



Experiences of Health & Care in Bradford

During the first phase of COVID-19

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Introduction

On 11th March 2020, the World Health Organisation declared that the novel coronavirus, originating in Wuhan province in China, had reached pandemic levels. It was beginning to spread through the UK. On 16th March Health Secretary Matt Hancock said that people in England should stop social contact and on 23rd March the Prime Minister announced that people should 'stay at home', and that certain businesses should close. Over the following weeks admissions to hospitals and deaths due to COVID-19 soared, and all areas of our lives were touched by this new, highly infectious disease.

Our health and care services have borne a huge burden as a result of the pandemic, and care for most other conditions was seriously curtailed or altered. GP practices moved almost entirely to telephone and online consultations, pharmacies moved to delivery services where possible. Elective hospital care was postponed indefinitely. Social care came under enormous pressure.

We wanted to find out how this was affecting people across Bradford and District, to understand what the impact of the pandemic was, how people experienced treatment if they had COVID-19 and how they felt about the changes in the care of pre-existing conditions. Therefore, from 30th March to 29th June, we conducted a survey to find out how people in the District were being affected by the pandemic and what their experiences of health and care were, in order to help the NHS and social care shape how services respond. 300 people from across Bradford gave us feedback about the good, the bad and the ugly of health and care during COVID-19.

This report sets out their experiences.

August 2020



What we did

Between 30th of March and 29th June we ran an online survey, through Survey Monkey, which asked people across Bradford about their experiences of health and care during the pandemic. We discussed our questions with Bradford District and Craven Clinical Commissioning Group (CCG) to ensure we captured information that not only reflected the issues they were considering, but also to ensure that local voices were heard.

Because lockdown meant that we could not collect responses face-to-face, we shared the survey on our website, through our Twitter and Facebook accounts and through our networks, who were helpful in spreading the word to the people they work with.

We were aware that online surveys are not accessible to everyone, so we also encouraged people to get in touch to speak with us by phone instead or leave their contact details on the survey and we would message them for a follow-up call.

This report sets out our findings, looking at some of the main themes that emerged and it makes a number of recommendations to health and care services. We have shared the findings and recommendations with both the West Yorkshire & Harrogate Health & Care Partnership and Bradford District & Craven CCG to inform their future plans for addressing the issues raised.

The appendix provides a demographic breakdown of respondents.



Findings

Information about COVID-19

We asked people about how easy they found it to get hold of clear information about COVID-19. Most people (58 per cent) said they found it easy or very easy and 23 per cent found it neither easy nor hard. However, 19 per cent said they found it hard or very hard to get hold of clear information.

While 85 per cent of respondents told us they (or the person they care for) had no additional communication needs, others told us they had a range of communication needs. These included British Sign Language, Braille, audio or large print, Easy Read information (Urdu, Roma language and Arabic were specifically mentioned).

The need for simplicity was stressed by a number of respondents, particularly for people with brain injuries or dementia, and we also heard from people who have difficulty speaking, which affects how they can communicate. We heard that people with hearing loss had found it difficult to use the telephone, while others said that they found it hard to use a computer. People told us they wanted access to specialised telephone support, while others were worried that they could only access their GP by phone, not in person.

We asked if there was specific information that people had wanted but not been able to find. People told us that they wanted specific information about COVID-19 and how it would affect their pre-existing conditions, also about how they should isolate.

Respondents' comments are detailed in the following pages.



'Text messages to those considered at risk [with] underlying health...conditions. This data should have been shared with local service providers so that they could have offered better [information] to those at risk of getting COVID-19.'



There was evidence of confusion over who should shield and what it meant:

'Information has been very poor. You have been left very much on your own. At the start they said that anyone with certain conditions would receive a letter from the Government. Well I'm diabetic who has asthma and COPD but never received anything from anybody about what to do.'

'I live with two other people who are over 75 and never got any letters of what we had to do if we came down with the virus, no letters from GP on how all our other medical appointments for bloods, or blood pressure checks etc was going to happen or how to contact them if need be.'



People told us they wanted more clarity in Government's early messages:

'What services are still operating? Who decides what is 'essential shopping' ?'

