

Reading people's experiences of health and social care services during the first Covid-19 lockdown



Presented to Reading Health and Wellbeing Board, 22 January 2021

Introduction

This report presents the findings of a survey carried out by Healthwatch Reading between June and August 2020. The aim of the survey was to understand people’s experiences of health and care services during the first Covid-19 lockdown.

The survey asked how people experienced NHS and social care services, their experience of digital means of access or the reasons for any choices not to use services during this time.

In total we received 153 responses to the survey from people of a broad range of ages and ethnicities. Whilst people appeared to accept new ways of working, we found that a third of respondents had stayed away from services due to the pandemic, potentially delaying the early diagnosis and treatment of health concerns. Services changed greatly at this time to cope with treating people with the virus safely and there was a strong message from findings that clearer and more up-to-date communications would have helped support people to navigate and use services.

The survey ended with the opportunity for local people to leave a message of thanks for a service or individual, and 55 messages were left showing appreciation for the care given at this difficult time.

This report concludes with 6 key recommendations that focus on how to better shape services as we start to recover from the second surge of the pandemic.

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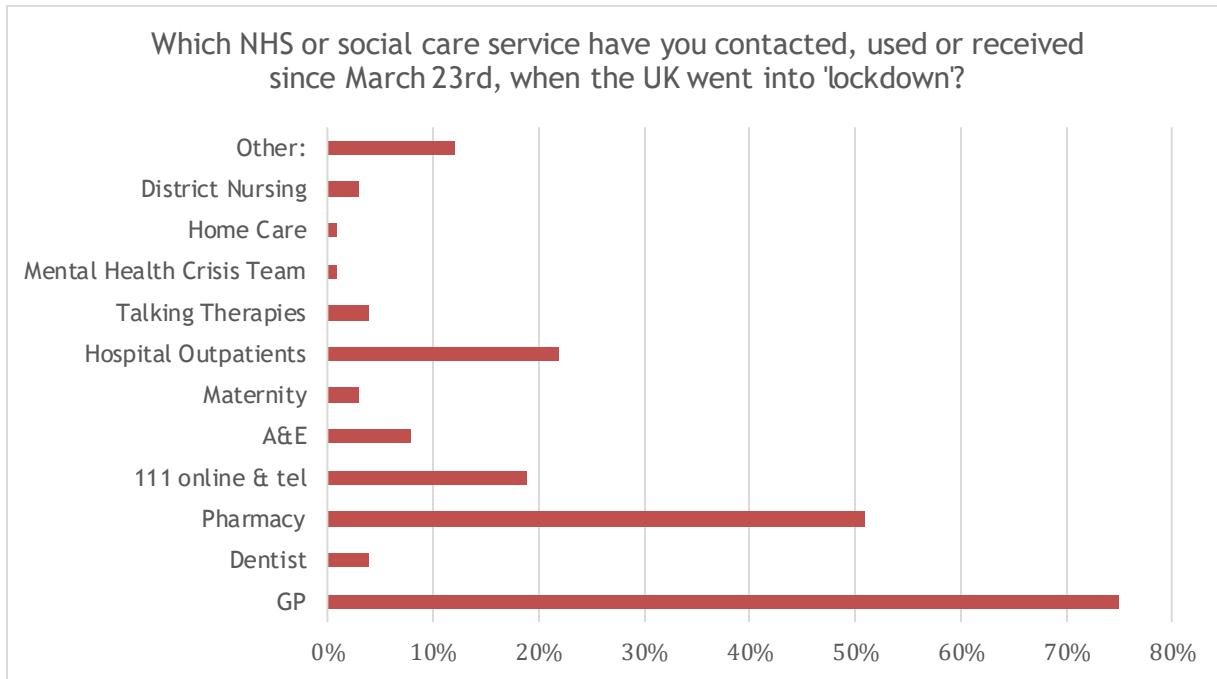
Summary of survey findings

- 65% of people who responded to the survey used services during this period
- Most people used their GP (75%), pharmacy (51%), or outpatients (22%)
- 23% mentioned how quickly they were seen at appointments
- 36% said better communication and information was needed to improve their experience of services at this time
- Very few respondents had participated in a video consultation
- Resolving technical issues on video consultations would improve patient experience
- 54% of people who did not use services said that they had no new health concerns while nearly a half (44%) said they did not use services because they either did not want to bother services at this time, thought their problem could wait or were worried about catching COVID-19
- Most people described ‘ups and downs’ of emotions during this time
- 55 people left messages for staff and services showing their gratitude for the care they had received at this challenging time.

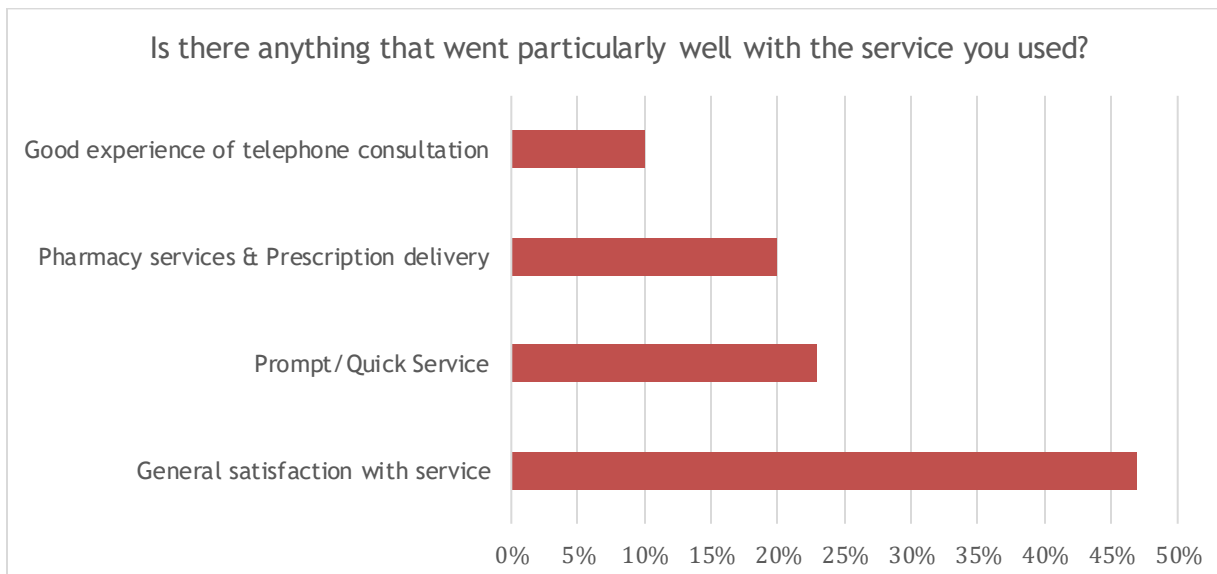
Survey findings in full

Using Services

Most respondents (65%) used services during this time, whilst 35% did not use any service. Those that did used variety of services, as shown in the following graph.



