

HEALTH AND WELL BEING BOARD Regulatory Committee Agenda

Date Tuesday 22 June 2021

Time 2.00 pm

Venue Queen Elizabeth Hall, Civic Centre, Oldham, West Street, Oldham, OL1 1NL.

Notes 1. DECLARATIONS OF INTEREST- If a Member requires any advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Kaidy McCann in advance of the meeting.

2. CONTACT OFFICER for this Agenda is Kaidy McCann Tel. 0161 770 5151 or email Constitutional.Services@oldham.gov.uk

3. PUBLIC QUESTIONS – Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the Contact officer by 12 Noon on Thursday, 17 June 2021.

4. ATTENDANCE DURING COVID-19 – Due to current restrictions, a limited number of members of the public are be able to attend the meeting, therefore this will be on a first come first served basis. Face coverings must be worn at all times and details for track and trace will be required on arrival. The meeting will be streamed live on the Council's website for the public to watch.

5. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming. Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD IS AS FOLLOWS:

Councillors M Bashforth (Chair), Chauhan, Leach, Moores and Sykes
Chris Allsop, Mike Barker, Donna Cezair, Majid Hussain, David Jago, Dr

Keith Jeffery, Gerard Jones, Stuart Lockwood, Dr. John Patterson, Claire Smith, Katrina Stephens, Rebekah Sutcliffe, Tamoor Tariq, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh and by invitation Val Hussain, Joanne Sloan and Karen Worthington

Item No

- 1 Appointment of Chair and Vice Chairs
To note the appointment of Councillor Marie Bashforth as Chair and to invite the appointments of Vice Chairs of the Health and Wellbeing Board for the 2021/22 Municipal Year.
- 2 Apologies for absence
- 3 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Urgent Business
Urgent business, if any, introduced by the Chair.
- 5 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 6 Minutes of Previous Meeting (Pages 1 - 6)
The Minutes of the meeting of the Health and Wellbeing Board held on 23rd March 2021 are attached for approval.
- 7 Pharmaceutical Needs Assessment (Pages 7 - 8)
- 8 Healthwatch Oldham Report - COVID-19: Your Health and Care Experiences Report (Pages 9 - 64)
- 9 NHS White Paper - Integration and Innovation: Working Together to Improve Health and Social Care for All and Developing an Integrated Care System - Update
To provide an update to the Board on matters following from the publication of the White Paper.
- 10 Date of Next Meeting
The next meeting of the Health and Wellbeing Board is scheduled to be a Development Session to be held on Tuesday, 27th July 2021 at 2.00pm. The



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next formal meeting of the Board is scheduled to be held on Tuesday, 14th September 2021 at 2.00pm.

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Councillor Stretton (Chair)
Councillors Ball, M Bashforth, Chauhan, Moores and Sykes

Mike Barker	Executive Director Commissioning and Chief Operating Officer (Oldham Council/Oldham CCG)
Mark Warren	Managing Director of Health and Adult Care Services
Gerard Jones	Managing Director of Children and Young People
Rebekah Sutcliffe	Strategic Director for Communities and Reform
Katrina Stephens	Director of Public Health
Tamoor Tariq	Oldham Healthwatch
Stuart Lockwood	Oldham Community Leisure
Emma Davison	First Choice Homes
Liz Windsor-Welch	Action Together
Claire Smith	Director of Nursing and Quality, Oldham CCG
Joanne Sloan	Dr Kershaws
Janette Olsen	Bridgewater NHS Foundation Trust

Also in Attendance:

Sian Walter-Browne	Constitutional Services
Mark Hardman	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from David Jago, Dr John Patterson, Dr Keith Jeffrey, Majid Hussain, Carolyn Wilkins, Donna Cezair and Karen Worthington.

2 **DECLARATIONS OF INTEREST**

Tamoor Tariq declared a personal interest in the business of the Board generally by virtue of being an elected member of Bury Council and a member of the Bury Health and Wellbeing Board.

3 **URGENT BUSINESS**

There were no items of urgent business.

4 **PUBLIC QUESTION TIME**

No public questions had been received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED – that the minutes of the meeting of the Health and Wellbeing Board held on 26th January 2021 be approved as a correct record.

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Board was advised that a review of the Council's Constitution was now largely complete and that final matters, including a refresh of the terms of reference of the Health and Wellbeing Board, were to be submitted to the Council meeting on 24th March 2021.

The terms of reference of the Health and Wellbeing Board are contained at Part 3 (Responsibility for Functions) in the Council Constitution and had been considered within a refresh exercise, focused on updating and refining content as opposed to presenting revised arrangements. The existing terms of reference of the Board were those as determined on formal establishment in 2012 meaning that subsequent organisational and governance developments impacting on the Board were not acknowledged and the terms of reference are silent on certain reporting arrangements that had been determined over time. The proposed revised terms of reference were submitted for consideration.

It had been proposed that the Board review the terms of reference in 12 months time but, in light of the recently published NHS White Paper, the anticipated legislative programme and changes in governance arrangements in the health and care sectors, it was suggested that a consideration in the autumn might be more appropriate.

RESOLVED that

1. the draft revised terms of reference of the Health and Wellbeing Board be noted and supported;
2. the Board terms of reference be further reviewed in autumn 2021 as legislative and governance proposals develop.

REFRESH OF THE LOCAL OUTBREAK PLAN

The Board was updated on Oldham's Local Outbreak Management Plan (LOMP) for Covid-19 and considered the refreshed version of the Plan. While local authorities have an ongoing statutory responsibility to have LOMPs in place for responding to emergencies in their areas, they had been tasked by Government to produce specific plans by, in the first instance, the end of June 2020 in response to the ongoing COVID-19 pandemic.

All local authorities had been asked to review and update their LOMP in March 2021 to incorporate the learning of the past nine months, to plan for the next phase of the response, to account for the associated funding, and to reflect potential changes in local roles, responsibilities and resources. The refresh also presented an opportunity to identify and share good practice and to reflect developments since the original plans were produced. Oldham's LOMP had been reviewed and an updated version

produced accordingly, in line with guidance provided by NHS Test and Trace for the refresh of plans.



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The updated Plan was shared with the Contain Regional Partnership Team on 12th March 2021. NHS Test and Trace had acknowledged that the timeframe given for the refresh might not have allowed local systems to seek the necessary sign-off for their plans through the appropriate governance structures and, as such, there was an opportunity to amend and further develop the Plan in response to any feedback provided by the Board. The Regional Partnership Team would next review the Oldham Plan in order to gather information about good practice, issues, risks and opportunities to inform discussions with central Government.

Members of the Board expressed thanks to the Director of Public Health and to all the staff and partners who had contributed to the refresh exercise over the short timescale provided. It was noted that the Plan needed to be a dynamic document that could be adjusted to reflect both new circumstances and new learning. Greater awareness of working across Oldham had been gained through the pandemic, while there had been much learning and increased understanding of the impact of inequalities on health outcomes. An Inequalities Advisory Group had been established which was developing an Equalities Strategy and a Multi-Agency Poverty Action Plan which, alongside the LOMP, would enhance the recognition of and response to inequalities.

The work that had been developed to assist those with no digital access in being able to access support, including to Covid testing and vaccination, was supported. Noting reference to the development of communications with regard to financial support for those required to isolate, it was asked if this could include clear pathways for those applying for support. This issue was acknowledged, it being noted that it was also important people were aware of the availability of support before it was needed. People were concerned about job security which financial support alone would not resolve and work around this issue was needed with employers.

The Board was advised that Healthwatch had circulated the draft report arising from their Covid Survey for comment to those organisations identified within the recommendations and those in receipt of the draft were urged to respond. The final report would be published following receipt and consideration of responses received. Earlier comments made regarding inequalities were referenced, with the importance of having the patient experience and engagement considered and reflected in the addressing of inequalities being advised, along with the support this could provide in getting community support for a range of activities such as social prescribing and developments in primary care.

While recognising what had been done well to date, it was commented that the Board needed to consider what would be

done differently in response any future pandemic, reflecting on those lives lost and those who were still suffering and ensuring that learning would produce different, better results. The experience of the first lockdown, where people were more likely to seek and get support from family, friends and their local community, was noted and it was suggested that this support approach had been lost over time. There was a need to look to opportunities to re-invigorate such activity and support.

RESOLVED that the refreshed Oldham Local Outbreak Management Plan be endorsed.

8

NHS WHITE PAPER - INTEGRATION AND INNOVATION: WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL

The Board received a paper providing a briefing on the recently published NHS White Paper “Integration and Innovation: Working Together to Improve Health & Social Care for All”. The Secretary of State for Health and Social Care had asked NHS England in 2019 to identify and consult on what legislative changes were needed to fulfil the ambitions of the ten-year NHS long term plan, the White Paper being the result. The White Paper did not cover broader social care reform, giving instead a commitment to publish proposals for reform in the current year, but it did give some direction of travel for adult social care and for changes in public health.

The proposals in the White Paper were considered in the following themes –

- working together to integrate care – proposing statutory Integrated Care Systems (ICSs) with “dual structure” governance arrangements;
- reducing bureaucracy, including the removal of requirements on competition and procurement in the NHS; and
- improving accountability and enhancing public confidence – proposing the formal merger of NHS England and NHS Improvement and new powers for the Secretary of State.

Additional proposals, many related to public health and adult social care, would be set out in a Health and Care Bill, with legislation in place for implementation in 2022.

The principal focus of the briefing related to the working together to integrate care theme, it being noted that the forthcoming Health and Care Bill will support two forms of integration. Firstly, through the removal of barriers within the NHS and making “working together an organising principle”, NHS bodies were to have a “triple-aim” duty of better health and wellbeing for everyone, better quality of health services for individuals, and sustainable use of NHS resources, the intention being to help align NHS bodies around a common set of objectives with strong engagement with local communities; and secondly through greater collaboration between the NHS, local government and wider delivery partners to improve health and wellbeing outcomes for local people.

Local authorities and NHS bodies would be expected to work together in the ICS under one system umbrella. ICSs would be put on a statutory footing to allow stronger and streamlined decision making and accountability and have “dual structure” arrangements reflecting the two forms of integration – an ICS NHS body (or Board) and an ICS Health and Care Partnership, the composition and roles of each being considered in the briefing. The briefing further outlined proposals in respect of each theme and noted the government’s recognition of the significant pressures faced by the social care sector and the intention to bring forward proposals for reform aimed at ensuring everyone can access affordable, high quality, joined-up and sustainable adult social care.

Comment was made as to the need to fight to ensure that appropriate structures were introduced for Oldham, ensuring that local decision making that maintained the One Oldham approach was delivered, and ensuring that the voluntary sector was included in commissioning arrangements and thrived.

With regard to Social Care, it was noted that the Chancellor had been silent on the adult social care funding challenge in his recent financial statement, and reference was made to confusion around charging and the failure to enact provisions in Part 2 of the Care Act. The new assurance framework and the role of the Care Quality Commission in assessing delivery of local authority services was noted, though discussion was ongoing as to the form this might take. Arrangements regarding discharge assessments were similarly in need of further detail and consideration.

The frequent reference to Public Health in the White Paper was noted, though the need for further detail was suggested. References to obesity and fluoridation appeared as very specific issues, but it was suggested that this might relate to the requirement for primary legislation to introduce powers for the Secretary of State.

Possible future arrangements for Oldham were further considered, including the process by which Oldham could control what happens in Oldham, and the need to ensure that health inequalities, not explicitly written into the White Paper, were addressed and written into local modelling. The work ongoing at the various Boards across Greater Manchester to consider future arrangements was outlined. The White Paper strengthened the role of localities, and there was discussion around what would happen in Greater Manchester moving forward, what activities would take place where, and the implications of the disappearance of the CCGs.

RESOLVED that the report be noted.

9

DATE OF NEXT MEETING

It was noted that the next meeting of the Board was scheduled to be held on Tuesday, 22nd June 2021 at 2pm, with further meetings of the Board scheduled to be held on Tuesdays 27th July (Development Session), 14th September, 16th November, 14th December (Development Session) 2021, 25th January and 22nd March 2022 at 2.00pm.