'I was confused why I was told to isolate for 7 days and family for days at time made no [sense] and website didn't explain.'

Some people highlighted the worry caused by a lack of clear information

One person, for example, told us that he wanted: *'information that is accurate and honest regarding BAME and the virus.'*





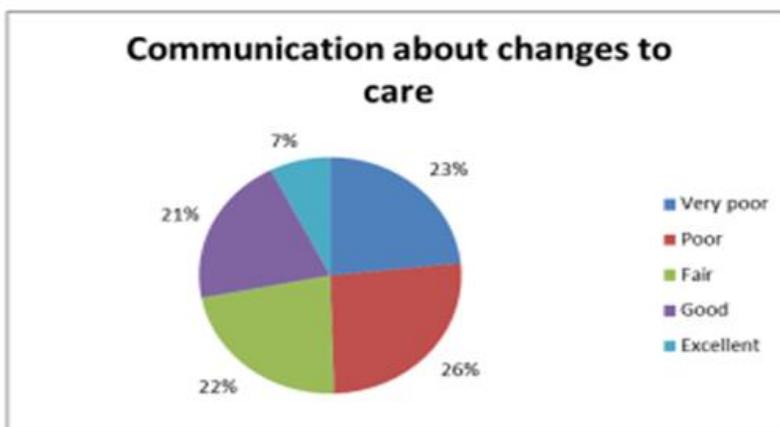
Another said:

'What is the risk to pregnant women and where is the evidence? Is it purely precautionary to single them out and make them feel terrified and vulnerable unnecessarily? The birth restrictions are also confusing and overwhelmingly scary.'



While most people found it relatively easy to get hold of the information they needed, it was clear that for some there were gaps, particularly about managing long-term conditions alongside COVID-19 in the early days of lockdown.

Ensuring that information is available in a variety of formats and languages; is easy to find and from trusted sources should be a continuing priority.



Particular concern: No indication how long changes may last



Seeking treatment and medical advice

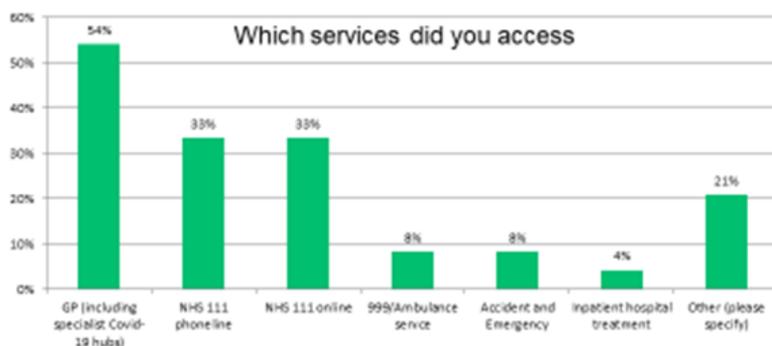
Treatment for COVID-19

59 per cent of respondents said that they felt confident or very confident in seeking advice or treatment for COVID-19 compared to 19 per cent who felt unsure or very unsure.

Of 256 people who answered the question, only one had tested positive for COVID-19. 22 people suspected that they had had the virus but had not been tested, and 51 people were unsure whether they had had it. 71 per cent of respondents said they had not had COVID-19.

The most commonly accessed service for support for COVID-19 was the GP (13 people), followed by the NHS 111 website/phone line (8 people). Two people had dialled 999 and two had gone to Accident & Emergency.

Accessing services for Covid





We had a number of positive comments about the support people received when they suspected they had COVID-19:

'Clear and informative, very supportive.'

'The response was speedy and the advice appropriate.'

'Couldn't fault the care. From ringing my GP to being seen in A&E it was 40 minutes.'

'Due to difficulty speaking used e-consult this is a very publicised yet extremely useful resource.'



However, others raised concerns:

'I was ill for 8 weeks and given seven courses of antibiotics before the GPs finally decided I had had COVID-19 and not a chest infection by which time my wife had been going into work risking the health, safety and wellbeing of the staff and patients in the home.'

'No help was available unless you become critically ill to be admitted to hospital.'





