

'Voice of the People' Survey Report 2021



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About Us

Here to make health and care better

We are the independent champion for people who use health and social care services in Bedford Borough. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

What we do

We are commissioned by Bedford Borough Council. We deliver services which can be summarised as:

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

Signposting – helping people access and make choices about care

Our goals



Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



Providing a high quality service

We want everyone who shares their experience or seeks advice from us to get a high quality service and to understand the difference their views make.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Introduction

The COVID-19 pandemic placed unprecedented demands on health and social care services, with resources being reallocated to manage the rapid spread of the virus, treat acutely unwell patients and minimise risk.

Between April and July 2020 Healthwatch Bedford Borough undertook a survey to listen to local people about their experiences of the COVID-19 pandemic, as they were ordered to only leave their homes for essentials such as food, medicines, exercise and to care for a vulnerable person. The survey findings were presented in a report entitled **'Behind Closed Doors'**. This report looked at the in-depth needs of our diverse population when accessing health and care services during exceptional times.

Between March and May 2021, 101 people responded to our follow up survey, this time looking at non-COVID specific activity and care during the pandemic.

The insight gained from this survey puts the views and experiences of patients at the heart of recommendations - as service providers and commissioners plan and prepare to roll out more face to face service delivery in primary care, social care, mental health, hospital and community-based services in the aftermath of the COVID-19 pandemic.

Looking ahead, Healthwatch Bedford Borough will continue to influence the provision of accessible and equitable health and social care services. During 2021/22, our strategic priorities will focus on:

1. Challenging the barriers to care and access to services faced by people who are seldom heard
2. Bringing the voices of people living with mental illness and emotional distress to the planning and delivery of services
3. Championing the needs of children and young people to promote their physical and emotional health and wellbeing
4. Engaging with the BLMK Integrated Care System to ensure that the views of people from Bedford Borough are heard and influence at regional level

"As the NHS struggles to recover from the ongoing impact of COVID, we at Healthwatch Bedford Borough felt it was important to get an indication from people in the Borough how services have responded to their requests for medical care during the pandemic, and whether they were able to get the treatment and support they needed. As such this report will in particular be promoted to commissioners and service providers to help them with the development of their recovery plans."

John Wright, Chair, Healthwatch Bedford Borough



Methodology

Our aims:

Healthwatch Bedford Borough conducts investigations with the aim of collecting data that is of practical use. We believe research should be used as a starting point to suggest service improvements.

The aim of this report is to better understand the experiences of Bedford Borough residents in accessing non-COVID focused health and social care services during the COVID-19 pandemic.

Our approach:

Our work has always contained a strong element of outreach – maintaining links with established and new communities and attending groups, events, and meetings. However, at the time of preparing the survey, COVID-19 restrictions limited us to online engagement with the public, key stakeholders and community groups.

Healthwatch Bedford Borough used SurveyMonkey to construct an online survey. Questions were informed by feedback and comments we have received during the pandemic. The survey was actively promoted through the Healthwatch Bedford Borough website and social media platforms, and through stakeholders including NHS and local authority commissioners, service providers, faith leaders and other community groups, all of whom encouraged participation.

With government messaging often in flux and some areas of the health service seeing unprecedented demand, our questions addressed issues of speed of response, booking appointments and how appointments were conducted. We were keen to look at how some groups experienced service delivery. These groups included: people with long-term conditions; people with mental health illness and people with learning disabilities.

We opened the survey on 7th March 2021 and closed it on 5th May 2021. Many of the questions were closed questions which helped us to gather quantitative data. Free-text boxes in three sections of the survey gave people the opportunity to give feedback in a less directed way. A qualitative method such as this means we can better understand some of the issues patients face.

A member of staff collated and organised the feedback and analysed this by assigning codes to represent strands or themes within the data. The coding was then used to uncover issues within this.

Healthwatch Bedford Borough values individuals' experiences with, and feelings about, health services. Our aim using this methodology is to reflect those experiences without bias.



Primary Care (GP/Practice Nurse)

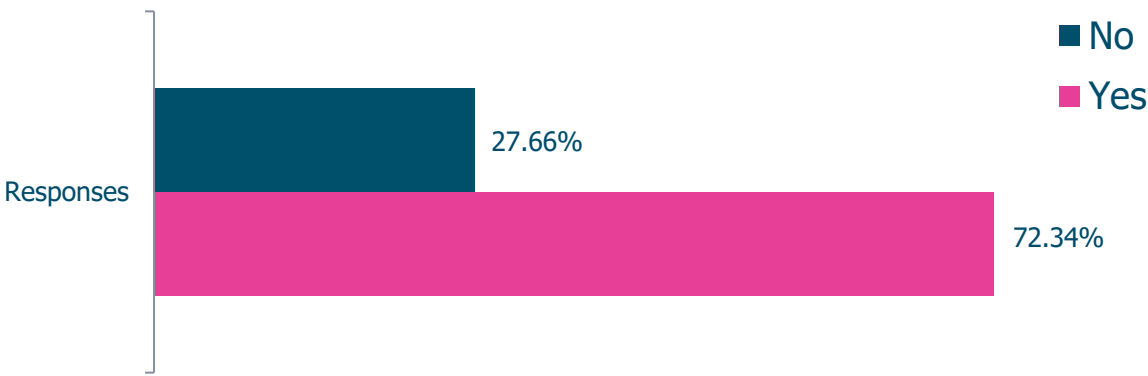
GP practices provide a first point of contact in the healthcare system for people's day-to-day healthcare and act as the 'front door' to the NHS. GPs diagnose and treat many conditions, refer on if further tests are needed and coordinate other specialist care for their patients.

The Royal College of General Practitioners estimate that 23 out of 30 people who experience mental health problems will approach their GP.

As reported by the Institute of Fiscal Studies, disruptions to the use of GP services were widespread during the pandemic. Almost a quarter of those over the age of 50 who said that they needed to speak to a GP did not. Individuals previously reporting a worse health status were more than twice as likely not to see or talk to a GP, when they sought one, than those previously reporting an excellent general health status.

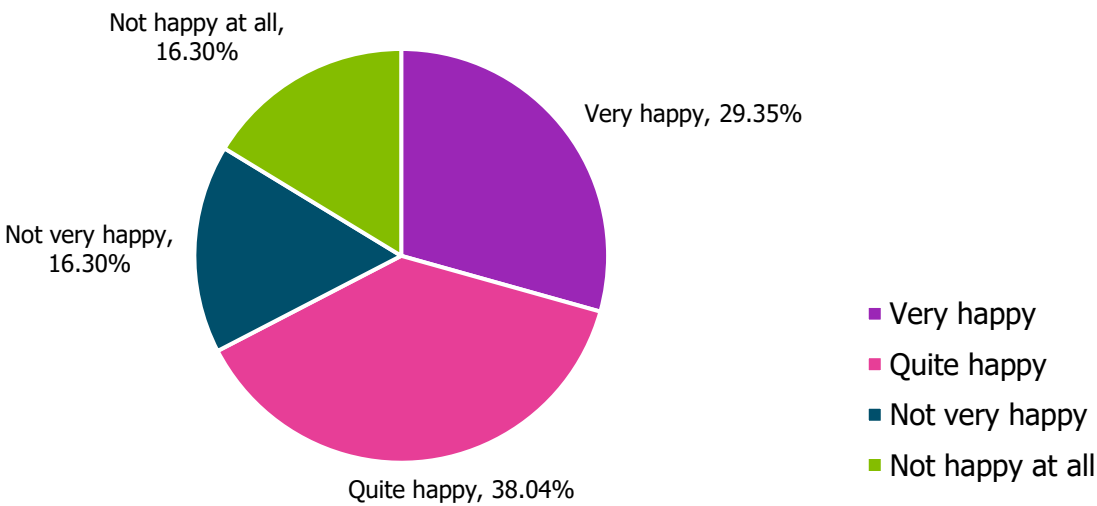
Almost three quarters of the people who responded to our survey said they had approached their GP with non-COVID related issues between April 2020 and May 2021.