The meeting started at 2.00 pm and ended at 3.00 pm



Report to HEALTH AND WELLBEING BOARD

Pharmaceutical Needs Assessment

Portfolio Holder:

Councillor Z Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Julie Holt, Public Health Specialist

22nd June 2021

Purpose of the Report

Oldham Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a Pharmaceutical Needs Assessment (PNA). Oldham's current PNA was due to be reviewed during 2020/21 and the renewed PNA to be published in April 2021.

The purpose of this report is to inform the Health and Wellbeing Board that the Department of Health and Social Care determined that the publication of PNAs be suspended for one year, until April 2022, in order to reduce unnecessary extra pressure on local authorities and Local Pharmaceutical Committees (LPCs) during the response to the Covid-19 pandemic. Further notification has been received that the deadline for publishing the PNA has been further postponed until October 2022. Guidance for production of the PNA is to be produced within the next few months.

The report also requests agreement from the Board to publish a supplementary statement which outlines updated information that supersedes the original information in the PNA 2018-21 and in the previous supplementary statements issued on 17 December 2018 and in June 2020. It is anticipated that the new supplementary statement will be available by mid-July.

Requirement from the Health and Wellbeing Board

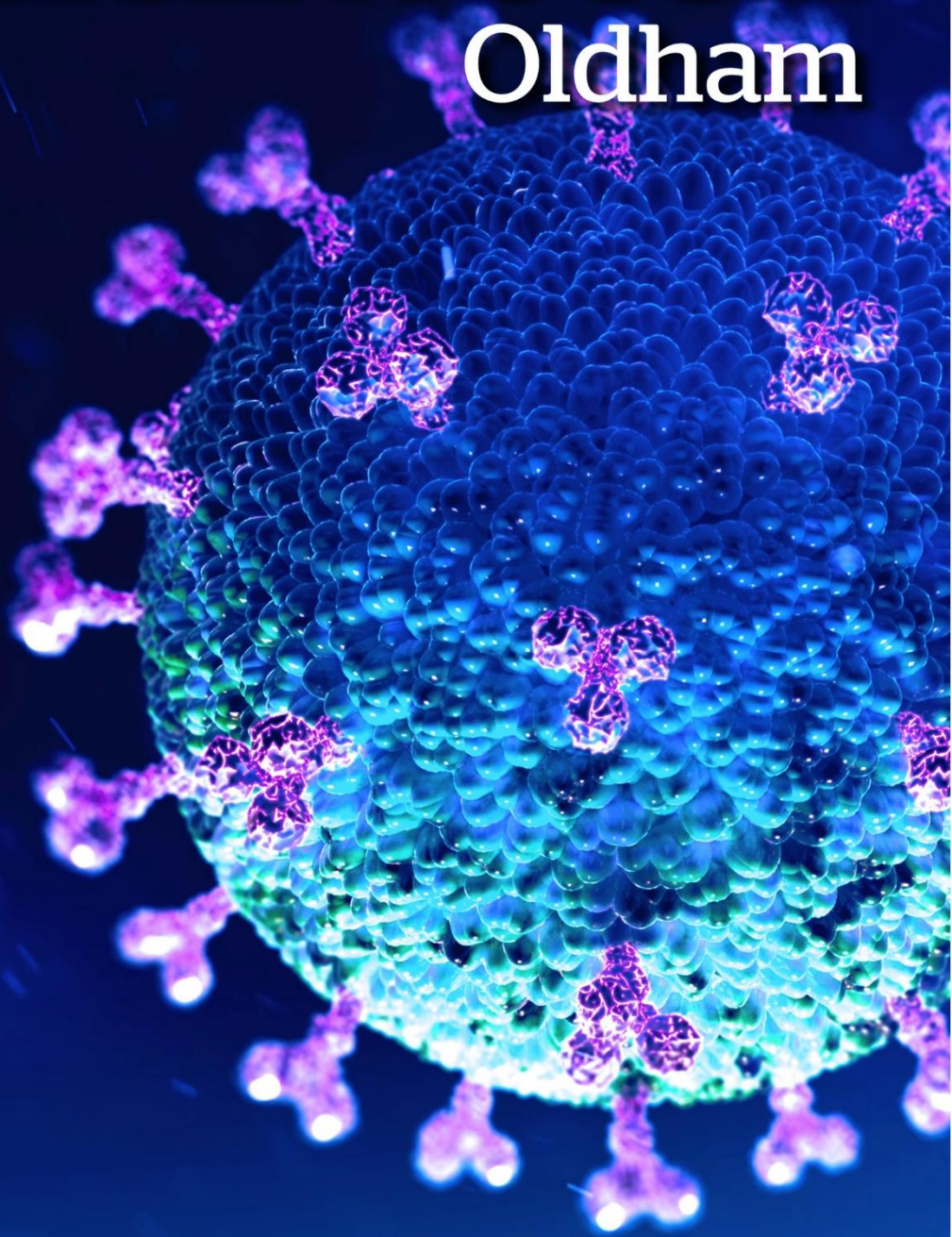
The Health and Wellbeing Board is requested to:

1. Note the suspension of the requirement to publish the renewed Pharmaceutical Needs Assessment (PNA) until October 2022 as determined by the Department of Health and Social Care as a consequence of the Covid-19 pandemic.
2. Agree to the publication of a new supplementary statement which reflects local changes in pharmaceutical provision since the previous supplementary statements.

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healthwatch

Oldham



COVID-19: Your Health and Care Experiences Report

March 2021

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Executive Summary

Report Purpose

This report explains the findings of the research undertaken looking at people's experiences of health and social care services in Oldham during the COVID-19 pandemic. We have captured the experiences of local people in order that their experiences can help shape our health and care services, learn and move forward post the pandemic.

Greater Manchester has been disproportionately impacted by COVID-19 in comparison to the rest of the UK: Oldham is one of GM's local authorities that have been in the top 20 local authorities across the UK by all-time case rate. Oldham has sustained enduring levels of COVID-19 since the beginning of the pandemic, with high numbers of people infected with COVID-19 and sadly over 690 reported deaths to date.

There is now a substantive body of evidence proving that more deprived areas have experienced higher mortality rates from COVID-19. COVID-19 has had a more severe impact on people with existing health conditions and factors such as older age, ethnicity, disabilities and income levels have increased the prevalence and severity for some people. The demographic make-up of the Oldham's population, comparatively high levels of poverty and deprivation have meant that some Oldham residents have been at increased risk throughout the pandemic.

“COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics. (NHS ENLAND HEALTH INEQUALITIES HUB)

<https://www.england.nhs.uk/about/equality/equality-hub/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/>”

Methodology and Responses

A questionnaire was developed to gather information about people's access to appointments, their treatments and/or support services in addition, we asked about people's current health and identified areas of support that people felt had gone well and things that could have been improved. See Appendix A for a full copy of the questions asked. The survey contained qualitative and quantitative questions and a space for free text. We distributed the survey online and in written formats.

We released the survey in July 2020, and it closed on the 31 October 2020, after an initial review of the responses we found that the views of people from Black, Asian, and Minority Ethnic (BAME) communities were not accurately represented. In order to increase the participation rates, from August to October 2020 we worked with local BAME community groups/projects to gather more ethnically diverse responses.

In total, 701 people living and working in Oldham shared their experiences of accessing health and care services since the start of the Pandemic in March 2020. Responses reflect a cross-section of people including those diagnosed with COVID, those undertaking COVID-19 tests and those who have not had a diagnosis of COVID. Over 24% (170 people) responses to the survey came from BAME residents.

Having analysed the “Profile of respondents” data provided (see pages 33 to 40) Healthwatch Oldham acknowledge that within this set of responses there is limited feedback from people who identify as LGBTQ+, have a physical disability, have a learning disability or autism. We will endeavour to address this in future patient led projects and surveys to ensure our feedback is as inclusive as possible.

Key Findings

Summary of themes

The following highlights the key themes that have emerged from the analysis of the responses. These themes are summarised under headings on communication, access to services, cancelled appointments and experience within services.

Communication

- The vast majority of responses acknowledged the unprecedented nature of the pandemic and understood that there would be a disruption to service delivery. There is however a significant number of responses received in the free text section of the questionnaire that highlights that a lack of clear and regular communication has been an area of concern for some people. Some of the comments received referred to; conflicting and confusing messages on COVID-19 guidance both locally and nationally (42 comments); people living with long term health conditions feeling abandoned (24 comments); poor communication from NHS services (25 comments); media coverage of COVID-19 creating anxiety and fear making people reluctant to seek medical help when needed (13 comments).
- Within free text feedback 28 people stated they wanted more consistent messages about COVID-19.

Access to Services

- Of the 701 people who completed the survey 19% (136 people) stated that they had been informed that they were clinically vulnerable and advised to shield. Of those 136 people, 39% (53 people) stated they had access to the government shielding programme whilst 54% (74 people) stated that had not been able to access the programme or did not know about the programme.
- The results from the stated question **'the following services were easy to access during the pandemic'** demonstrated that people felt the easiest services to access were pharmacies with 79% (358 people) agreeing out of 452 responses and remote GP appointments of which 65% (277 people) agreeing out of 428 responses. In contrast, the services that people felt were the most difficult to access were in-person GP appointments of which 62% (213 people) disagreed out of 344 responses, dental appointments of which 65% (152 people) disagreed out of 235 responses and mental health in person appointments of which 43% (42 people) disagreed and 48% (47 answers) neither agreed nor disagreed out of 99 responses.

- Access to social care services for vulnerable adults and young people was highlighted by 5 survey respondents as an issue with support being withdrawn during the first lockdown period. Issues raised focussed on the negative impacts of not having access to day services, school support, personal assistants, social care, mental health services, extended family and friends support.

"Our son's support completely stopped in March and we have had 2 phone calls from adult social care to check we are still alive, but not to offer any specific help".

"Many parents like myself have been left to cope 24/7 since day services have closed, no Personal Assistant (PA) service in case they carry virus or respite care. Carers in Oldham have been left to cope, especially in our situations".

- Whilst the majority of those who completed the survey 89% (621 people) felt confident using a computer, 11% of respondents stated they did not feel confident or have access to a computer. If we compare this to the Oldham population of 230,823 (from 2011 Census), potentially the number of people who are not confident/have access to a computer could equate to 23,615. A number of people in the free text section, expressed that they struggled to understand how to use new patient applications e.g., Ask my GP and Patient Access.

Cancelled appointments

- 50% of survey respondents (353 people) said that they had appointments /treatments cancelled. The highest response on cancelled appointments was; dental appointments 47% (165 people); followed by hospital appointments 37% (131 people); routine GP appointments 20 % and 'other' category (see page 26 for a breakdown of other cancelled appointments) was 20% (69 people). Whilst a smaller number 3.1% (11 people) recorded having cancer treatments and surgery and 2.8% (10 People) recorded mental health appointments being cancelled.
- Since dental practices reopened in June, a high proportion of survey responses mentioned limited access to routine dental appointments and registering with an NHS dentist as an issue (which Healthwatch England have also recently raised nationally).
- Out of the free text feedback there were 24 comments from people living with long term conditions and/or a new diagnosis around lack of support and access to the health care they normally received and were left unsure of when treatments would be available for them, this has included routine injections stopping, cancelled medical procedures and treatments and routine physio sessions.

Experience of services

- Of the 34% (239 people) who attended in-person appointments 60% (143 people) felt that adequate guidance was given on minimising risks. 6.5% (16 people) stated that the guidance was unclear.
- The responses we received suggests that there are mixed views on the benefits of in-person and online consultations (see appendix B for free text analysis breakdown). Responses indicate that some people found the limited face-to-face support very difficult whilst others gave positive responses to the remote support and felt it could complement face to face consultations.
- Throughout the pandemic restrictions have been placed on visiting patients within a hospital setting or relatives within a care home setting. Whilst feedback suggests that people understood the need to comply with national guidance on infection control, there are a number of people who express frustration at the limited access around speaking to family member admitted to hospital and difficulties gaining progress/ health updates. From the responses we received, it indicates that that technology has been used to support family / patient communication with 37% (36 people) using their own mobile phone/tablet to speak to relatives, whilst 16% (16 people) said that nothing was put in place to enable families to communicate remotely.
- Within the the free text feedback there are 8 powerful accounts of the negative emotional impact on the patient in having to attend appointments / treatments alone such as maternity services, and receiving news on life-limiting and life-changing conditions.
- Of the 231 people who had treatment during this period 58% (139 people) said that risks of continuing with treatment were explained to them whilst 28% (67people) stated that the risks of carrying on with treatment were not explained to them.