Some people gave mixed feedback about different services:



'The paramedics were brilliant and took me up to hospital/dealt with me brilliantly for severe Covid symptoms. It was the hospital itself that wasn't great.'

'Treatment for Covid was excellent BUT I also have Mental Health problems which were completely ignored despite requests for assistance. Other physical health complaints were also untreated.'

'Ambulance checks were very thorough, and staff were very efficient and caring. In A&E, only very cursory checks were made – temp, O2 sats and blood pressure, very little dialogue, not offered covid19 test or chest xray, advised it was most likely covid, and sent home with antibiotics in case of secondary bacterial infection. Told it could take months to fully recover, and no further help possible unless I deteriorate further.'



Non-COVID-19 health and care services

44 per cent of respondents said that they had experienced changes to their health care as a result of the pandemic, while 46 per cent said that had not. 9 per cent of those who replied said they had not needed to access health care during the crisis.

The range of health care services that people told us had been affected was vast.

They included: general practice, accident and emergency, dental treatment, thyroid tests, physiotherapy, antenatal care, cancer care, hospital appointments, MS team, diabetic clinic, mental health services, surgery, baby appointments, gastroenterologist, access to blood tests, care homes, checks on children with additional needs, steroid injections, eye clinic, chiropody, haemophilia care, rheumatology, paediatrician, CAMHS, asthma management, infertility diagnosis, day service, respite care and birth restrictions.

Changes varied, from GPs providing only telephone access to clinics and treatment being cancelled with no follow-up as to what would happen next. People shared their views of the changes they had experienced.

Positive comments included:

'Managed OK without GP – could pharmacy be more responsible for managing my high blood pressure and blood tests/medication reviews.'

'A lot easier to have these consultations over the phone in terms of convenience.'

'I keep getting phone calls checking up on my current health.'

'My local pharmacy has been fabulous but it seems to be the only health service still working in our local area.'

'I have received regular telephone calls from my GP, firstly to check how I was feeling about the threat of COVID-19 and to reassure me that they were still there if needed and to contact them immediately if I started to show any symptoms. Since then call to check up on my underlying health condition and just to see how I'm managing working from home etc.'





'When my labour started, and for someone who labours VERY fast, it was awful to have to go in to be assessed alone. My husband was asked to wait outside. I KNEW I was in active labour and kept advising the midwives that my babies come very quickly. The 15 minutes of being alone, without any support from my husband, knowing the baby was coming was very distressing. Luckily, my waters broke even before I was assessed, and my husband rushing in as soon as I messaged him. My baby was born within 20-25 mins.'

'Despite the initial shock, the staff were brilliant after labour and regardless of no visitors on the ward, the midwives were very attentive and on hand to support me and my baby during our overnight stay.'

'Online worked well – saved time and made feedback easier to register and respond to if needed.'

'The carers who come are most excellent. Very respectful and conscious of dignity.'

Negative comments included:

'Hard to set up the video conferencing system on my phone and had to use my work's iPhone eventually. The GP had to become a phone technician to help me set up.'

'No dental service.'

'My pregnancy is not being monitored as closely as it normally would be e.g. many of my appointments have had to be changed to telephone ones. Also my partner was not able to attend any ultrasound scan appointments with me. Whilst I understand the reason for this, it doesn't make it any less disappointing and a little upsetting at this time of great anxiety for me.'

'No consistency with the same therapist throughout treatment due to different staff being furloughed.'

'Inability to have urgent diagnostic tests and urgent theatre that would normally have been undertaken immediately.'





'My son has severe OCD. He deteriorated during the lockdown and called the GP but was told nothing could be done/could not refer him on due to COVID-19 as the mental health team would not accept referrals. He was told to look at 'well-being college' instead which is not an evidence based treatment for severe OCD according to NICE.'

'I was unable to see a GP and was given seven courses of antibiotics for infection rather than receiving a correct diagnosis risking both my health and the health of my wife.'

'Staff have been lacking in knowledge about social distancing.'

'GP was unhelpful and advised I left left Bradford for the blood test required rather than support me.'

'Told my B12 was not a priority by the surgery, yet my brother in Sheffield was able to have his! Postcode lottery! Mine was due in April!'