Q1. Have you/the person you care for felt able to access your GP/Practice Nurse for any non-COVID 19 (Coronavirus) related issues (mental and/or physical health)?



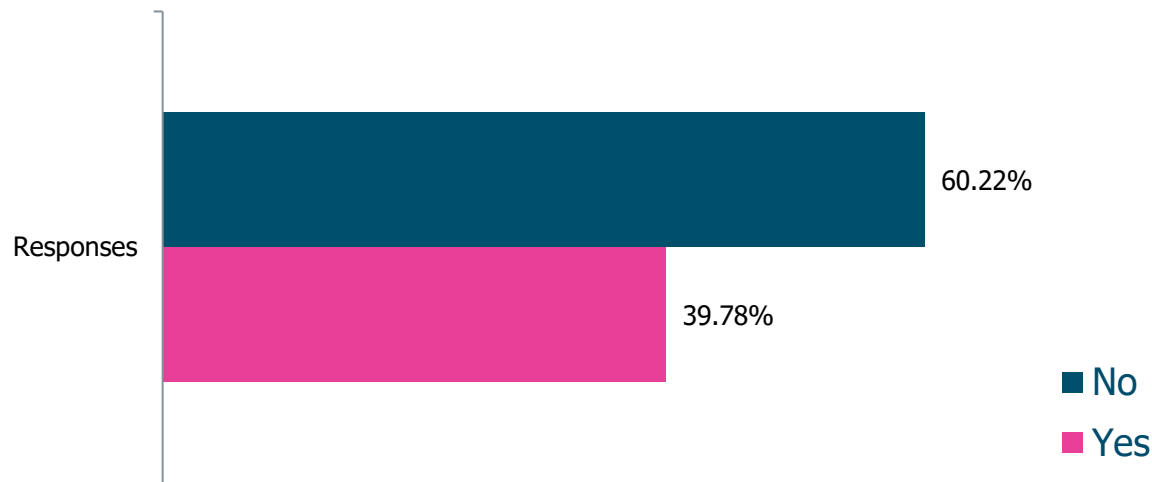
We asked whether the person filling in the survey or the person they cared for approached their GP practice for help with non-COVID specific issues. This could be for mental or physical health and they could have received help from either the GP or Practice Nurse. Of the respondents who gave either yes or no answers to this question, 68 said yes and 26 said no.

Q2. How happy were you/they with the speed of response?



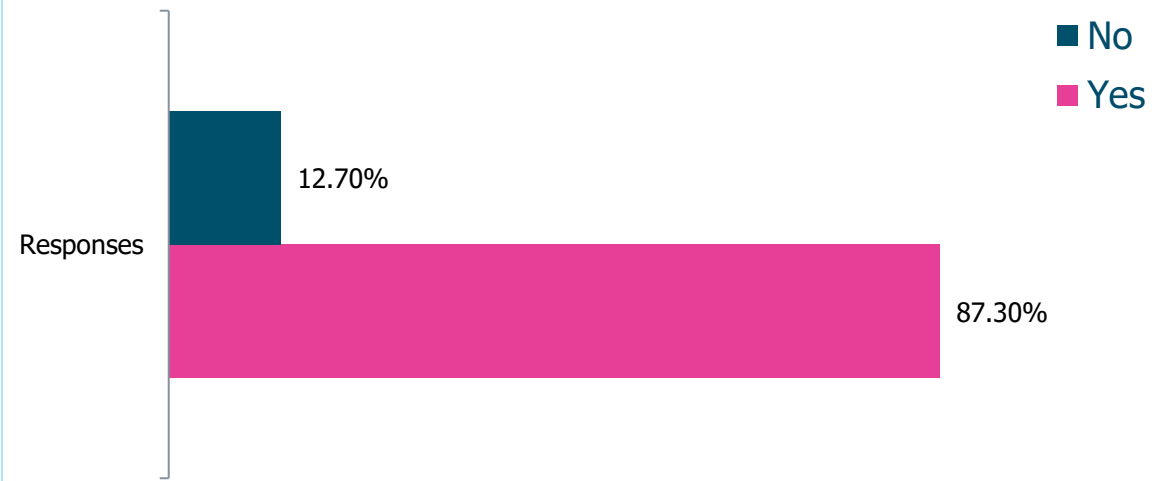
We then asked how happy they were with the response. This could mean the time taken to answer a phone call or the time taken for a clinician to ring back. Of the respondents who gave an applicable answer, twice as many were happy compared to those who were unhappy. The answers were: 27 were very happy, 35 were happy, 15 were with not very happy and 15 were not happy at all.

Q3. Did you/they receive a face to face consultation with your GP/Practice Nurse?



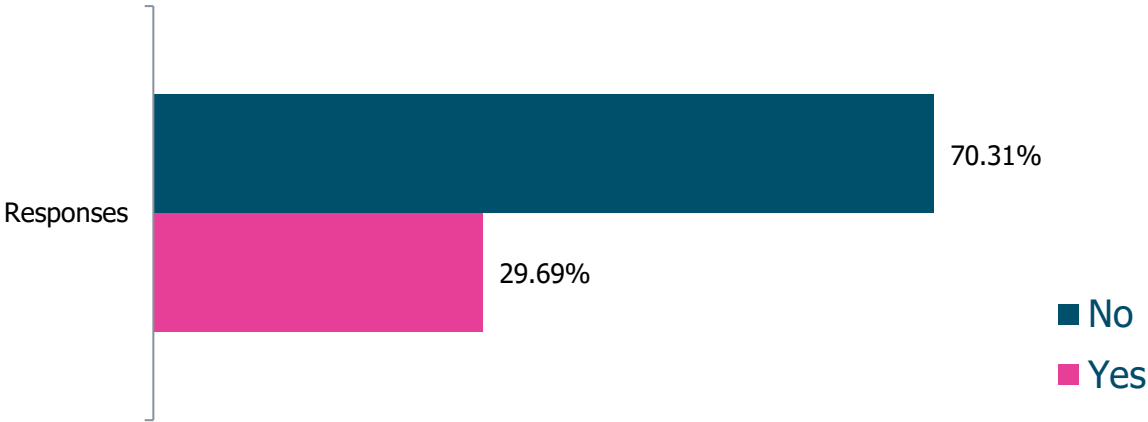
We asked whether people filling out the survey had received a face-to-face appointment. This could be with either a doctor or practice nurse. Of the 103 applicable answers, 37 said yes and 56 said no.

Q4. If no, did you/they receive a digital (video) or telephone consultation?