Their local GP was the service that was used the most, closely followed by pharmacy services and hospital outpatient’s appointment. 111 was used by people both online and on the telephone. Fewer people used dental services, but this could be due to the limited service available at this time and poor communications of what was available. We asked people to tell us what had gone well with the services they used. We grouped these comments based on what people told us, as below.



Most people expressed a general satisfaction with the services and the way they were treated. This was followed by 23% of respondents commenting on a getting an appointment quickly or being seen quicker than usual. One in 10 people also commented positively about the appointments that were held over the phone. Finally, there were a few people who commented on the efficiency and safety put in place by services.

‘I need medicine for my daughter. Dr called her and prescription sent to Boots from where she collected her medicine. So, it was hassle free. Really appreciate NHS effort during this crucial time.’

‘No physical visits to surgery so I have had 2 phone consultations that I was satisfied with’

‘very short waiting time because not so many patients & appointments on or before mine’

‘I was pleased to be able to access my GP through a combination of email and phone calls. Talking Therapies was also via phone. For someone who has anxiety it was helpful not to have to go out into the community.’

‘I have been to the GP surgery a few times for my INR blood tests, and the physical precautions taken at the surgery have been reassuring of safety. I also had to visit the cardiology clinic at Townland, Henley, and I can report the same safety-conscious environment, which was reassuring.’

‘I think Healthwatch delivery of my prescription was wonderful. I also had a telephone appointment with my GP. I was glad to know I was still in their records - but since it was an eye test needed not much could be achieved.’

‘Call backs happened quickly and the GP service from Western Elms surgery has been excellent as usual despite not being able to see a doctor face to face. My concerns were taken seriously, and the appropriate course of action was taken despite none of it being Covid related. Results were processed quickly and thankfully I won’t need further treatment for the time being.’

‘Really easy to get a GP appointment with the GP who was familiar with my health issues. Also easy to sort out prescriptions that would usually need face to face review e.g. blood pressure checks.’

‘First Class Service a Doctor from Westcall spoke to my wife within an hour and arranged to see her’

‘Very well organised with meet and greet at the door to ascertain my identity and purpose of visit.’

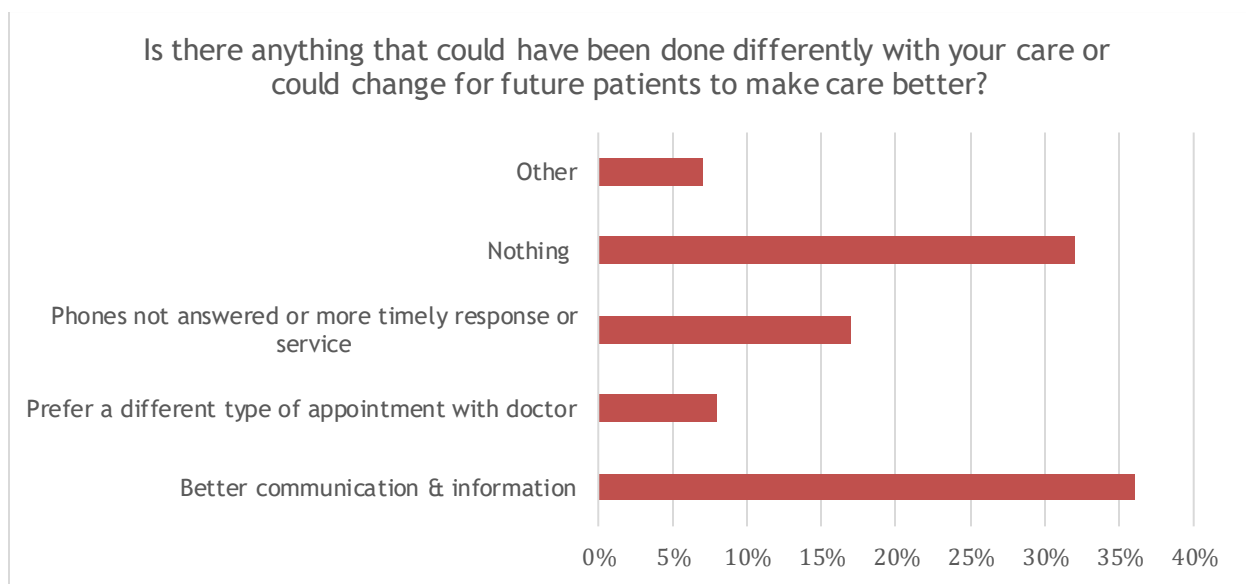
'Prompt admission for nurse appointment and all procedures in place to instil confidence that it was a safe place to be. The surgery has been brilliant and keeping registered patients up to date with news and I was given detailed advice about what would happen during my visit beforehand from the practice nurse. Also, collecting prescriptions from the surgery dispensary has been carefully planned and efficient.'

'Really well organised 'meet and greet' at the door to ascertain the reasons for my visit (and clear instructions given by phone beforehand) and all safety measures in place to inspire confidence that the surgery was a safe place to be.'

'We have been campaigning for years to have (appropriate) medical appointments by phone (for hospital outpatients - obviously only the ones which work by phone e.g. you don't need an examination). It was fantastic. I didn't need my carer to drive me to the hospital. I didn't need to go in my wheelchair which is uncomfortable. I didn't need to go into a hospital which is full of germs and poorly people (not referring to Covid-19, just usual ones!). We didn't waste a car journey - I didn't have to pay my carer petrol money or two extra hours work. We didn't pollute the environment by taking a car journey. Most of all I'm feeling well after, not exhausted for several days.'

'Excellent phone triage, phone consultation - including sending photos and prescription sent straight to pharmacy. Could not have asked for better service'

We also wanted to know if services could have done anything differently to improve patient experience. Again, we asked people to share their thoughts and we grouped these into the graph below.



Just over a third of respondents said they did not feel there was anything about their experience that needed improving. However, the most common response to make peoples experience of care better was improved communication. People also commented on phones going unanswered or not being seen when they needed to.

