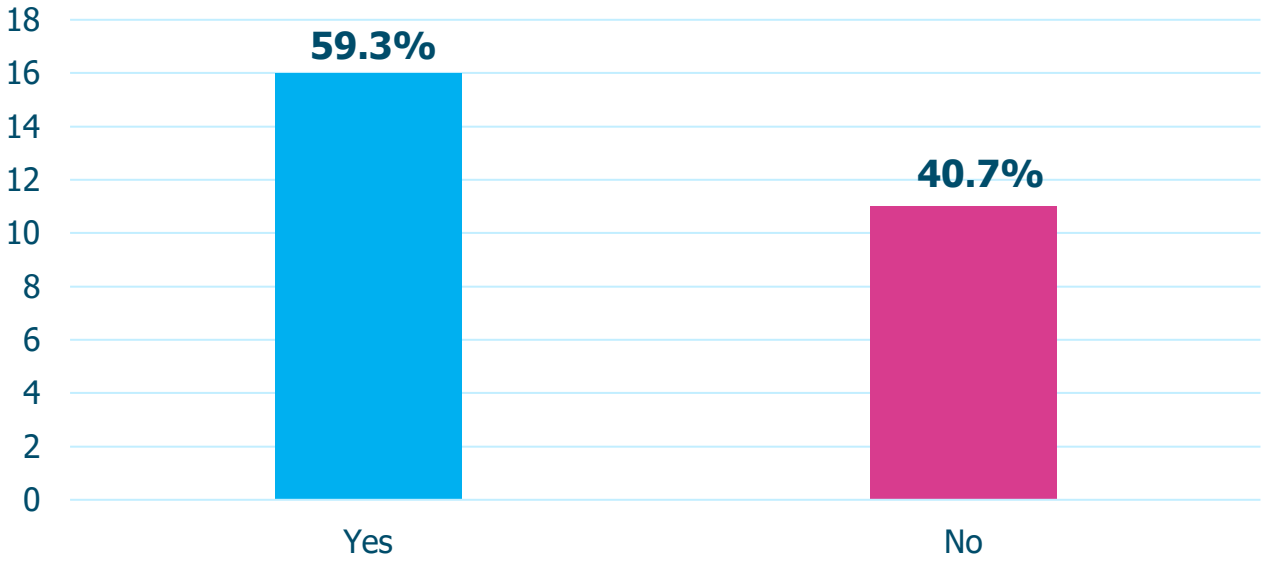


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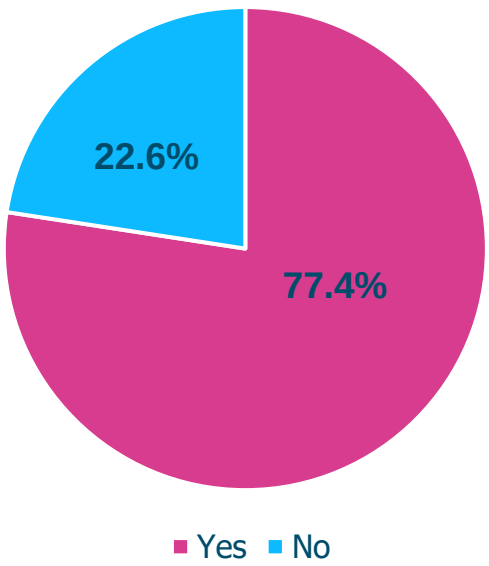

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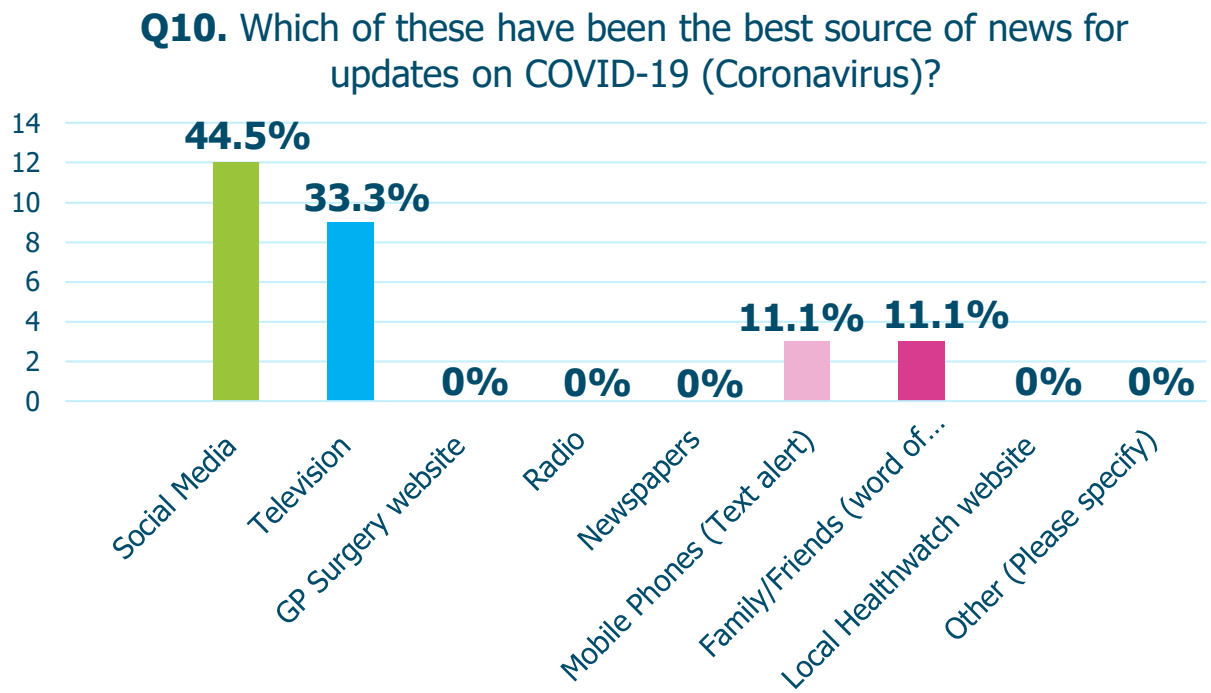