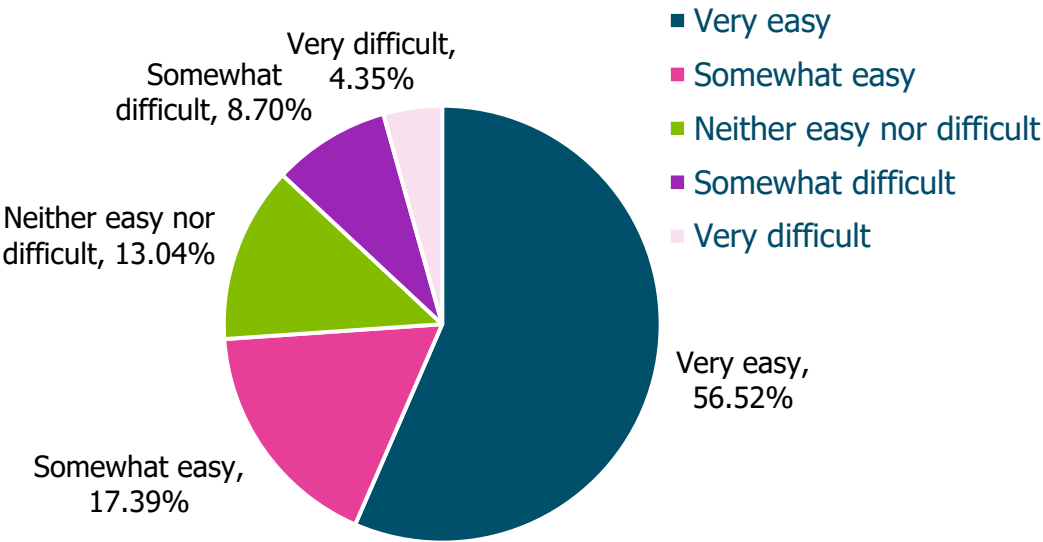
We asked of those who had not had a face-to-face appointment, whether they received a telephone or video appointment instead. The vast majority, more than 8 in 10, were offered such an appointment.

Q5. Did your/their GP ask you to upload a photograph or any other information to help them make a diagnosis?



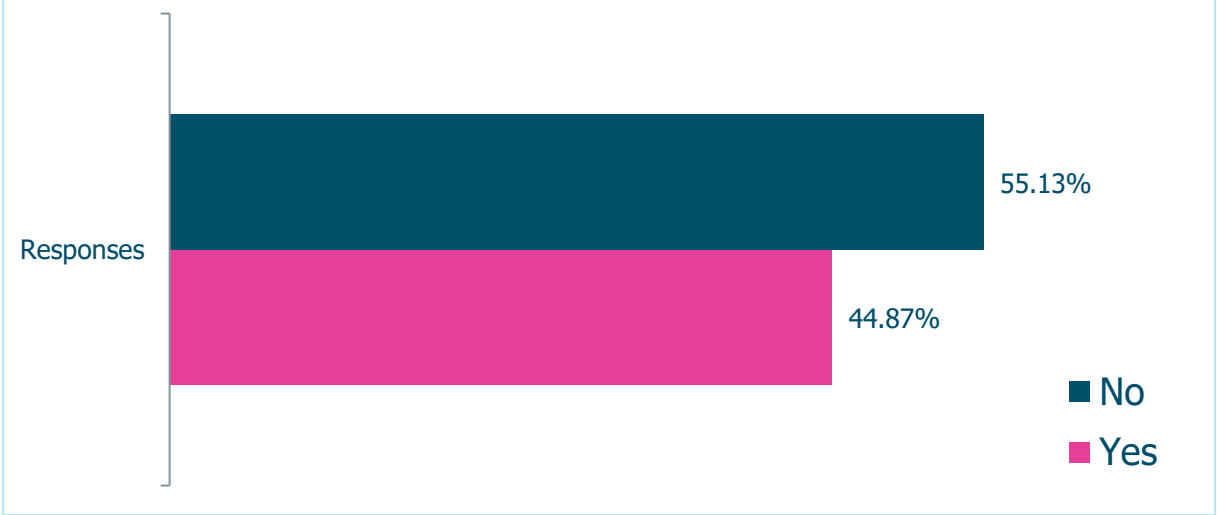
We then asked for more information on how consultations that were not face-to-face were conducted. Almost three quarters of the appointments were conducted without the patients being asked to provide photographic evidence or any other information to help the clinician make a diagnosis.

Q6. If yes, how easy did you/they find this?



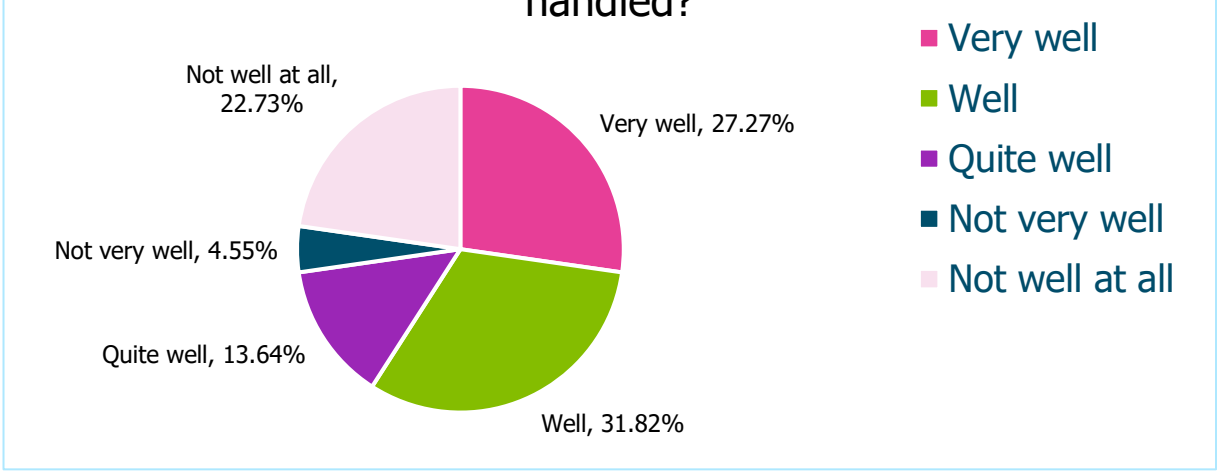
25 people were asked to upload photographs or send information. A large majority (17) found it very or somewhat easy to send this information to the GP practice. 3 people found it neither easy nor difficult. The remaining 3 people found it somewhat or very difficult.

Q7. Were you/they referred to a specialist for further investigation/diagnosis?



We asked whether people or their carer were referred to a specialist for further investigation or diagnosis. Of the applicable respondents, 45% of people said yes, with the rest remaining in primary care.

Q8. If you/the person you care for approached your practice (GP Surgery) for mental health support, how well did you feel your call was handled?



Of the people in this study who approached their GP practice for mental health support, the majority felt their call was handled well. However around a quarter felt it was not handled well or not well at all.

Q9. Overall, how did you/the person you care for find your experience?

"As good as could be expected at the moment"

"Better than expected"

"Very frustrating, as he has several problems, each needing a different specialist doctor, and he didn't ever seem to speak to the same doctor/nurse/specialist, twice"

"Virtually impossible to get hold of anyone"

"My mother is almost 86 and has had no contact with her doctor since the autumn of 2019. She feels as if she has been forgotten"

"Better than going to the GP Surgery"

"The service has been excellent considering how busy the surgery is"

"Adequate, given the constraints of Covid"

"My experience was positive. I have accessed the Smoking Cessation service and care from my GP during this period"

"I told my GP that ongoing issues with my eyes was getting me down. I broke down on the phone to him. He told me to Google talking therapies. No wonder we have a mental health crisis on our hands"



Ongoing Health/Care Needs

A long-term or chronic health condition is one that cannot be cured but can usually be managed or improved with the use of medication and/or other therapies.