‘took a long time to get through to people on phone’

‘Sometimes I feel it's important to have face to face appointment because it's difficult to explain the symptoms on the phone. My English language is limited.’

‘I am aware some GPs have used video consultations; I would have been happy to receive a video consultation.’

‘GP not informed about current local services at RBH’

‘I was making progress with the CMHT. I had the skeleton of a new, more healthy regime by mid-February. I was beginning to work through the exhaustion and sense of being overwhelmed. But then lockdown happened and the CMHT team leader refused repeatedly to accept my word that the progress I'd made has been reversed, and worse. So I'm struggling alone with the enhanced social anxiety of trying to get out again, complete with facemask... I'm losing.’

‘Stop acting as if patients were the last people on earth they wanted to see!’

‘The GP surgery was much slower at reissuing a different prescription’

‘Some contact at all. Surgery appears to be closed. Tried to make appointment by phone with little success. No contact regarding asthma review or required blood test.’

‘awaiting follow up phone call was supposed to get a call a month after appointment’

‘We were left a bit confused as to what to do- issue was a toddler’s injury, advised to phone A +E but were put off going as we were self-isolating- eventually didn’t go but worried it was the wrong decision.’

‘Not really. It took a couple of go’s for a GP to really understand my concerns but that was the difference between a doctor who knew my case and one who didn’t.’

‘Would always prefer to be able to see a doctor face to face’

‘GP surgery not as responsive but clearly, we are living in difficult times’

‘Online booking now will not allow ANY appointments to be booked, and getting a consultation is impossible over the phone.’

‘Some phone lines could be improved to aid communication between patient and doctors.’

‘Everything is so confusing, all messages and not sure what to do, sit and cry to myself. all instructions very poor.’

‘Orthotics receptionist needs to check who is the patient to be seen before making comments. My client who was walking with the aid of crutches approached the desk, and the receptionist without looking up from the desk said “one of you needs to go and sit in your car outside in the car park before checking who was the patient. I accompanied my client to the desk because she needed help. No chance to explain.’

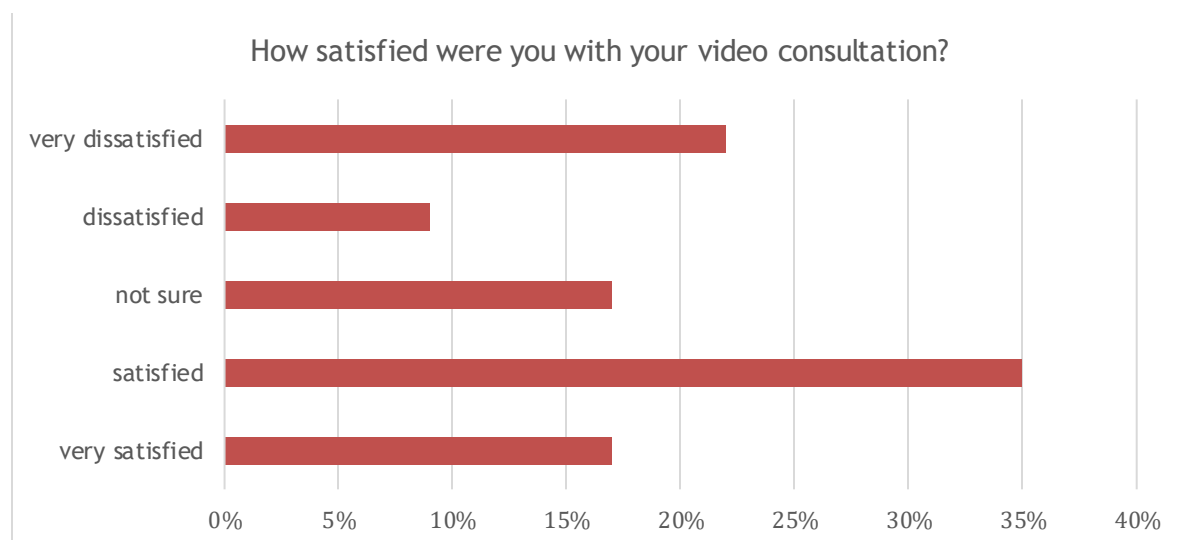
‘I couldn’t see a doctor about a chest complaint that wasn’t COVID-19 or get any tests done. How that can be resolved under a pandemic, I don’t know - don’t get sick!’

‘Better information and CV19 testing.’

‘Communication could be improved. I wasn’t told that I had been put on electronic prescribing and that my usual pharmacy had been changed.’

Video Consultations

The government began talking in March about their expectation for most GP appointments to be held virtually, including by video calls, so we wanted to find out the take-up of new digital technologies. Only 10% of our respondents answered the question on whether they’d been offered a consultation for any appointment during the pandemic. However, their experience of the service was positive with 52% saying they were satisfied or very satisfied with the experience, as shown in the graph below:



When asked what had gone well with the consultation, mostly comments were about being able to see a face and being able to fully discuss their concern opposed to listening and talking to someone on the phone.

'Diagnosis could be made safely from comfort of own home.'

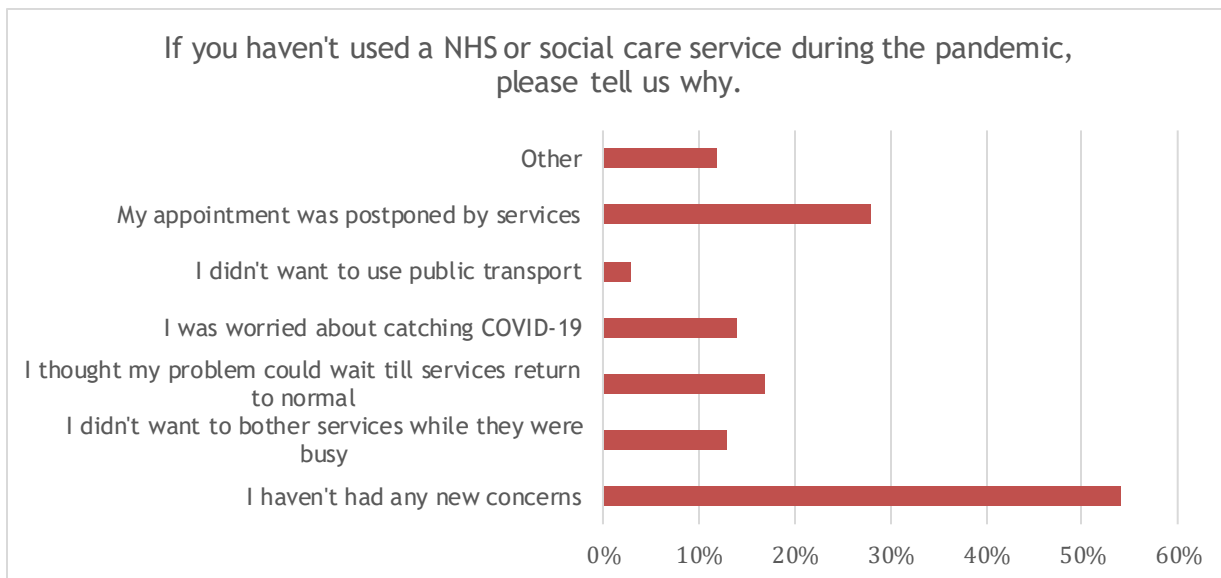
'Better than just voice contact.'