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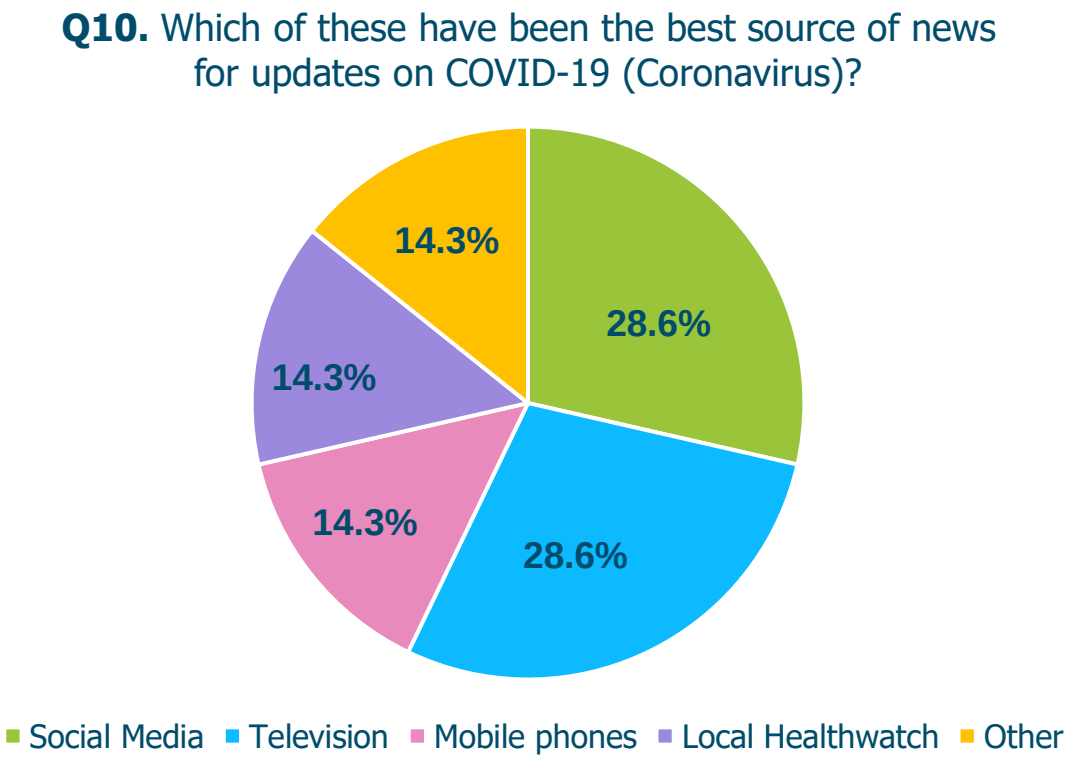

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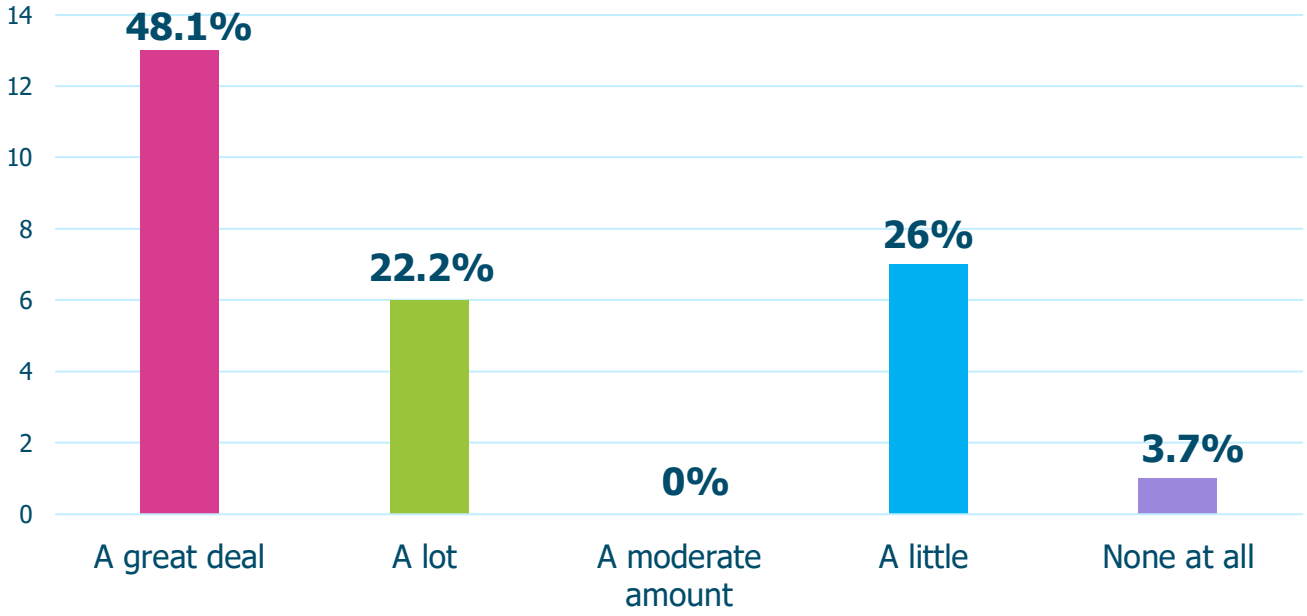


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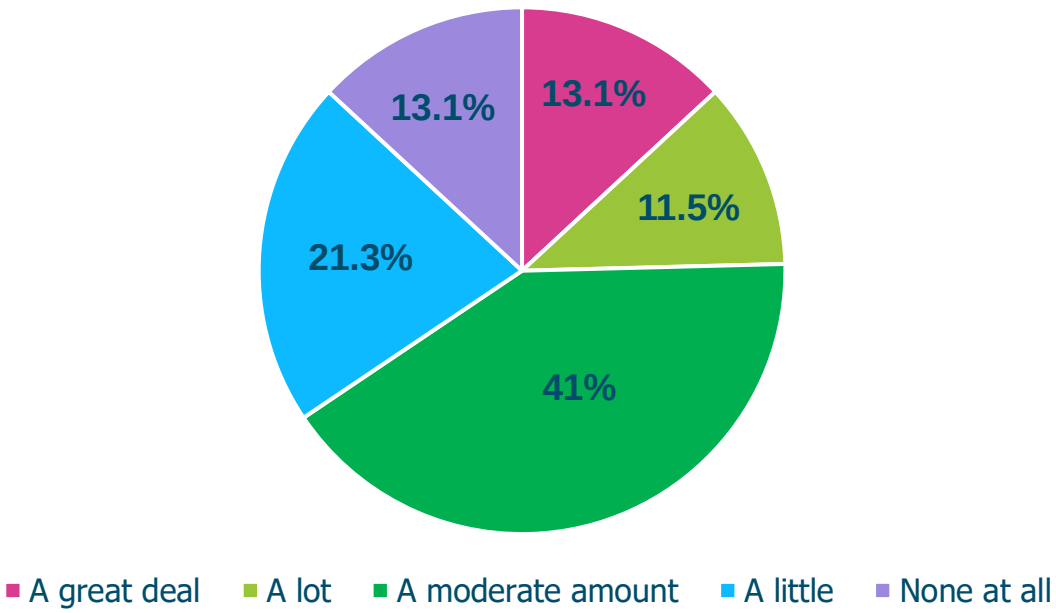