Long-term conditions are more prevalent in older people (58% of people over 60 compared to 14% under 40) and in more deprived groups (people in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more severity of disease).

People with long-term conditions account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed stays.

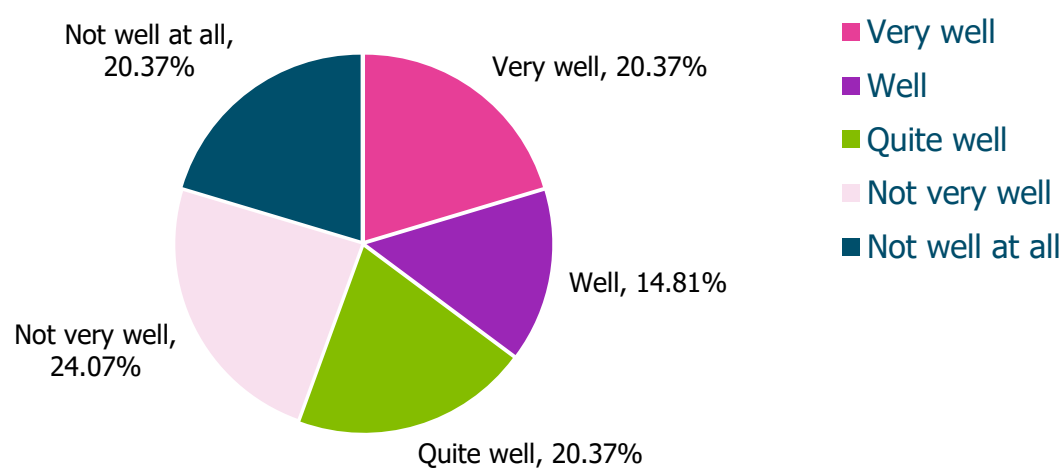
People with a learning disability often have poorer physical and mental health than others. Adults and young people who are on their GP practice learning disability register should be invited to come for an annual health check. However, a recent study from the University of Warwick suggests that nearly half of people with learning disabilities who usually have an annual health check had not had one since March 2020.

Q10. Are you/the person you care for living with a long-term medical condition which requires regular/ongoing monitoring from a clinician?



54 people who answered question 10 said yes, they did live with a long-term condition that required on-going monitoring from a clinician. 46 respondents said they didn't live with a long-term medical condition.

Q11. If so, how well do you/they feel your condition has been managed over the past 12 months, incl. regular review/diagnostic monitoring/care planning etc.?



Respondents also told us about how they felt about booking appointments, treatment, referral and diagnoses. Just over half of the respondents living with a long-term condition, 55%, felt that the condition was treated quite well, well or very well. However, it is of concern that 45% felt that the condition had not been treated well, saying not very well or not well at all.



Q12. If you/they were previously accessing Mental Health services and/or treatment prior to COVID-19, do you/they still feel able to access appropriate treatment and support from the team assigned to care for you/them?



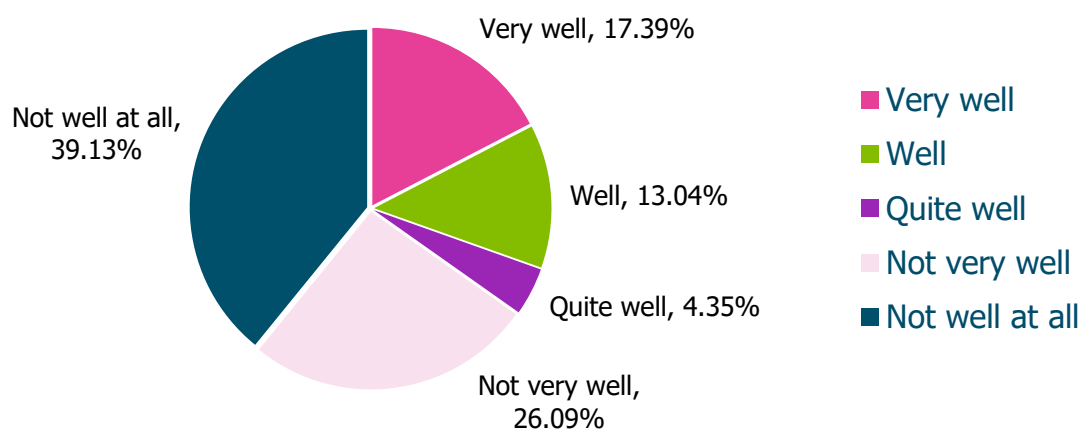
Just over half of the respondents who were using mental health services said they were able to access the care they needed. However, 45% said they didn't feel able to get appropriate treatment or support from the service which has been assigned to care for them. It wasn't clear from our survey why respondents felt this way, whether this was because of factors in their own life such as increased levels of anxiety or how services were delivered during the COVID-19 pandemic.

Q13. Do you/the person you care for have a registered Learning Disability? This may include conditions such as Autism, Asperger Syndrome, Downs Syndrome or Hydrocephalus



According to Mencap, 1.5 million people in the UK are living with a Learning Disability. 12% of the respondents to our survey said that they did have a registered Learning Disability.

Q14. If so, how well do you feel that your/their individual needs are still being met, incl. annual health checks/monitoring?



Of the people with learning disabilities in our survey, the majority felt that their individual needs were not being met well. 2 out of every 3 people in this group felt that their needs were not met very well or not met at all. The remaining respondents said their needs were met very well, well or quite well.



Surgical Procedures/Treatment

Acute Hospital Trusts responded to the rapid spread of COVID-19 during the first wave of the pandemic in Spring 2020 by postponing non-emergency operations or procedures.

This was done to avoid putting patients and staff at greater risk and to ensure that hospital resources, beds, and equipment were available to treat patients who were critically ill with COVID-19.

The resulting backlog has led to increased wait times for patients and is of serious concern for the NHS Trusts, as hospitals prepare to safely resume other services.

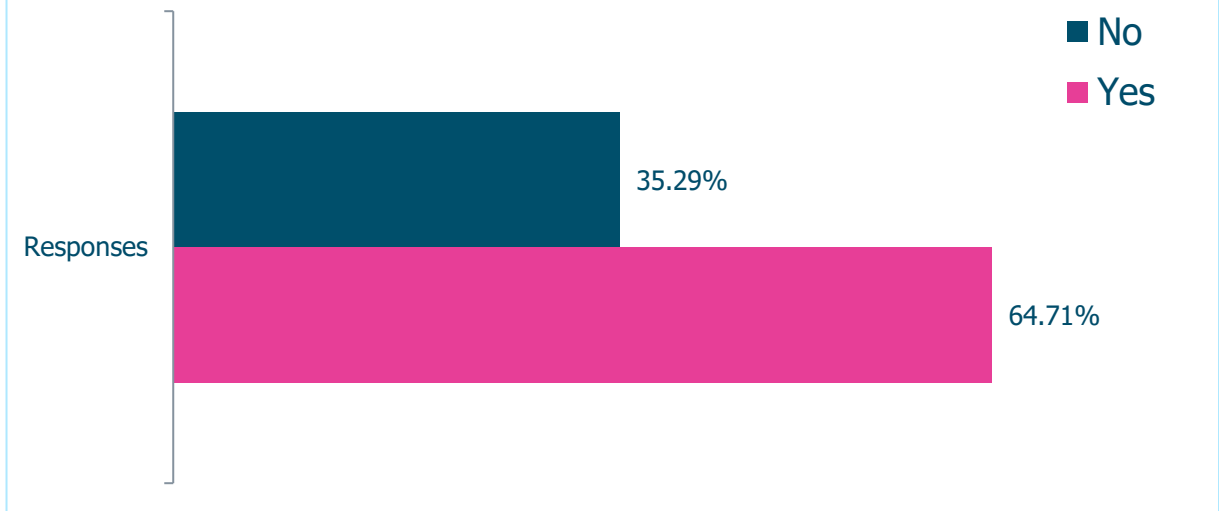
Figures show that 3.75 million people have been waiting more than 18 weeks to be seen in hospital. The Health Secretary has warned that the current (June 2021) figure of 5.45m people on hospital waiting lists for routine hospital treatment will rise sharply as result of this backlog, while modelling from the Institute for Fiscal Studies (IFS) warned the NHS waiting list in England could rise to 14million by next year.