'It was reassuring she could examine my throat.'

People also commented that technical difficulties led to a poor experience of video consultations and that improvements would encourage them to use a video consultation in the future. Overall, 80% of people responded positively to having a video appointment again in the future.

Not using services

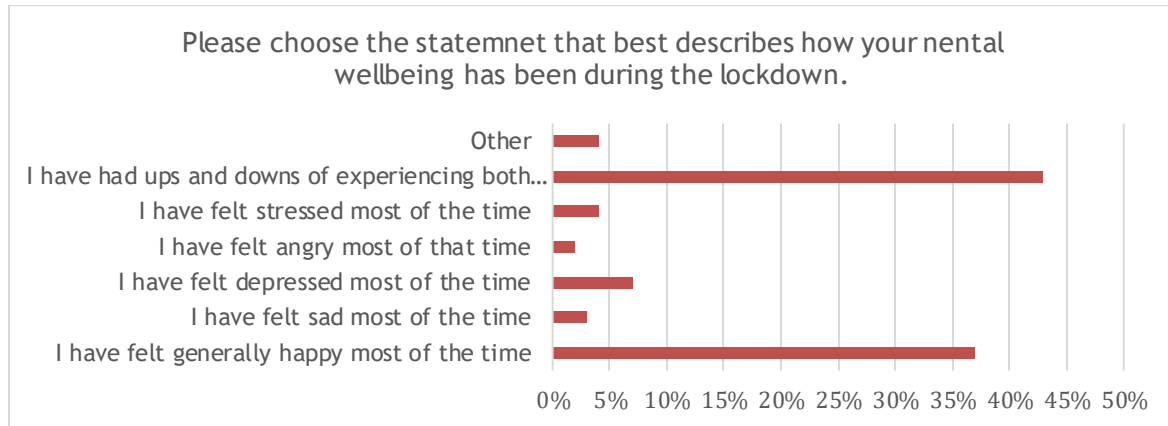
We felt it was important to understand if people were confident about using services at this time. 35% of people said they did not use a service and we asked them to choose from 6 statements to explain why.



Most people said that they did not have any new health concerns which is why they did not use any services. However, nearly a half of people said did not use service because they thought their problem could wait and they did not want to bother services, or they were worried about catching COVID-19. The effects of these decisions have been seen in the media recently, with people attending hospitals with deteriorating health conditions that could have been picked up and treated earlier.

Mental Wellbeing

The final area of care we wanted to know about was how people's mental health and wellbeing had changed, if at all during lockdown.



Nearly 50% of people said they had experienced both good and negative emotions and a third had said they felt happy most of the time. The remaining respondents had experienced mostly negative emotions during lockdown.

'Thank you'

Finally, we wanted to give people the opportunity to leave a message of thanks for a service, organisation or individual for their efforts during the pandemic and 55 comments were left, including the following:

'I am very grateful that they still worked to care for people in such a terrible time.'

'I really appreciate how NHS broad street Mall Reading Berkshire handle my daughter's problem on phone and prescription medicine.'

'unpaid carers forgotten about also cleaner's hospital porters etc'

'A general thank you to all the health, social care and voluntary sector for keeping people going!'

'Simply I would like to thank everyone of the NHS staff for risking their own life with inadequate PPE provision.'

'Cathy the volunteer from Healthwatch Reading prescription delivery service was fantastic, we had a natter at a distance she could not have be nicer. Thank you'

'I thank all of the frontline NHS staff who have put the needs of others before themselves'

‘My admiration for all who have contributed to the populations wellbeing, with so many service providers dependent on each other I wouldn't single out any. They are all wonderful and deserve our thanks.’

‘Both the cancer services at the RBH and the doctors at Western Elms surgery have been excellent. I would like to single out Doctor Newsham at Western Elms surgery particularly for being thorough and sympathetic and getting me treatment that put my mind at rest. The efficiency of the staff at West Berkshire community hospital were exemplary too.’

‘the staff at Western Elms have been very helpful.’

‘Thanks to University Reading medical centre. I always find them excellent, but COVID has given additional challenge which I think they've managed really well.’

‘Always grateful for the support I receive through Balmore Park Surgery’

‘I feel Key Workers have done a brilliant job and my wife's experience with Westcall were first class.’

‘Thank you for this opportunity to say thank you to the staff and volunteers at the prescription collection service, I was at my wits end they came to my rescue. Now have a lump in my throat from gratitude xxxx’

‘Thank you to the RBH staff who attended to me swiftly when I went to use the A/E department.’

‘We would bow down to all the NHS health and care workers for their selfless service during this difficult time our country has faced. Thanks would not be enough to convey our gratitude.’

‘Boots Oracle pharmacy team brilliant.’

‘RBH thanks for looking after me.’

‘The Berkshire Cancer centre and Western Elms surgery have been great under obviously trying circumstances.’

‘Gratitude and thanks to all key workers. Your hard work and dedication have had to compensate for years of shortfalls in planning and funding. It is you who kept us going!’

‘Thank you to everyone who has taken efforts to shield me. You may have saved my life. What greater compliment is there? Thank you forever.’

‘Whitley Pharmacy have been amazing in enforcing social distancing and response to prescription collection.’

Background information

About Healthwatch Reading

We are the local patient and public champion for NHS and social care services. We are independent of the NHS and Reading Borough Council. People’s views come first - especially those who find it hard to be heard, such as young people. We champion what matters to people and work with others to find ideas that work.

Under Healthwatch legislation, organisations must provide a written response to our reports and recommendations.