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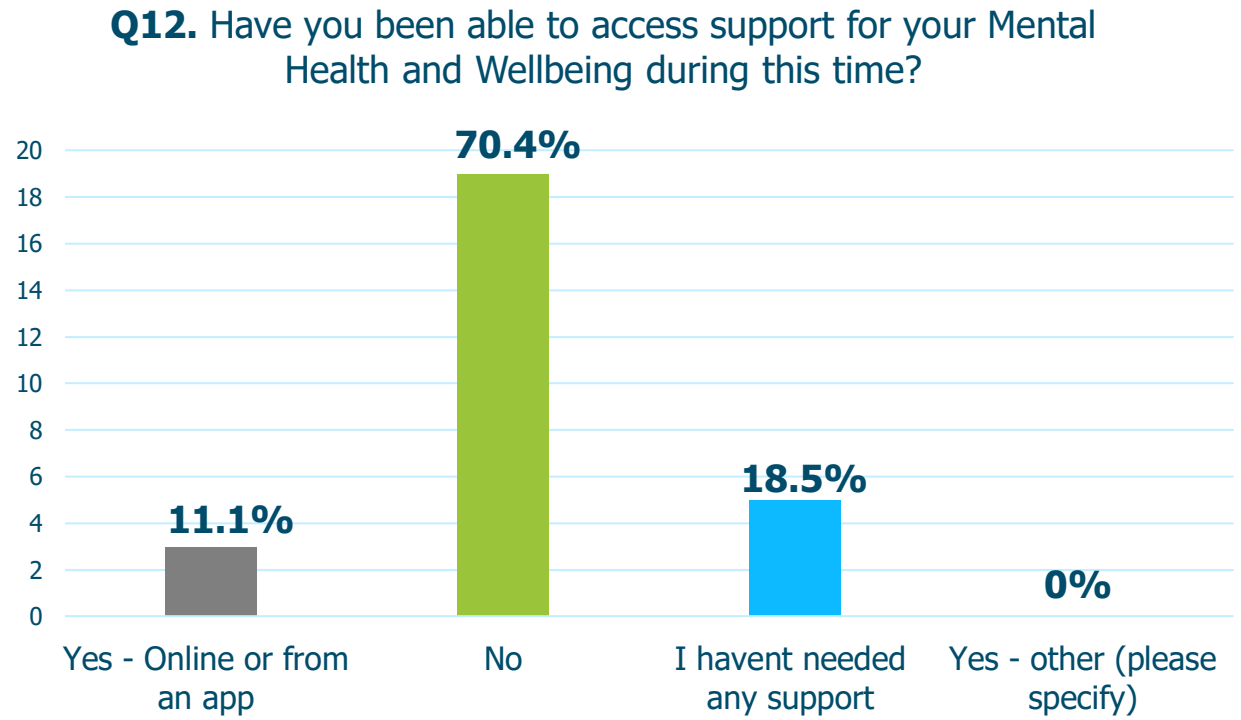


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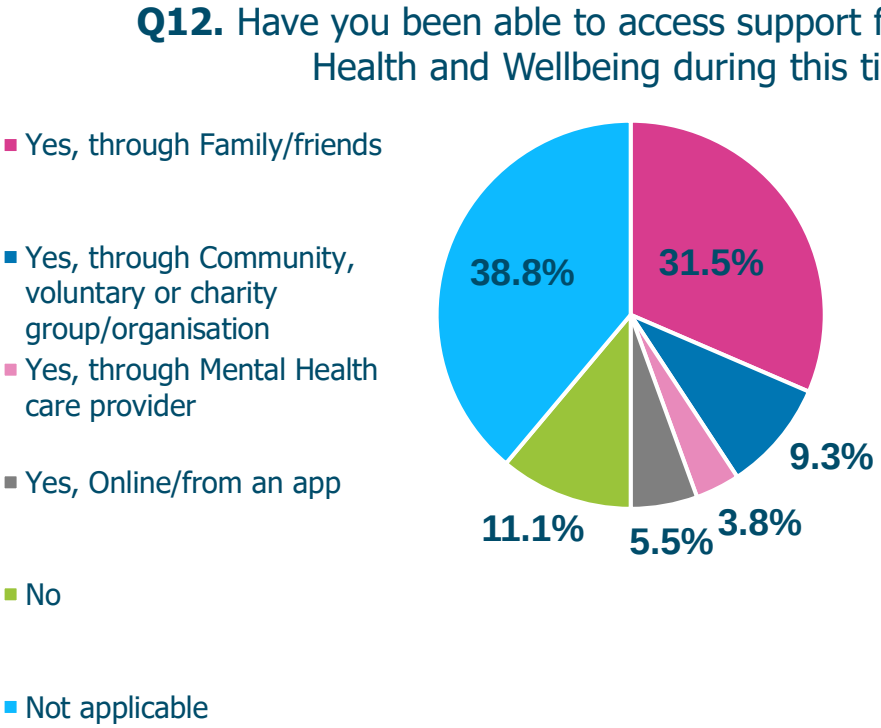