Recommendations

This following summarises recommendations for action and next steps. This is based on what local people have told us and summarised against the main themes of the findings from this survey.

Communication

Recommendations to strengthen the communication to patients throughout the pandemic include:

1. Produce clear and regular communication and maintain in regular contact with people receiving treatment and/or managing long term conditions.
2. Ensure communication is as inclusive as possible, using simple language, available in multiple languages and accessible formats.
3. Clarify and promote what is / what is not classed as an emergency and what the criteria is for receiving treatment (this was particularly raised in relation to access of emergency dental treatment) but applies across other health and care services.

Access to service to Services

Recommendations to improve the access to services suggested by local people include:

4. Offer in-person appointments for those people who for are unable to access remote appointments.
5. Provide time slots for patients for remote GP appointments
6. Provide information in hard copy or video format to help people to understand new patient applications and how to book GP appointments.
7. Work with local people who consider themselves to be digitally excluded to better understand what would help to make remote appointments more accessible.
8. Work with carers and vulnerable adults or young person who require social care support to capture the longer term impacts and identify the support required.
9. Continue to promote and develop the mental health support offer with additional emphasis placed on reaching seldom heard communities.

Patient experience

The following recommendations are made in response to people who have accessed a service within the pandemic. The recommendations include:

10. Increase the promotion around the hospital offers around tablet/phone loan options available.
11. Produce clear visiting guidance information in an accessible format that can be shared widely across a range of platforms and different messaging apps.
12. Work with patients to minimise infection risk but where at all feasible, allow people attending important appointments to have support from a family member/friend.
13. For online consultations, make patients aware prior to the appointment that they can have a family member/friend present.
14. Throughout the pandemic and following it, encourage patient/clients to offer feedback and publicly share information on how improvements will be made.

Cancelled appointments

The recommendations in this section are in areas where people have expressed that there has been a negative impact on the cancellation of appointments. Recommendations include;

15. Take urgent action to tackle unmet demand in access to dental services, particularly for those people who are unable to register with an NHS dentist.
16. Increase the guidance and support for people living with long term conditions and/or a new diagnosis and provide access to treatments in accessible community settings.

Living with COVID-19

Given the enduring nature of the pandemic, and increased risk factors for some residents in Oldham there is a need to address the longer term impacts of COVID-19. This recommendation builds on the insight we have collected that indicates people are concerned about the longer-term impacts of COVID-19 on their health, reducing the risk factors within their control and how to stay physically and mentally well.

17. Increasing awareness and providing support for people to stay well, help manage their long-term conditions and keep active.
18. Work together across the system to tackle health inequalities and ensure people who most need support can develop and access the appropriate provision.

Overview

This report represents the feedback from 701 people who took part in the COVID-19 Survey named **Your Health and Care Experiences**. It shares the experiences and feedback from those who had to access health and care services during the pandemic and how people have managed their health and wellbeing during this time. Additionally, it has provided insight into what Oldham residents feel could be improved.

What is COVID-19?

Overview from the World Health Organisation:

“Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.

Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads.

Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it’s important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).”

Oldham’s COVID-19 weekly data can be found by the following link [Covid-19 weekly data | Oldham Council](#)

We would like to take the opportunity to thank those who have completed the survey thereby contributing to these findings. Whether it has been sharing your own experiences or promoting this survey to others for completion.

We understand that it can be extremely distressing sharing personal and emotional experiences. This feedback and these experiences have informed the recommendations made within this report and they will help shape health and care services as we move into a continually changing picture of how services operate during this pandemic.

We would like to thank and acknowledge the support of local community groups including, BAME Connect, Ghazali Trust, Westwood and Coppice Women’s Association and Women’s CHAI Project for working in partnership with Healthwatch Oldham to gather the views from BAME residents in Oldham. This work has enabled a far greater demographic representation across Oldham’s community.

Thank you to Joanne Taylor at ABCD diagnosis for sharing her story of living with Secondary Breast Cancer and further diagnosis during the COVID-19 Pandemic.

This report provides an insight into what Oldham residents shared with us around their recent experiences. Our findings highlight both positive and negative health and care views relating to experiences as a patient/client, family member or friend, as an unpaid carer of an adult/young person and/or a parent/guardian of a young person.

The role of Healthwatch Oldham (HWO) is to amplify the voices of Oldham residents to influence and shape services. The findings from this review will be shared with Acute and Primary Care commissioners and Social Care services and will help to influence and use patient voice to bring about change

What we did

Through July we ran our survey (see appendix A) around *Your Experiences of Health and Care Services during COVID-19* and asked people to complete a series of questions so that we could better understand peoples experiences and any trends that emerged. During this time, 518 surveys were completed.

In our initial findings, 431 responses had been from White British residents. Oldham's population currently stands at 230,823 of which 22.5 % are BAME (according to the 2011 Oldham Census). Due to the limited response from seldom heard communities (87 completed surveys) and evidence stressing that BAME communities are disproportionately impacted by COVID-19, we did the following:

- Worked in partnership with local BAME community groups / services who supported residents to complete surveys. These were:
 - BAME Connect, Ghazali Trust, Westwood, Coldhurst women's Group and Women's CHAI Project who worked remotely with residents to gather their feedback.
- We reopened the survey to the wider public from September to October 31st 2020

A further 183 surveys were completed, of which, 83 were BAME Oldham residents, taking the total of completed surveys to 701 with 170 being completed by BAME residents in total.

The targeted work focussing on BAME communities was in the main completed by phone call interviews with 115 surveys being completed and a further 4 telephone interviews were carried out by Healthwatch staff with Oldham residents. 11 paper surveys were also completed and returned.

Disclaimer: about our research

Please note that the feedback and comments within the report are subjective accounts by individuals given on the day they provided feedback and completed the survey, and do not represent the views of Healthwatch Oldham.

Healthwatch Oldham carries out research in line with accredited guidelines set out in Healthwatch England's Research Framework. We aim to identify what matters most to people and use our findings to ensure that people's voices influence and improve the quality of local services. The responses in this survey are from a self-selected sample of local people and as a result, should be considered as indicators of local people's views and not as a robustly balanced statistical analysis.

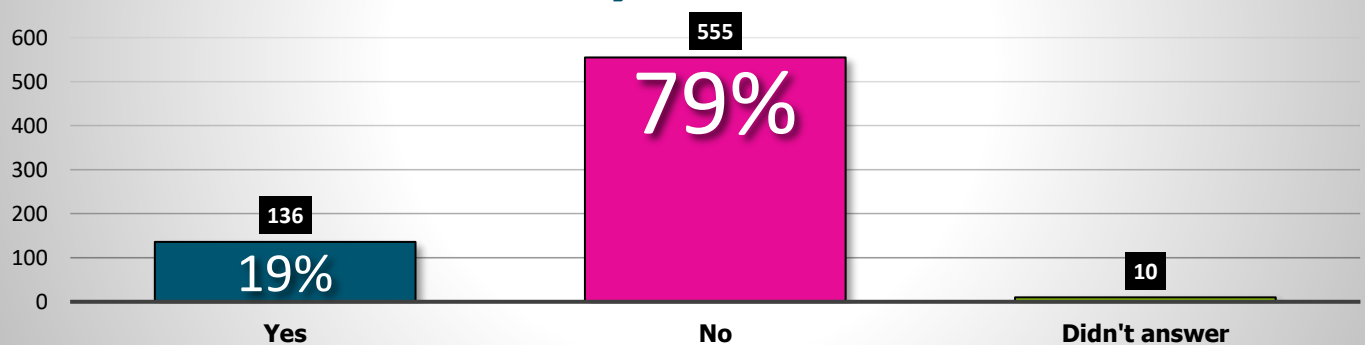
If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via info@healthwatcholdham.co.uk.

Detailed Findings

Each chart shows the range of responses that people had and highlights trends around health and care services from the period March to 31st October 2020.

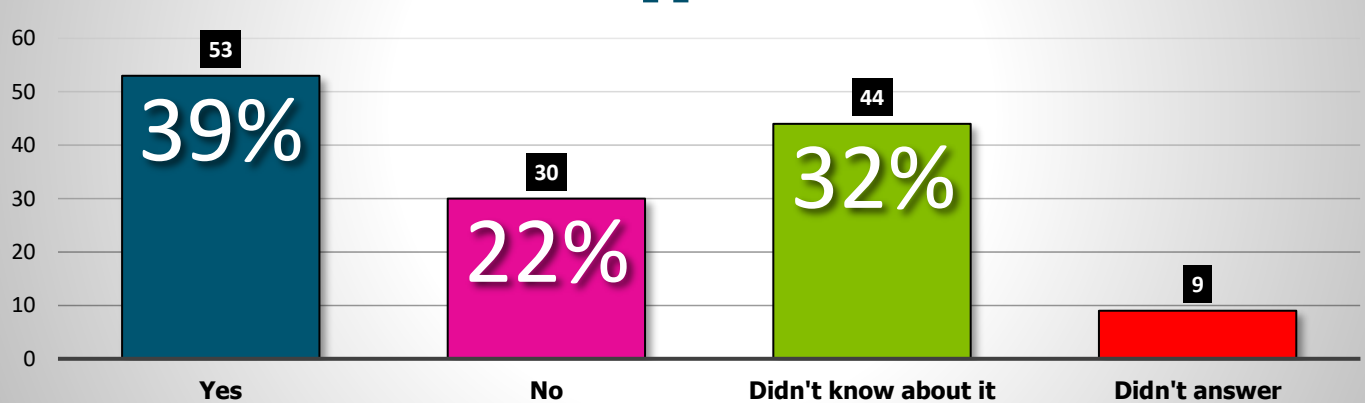
Please note that in the charts, some questions were multiple choice. Therefore, people could select more than one answer. The percentages stated are representative of the number of people who answered the question, not the number of answers provided. Therefore, some charts will have percentages that exceed 100% as they were able to provide more than one answer.

Have you been advised to self-isolate / shield for at least 12 weeks due to age, long term condition or because of the health of a family member whom you live with?



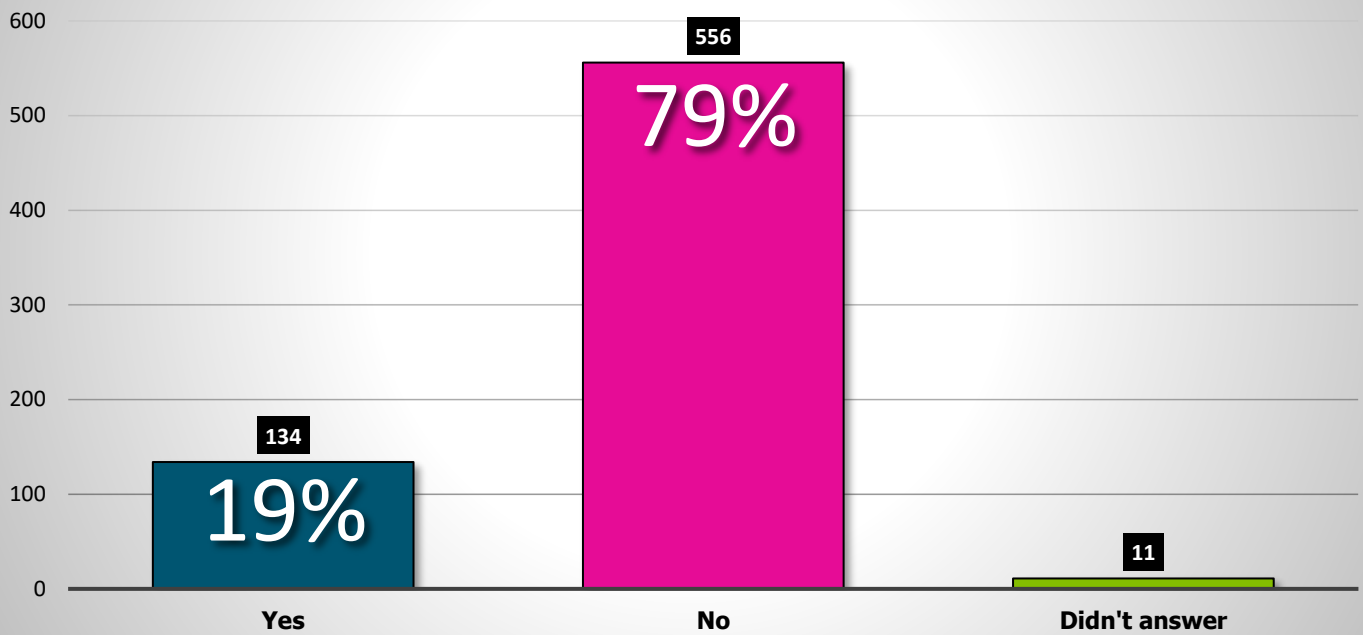
79% (555 people) stated that they have not been advised to self-isolate or shield for at least 12 weeks, compared to 19% (136 people) who stated that they had.