Why we carried out this project

COVID-19 has had an unprecedented impact on our community and has greatly affected the way health and social care services operate. We were keen to understand the experience of the Reading community during this national crisis, both with using services and the impact on their wellbeing.

Healthwatch England has been encouraging local Healthwatch to carry out this work and has also been providing regular feedback from local Healthwatch to NHS England and the Department for Health and Social Care on the continued impact this is having on local people’s health and wellbeing and access to health and care.

Our findings should help those providing services and buying services understand people’s experience to inform planning of future services as the UK attempts to return to normality.

How we carried out this work

Due to government restrictions about contact with others, this work was conducted virtually. We were unable to carry out any outreach in the community or with vulnerable groups or the digitally excluded, as we would normally.

We shared a survey with partners and via social media. We also encourage those who needed support with completing the form online to phone their response into us. In order to reach diverse communities, we worked with partners in the voluntary sector who were meeting their service users online or in person and worked with them to complete the survey, resulting in 153 people completing the survey.

Discussion

Introduction

Reading residents, along with the rest of the UK population, were placed under a strict national lockdown on March 23 2020 as part of measures to deal with the new, global coronavirus pandemic. The Covid-19 virus was being spread through human contact and while most people infected with it would experience a mild or moderate illness, it posed a risk to people with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer. Increased hospitalisations threatened to overwhelm the NHS, forcing the government to act by closing non-essential shops, workplaces, hospitality, leisure and entertainment venues and preventing people from mixing outside of their households.

Shielding was brought in for ‘extremely clinically vulnerable people’ advising them to stay indoors and rely on friends, family, neighbours, volunteers or local charities to deliver food, medicines and other essential supplies.

Public services rapidly scaled back their services during this time:

- hospitals postponed non-urgent appointments and operations, restricted or stopped visiting, restricted people who could accompany pregnant women into hospital, and ran separate emergency departments for Covid or non-Covid patients
- GPs stopped face-to-face appointments in favour of phone, email or video advice or consultations in all but the most urgent cases;
- Community mental health services also adopted virtual contact with patients
- Care homes had to stop friends and family from visiting residents
- Social services scaled back face-to-face care assessments and safeguarding visits except in the most urgent cases
- Day services offering support, socialisation and respite, had to be stopped for older people and people with learning disabilities
- NHS England paused the statutory NHS Complaints procedures, stopped requirements for providers to collect ‘Friends and Family’ feedback from the public and also allowed GP practices to disengage from their patient participation groups (PPGs).
- Limited access to dental care

The lockdown was eased from July 6 with the introduction of a national ‘rule of six’ for meeting people inside and outdoors, and shielding was formally paused on 1 August.

On October 13 a tiered system of local measures took effect in England, in which Reading was placed in the least restrictive tier. However, this was replaced by a second national lockdown from 5 November until 2 December.

A strengthened tier system came in afterwards, putting Reading in Tier 2, then shortly afterwards, Tier 4. By 5 January 2021, Reading and the rest of England was placed in a third national lockdown nearly as restrictive as the first lockdown.

Healthwatch Reading’s role during the pandemic

As we went into the first national lockdown, all local Healthwatch were instructed by Healthwatch England to cease face-to-face engagement activity with the general public and to also stop any Enter and View visits to NHS or social care premises.

We instead focused on two main activities: providing increased information and advice to Reading residents, and running a Prescription Delivery Service for vulnerable people in partnership with Reading Borough Council’s One Community Hub. We were also invited to attend some virtual meetings held by commissioners and providers. Finally, we raised urgent issues as they arose with Healthwatch England to inform their regular briefings to NHS England.

By June, some of the intense pressures of the lockdown were starting to ease and we launched a survey to try and understand if and how people had accessed local services and what had worked well or not for them. People could answer the survey online or phone through answers to us but we were unable to visit local services and community settings to collect feedback as we would usually.

Discussion on our survey findings

General attitudes and use of the NHS

Our survey findings show that residents greatly appreciated the efforts of the NHS to deal with the first pressures of the pandemic, leaving many comments of thanks and gratitude for the ‘selflessness’ of staff working on the front-line. One-third of respondents told us they did not use NHS services during the first lockdown, some of whom did not want to bother busy NHS staff. These findings reflect the national mood at the time when people were coming out weekly to clap their appreciation for NHS and other key workers amid daily briefings by the prime minister and chief medical officer focusing on increasing hospitalisations and deaths from Covid-19.

People told us they mostly used GP services during the first lockdown, which reflects the fact that doctors’ surgeries are the most common points of contact for the public generally. This was followed by pharmacies, as people still needed to collect regular medication.

Different ways of working

The public had to quickly get used to a different way of booking GP appointments and having their consultations. In recent years people had been encouraged to make online bookings for GP appointments, choosing from a range of times and dates. However online booking systems, previously seen as time savers, were universally switched off during the lockdown and replaced with telephone triage. Some survey respondents described issues or long waits getting through to surgeries on the phone. People did have another option of making contact with GPs through “Ask a doctor” online forms on GP surgery websites but we were aware anecdotally before the pandemic that there was variable promotion by surgeries of this access route to the public.

There was much national hype in March 2020 about GP appointments moving to video calls, following comments made by Health Secretary Matt Hancock. However only 19% of our survey respondents said they had been offered one. Of those who did, more than half were happy with how these had gone as they gave patients reassurance that the doctor could view their physical problem as well as offering the convenience of taking place from their own home.

However, some respondents noted technological issues with having a video appointment for the first time while others said they were not a suitable replacement for all types of consultations; one respondent told us they preferred face to face appointments as it was more difficult to explain symptoms on the phone if their English was limited.

These findings are echoed in a national report produced jointly by Healthwatch England and other organisations, based on views of 49 people who'd had a virtual appointment during the first lockdown by phone, video or text-based communication.¹ These included appointments with GPs, hospital outpatients, and mental health services.

This report recommended that NHS services should:

- make patients aware of what to expect in advance and how deal with any issues that arise before or during the virtual consultation
- offer patients the choice of fixed time windows for virtual appointments rather than being told “the doctor will call you sometime today” to avoid missed calls
- determine the most suitable format for virtual appointments, by assessing the person’s digital literacy and confidence as well as their health issue
- actively seek feedback from patients after virtual appointments to ensure lessons can be learned for the future.

People in this national study also made suggestions such as allowing patients to record appointments so they could listen or watch again to ensure they understood what the health professional had said.