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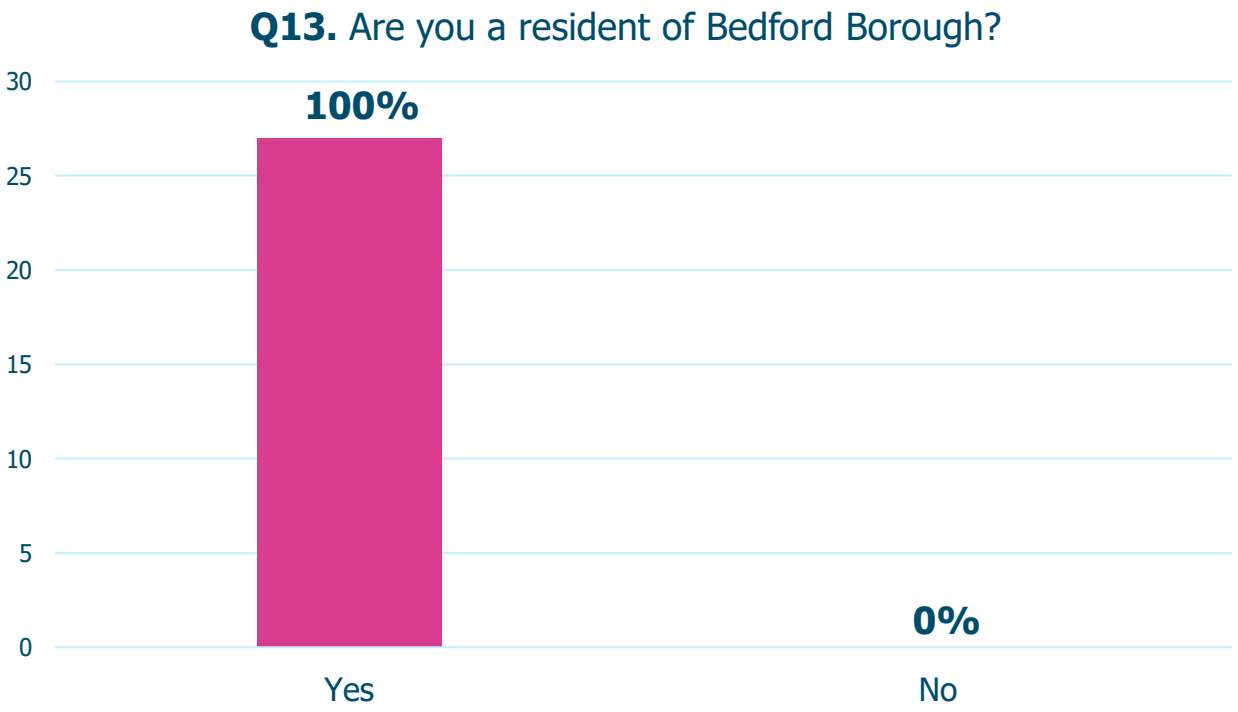


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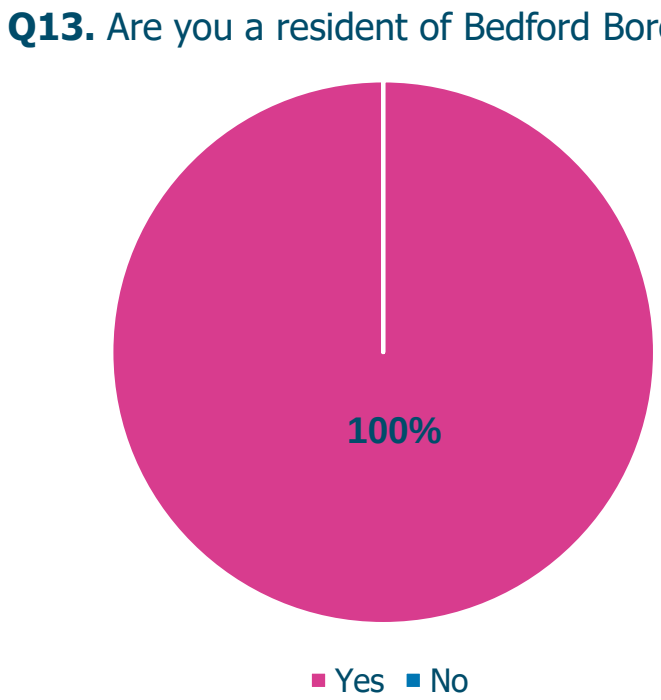

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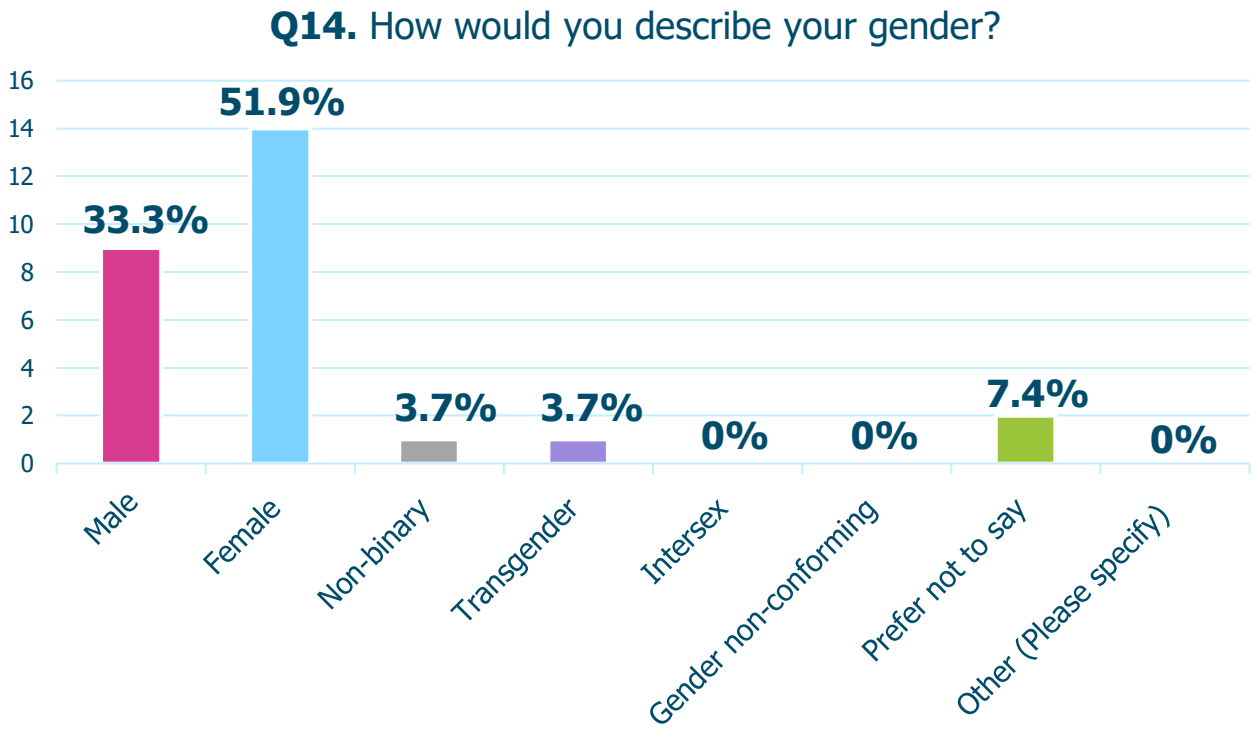