If you are shielding, have you been able to access the Government Shielding Programme of support?



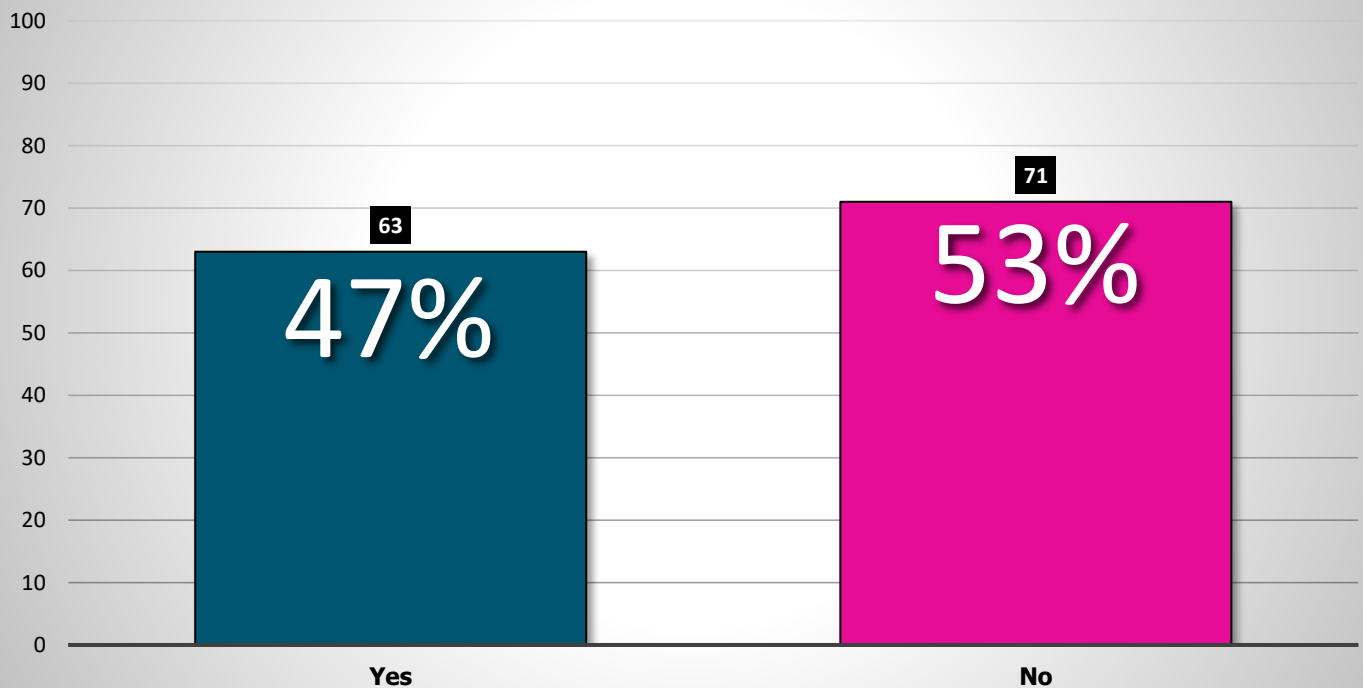
Of the 136 people who stated they are shielding, we asked if they had been able to access the Government Shielding Programme of support. 39% (53 people) stated that they had compared to 22% (30 people) who stated that they had not. 32% (44 people) stated that they did not even know about the support available.

Have you had COVID-19 symptoms? (even before 1st March 2020)



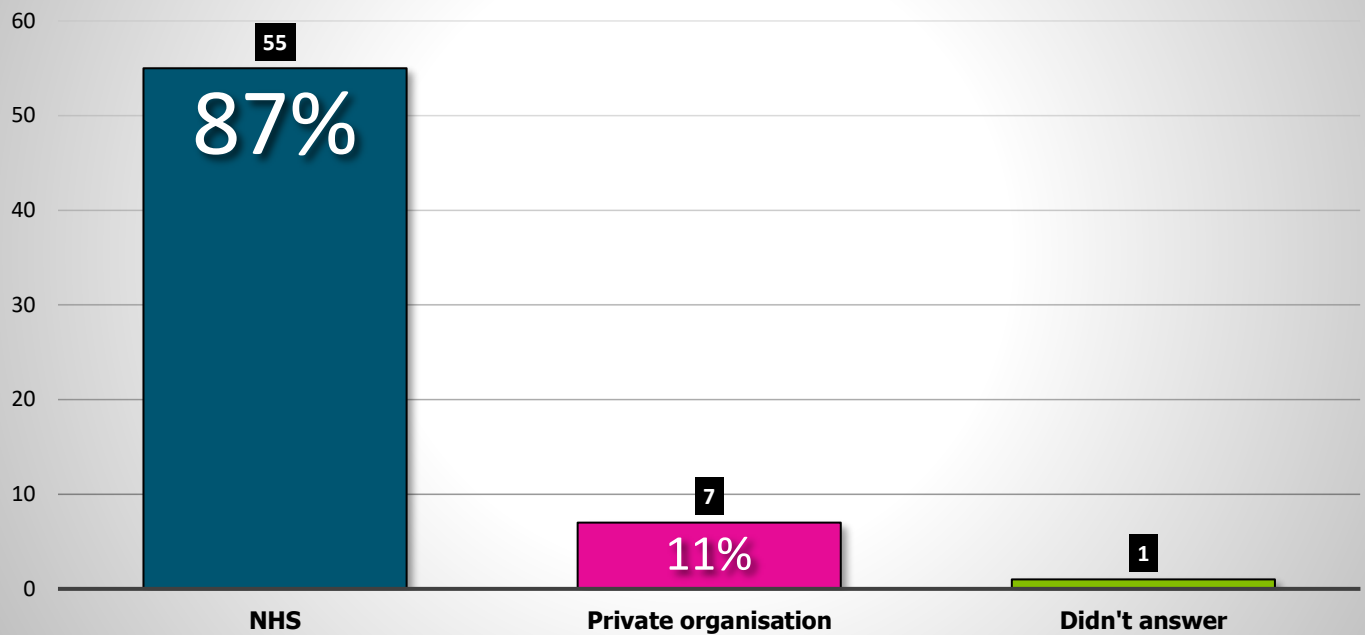
79% (556 people) who completed the survey had not displayed COVID-19 symptoms compared to 19% (134 people) who stated that they had. 11 people did not answer this question.

Have you had a COVID-19 test?



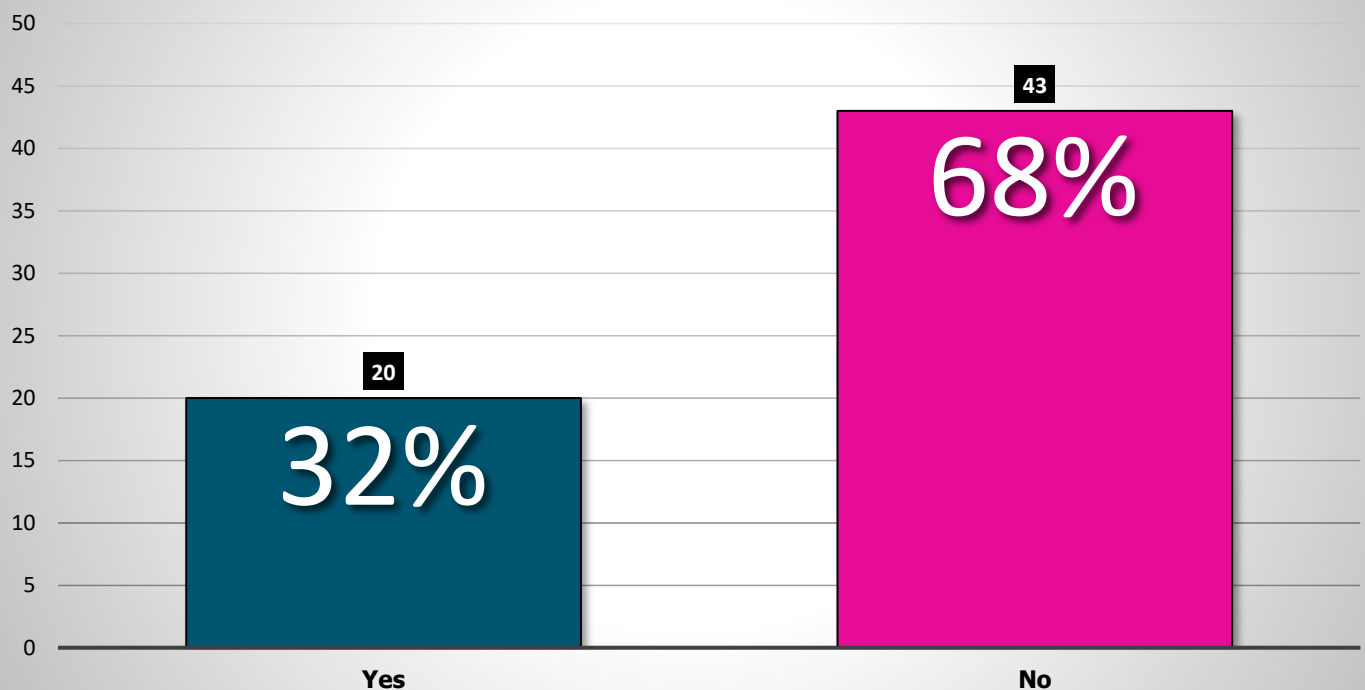
Out of the 134 people who stated that they had symptoms, we asked if they had received a test. 53% (71 people) stated that they had not had a test compared to 47% (63 people) who stated that they had.

Was this offered by the NHS or a private organisation?



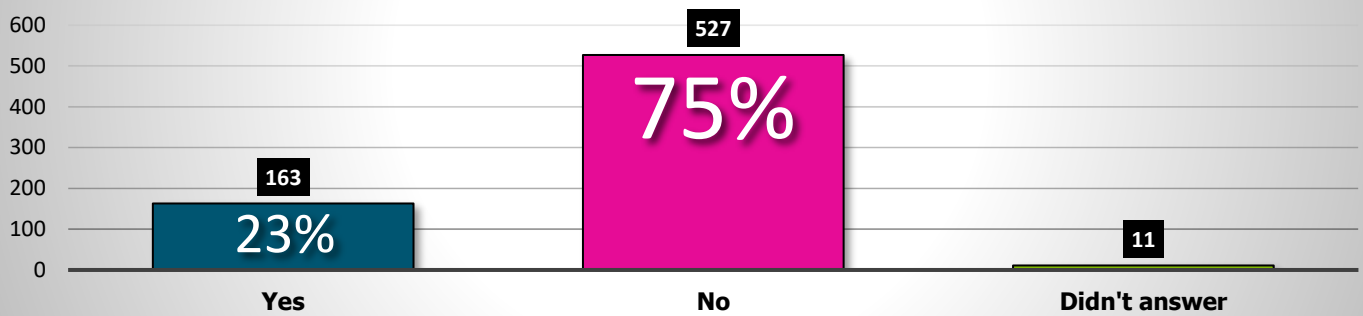
Of the 63 people who stated that they had a COVID-19 test, we asked who it was offered by. 87% (55 people) stated that the test was delivered by the NHS compared to 11% (7 people) who stated it was done by a private organisation. 1 person chose not to answer this question.