Our survey findings suggest that phone consultations were the most common virtual method (sometimes combined with emailed photos of problems and followed up with electronic transfer of prescriptions to pharmacies). The convenience and speed of these methods were praised by people, especially those who were worried about the safety of visiting a doctor’s surgery while Covid was spreading rapidly.

We also received praise about the convenience of outpatient appointments by phone which avoided complicated travel to hospital and dependence on carers to accompany people with extra needs.

¹ *The Doctor will Zoom You Now*, <https://www.healthwatch.co.uk/blog/2020-07-27/doctor-will-zoom-you-now>

People who needed to see a doctor or visit NHS premises told us they appreciated the efforts that services made to make them feel reassured about infection control on site, such as greeting them at the door on arrival.

Communications

Our findings show that the most common area of improvement suggested by respondents was around communication: about which service to use, how and when, and ensuring information could be offered in various forms such as different languages and BSL.

People told us they were “confused” about what to do, such as one respondent unsure whether they should have avoided A&E when their toddler was injured. We had respondents who felt their GP surgery “didn’t want to see them” or “appears to be closed”. But we also had people who said their surgery “had been brilliant, and keeping registered patients up to date with news”.

The latter included Balmore Park Surgery in Caversham posting 10 updates on Facebook between mid-March and mid-June about changes to services, which attracted more than 900 ‘likes’ from the general public - suggesting the information had been viewed and would be shared by those people with their family or friends. Similarly, Western Elms and Circuit Lane surgeries (under the same management), posted more than 20 times on Facebook from early March to late June with detailed information for patients. This included an apology about busy phone lines, with an explanation and a suggestion about how to send queries through a specific part of the surgeries’ websites.

This kind of ‘hyper-local’ communication gained more importance, we observed, as people turned to neighbourhood groups set up on social media to share intelligence on everything from the availability of flour in the local supermarket to which pharmacies had the longest queues or offers of help from people to pick up shopping for vulnerable people.

However only a few GP surgeries used social media communications to this effect as a tool for informing the public at this time.

Healthwatch Reading produced nine weekly Coronavirus newsletters from March 20, 2020 to get information out to the public with real-time updates about local changes to the operation of GP surgeries, pharmacies, hospitals, and care homes as well as national guidance. Early in the pandemic this was made difficult by the lack of up-to-date or comprehensive official information, such as on the website of the Royal Berkshire Hospital. After we raised this issue, the hospital’s website eventually launched a ‘services update’ section from its home page which began to give more information.

In response to our calls for better information in various languages and formats for Reading’s diverse populations, there has also been some progress.

This includes:

- A dedicated webpage on the council's website with links to written coronavirus information translated into 11 languages, and YouTube videos and audio messages in four different languages <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-translations/>
- A dedicated webpage on the council's website with BSL updates for people with hearing impairments <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-bsl-friendly-advice-and-information-on-how-our-services-are-affected/>
- YouTube videos produced by Royal Berkshire Hospital staff in four different languages about the importance of using hospital services when needed during the pandemic <https://www.youtube.com/channel/UCdXE3-zGbNfSAhqfe-hddTQ>

Conclusion

As vaccines offer the hope that life will 'get back to normal' by next Spring, the public will need to know which of ways of working will be kept by the NHS and other services, and which will return to pre-pandemic routines.

Our survey suggests patients will accept alternative models of care that are right for their health concern, their confidence, their lifestyle and their abilities.

To bring the public with them, service providers and commissioners will need to show they have considered public feedback in planning the future delivery of services and communicate a post-pandemic vision as well as comprehensive operational details about how services will work going forward.

Recommendations and responses

Healthwatch Reading Recommendations

1. There is a need for all health and care services to inform local people on a regular basis about which services are still operating and those that are operating in a different way and to make this information easily accessible
2. Local people need to be encouraged to use services and reassured that they are operating safely, so that any conditions that may be urgent are not left to the future because they feel services are too busy
3. Information needs to be in a variety of accessible formats and it is necessary to ensure that alternative ways of communication are utilised, especially for those who may be vulnerable or disadvantaged. Steps need to be taken to reduce digital exclusion - where people lack the confidence, skills, internet connection or equipment to get online - to reduce the risk of increasing health inequalities.
4. Local people should be given clear information about the choices available to see the local GPs, consultants and other health professionals such a face-to-face, video, telephone and email consultations.
5. Service providers need to communicate support available for mental health and overall wellbeing for people with ongoing diagnosed mental health conditions, those who have experienced trauma from Covid illness or bereavement, and shielders who endured loneliness and isolation and may feel vulnerable or anxious about re-joining normal activities and interactions
6. Commissioners should draw up a communications plan for informing the public the vision for services in a post-pandemic world and how they will receive more detailed information about services as they resume or are offered in different formats, such as GP appointments, dental services and re-scheduled elective operations.

We sent our report and a request for a formal response, to main NHS commissioners and providers for the Reading area on 3 December 2020.

We received a written response from Berkshire Healthcare NHS Foundation Trust (which runs mental health and community services) on 24 December 2020 which we publish in full from page 19.

We received a response from Berkshire West Integrated Care Partnership (BWICP) - the body that covers NHS commissioners and providers in our areas - on 11 January 2021. Its response in full is also published from page 22.

Response from Berkshire Healthcare NHS Foundation Trust

‘Thank you for sharing the findings with Berkshire Healthcare and thanks to everyone who gave their feedback and views. We will be able to use these findings to help with our planning for restoration of services, future responses to the pandemic and developing new ways to support people needing our services.

It is good to hear the positive feedback on people’s experiences and the benefits of on-line consultations.

We adapted many of our services to provide on -line consultations and we also continued to see people face to face when necessary.

We have received positive feedback from people using on-line consultations, reporting on the convenience for them, time saving, no need to travel, less support needed for appointments, easier for carers and easier to involve others. However, we recognise that not everyone wants this type of engagement, may not be able to access us in this way and that it is not suitable for all circumstances.

We will therefore continue to offer a range of options for engaging with our services and are experimenting with ways to support people who want to use on-line consultation but do not have the means to do so.

During the first wave of the pandemic, all our mental health services remained open and our physical health services operated to the national requirements for health service provision. This allowed us to redeploy staff into critical services but has led to a backlog and increased wait times for some of our services. These are currently being addressed across all services as part of our recovery work.

We also recognise the impact of the pandemic on people’s mental health and wellbeing and our mental health services are working hard to support people needing our services. We are seeing increased investment into mental health services which will help us to increase our capacity and service provision.