Q15. Were you/the person you care for due an inpatient stay for elective surgery/a clinical procedure or treatment from March 2020 onwards? This might have included cancer treatment, orthopaedic surgery, cataracts removal etc.



16 people said that they or the person they care for were due to have an operation. 78 people were not due to have an operation during this period of time.

Q16. If so, did your/their operation/procedure take place as planned?



For those who had had an operation or procedure planned, we asked whether this took place. Roughly one third of that group had their procedure cancelled.

Q17. If no, do you/the person you care for have a future date for this?



For those who had an operation or procedure cancelled, we asked whether this had been re-arranged and a future date given. Exactly half of the group had been told of a new date, with the other half not having received a date.

Of the 18 people who experienced a delay, 13 reported a significant impact, 3 reported no impact, 1 reported little impact and for the remaining person the impact was unclear.



Q18. What impact, if any, do you feel this delay has had on your/their wellbeing and/or quality of life?

"Not too good. He feels rather abandoned and calls it a D.I.Y service"

"Specialist tests and various referrals have been greatly delayed which has resulted in significant deterioration of physical health and the search for a working diagnosis with a lot of co-morbidities"

"Added stress"

"Increased anxiety"

"The delay in diagnosis was negligent in my opinion and everyone involved could have done more investigation earlier that might not have required such radical treatments"

"Watching the person I care for in pain and knowing there is not much I can do to help is heartbreaking"

"Needed new medication so impacted has been pressure on the whole family"

"My son's operation was delayed by 6 months due to COVID. This had a massive impact on him and us. This was not good for him or us as parents. It also meant he was bigger and more mobile when he had his surgery which made caring for him afterwards a bit trickier"



Other Health and Social Care Services

COVID-19 has had a major indirect impact on health and social care systems - with resources reallocated to manage the pandemic, affecting their ability to meet other non-COVID specific needs.

As the pandemic took hold in March 2020, changes were made to the way in which many health and social care services were accessed. People with urgent needs were urged to contact the 111 service or their GP Practice, dialing 999 in emergencies and only to attend hospital if they were told to do so. This has raised concerns about barriers to care that have prevented people from accessing the help they needed alongside a public reluctance, when infection rates were high. This resulted in disruptions to care for many vulnerable patients.

The pandemic has also had a profound impact on people receiving social care, with a much higher death rate than would normally be expected amongst care home residents and those receiving care in their own homes (domiciliary care).

This disruption to the normal flow of people through the health and social care system has left some people feeling unsupported and has led to tens of thousands of people waiting for appointments or treatment.

Q19. Have you/the person you care for accessed any other health or social care services in Bedford Borough since the COVID-19 pandemic began?

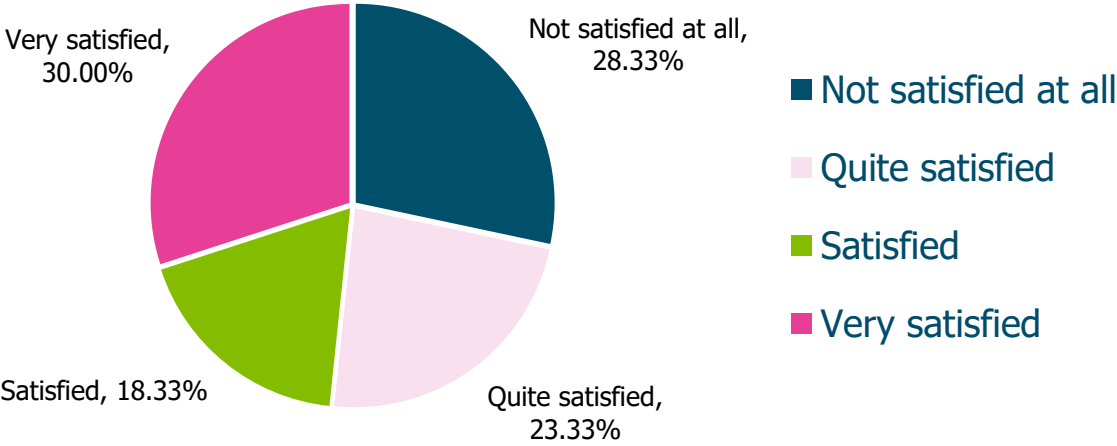
■ No
■ Yes



Q20. Which service(s) have you/the person you cared for accessed?



Q21. Are you satisfied that your/their needs have been met?



We asked if people’s needs had been met when using other services. The vast majority felt that they had been met. Just over 70% reported that they were very satisfied, satisfied or quite satisfied. However a significant minority (over 28%) felt that they were not satisfied at all.



Q22. Do you/the person you care for have any other non-COVID health or care needs that are not being met?

"Yes, waiting for a skin biopsy since August 2020"

"Yes. Appointments frequently being cancelled at hospital for ongoing conditions under investigation"

My referrals and specialist's tests have all been delayed throughout the pandemic causing significant deterioration of physical co-morbidities.

"Yes, but there is little support for the very elderly"

"Daughter needs to be seen by Pediatric Orthopedic team and there is a 30 week wait."