Did you test positive for COVID-19?



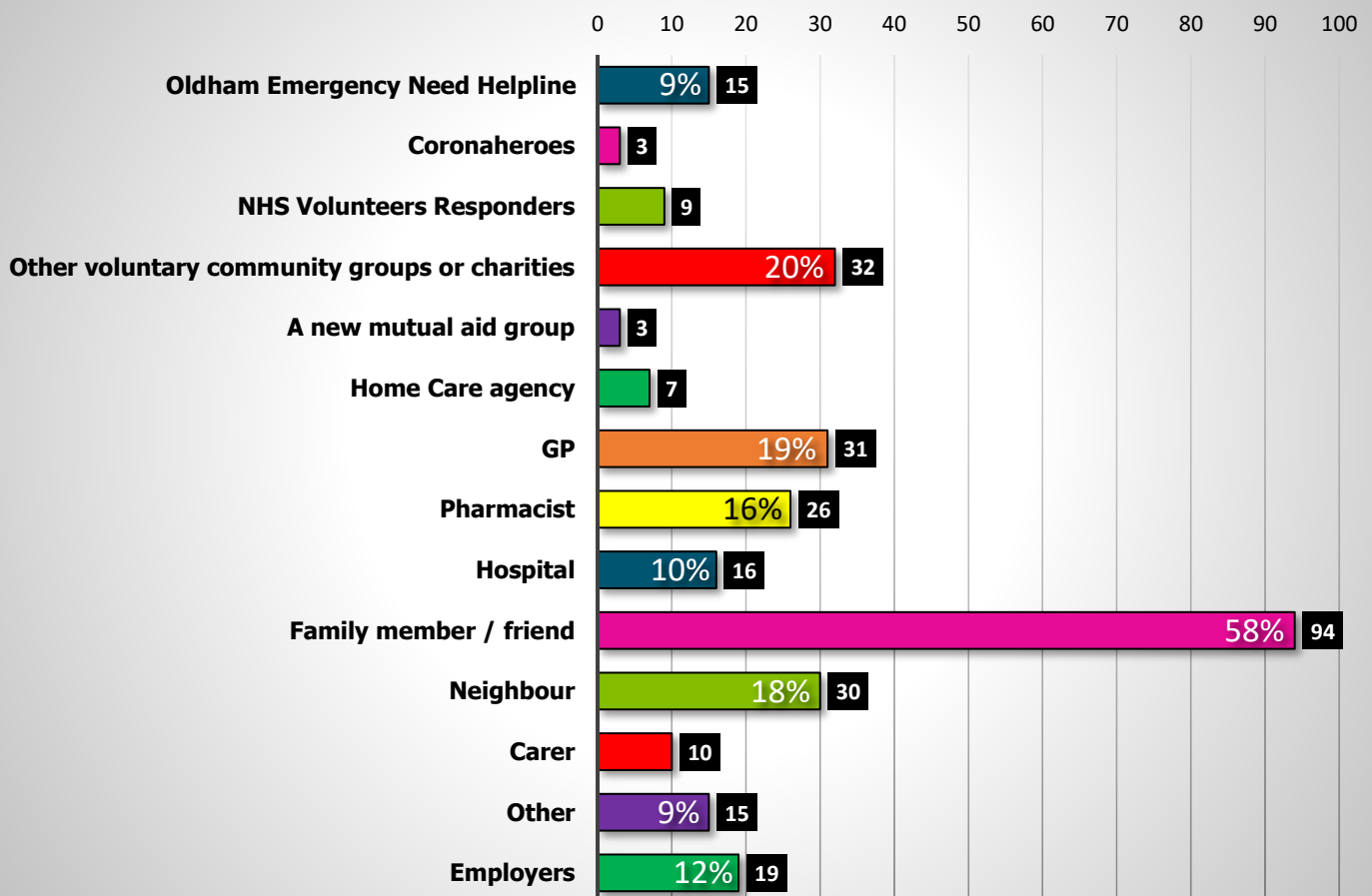
Of the 63 people that had a test, 68% (43 people) tested negative for COVID-19 compared to 32% (20 people) who tested positive.

Have you received any kind of practical support to manage during lockdown / isolation? (This does not have to be health-related)



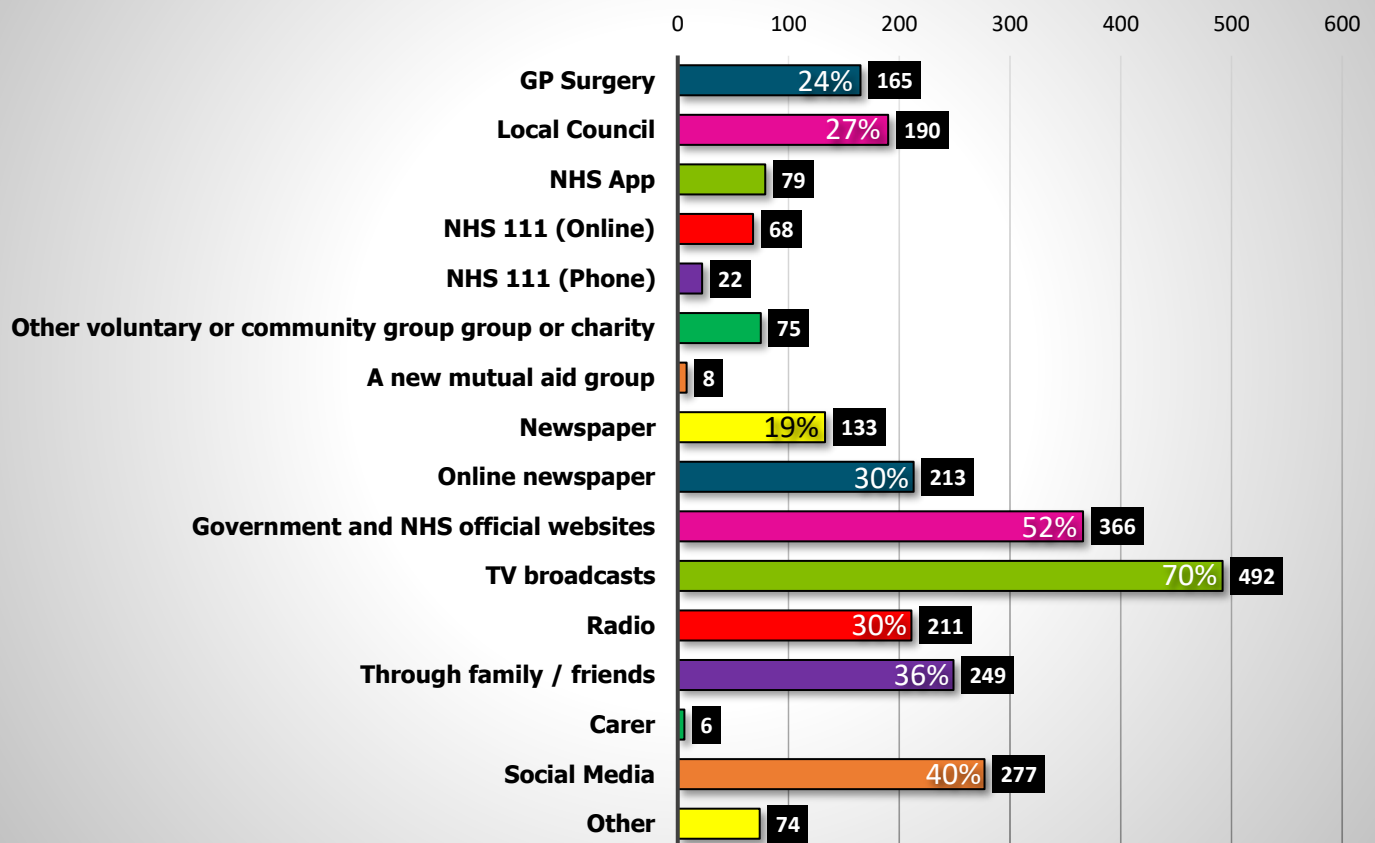
75% (527 people) stated that they had not received any kind of practical support to manage the lockdown/isolation. 23% (163 people) stated that they had, and 11 people chose not to answer this question.

Who provided this support?



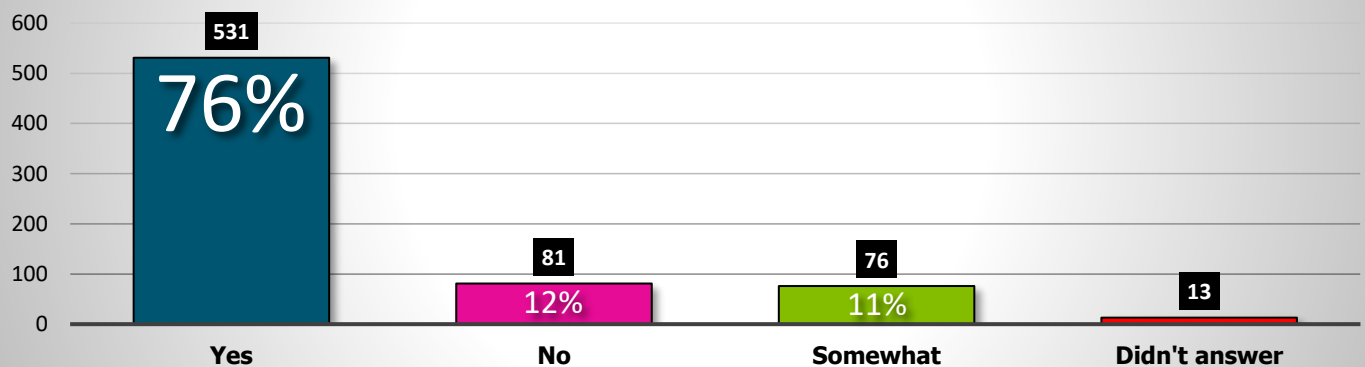
Of the 163 people who stated that they had practical support, we asked who provided this. 58% (94 people) said that this was provided by a family member/friend. The next highest answer was other voluntary community groups or charities which was selected by 20% (32 people). There are more answers than people in this question as it was a multiple-choice question. Percentages will relate to the number of people who answered the question (163 people) rather than the number of answers so will result in percentages equating to more than 100%.

How have you found out information about COVID-19?



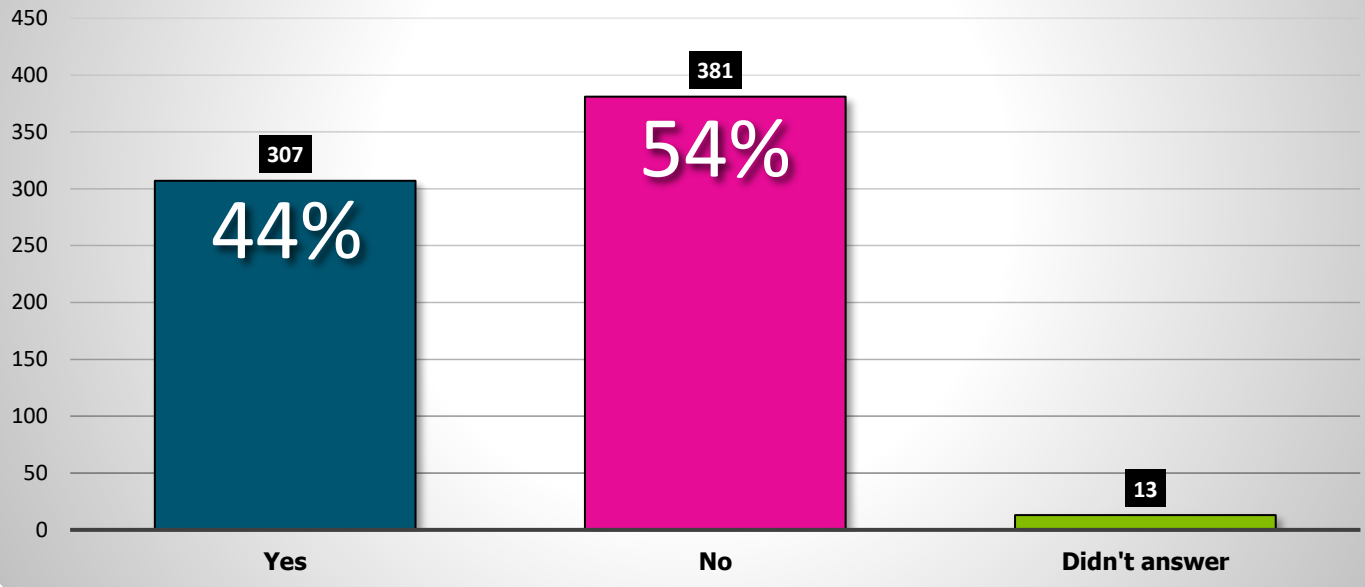
We asked everyone how they found out information on COVID-19. 70% (492 people) stated that they got their main information from TV broadcasts. Other popular answers were Government and NHS official websites 52% (366 people), social media 40% (277 people) and through family/friends 36% (249 people). There are more answers than people in this question as it was a multiple-choice question. Percentages will relate to the number of people who answered the question (163 people) rather than the number of answers so will result in percentages equating to more than 100%.