We recognise the importance of ensuring people have easy access to information on services available and how they are operating. Information about service changes were communicated as follows -

Our Trust website was updated with service information and this was refreshed every 24 hours as a minimum with any changes.

We launched a brand new Covid-19 section across our 3 main websites (Berkshire Healthcare, CYPF/children’s, and Talking Therapies in the first week of April.

This included specific information for:

- *Our patients (appointments, changes to services, local restriction Tiers etc)*
- *Information for our visitors*
- *Wellbeing (access to mental health support, advice and support for staying well, finding support and help, and resources for mental wellbeing)*

We also:

- *Added new buttons to our web home pages, directly signposting patients and public to key information about services and any other Covid-19 related issues*
- *Ran banners on our website highlighting latest key information*
- *Added new red notification / alert boxes at the top of service pages to indicate where the pandemic had affected any service and explaining exactly what this meant, with info on appointments, contacts and further support.*
- *Included a new standard notification on all our mental health pages on our website, telling people how to find immediate help*

We issued a series of successful blogs on our children's website and via our social media platforms, directly aimed at parents/carers of children impacted by the pandemic.

All our websites meet the AA standard for accessibility, and we offer 'Browsealoud' as standard, which is a tool that allows users to translate into over 20 languages, have content read out, out enables download of content into audio recordings.

We pushed out daily updates about changes to services, support and advice, and signposting, including to mental health resources and services available and examples of these are provided below:




Berkshire Healthcare NHS Foundation Trust
Published by Holly Felstead · 27 November at 15:17

During these challenging times it is normal to be experiencing stress, anxiety and/or low mood. If you're struggling to cope with lockdown – Talking Therapies are here for you.

Talking Therapies are a free NHS service supporting those 17+ registered to a GP in Berkshire. We are here and able to support you from the comfort of your own home offering support through Online programmes 📺, Telephone 📞 & Video Consultation 📺.

Sign up now and a member of our admin team will be in contact to book your initial wellbeing assessment.



GATEWAY.MAYDEN.CO.UK

Talking Therapies are a free NHS service Sign Up


Sign up now and a member of our admin team will be in contact to book your i...

Berkshire Healthcare NHS Foundation Trust
Published by Orlo · 24 March

You may feel bored, frustrated or lonely staying at home. We have some tips to help you keep on top of your mental wellbeing and cope with how you may feel while staying at home.

- 📅 Stick to daily routines as far as possible
- ✅ Find out about your employment and benefits rights
- 👤 Connect with others
- 🗣️ Talk about your worries
- 🧘 Look after your body
- 📰 Do not stay glued to the news
- 🍷 Carry on doing things you enjoy
- 🧠 Keep your mind active

Find more tips and advice visit: socsi.in/SJ57T



Discover simple steps to look after your mental health

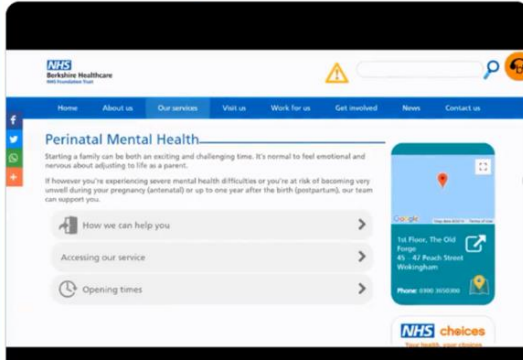
every mind matters

Berkshire Healthcare @BHFT

To make sure everyone can read information on our website, we use #Browsealoud.

Turn your speakers on, click the orange button and Browsealoud will help you see and hear details on the page. Give it a try!

#GAAD #Accessibility



0:17 288 views **Hi! My name is Browsealoud**


Berkshire Healthcare NHS Foundation Trust
Published by Orlo · 22 April

Your health visiting service is still here to support you with any concerns you may have with your baby or child. We can offer advice and support on weighing your baby, breastfeeding, toilet training and behaviour to name a few.

If you need any advice or support please call us from 9am-4.30pm. 📞

Bracknell: 0300 365 6000
Wokingham: 0300 365 7000
Reading: 0118 931 2111
West Berkshire: 0300 303 3944

For more contact details and information, click here: socsi.in/3rsU2



Response from Berkshire West Integrated Care Partnership

Responses to Healthwatch Reading's recommendations

1. There is a need for all health and care services to inform local people on a regular basis about which services are still operating and those that are operating in a different way and to make this information easily accessible

'At the height of the first wave of the pandemic, the ICP was working in a Level 4 incident situation which meant all communications needed to be aligned and consistent with national messages. This ensured clear, timely, appropriate and reassuring communications were made available to patients in what was an unprecedented and very fast moving and changing period.'

Throughout this time, the priority for the Berkshire West ICP was to keep local people informed regularly through communications presented in the most accessible and understandable formats. This included social media, traditional print and broadcast media, websites, regular patient newsletters and videos. The ICP also worked closely with partners including local authorities, Local Healthwatch providers, voluntary sector and community organisations to ensure communications were cascaded to as wide an audience as possible.

The Council has produced a regular resident newsletter throughout the pandemic highlighting service and access changes.

The Family Information Service/SEND Local Offer promoted the health care services through the directory platform. Parent carers were kept up to date via the mailing lists, newsletter and through partnership working with internal and external partners, including schools, community, voluntary and faith sector organisations. New filters were added to the directory (including Reading Services Guide pages aimed at adults), so that users can see easily the services that are 'open' or 'available online', and get updates via dedicated news pages. The Family Information Service also uses social media to keep families up to date. Regular update emails were sent out to parent carers, including updates from the CCG, BHFT, BFfC and RBC (Wellbeing teams). The FIS/SEND Local Offer also directly syndicates to the BHFT website, through the directory, so that parent carers have the most up to date accurate information about services offered by BHFT. This offers a seamless service to users.'

2. Local people need to be encouraged and reassured to use services and that they are operating safely, so that any conditions that may be urgent are not left to the future because they feel services are too busy

‘Access to local NHS services has been promoted by producing videos featuring clinicians and a patient reassuring people that the hospital and GP practices are open for business but may be operating in slightly different ways to ensure people’s safety and social distancing. The messages make it clear these health facilities are safe places to visit and stress the importance of people seeking medical attention if they have urgent symptoms or long-standing conditions which need medical attention or treatment. Videos have been produced focusing on domestic violence and child safety.’