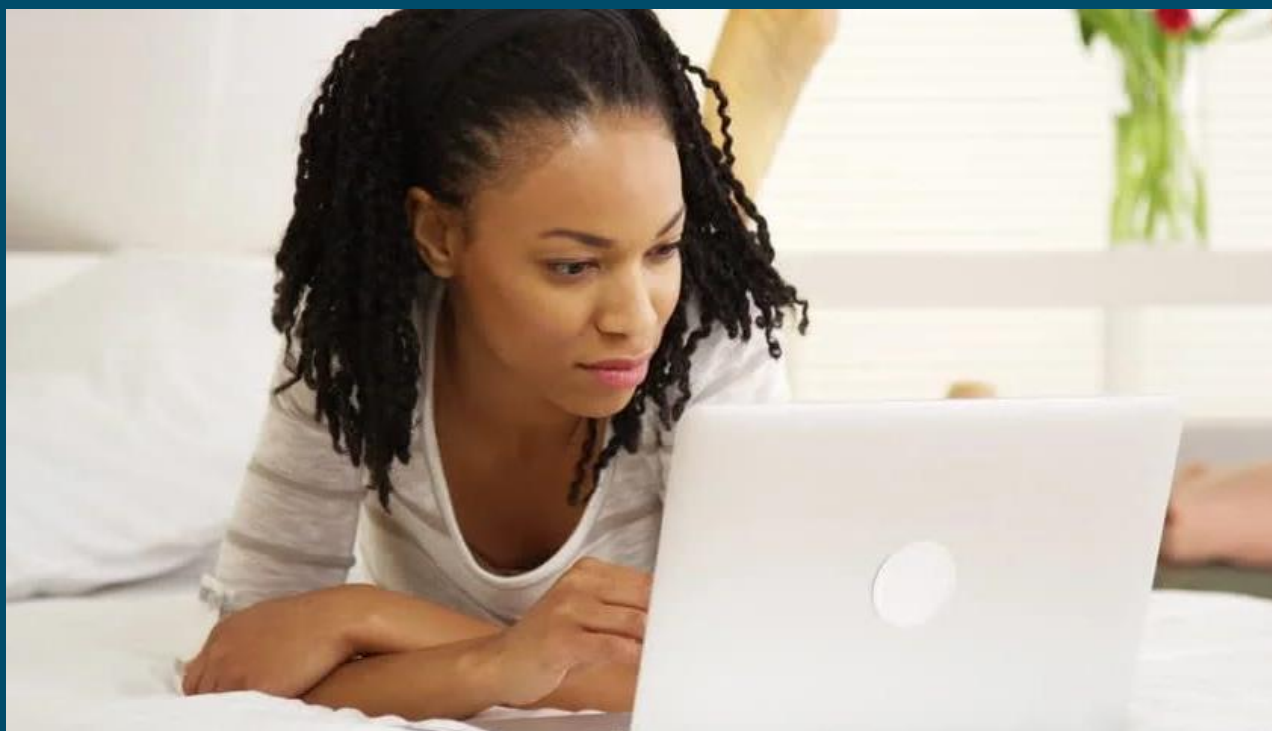
"Would be better if GP appointments were in person, then incorrect diagnosis may have been avoided"

"Access to a decent GP Service"

"Feels like a general dismissal for anything that is not immediately urgent. These things could affect quality of life down the road if not taken care of now"

"Not had normal diabetic checks"

"My mother has hypertension and has not had her blood pressure taken by a nurse of doctor from her practice."



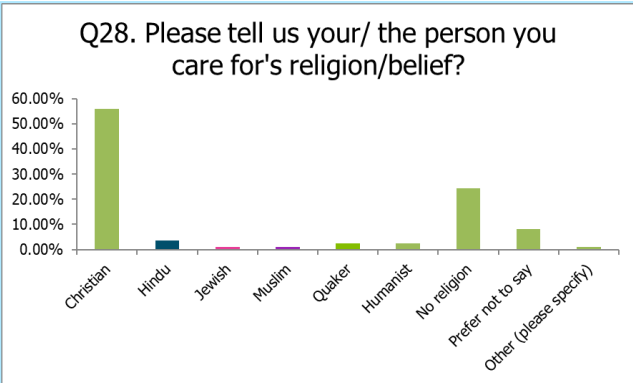
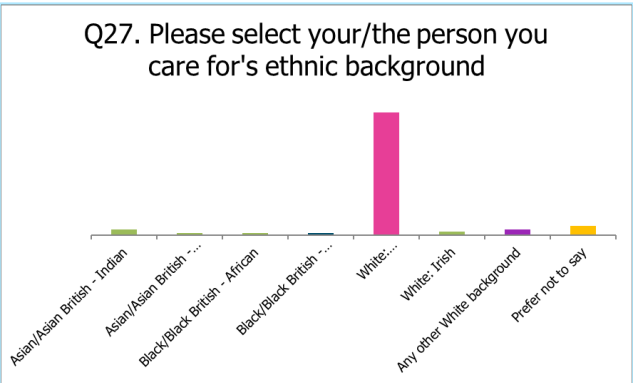
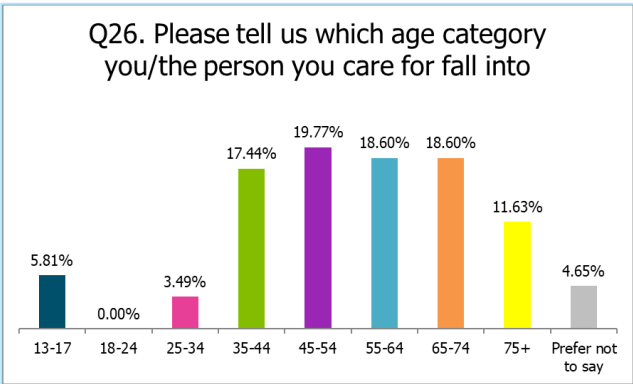
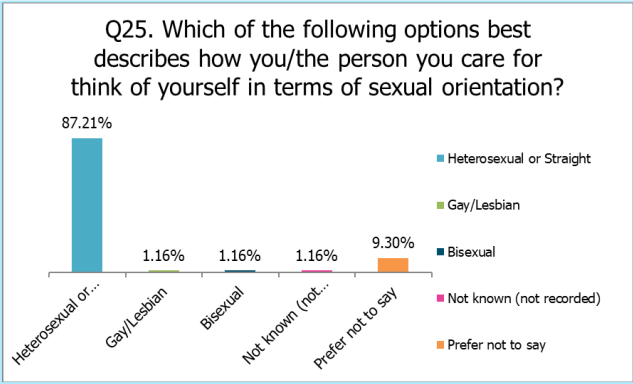
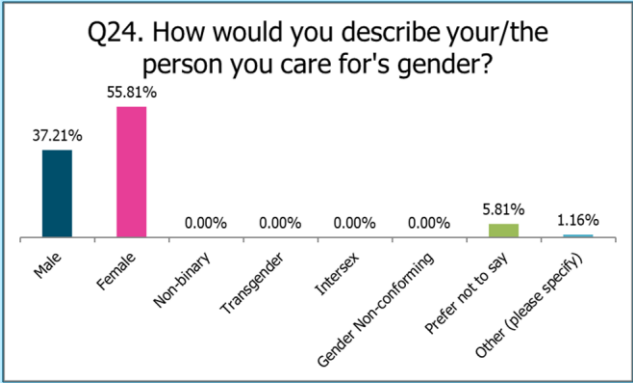
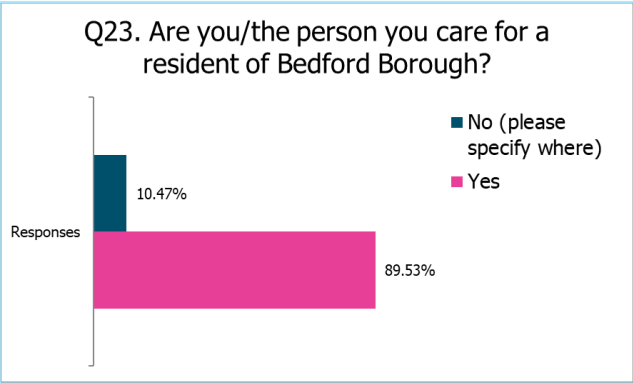
Equality Monitoring

Monitoring is the collection of statistical data to measure people's experience. This is a way of measuring change, identifying trends affecting local communities and earmarking areas for improvement as well as praise.

By recording anonymous data, we can measure progress and identify approaches that work most effectively. This informs future work streams, promotes greater transparency and accountability and creates a culture of diversity and inclusivity. We will continue to work internally, and in partnership with key stakeholders and the public, to ensure that advancing equality and diversity is central to how we conduct our business as an organisation.

With Bedford Borough being home to over 100 ethnic groups, monitoring helps us to influence for equal opportunities in access, it addresses health inequalities and supports under-represented groups.