'All my son's dental appointments have been cancelled. I rang the dentist for an emergency appointment. I was told to go buy a temporary filing kit and sort my son's teeth out myself. My son has had a lot of issues with his emotions and I have no idea how to explain them to his paediatrician over a video call I would rather her see him in person.'

'Good to have the appointment by phone but felt pointless as the surgeon does need to see my son to progress his case. CAMHS support being withdrawn was tough, particularly at a time when families are under strain and young people's mental health could be suffering.'

'It's very worrying not knowing how long cancer care might be affected for.'

More people were unhappy with the communication they had received about changes to their care than were happy. Only 28 per cent of the 107 people who answered the question told us that the communication about changes to their care had been good or excellent, while 23 per cent said it had been fair. However, 50 per cent told us that it had been poor or very poor. The only positive comment we received was: *'Clear instructions what to do if we had an issue.'*





However, many people shared their concerns about the amount of communication they had received from health services, in particular that they had been given no indication of how long delays might last.

'I was expecting to get an appointment in July but haven't heard anything or been told the appointment would be delayed.'

'Informed at last minute changes to appointment.'

'We were just informed that none of this would be able to happen during C-19.'

'Not been kept up to date with when it will restart.'

'No information about when I can get to see an optician or dentist.'

'Unclear if when and how to get treatment for chest infection I had for many weeks after.'

'No letter or text from surgery re diabetes checks, usually quarterly.'

'No information on the [GP] website about the withdrawal of online booking system, this resulted in me contacting a private GP for health advice.'

'Information is very confusing and even staff are somewhat confused around guidelines.'

'I was supposed to have an appointment with my consultant, no one rang to cancel or arrange a telephone appointment so I called the hospital myself. I was told that someone should have contacted me to cancel the appointment. I was awaiting the biopsy results from the cancelled appointment and the person I spoke said they would call me within a few days to tell me but no one rang and I had to email with a complaint. This was not answered for weeks I was then told my results over the phone.'

'No notification from practice until I called them. Then had recorded message.'



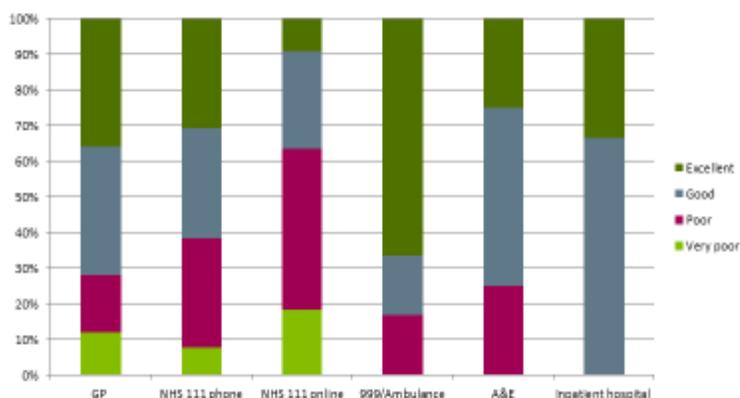


We asked people about how the changes to their care affected their health and how they managed it:

- Some were positive
- Some negative – including how changes added to worry and mental health problems
- Some people were fatalistic
- Some people said that they missed face-to-face contact and that this left them feeling isolated.

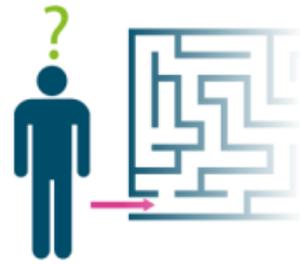


Experiences of health and care



Note: 999, A&E and inpatient had very low numbers of respondents (6, 3 and 3 respectively)