The Council’s Wellbeing newsletter has been used to promote relevant campaigns and other health messaging, such as the NHS ‘help us help you’, the importance of taking children into A&E as needed, going to the GP for cancer screening, and eligibility for the free flu vaccine. As well as supporting Public Health and NHS campaigns, the newsletter has also highlighted support for vulnerable groups such as carers, people from black and minority ethnic communities, and parents who have been living under particular strains in 2020.

The FIS/SEND Local Offer has kept families and partners up to date on information supplied by colleagues in the NHS, RBC Wellbeing team, and RBC Comms teams. Families making contact with the service for information were reassured and signposted to the most appropriate service to meet their needs, and are always advised to call the service back if they required further help or assistance. Brokerage service was provided to the most vulnerable families making contact for support and information. Targeted message from health and the Wellbeing team are cascaded directly to parent carers.’

3. Information needs to be in a variety of accessible formats and it is necessary to ensure that alternative ways of communication are utilised especially for those who may be vulnerable or disadvantaged. Steps need to be taken to reduce digital exclusion - where people lack the confidence, skills, internet connection or equipment to get online - to reduce the risk of increasing health inequalities.

‘The Council has worked with Total Communication to develop a BSL landing page on its website. Updates are posted here regularly for people with hearing impairments. See: <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-bsl-friendly-advice-and-information-on-how-our-services-are-affected/>

A new post has been created within the Public Health and Wellbeing Team to liaise with communities and deepen our understanding of communication needs across the diverse communities of Reading. The Council’s website now includes links to coronavirus information presented in infographic form and translated into 11 languages, together with YouTube videos and audio messages in four different languages. See: <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-translations/>

‘RBC would be happy to take comments and suggestions from Healthwatch Reading about the future development of these resources.

The Council has established a Social Inclusion Group as part of its COVID-19 Recovery governance. This includes a workstream on developing digital inclusion which is using participatory research methods to understand the barriers for different communities and then address access to equipment, connection and skills development.

The ICP has produced printed flyers and fact sheets, and these have been used in local authority resident newsletters, and also distributed to foodbanks and shopping centres to ensure those with limited digital access are not overlooked. Print versions of the Council’s Wellbeing newsletter (see above) have been produced at regular intervals to reach those who do not access information online.

The FIS/SEND Local Offer have a Mon to Fri 9am - 5pm phone line, which has remained open throughout the pandemic, and has been very well used by parent carers to access information, support and services. Information on the Reading Services Guide can be translated in to different languages and this tool was used to keep families informed. Virtual outreach sessions were delivered through partner agencies to keep parent carers informed of any changes.’

4. Local people should be given clear information about the choices available to see the local GPs, consultants and other health professionals such a face-to-face, video, telephone and email consultations.

‘Berkshire West ICP has a robust system in place to keep patients and local people fully informed about their local health and care services, any proposed changes, and what these will mean to them.

The ICP has produced videos in foreign languages and communications specifically aimed at target audiences including those with mental health concerns and those who are vulnerable and disadvantaged.

All patients who were shielded have been contacted individually by practices.

The FIS/SEND Local Offer has dedicated advice and guidance pages on the directory informing parent carers on how to access health services; these are then linked and supported with the service listings. The NHS widget on the Reading Services Guide enables users to access information easily on local health services.’

5. Services need to communicate support available for mental health and overall wellbeing for people with ongoing diagnosed mental health conditions, those who have experienced trauma from Covid illness or bereavement, and shielders who endured loneliness and isolation and may feel vulnerable or anxious about re-joining normal activities and interactions.

'Since the start of the pandemic, the Council has been producing a regular Wellbeing newsletter. This has picked up on themes around mental wellbeing, loneliness and social isolation. People have been encouraged to look out for one another, find new ways to connect, eat well and take regular exercise in ways appropriate to their situation. Residents have also been signposted to resources, services and support, e.g. Compass Recovery College for mental health, Kooth counselling for young people, national campaigns such as Mental Health Awareness Week in May and World Mental Health Day in October, Reading Voluntary Action's Ready Friend's Toolkit and online community groups hosted by ACRE. There has been a light touch approach to raise awareness of less formalised types of support - through the library services, the local museums and events such as the Twilight Trail.

The Wellbeing Team's training offer for VCS groups has evolved to include physical prescribing and an adapted form of Making Every Contact Count (MECC). These are designed to upskill volunteers to have conversations with people around supporting and encouraging physical activity and addressing issues around less of confidence following COVID isolation. This will help to promote a safe reintroduction to society for vulnerable / older people.

The FIS/SEND Local Offer has robust information on support available locally, nationally and online for children and young people. This information is reviewed and updated regularly. Parent carers contacting the service are signposted to the appropriate services - this includes information on things like short breaks and online support.'

6. Commissioners should draw up a communications plan for informing the public the vision for services in a post-pandemic world and how they will receive more detailed information about services as they resume or are offered in different formats, such as GP appointments, dental services and re-scheduled elective operations.

'The point is well made, and Healthwatch Reading's report will be a useful resource in developing these plans.'

Appendix 1: Demographics

Total respondents: 153

Gender:

- Women comprised 90, or 77% of respondents
- Men comprised 26, or 22% of respondents
- Did not answer: 38

Age:

- 18-24: 2 respondents or 2%
- 25-34: 11 respondents or 9%
- 35-44: 23 respondents or 20%
- 45-54: 21 respondents or 18%
- 55-64: 13 respondents or 11%
- 65+: 42 respondents or 36%
- Did not answer: 42

Ethnicity:

- White British = 64%
- Any other White = 8%
- Mixed = 2%
- Indian = 3%
- Pakistani = 10%
- Black African = 1%
- Chinese = 1%
- Other 9%
- Did not answer: 40

Disability:

- Yes = 15%
- No = 83%
- Did not answer: 40

Postcode:

- RG1 = 26%
- RG2 = 7%
- RG3 = 2%
- RG4 = 19%
- RG30 = 21%
- RG31 = 5%
- Other = 19%
- Did not answer: 37

Did you receive a letter from the government asking you to shield for 12 weeks?

- Yes = 20%
- No = 79%
- Did not answer: 40

Do you believe you have had the COVID-19 virus?

- Yes, because I was advised by 111 or a doctor that I probably had it based on my symptoms = 3%
- No = 91%
- Did not answer: 73

Who are you completing this survey for?

- Myself = 94%
- A relative, partner or close friend that I am the main carer for = 6%
- Did not answer: 2