Do you feel you have enough information about COVID-19 at this time?



76% (531 people) feel that they have received enough information about COVID-19 compared to 12% (81 people) who feel that they have not. 11% (76 people) stated somewhat and 13 people chose not to answer this question.

Have you had a health or social care appointment / treatment since early March 2020?



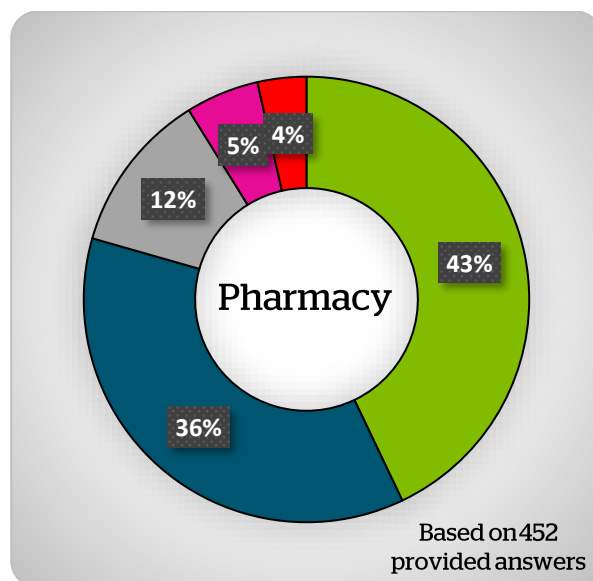
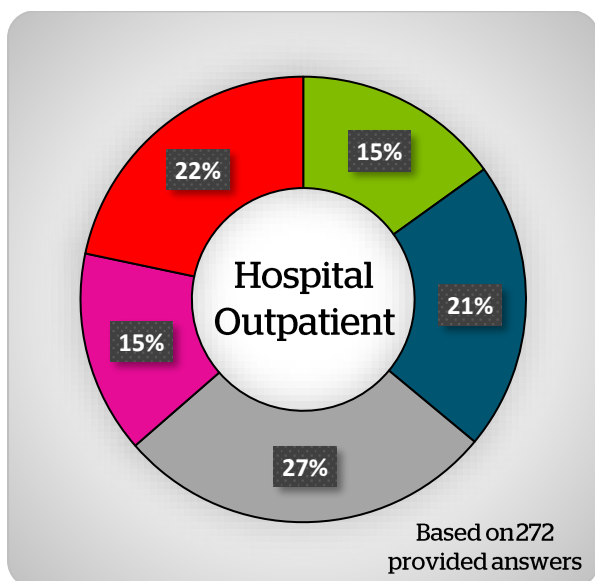
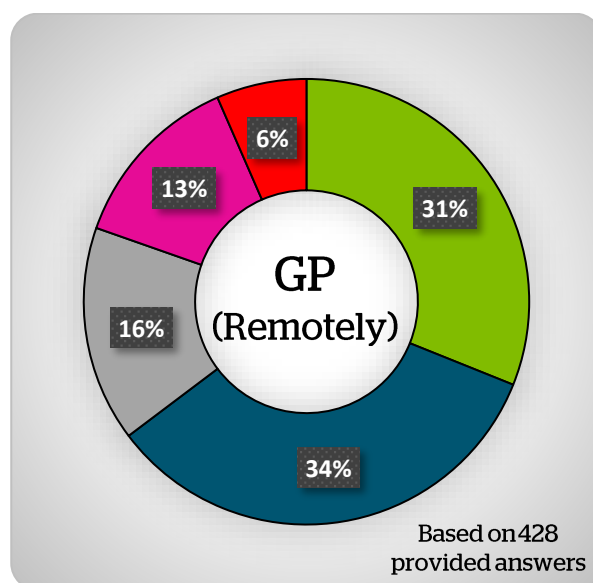
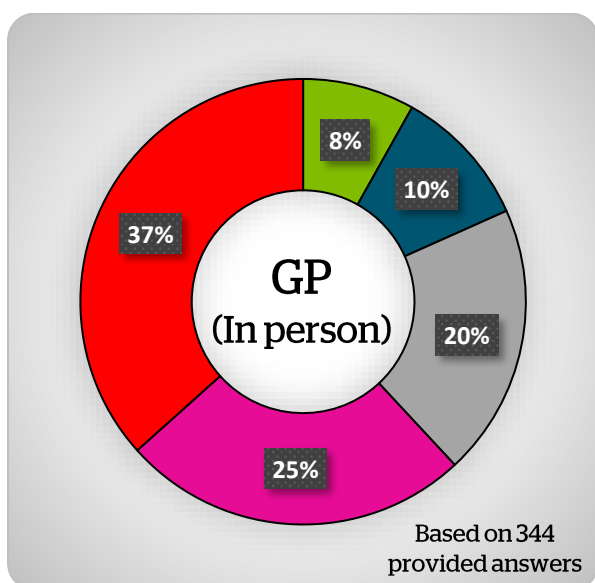
54% (381 people) stated that they had not had an appointment or treatment since March 2020 compared to 44% (307 people) who stated that they had. 13 people chose not to answer this question.

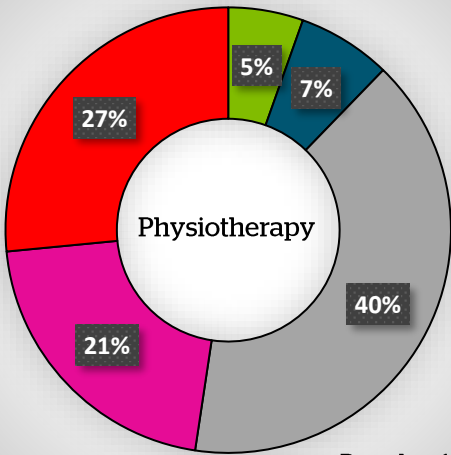
The following services were easy to access during the pandemic:

We asked people to state whether they agreed or not with the statement 'The following services were easy to access during the pandemic'. People could choose between five different responses to this statement:

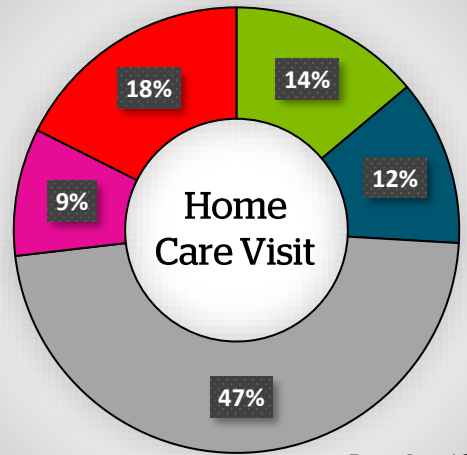
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

These answers have been separated by colour and used to create the charts below which shows people's level of agreement with the statement.