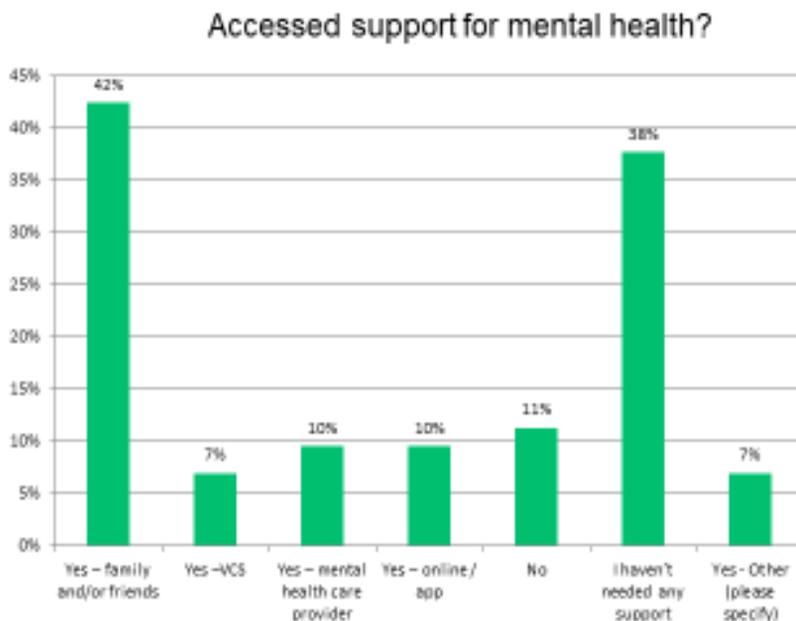
Mental health

The mental health impacts are well documented. Healthwatch England has recently published a report detailing the impact of COVID-19 specifically on mental health (www.healthwatch.co.uk) – findings which echo those of other national organisations such as MIND.

Our respondents reported significant impacts on their mental health and wellbeing while living under lockdown.

We asked people to rate the effect on their mental health on a scale of 0 (no impact) to 100 (high impact). The average scale was 56. Looking at the numbers more closely, we found that most people's responses were of the scale between 40-60, suggesting a clear impact on mental health and wellbeing. 18 people said there had been no impact at all, while 13 people rated the effect as 100/100.

We asked people if they had accessed any support for their mental health (they could select more than one option). Their answers are shown in the graph below.





The most important source of support, cited by 42 per cent of respondents, was family and friends. Other sources of support mentioned including work and colleagues, private therapy and organisations including Remploy, Making Space and Dementia Friendly Keighley. The GP and diabetes nurse were also mentioned.

When we asked for more information about how people felt their mental health had been affected, the sense of anxiety and fear was palpable. People worried about catching the virus, about their families catching the virus, and about the effect on their work:

'I've felt so alone and hopeless and not able to get support and so terrified. I've sometimes wondered if it is worth going on.'

'Feeling anxious or overwhelmed, tired and exhausted with worldly issues but got through with talking, sharing and taking time out for reflection and self care.'

'I went off with work stress then it became lockdown. I had my medication increased only because I became suicidal and crisis team came out. After that I had nothing at all and had to help myself it was awful.'

'My wife was extremely worried during the first few weeks of lockdown but there was nobody to turn to outside our household. It was particularly worrying that ordering online grocery shopping was chaotic and the supermarkets were totally out of their depth...Worst of all was the never ending negative news stories on TV...in the meantime we are avoiding a lot of the news.'

'I have found it very difficult as I live alone and I have to shield...all of the things that I usually have outside of work that help me build resilience to the kind of work I do, have been stopped. Work have not been particularly supportive.'





'It has been a daunting experience with mixed messages from the government.'

'Dreaming about Covid 19 and anxious about returning to work.'

'Worried about bringing virus into house affecting my daughter, and a daughter working in London, and her flatmates moving in and out of the flat meeting their partners in the early days.'

'The frustration of being inside and working from home and not being able to see extended family and friends whom I met nearly on a daily basis pre-Covid...not being able to go to places of worship and to have to fast and celebrate Eid with immediate household and not in the wider community.'

'Anxious about employment status and being able to sustain everyday living plus ensuring financial sufficiency for immigration purposes; Anxious about children's education and requirement going back to school and arrangement to go to school whilst working on a new job; Anxious about own family's safety here and the immediate family left behind abroad, including sustaining financial support given for medically ill elderly parents.'