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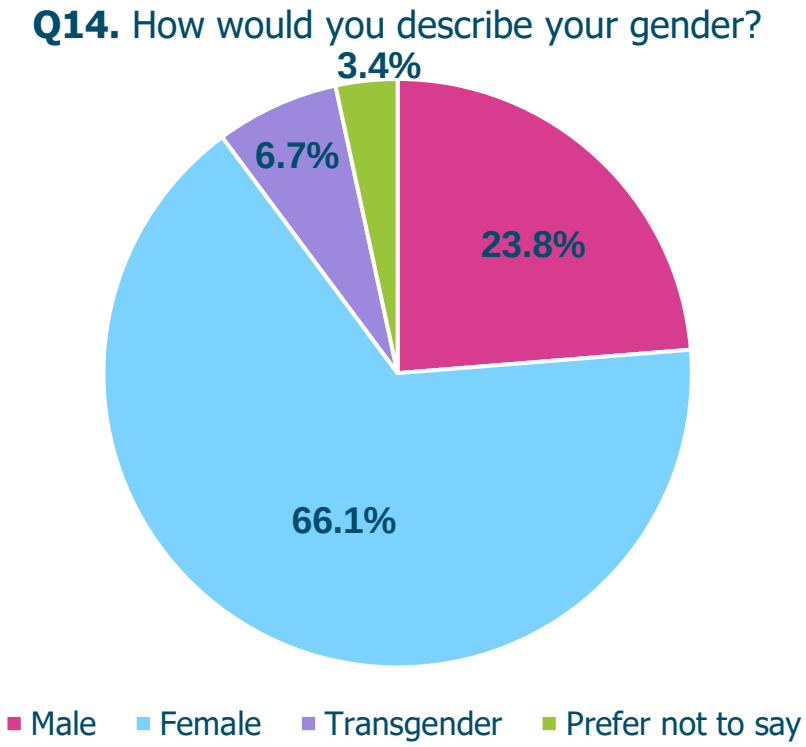

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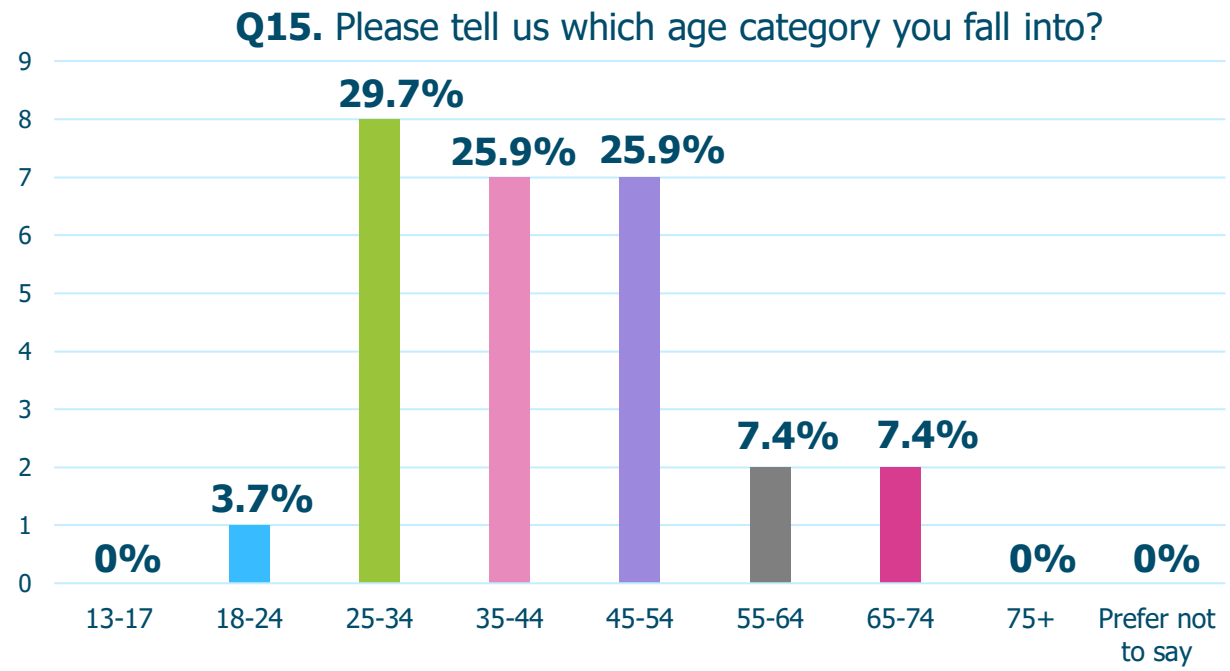