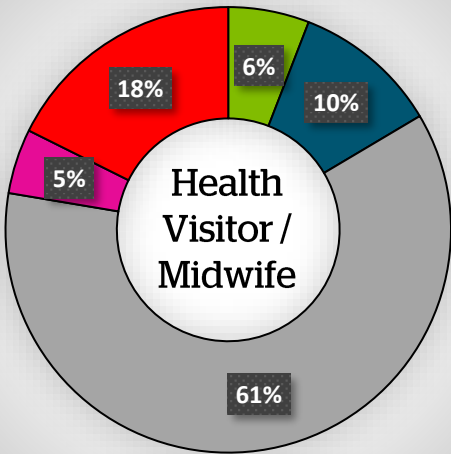




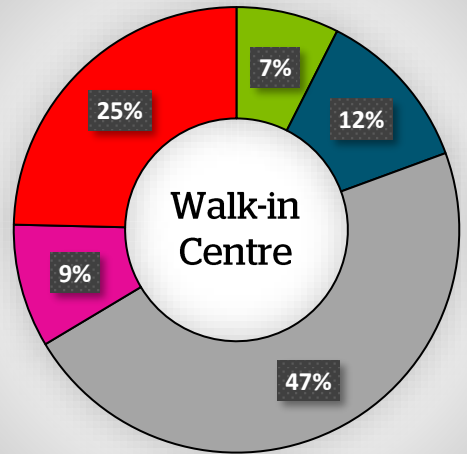
Based on 147 provided answers



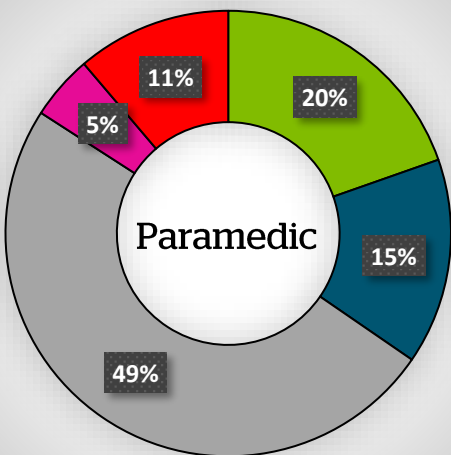
Based on 108 provided answers



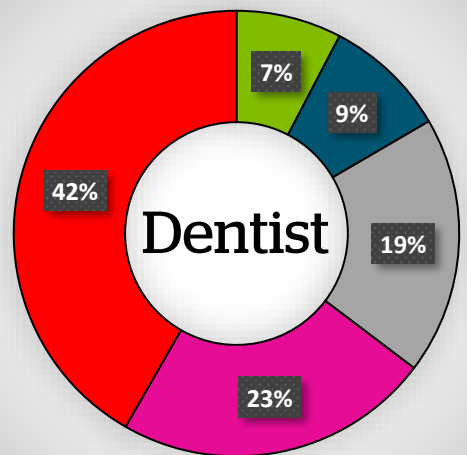
Based on 85 provided answers



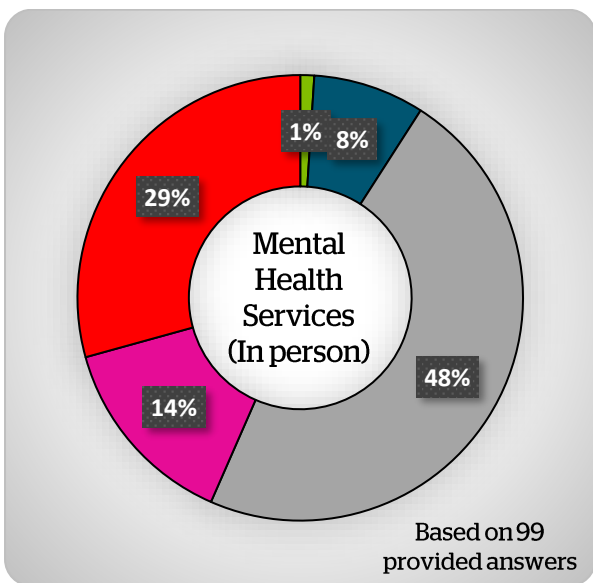
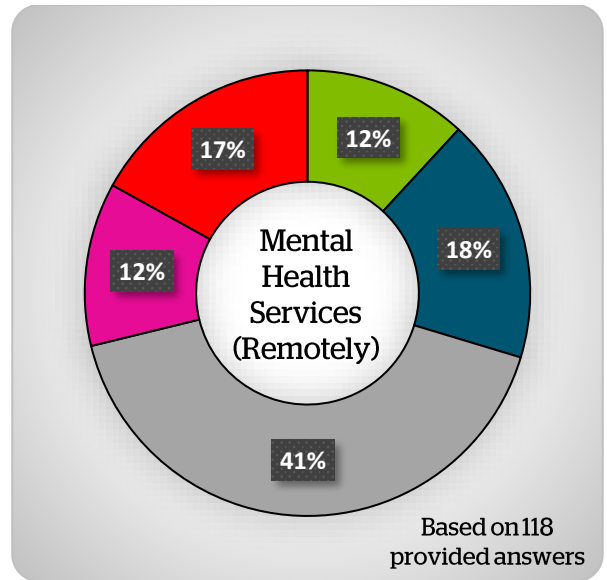
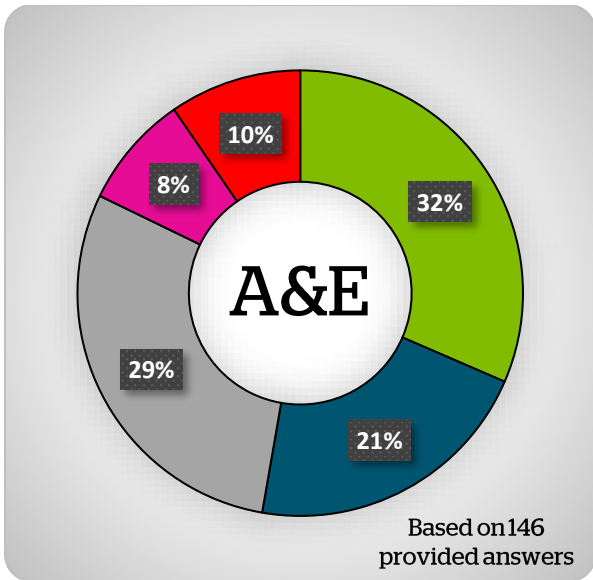
Based on 134 provided answers



Based on 107 provided answers



Based on 235 provided answers



The number of answers for each service is different depending on the experiences of those who completed the survey.

The two most common services to get a positive response was pharmacies (452 answers) and GPs remotely (428 answers). These were the most popular answered services, and they were also given the largest positive answers. When combining the amount of 'strongly agree' and 'agree' answers, pharmacies received 359 positive responses and GPs remotely received 277 positive responses relating to accessibility.

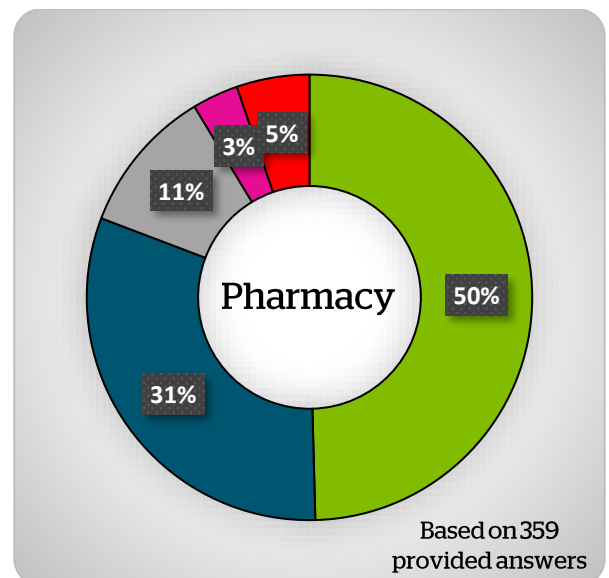
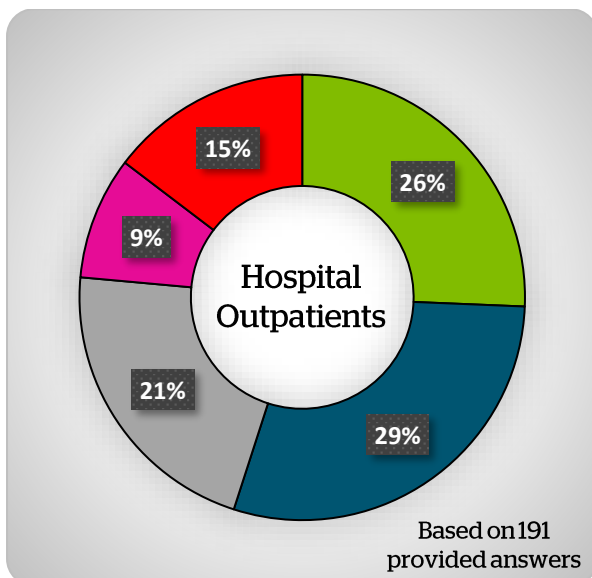
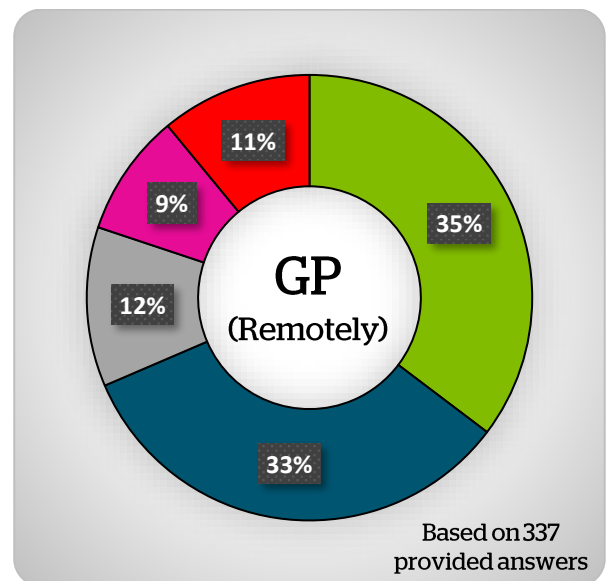
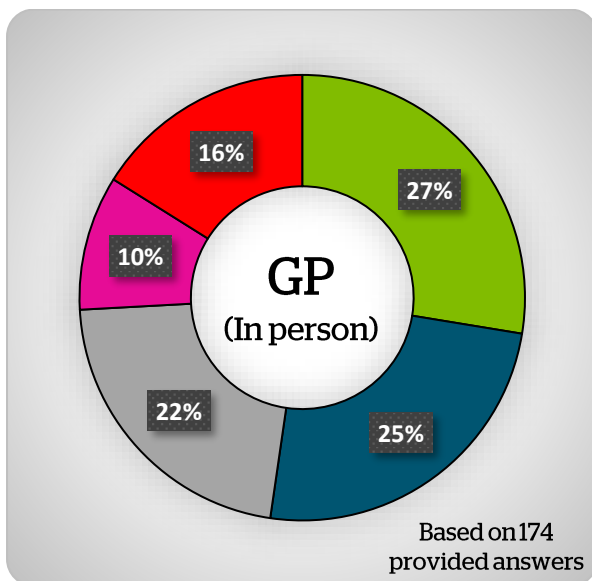
In contrast, when looking at services which people felt they were unable to access, the two most common services were GP in person (344 answers) and dentists (235 answers). When combining the amount of 'strongly disagree' and 'disagree' answers, GP in-person received 213 negative responses and dentists received 152 negative responses.

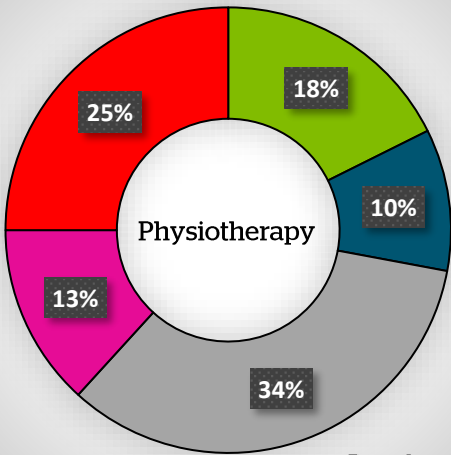
I was satisfied with my appointment/visit during the coronavirus pandemic:

We asked people to state whether they agreed or not with the statement 'I was satisfied with my appointment/visit during the coronavirus pandemic'. People had the choice of the following responses:

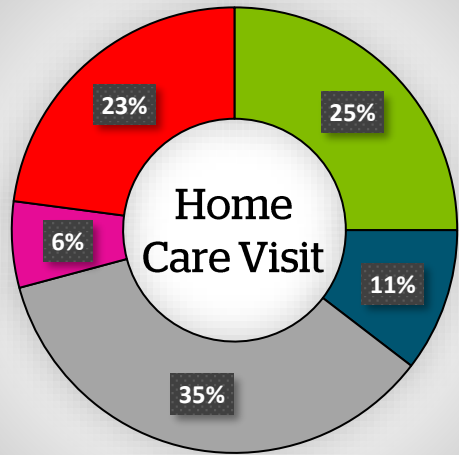
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

These answers have been separated by colour and used to create the charts below which shows people's level of agreement with the statement.