Loneliness was a strong theme through people's stories, compounded by conditions such as hearing loss:

'I'm still coming to terms with the death of my wife...the present situation has brought home how lonely I can feel at times...unable to video or talk due to my deafness.'

'I think being isolated at home alone...has had an impact as I have also been unable to speak due to the illness and this has further isolated me. A lot of mediums and resources for communication are reliant on our ability to speak as a form of communication. I am also very close to my family and friends and this enforced separation has been very difficult to overcome.'





'Living alone I found it very hard not getting out of the house and having contact with people other than family on the phone. I felt forgotten because I hadn't been contacted by anyone re support...My neighbours were very supportive but I still felt isolated and down in the dumps.'

'Due to shielding and being off work, I've found it difficult to be at home, when colleagues have been working on the front line. Also the worry of contracting the virus and how that would affect my family.'

'I've spent some of my pregnancy feeling very unwell and therefore felt particularly vulnerable to going out the house at this time. This left me feeling isolated, frustrated and helpless.'

People also discussed how they tried to manage their own mental health. Reading was cited by some, keeping busy with work, and the importance of staying in touch with people:

'Maintaining my social connections has been so important in helping me to manage how I feel.'

'Any moments of anxiety have been easily managed by talking to my children (all grown up) and friends, sharing that we were all feeling the same things and that it's perfectly normal.'

'Managed it by doing exercises. Practising mindfulness.'

'Keeping busy and keeping in touch by apps, telephone, letters, email and seeing people in the street has been vital.'

'I have lots of family support, have a garden and am still working so I know I am very lucky.'

'I am self-motivated and found tasks and interests to occupy myself.'





'I'm a generally positive person and do thing things to support my own wellbeing e.g. gardening, reading, talking to family etc.'

'Exercise helps, keeping busy, not watching or listening to news much!'

'Kept busy working and support older people of Bradford...the great feeling of helping someone else has had a good impact on my wellbeing.'

'Knowing that I have someone to speak to at the end of a phone about any difficulties I am having helps reduce my feelings of hopelessness and helps to alleviate my anxieties a touch.'

A number of people discussed the use of mental health services. Several people mentioned being referred to My Wellbeing College, provided by Bradford District Care Trust. However, people also shared the difficulties they had in accessing mental health services:

'Access to specialist counselling in Bradford is nigh on impossible. Waiting lists are 18 months + long for the kind of care I need. Too much time and money is spent on digital solutions for under 25s and it doesn't feel like this is right when access to talking therapies for people over that age are nigh on non-existent. I don't need another app or online portal to point me to services with long lists, I need talking therapy.'





All in this together?

People's experiences of community support

We asked people whether they had had to ask for help that they had not had to in the past, for example, because they were shielding or self-isolating. 36 per cent said that they had. Help with shopping was most frequently mentioned as the help provided – from family and friends, from volunteers and charities and through getting food and medicines delivered by the store.

Most people who had asked for help told us that this had had a negative effect on them and their wellbeing, with several telling us that they felt a loss of control, and that it made them feel helpless or like they had lost their independence.

'I find it upsetting because it's a burden to them.'

'Did not feel self sufficient.'

'Psychologically and emotionally caused tension.'

'I wouldn't have felt comfortable asking for help, would have felt like a fraud, even though I know I'm in the group that should shield.'

'I feel trapped/claustrophobic.'

'It's made us feel old and useless!'





Some said that they had found the help or alternative ways of accessing things they needed useful, with one saying that he could not speak highly enough of the staff at his local pharmacy. One person noted that the *'lack of independence [is] a small price to pay for keeping safe.'* Others, however, told us that while they had needed help, they had struggled to access it.

We also asked whether people had given support as a result of COVID-19 that they had not given in the past. 48 per cent said they had done so, and while most seemed happy to do this, others shared that it could feel like a burden. Often the divide was between people who had volunteered in their local community because they had spare time and wanted to be useful, and those who were providing additional support to family or friends because no alternative support existed.

Some of the positive comments about volunteering included:

'I've appreciated being able to volunteer as a telephone befriender.'

'Hasn't affected me. Made me more aware of the support people need and offered a lending help where needed.'

'Glad to help.'