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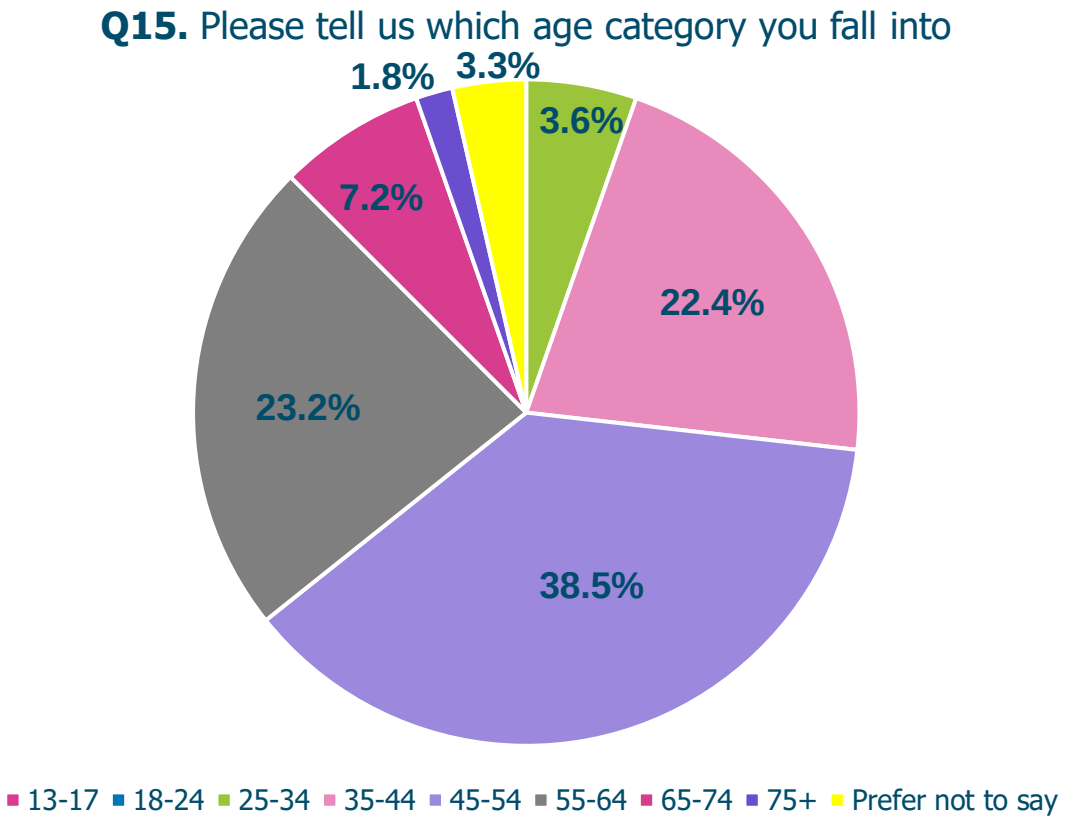

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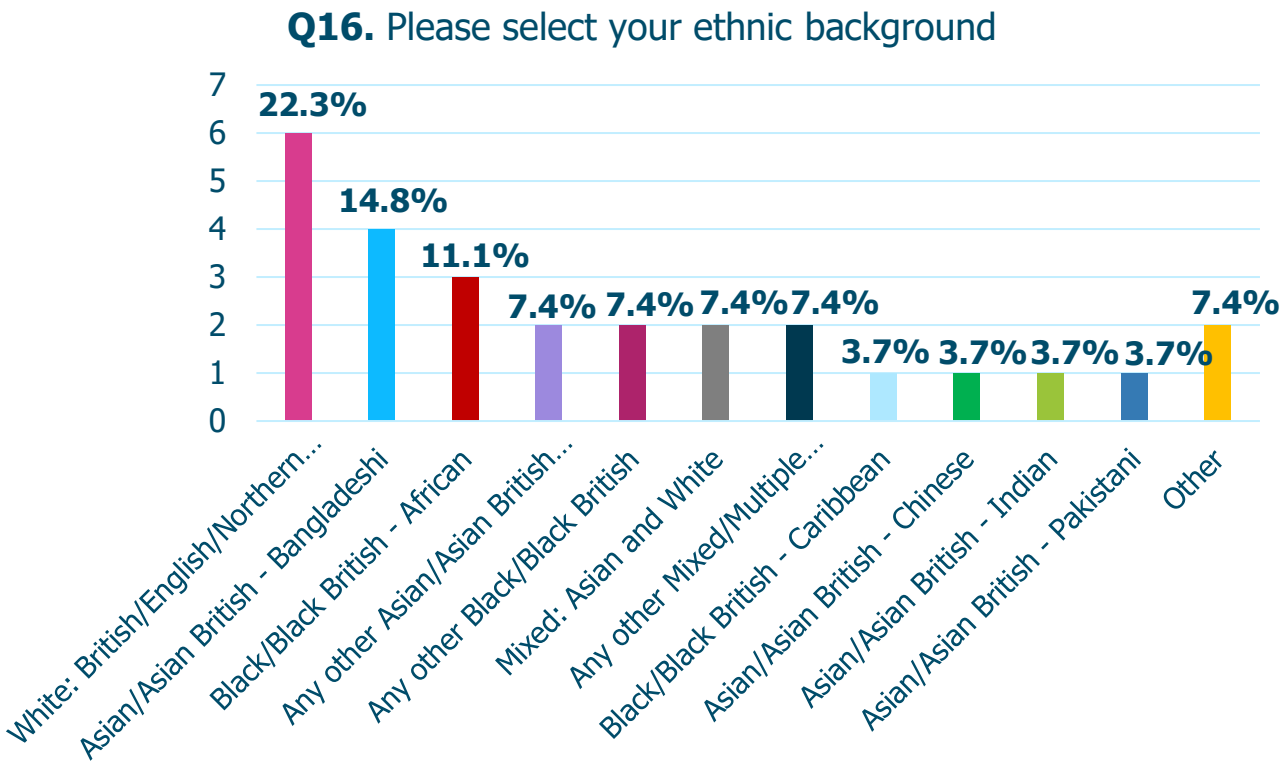