During the past year and a half COVID-19 restrictions have limited face-to-face engagement. Therefore, it is regrettable that from an equality impact perspective, communities with additional communication and literacy needs may have been under-represented in this online study.



Before the COVID-19 pandemic, Healthwatch Bedford Borough regularly undertook face-to-face public engagement in faith and community settings.

This method enabled us to reach out to marginalised communities in where they felt comfortable, and conversations often took place with the support of interpreters.

Findings

Before the pandemic, patients contacted Healthwatch Bedford Borough to express their disquiet about waits of three or more weeks for appointments with their GP. In that context, many members of the public have welcomed a move to phone/digital appointments and feel it is streamlining the whole process. Of those that responded to the survey, the majority described their experience as either positive, or satisfactory. However, a significant minority were unhappy with the changes that were introduced, which suggests that there is not a one-size-fits-all scenario.

Twenty-nine people found the experience positive with six people saying that the system worked well and that they were seen in good time. Some people were positive despite other factors, with one person saying that 'the system worked well...the biggest problem was actually getting through on the phone'. And another had experienced a long delay waiting for a referral.

Six people were satisfied with, rather than positive about, the system - using words such as 'ok' or 'satisfactory'. Where further reasons were given, one respondent was concerned about appointments, stating it was 'impossible to get an appointment'. Two were concerned about the lack of face-to-face consultations.

Twenty-nine people said they were unhappy with the service. Three people mentioned the speed of response, 'slow', 'frustrating' and 'fobbed off' were sentiments expressed by people in the survey. Of particular concern was the system for booking appointments, 'almost impossible', 'difficult' and 'hard' were descriptions used to describe booking for their local GP practice. Three people described a journey through a system that is 'worse than pre-covid', speaking to different people and receiving conflicting information. One person said that a face-to-face would have resulted in a better diagnosis. Another described an incident with a sample she had brought into the surgery. She was 'mortified' by the way that the incident was handled. This suggests her personal dignity was not taken into account.

The number of people who are satisfied but not happy with the service suggests that the public are bearing with their practice and recognising that these are difficult times. Others were unhappy with the service and felt that it did not meet their needs. Healthwatch Bedford Borough are aware that this a complicated picture for primary care and we are always looking to drive positive change.

In this study, 1 in 4 of people who rang their GP practice for mental health care were not happy with their response. In addition, for those already receiving support from a mental health service, close to half (45%) of them said they felt unable to access the help they needed during this time. These are concerning results, and, in our recommendations, we will propose further action.

Of those with a long-term condition who responded to the survey, 45% felt that their condition had not been managed well since the start of the pandemic. As a group most likely to include people most at risk from COVID-19 - those above the age of 60, people with pre-existing medical conditions and/or those from the lowest socio-economic groups - this has the potential to exacerbate existing inequalities in health.

A small number of people within the survey had learning disabilities. Whilst this was a small group, it is of concern that 2 out of 3 people within the group felt that their needs were not being met very well or not well at all. More investigation is needed to gain further insight.

Half of all respondents had used other health or social care services since the start of the pandemic. We have been pleased to see services increasingly offering self-referrals, giving people more independence and empowerment in how they are treated. However, there was a significant minority of people (29%) who were not satisfied with the care they received from other services. A further 23% were ambivalent saying that they were 'quite satisfied'.

Of the seventeen people who reported unmet health needs, two mentioned a need for better GP health care and one the lack of blood pressure and urine checks. Another mentioned a skin biopsy which was needed to make a diagnosis. Two people mentioned ongoing conditions without specifying their condition and one person mentioned support for the elderly as a need unmet. Long term conditions included: hypertension, diabetes, varicose veins, paediatric orthopaedics, Asperger and ADHD management, sleep problems and issues following a stroke.

The human cost of delaying in-patient surgery or procedures has previously been acknowledged but not well documented for people in Bedford Borough.

People in this study mentioned 'added stress', 'added anxiety', 'feeling abandoned', 'terrible', 'lack of mobility' and 'pain'. Respondents to the survey did not always mention the condition that the procedure was meant to address. A theme that became apparent was the effect on day-to-day living – experiencing medication changes, extra work for carers, tests and referrals and a deterioration in physical health. This was a pressure both for the individual and their family.

This report is an indication of how the impact is not just confined to the person with a health condition but ripples out to touch family and friends alike.

"A strong voice for local people"

Recommendations and Conclusions

- 1.** Receptionists have a gatekeeping role within GP practices. This can mean a pressured role, talking to people who are unwell and feeling vulnerable, frustrated and sometimes unheard or misunderstood. For this reason, **we recommend further training for receptionists on how to manage difficult phone calls. This should be delivered within the next 6 months. Both the development and delivery of this training should be co-produced with those who have lived experience of mental health and/or are living with a long-term condition that may require referral to other organisations.**
- 2.** The survey suggests that many patients have benefited from the new technological approaches to care introduced during the pandemic. This is to be welcomed; however, concern is raised about groups who report difficulties in accessing services. In our signposting service we have been approached by members of the public who have raised issues of missed diagnosis indicating that there are risks as well as benefits. **Our recommendation is that the evaluation of technological approaches includes a risk/benefit analysis and takes into account the potential for specific groups to be excluded or disadvantaged, and the rejection of a 'one size fits all' approach to look at equality impact.**
- 3.** For current users of mental health services, close to half (45%) felt unable to access the support they needed. Our survey is an indication of a possible problem rather than providing provenance of a problem. However, this is concerning, especially as in our signposting service we have been approached by service users unable to access services or saying that they do not feel listened to when they feel their risk has changed. **We recommend that mental health service providers take a 'deep dive' into patient experience during this time to understand how patients feel about the care given to them by the teams they are assigned to and use this insight to inform the ongoing transformation of mental health services.**
- 4.** The stories of delayed surgery or inpatient procedures were difficult to read. Whilst accepting this as one of the costs of COVID-19, **our recommendation is anyone who has had a procedure postponed is contacted as a matter of urgency, informed of the specific reasons for the delay and given a date on which their procedure will take place.**

5. It is well recognised that people with learning disabilities have poorer physical and mental health compared to others and have a lower life expectancy. Research from the Open University indicates that people with learning difficulties experienced significant digital exclusion before COVID. Our continuing reliance on digital communication has exacerbated isolation and loneliness for this particular group. Healthwatch Bedford Borough suggests that people with learning difficulties have been disproportionately and adversely affected by the pandemic. In recovery plans **we recommend that their needs are prioritised as a way of addressing the health inequalities that have widened during the pandemic. This should include prioritising the backlog of annual health checks for learning disability patients**

6. 45% of people living with a long-term medical condition felt that the condition had not been treated well, saying that their condition was not managed well or not well at all. During the pandemic management of some long-term conditions was placed on hold, impacting existing health inequalities. For this reason, we suggest that there will be a shadow of unmet health needs as the existing crisis subsides. **We recommend that this group be prioritised in recovery plans to avoid the widening of pre-existing health and care inequalities experienced by this group of people.**

Whilst we understand that difficult choices had to be made, it is important that people who have been affected are given a voice, understand the reasons for decisions that are taken and are involved in decisions made on next steps. Healthwatch Bedford Borough will take forward the learning from this survey to inform further work towards addressing our key strategic priorities in 2021/22.



Appendices



Voice of the People Survey Primary Care (GP/Practice Nurse)

* 1. Have you/the person you care for felt able to access your GP/Practice Nurse for any non-COVID 19 (Coronavirus) related issues (mental and/or physical health)?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

* 2. How happy were you/they with the speed of response?