'It's been a real positive and the only thing about this whole Covid thing to give me a good feeling. It's created a strong sense of community and I've got to know my neighbours really well, even if from 2 metres across the fence! Or seeing them out on the street clapping, when they wave and do a thumbs up. I never knew people in my local area and now I do, which is great!'

'It's given me something to do.'

'I am close with the people I am helping so very happy to offer support.'





'It has helped me to focus on something other than the pandemic.'

Some people acknowledged there were both positives and negatives involved in volunteering:

'It has been appreciated and rewarding, but may become more difficult as I return to work and get more busy.'

'I have felt of use so it has kept my spirits up but at times I have felt many in our society are neglected. I am disabled and trying to support an 87 year old when I am struggling to meet my own needs.'

'It feels good to be able to help other people. However it can be exhausting.'

'Just tiring making sure all ok, but would continue to support.'

'Felt pleased to be able to help, but worried about social distancing and sad I'm not getting help.'

'Very demanding supporting more than one other household as well as managing the difficulties of extra adults locking down in the home, home working and running a business remotely. Felt very guilty at lack of available time to spend with other vulnerable people (at a distance).'





Conclusion

Residents of the Bradford District have experienced a range of experiences during the early months of the COVID-19 pandemic in terms of accessing health and care services.

Our survey shows the primary challenges were in the following areas:

- Accessing clear, concise information
- Confusion regarding shielding rules and processes
- Uncertainty regarding changes to continuing care for pre-existing conditions and the communication about those changes
- Mental health services were difficult to access for both existing and new service users.

Whilst there are clear examples of services failing to provide the standard of care expected by patients, there are also examples of good and great practice.

This report acknowledges that some of the concerns reported to us are likely to stem from national guidelines and communication issues, however there are clear lessons to be learned at a local level.

The telephone interviews, conducted to explore the survey responses in greater detail, demonstrated a real understanding of the challenges health and care services were facing and a huge amount of goodwill and support toward service providers.



Recommendations

'Services must learn from and respond to people's experiences.

'The job facing health and care staff is incredibly demanding – but if people do not speak up about what is working and what is not, that job would be even harder.'

Sir Robert Francis QC, Chair of Healthwatch England

It is necessary to comment here that progress is on-going in many areas, based on interim reporting shared with colleagues and partners to-date. However, based on this survey's findings, Healthwatch Bradford & District makes the following recommendations:

- Wherever possible local communications should reinforce national messages in a clear and unambiguous way.
- Local communications should reflect the district's diversity and differing communication needs.
- Changes to services should be communicated effectively and include a time-line wherever possible.
- Mental health services should be extended where necessary to reflect the impact of COVID-19 on the emotional well-being of residents.
- Mental health services should recognise that digital services are unsuitable for many people and shape services to recognise this.
- Healthwatch Bradford & District will continue to work closely with partners at a local, regional and national level as an independent voice to ensure services are delivered to meet the needs of local people.
- Should there be a follow-up to this survey it must be more representative of the district and its residents.

Appendix

We recognise that the number of those who responded to the survey was limited due to the peculiar environment in which it was launched and that this does not adequately reflect the full demographic of the Bradford district.

This is so particularly with regard to men, to Black, Asian and Minority Ethnic (BAME) communities and young people under 18 years of age.

Responses

300 responses

- 74% White British, 13% Asian or Asian British - Pakistani
- 22% with a disability
- 76% Female
- Clear demographic gaps in respondents, in particular BAME people, the LGBT community, and young people
- Majority did not provide postcode so difficult to establish geographic gaps
- Majority had not had Covid (only 1 person had confirmed Covid)



Age	Responses (%)	Responses
17 or under	0.00%	0
18-24	2.63%	6
25-49	35.53%	81
50-64	35.53%	81
65-79	22.81%	52
80+	0.44%	1



Partners we consulted include but are not restricted to:

- Bradford District & Craven CCG
- Bradford Metropolitan District Council – various committees and COVID-19 sub-groups
- Community Action Bradford & District
- People First Keighley & Craven
- Carers' Resource
- Café West
- The Millside Centre
- Bradford Speakability
- Sharing Voices
- Women's Health Network.

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