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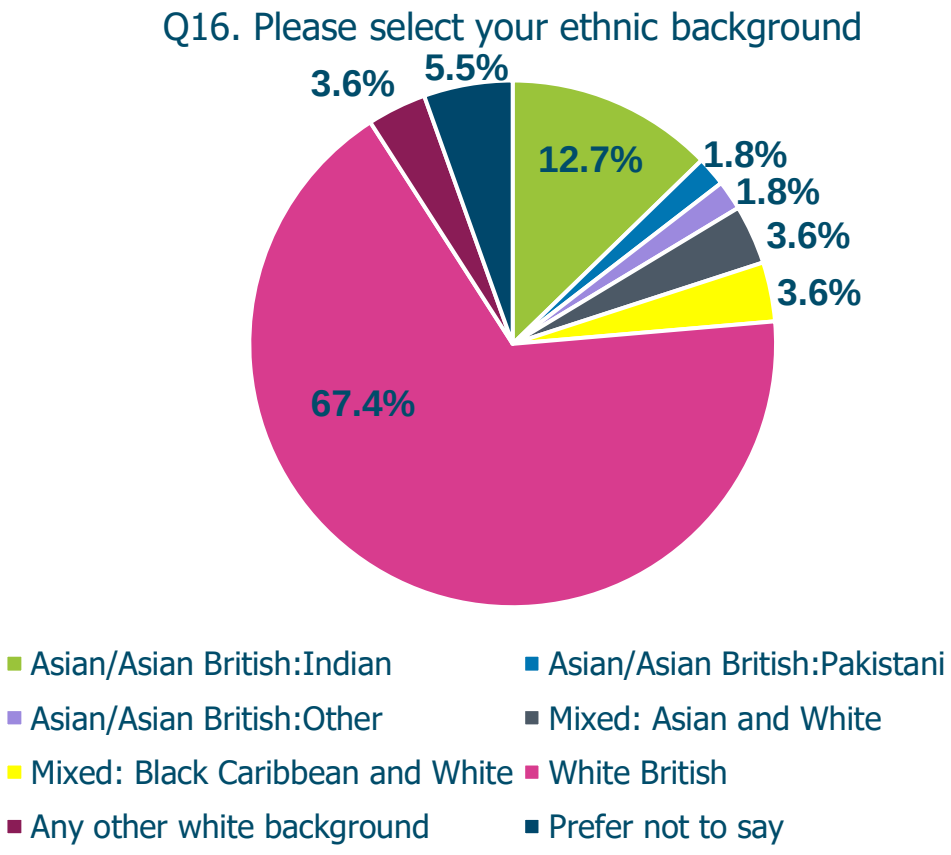
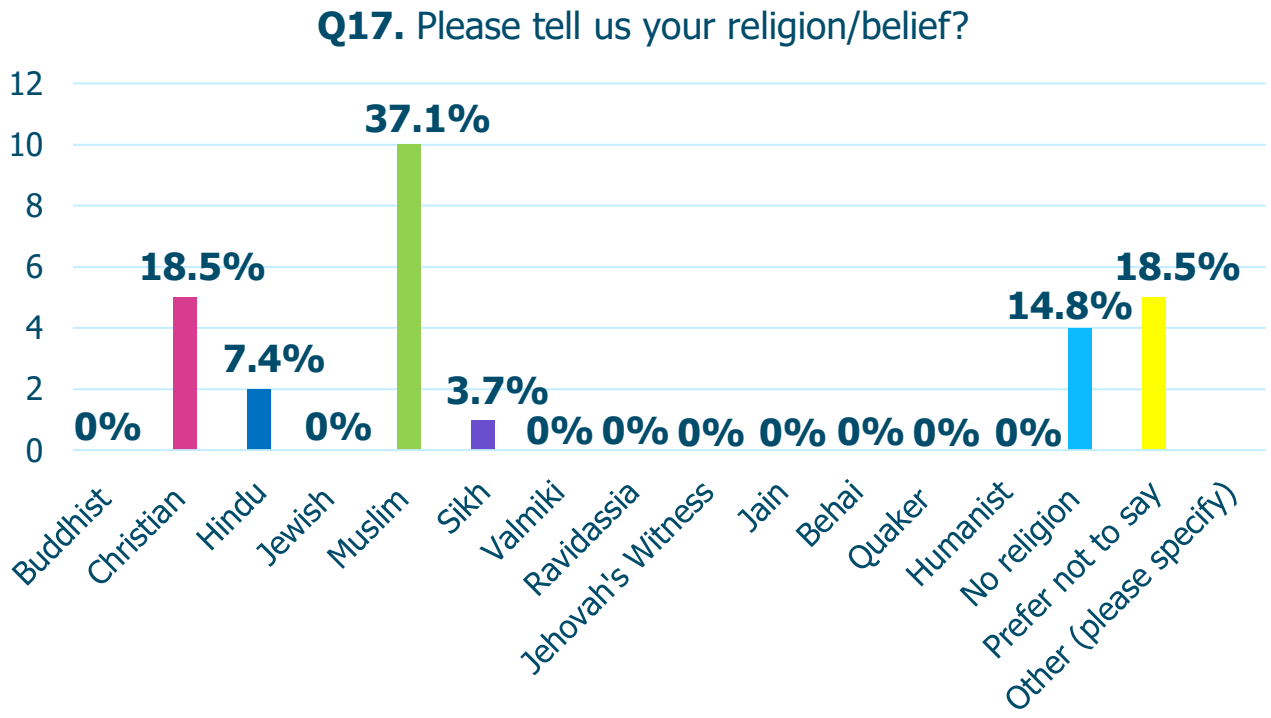
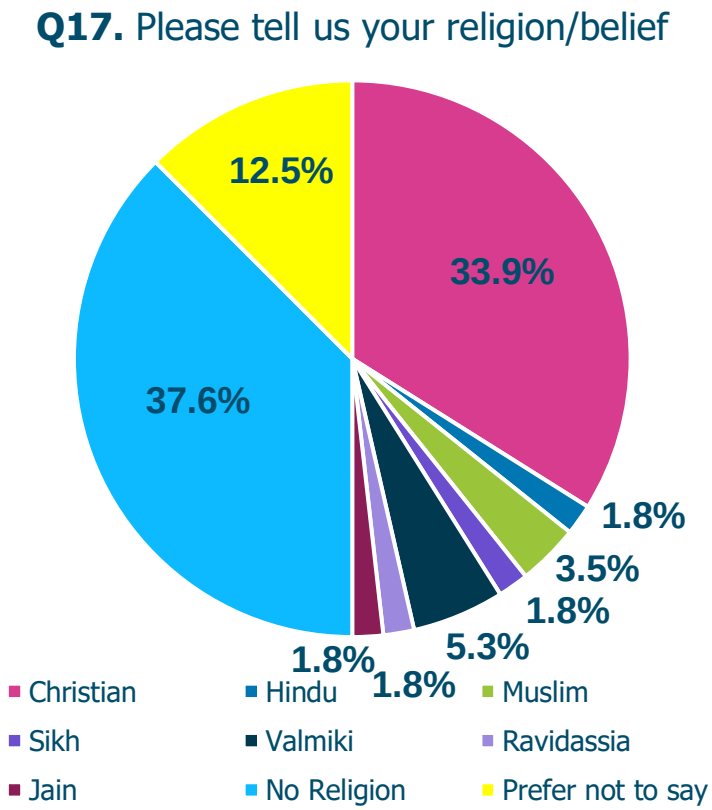


## Telephone responses




## Online Responses



# The Impact of COVID-19 on BAME Groups

As we analysed the raw data from both our COVID-19 survey and bespoke telephone interviews, often undertaken in patients' primary languages, to identify if inequalities truly exist, and considered for a moment how Black and Minority Ethnic (BAME) groups have been affected by this pandemic, when compared to the white British population, we looked to our local population and it's needs.