- ☐ Very happy
- ☐ Quite happy
- ☐ Not very happy
- ☐ Not happy at all
- ☐ Not Applicable

* 3. Did you/they receive a face to face consultation with your GP/Practice Nurse?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

* 4. If no, did you/they receive a digital (video) or telephone consultation?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

*** 5. Did your/their GP ask you to upload a photograph or any other information to help them make a diagnosis?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

*** 6. If yes, how easy did you/they find this?**

- | | |
|--|--|
| <input type="radio"/> Very easy | <input type="radio"/> Somewhat difficult |
| <input type="radio"/> Somewhat easy | <input type="radio"/> Very difficult |
| <input type="radio"/> Neither easy nor difficult | <input type="radio"/> Not Applicable |

*** 7. Were you/they referred to a specialist for further investigation/diagnosis?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

*** 8. If you/the person you care for approached your practice (GP Surgery) for mental health support, how well did you feel your call was handled?**

- | | |
|----------------------------------|---------------------------------------|
| <input type="radio"/> Very well | <input type="radio"/> Not very well |
| <input type="radio"/> Well | <input type="radio"/> Not well at all |
| <input type="radio"/> Quite well | <input type="radio"/> Not Applicable |

*** 9. Overall, how did you/the person you care for find your experience? (freetext, please state if Not applicable)**

Voice of the People Survey

Ongoing Health/Care Needs

*** 10. Are you/the person you care for living with a long-term medical condition which requires regular/ongoing monitoring from a clinician? This could include diabetes, hypertension, coronary heart disease or cancer.**

☐ Yes

☐ No

*** 11. If so, how well do you/they feel your condition has been managed over the past 12 months, incl. regular review/diagnostic monitoring/care planning etc.?**

☐ Very well

☐ Not very well

☐ Well

☐ Not well at all

☐ Quite well

☐ Not Applicable

*** 12. If you/they were previously accessing Mental Health services and/or treatment prior to COVID-19, do you/they still feel able to access appropriate treatment and support from the team assigned to care for you/them?**

☐ Yes

☐ No

☐ Not Applicable

*** 13. Do you/the person you care for have a registered Learning Disability? This may include conditions such as Autism, Asperger Syndrome, Downs Syndrome or Hydrocephalus**

☐ Yes

☐ No

* 14. If so, how well do you feel that your/their individual needs are still being met, incl. annual health checks/monitoring?

- | | |
|----------------------------------|---------------------------------------|
| <input type="radio"/> Very well | <input type="radio"/> Not very well |
| <input type="radio"/> Well | <input type="radio"/> Not well at all |
| <input type="radio"/> Quite well | <input type="radio"/> Not Applicable |



Voice of the People Survey

Surgical Procedures/Treatment

* 15. Were you/the person you care for due an inpatient stay for elective surgery/a clinical procedure or treatment from March 2020 onwards? This might have included cancer treatment, orthopaedic surgery, cataracts removal etc.

- ☐ Yes
- ☐ No

* 16. If so, did your/their operation/procedure take place as planned?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

* 17. If no, do you/the person you care for have a future date for this?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

* 18. What impact, if any, do you feel this delay has had on your/their wellbeing and/or quality of life? (freetext, please state if Not applicable)



Voice of the People Survey

Other Health & Social Care Services (inc. Mental Health Services)

* 19. Have you/the person you care for accessed any other health or social care services in Bedford Borough since the COVID-19 pandemic began?

☐ Yes

☐ No

* 20. Which service(s) have you/the person you cared for accessed? This might include Pharmacy, GP Practice, Hospital Services, Mental Health Crisis Team etc. (freetext, please state if Not Applicable)

* 21. Are you satisfied that your/their needs have been met?

☐ Not satisfied at all

☐ Very satisfied

☐ Quite satisfied

☐ Not Applicable

☐ Satisfied

* 22. Do you/the person you care for have any other non-COVID health or care needs that are not being met? (freetext, please state if Not applicable)



Voice of the People Survey
Equality Monitoring

* 23. Are you/the person you care for a resident of Bedford Borough?

- ☐ Yes
- ☐ No (please specify where)

* 24. How would you describe your/the person you care for's gender?

- | | |
|--|---|
| <input type="radio"/> Male | <input type="radio"/> Intersex |
| <input type="radio"/> Female | <input type="radio"/> Gender Non-conforming |
| <input type="radio"/> Non-binary | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Transgender | |
| <input type="radio"/> Other (please specify) | |

*** 25. Which of the following options best describes how you/the person you care for think of yourself in terms of sexual orientation?**

- | | |
|--|--|
| <input type="radio"/> Heterosexual or Straight | <input type="radio"/> Person asked and does not know or is not sure |
| <input type="radio"/> Gay/Lesbian | <input type="radio"/> Not stated (person asked but declined to provide a response) |
| <input type="radio"/> Bisexual | <input type="radio"/> Not known (not recorded) |
| <input type="radio"/> Pansexual | <input type="radio"/> Prefer not to say |

*** 26. Please tell us which age category you/the person you care for fall into**

- | | |
|-----------------------------|---|
| <input type="radio"/> 13-17 | <input type="radio"/> 55-64 |
| <input type="radio"/> 18-24 | <input type="radio"/> 65-74 |
| <input type="radio"/> 25-34 | <input type="radio"/> 75+ |
| <input type="radio"/> 35-44 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 45-54 | |

*** 27. Please select your/the person you care for's ethnic background**

- | | |
|--|--|
| <input type="radio"/> Arab | <input type="radio"/> Gypsy, Roma or Traveller |
| <input type="radio"/> Asian/Asian British - Bangladeshi | <input type="radio"/> Mixed/ Multiple ethnic groups: Asian and White |
| <input type="radio"/> Asian/Asian British - Chinese | <input type="radio"/> Mixed/ Multiple ethnic groups: Black African and White |
| <input type="radio"/> Asian/Asian British - Indian | <input type="radio"/> Mixed/ Multiple ethnic groups: Black Caribbean and White |
| <input type="radio"/> Asian/Asian British - Pakistani | <input type="radio"/> Any other Mixed/ Multiple Ethnic background |
| <input type="radio"/> Any other Asian/Asian British background | <input type="radio"/> White: British/English/Northern Irish/Scottish/Welsh |
| <input type="radio"/> Black/Black British - African | <input type="radio"/> White: Irish |
| <input type="radio"/> Black/Black British - Caribbean | <input type="radio"/> Any other White background |
| <input type="radio"/> Any other Black/Black British background | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other (please specify) | |

*** 28. Please tell us your/ the person you care for's religion/belief?**

- | | |
|--|---|
| <input type="radio"/> Buddhist | <input type="radio"/> Jehovah's Witness |
| <input type="radio"/> Christian | <input type="radio"/> Jain |
| <input type="radio"/> Hindu | <input type="radio"/> Bahai |
| <input type="radio"/> Jewish | <input type="radio"/> Quaker |
| <input type="radio"/> Muslim | <input type="radio"/> Humanist |
| <input type="radio"/> Sikh | <input type="radio"/> No religion |
| <input type="radio"/> Valmiki | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Ravidassia | |
| <input type="radio"/> Other (please specify) | |

29. Should you wish to join the Healthwatch Bedford Borough mailing list, please add your full name incl. title e.g. Mr, Mrs, Ms, Miss, Dr, Rev'd etc. and your email address in the box below



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