The Bedford Borough Council Joint Strategic Needs Assessment (JSNA) shows us very clearly that the Borough is one of the most ethnically diverse Borough's in the East of England, with over 100 different ethnic groups. This is indeed rare. To further understand the impact, we must also consider the *'Beyond the data: Understanding the impact of COVID-19 on BAME groups'* report, released by Public Health England (June 2020) which also sought to understand the social and structural determinants of health that may impact disparities in COVID-19 incidence, treatment, morbidity, and mortality in BAME groups.

This report showed the public and indeed commissioners that there is some evidence which supports the hypothesis that BAME groups are more likely to test positive for COVID-19 than those identifying as white British, but more needs to be done for other minority ethnic groups, however there is insufficient evidence to draw conclusions.

When looking at Bedford Borough, where 28.5% of residents are from BAME groups, and recognising that individuals of Black African, Black Caribbean and Asian ethnic groups are thought to have the highest increased risk, our feedback certainly seems to correlate.

As we consider the social determinants of health and its effect, we must look at the bigger picture, which includes: our education and employment opportunities; our housing; our social networks; where we live and the extent it facilitates exercise, a good diet and social connection. We must mention the considerable amount of multi-generational households locally and reflect on the socioeconomic disadvantages of many BAME groups, which affect poor long term physical and mental health.

It would also be remiss of us not to pay tribute to the disproportionately high number of BAME health professionals who died as a result of COVID-19, which is worrying indeed. We must consider the affect on women. Nine out of ten of the pregnant women who have died of COVID-19 were from BAME groups. Sixty percent of them were Asian. All spoke English and most were UK citizens.

As a local health economy we must ask ourselves: have we considered in enough detail the needs of those groups who are digitally excluded? Have we the specialist infrastructure in place to ensure that communities understand instructions in their own primary languages? Do we have the structures, systems and investments in place now in terms of outreach support and when looking at service delivery to keep local families safe as we move into the next phase?

# Quotes (Members of the Public)

"No access to digital worlds. No smart phone or tablet, unable to text, email etc."

"I have been referred to the Bedfordshire Wellbeing Service but it has not helped as there is a waiting list for 1:1 counselling. I was offered a group meeting but it was on zoom and felt very uncomfortable joining this group due to privacy and technical concerns."

"Information slow to come through locally, lack of information and awareness locally"

"Not enough support for the Deaf community."

"Online research for BAME community as much is not in accessible format for all to understand. Bedford has a high BAME population & more guidance/support is required."

"The government reports on the national news that we will have access to tests, yet I have not been able to obtain a test."

"More information and support on mental health is needed."

"Thank you for your support and updates Healthwatch Bedford."

# Quotes (Members of the Public) continued

"Will Govt advise change to include BAME, as high risk group?"

"Lack of communications, bad practice observed by me, I had to chase my results and when received 6 weeks later was informed there was a change in the lung."

"Concerns regarding lack of communication and worry that virus could be spreading through bad practice at the local hospital in Bedford."

"I feel it's constant contradictions and we will never know the full truth."

"When information is given, it is very confusing."

"The A&E was very complicated, needs to be more straight forward".

"I was admitted via NHS 111 on 2 occasions since the lockdown and I was refused a test, even though they placed me in the red zone."

"Misuse of PPE, concerns with regards cross contamination and rude staff at Bedford Hospital."

# Our findings

Having carried out the survey, it has confirmed Healthwatch Bedford Borough's stance that when working with diverse communities, surveys can only be seen as a part of an engagement process.

As indicated in our method (see page 6) HBB was disappointed by the initial response to the online survey, however after further analysis, we were able to supplement the original survey with some targeted telephone work which has given us further data across seldom heard communities. The rationale for doing this was that from initial investigation, it became apparent that providing access to online feedback was an issue for some.

Many respondents consider themselves at high risk from COVID-19, however the majority stated that they had not received a letter advising them to shield during the early phase of lockdown. This poses the question, 'have people really understood who is classified as "high risk" and who isn't?'

Respondents indicated that they had accessed various health services in the Borough including, their General Practitioners, blood testing (Phlebotomy) at the hospital, Maternity and A&E. 33.2% stated they received their referrals mainly from their GP and NHS 111.

People stated that they were generally satisfied their needs were being met, however, some were dissatisfied, stating that "they felt rushed in and out of appointments and were not given enough time to be listened to".

Respondents were asked if they felt there has been enough information given from the government, Public Health England and the NHS regarding COVID-19. 22.6% of those surveyed felt that there was not enough information given. It was stated that "Information is slow to come through locally and there is a lack of information". It was also highlighted that "when information is given, it is often very confusing".

From the replies it is evident that a significant number of people found that the information that has been released to date has been contradictory.

67.6% of those surveyed recognised that information was available, however some people with additional communication needs stated that Easy Read documents and information would have been of help.

Both Survey Monkey and the telephone interviews highlighted that a large proportion of people received updates regarding COVID-19 via social media.

Respondents were asked about their mental health during the pandemic and whether or not information and support was readily available to them. They highlighted the negative effect COVID-19 has had on them. It has been disappointing to see the amount of people that felt they had nowhere to seek advice and support.

# Recommendations and Conclusions

- In all future workstreams, the communication plan must consider in greater detail how views are sought from seldom heard communities, particularly looking at those who are digitally excluded.

- The use of terms such as 'High Risk' and 'Shielding' need to have clear definitions which are shared across the local population to ensure compliance and a sound understanding.

- The pandemic has led to healthcare being delivered differently. Whilst understanding the rationale for this, people are reporting that they 'feel rushed and not listen to', this feedback needs to be considered, as we move into the next phase.

- Further to the previous point, whilst looking at additional communication needs and risk, there also needs to be consideration under Public Sector Equality Duty to cover those that are protected by the Equality Act 2010.

- A significant number of people remain concerned about accessing Emergency and Outpatient treatment. People need to be assured that treatment is available and safe to access.

- Two thirds of those asked felt that impact on their mental health and wellbeing during the pandemic ranged between moderate and affecting them greatly. More information and support on mental health is needed and further advertisement of the current support already available.

- Local schemes and community activities need to be adapted to reduce social isolation and loneliness as a strong objective moving forward.

- The wider development and use of social media as a provider of information is welcomed and should continue for the foreseeable future, for those able to access it.

- A wider piece of work is needed to look at the specific needs for those that are digitally excluded as well as those requiring sound bytes, in the cases of visually impaired patients and those with low level of literacy, and alternative methods of communication should be provided to comply after completion of Equality Impact Assessments (EIA).

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