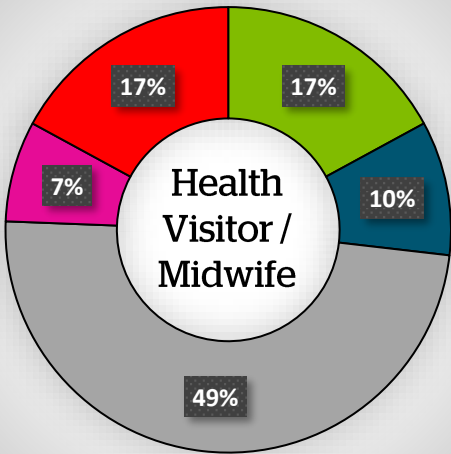




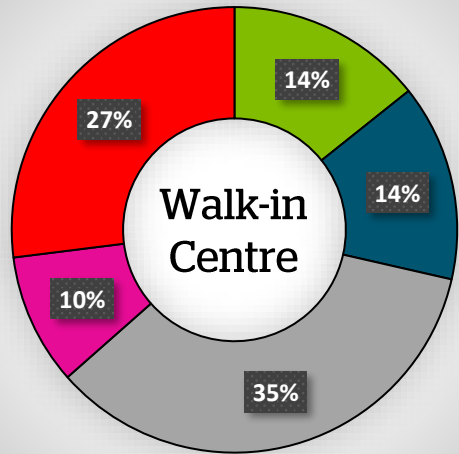
Based on 68 provided answers



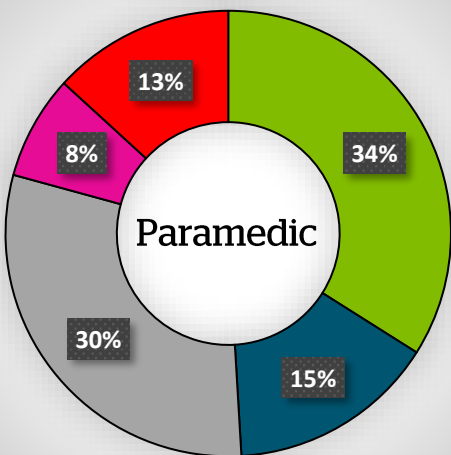
Based on 48 provided answers



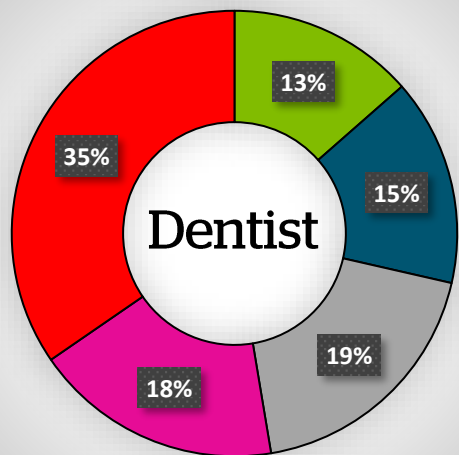
Based on 41 provided answers



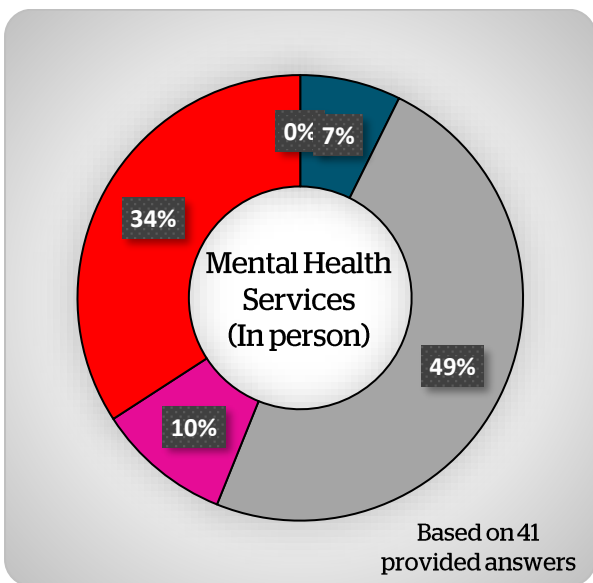
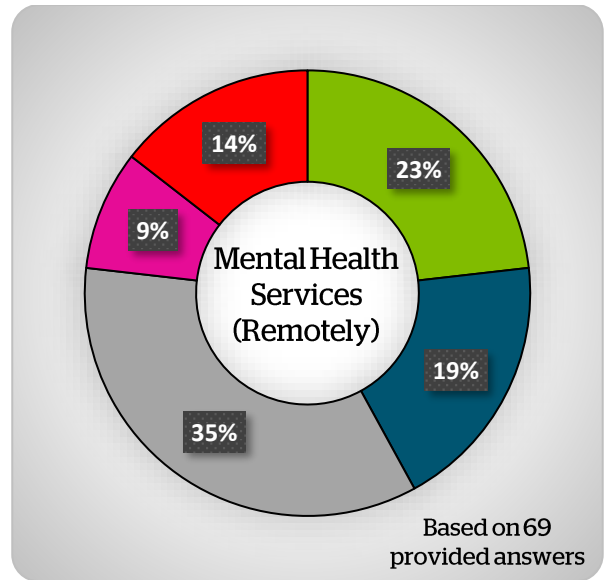
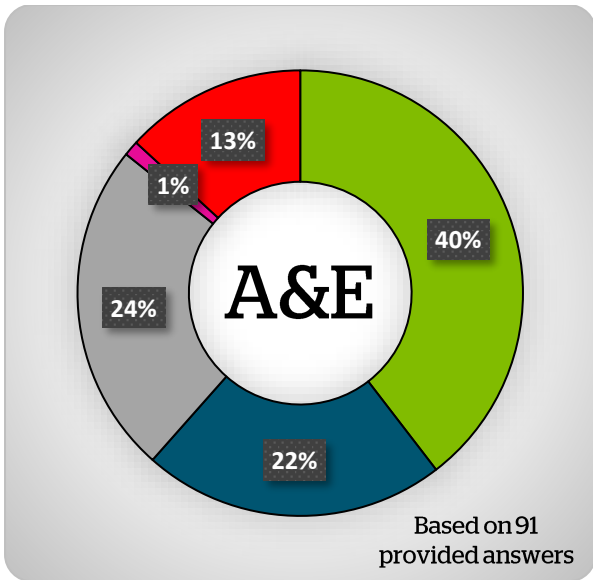
Based on 63 provided answers



Based on 53 provided answers



Based on 133 provided answers



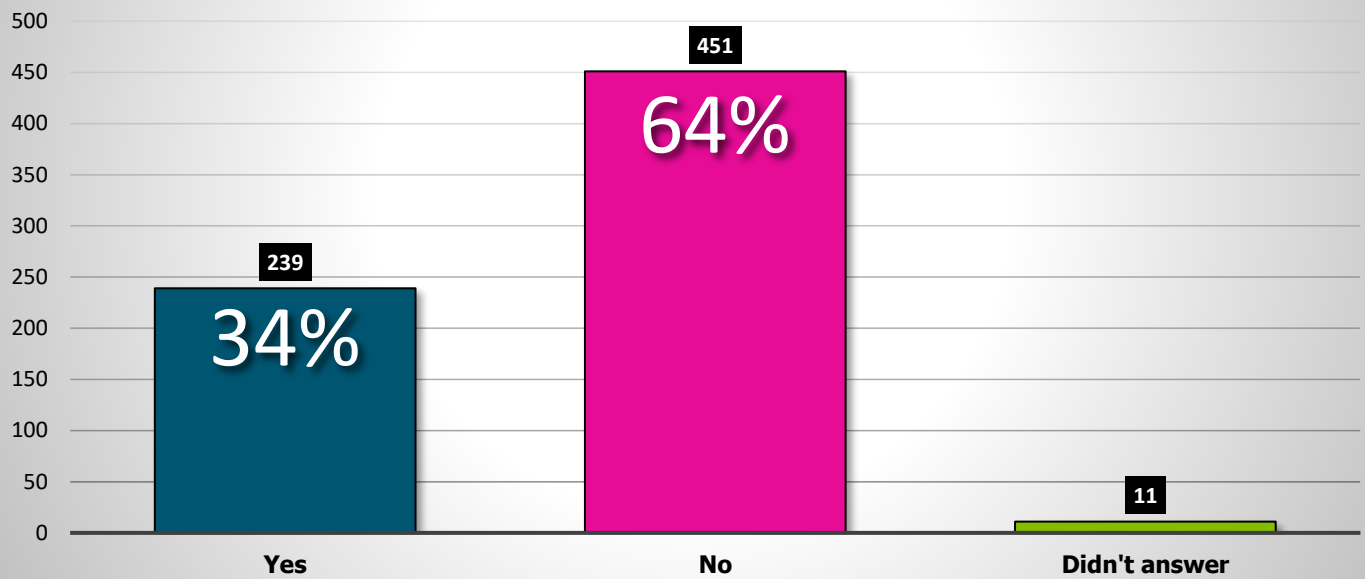
The number of answers for each service is different depending on the experiences of those who completed the survey.

The two most popular services to get a response was pharmacies (359 answers) and GPs remotely (337 answers). These were the most common answered services, and they were also given the largest positive answers. When combining the amount of ‘strongly agree’ and ‘agree’ answers, pharmacies received 290 positive responses and GPs remotely received 231 positive responses concerning service satisfaction.

In contrast, when looking at services which people felt unsatisfied with, the two most common services were GP remotely (337 answers) and dentists (133 answers). When combining the amount of ‘strongly disagree’ and ‘disagree’ answers, GP remotely received 67 negative responses and dentists received 70 negative responses.

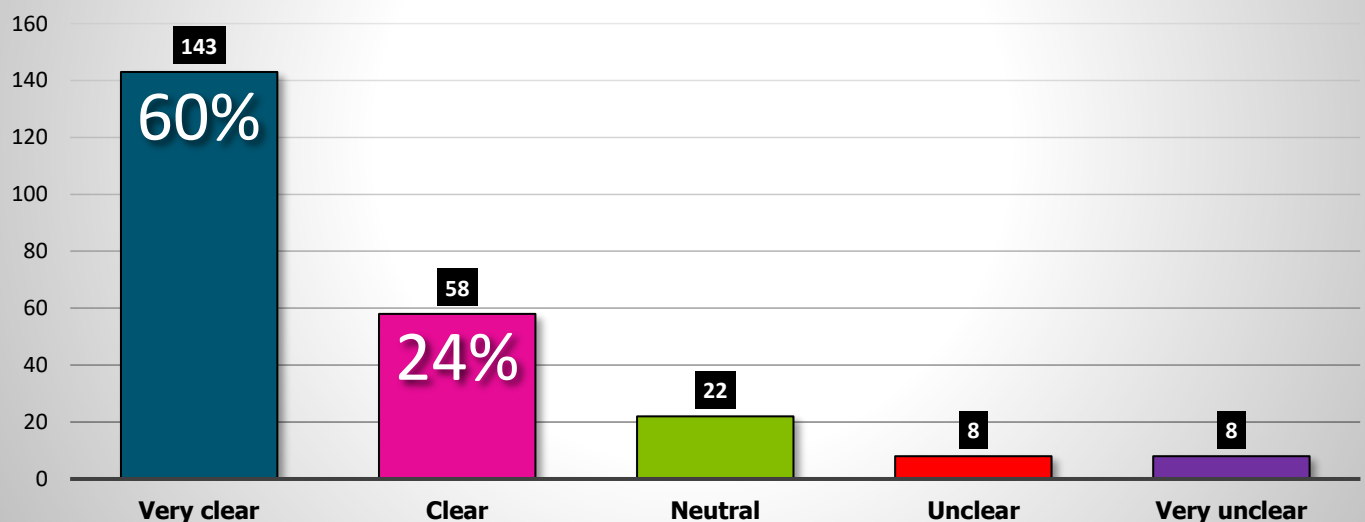
Generally, the negative responses related more to accessibility rather than satisfaction with their appointment experience but in the main, the positives outweigh the negatives.

Have you had an in person appointment during the coronavirus pandemic (March 2020 onwards)?



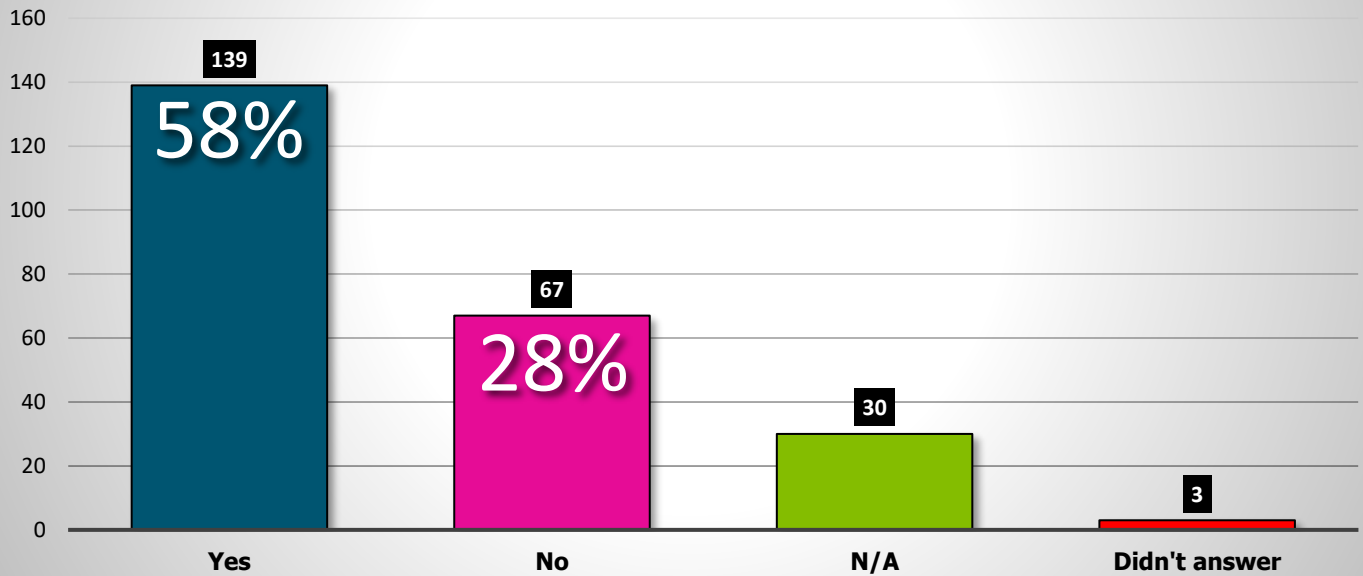
64% (451 people) stated that they had not had an in-person appointment during the pandemic compared to 34% (239 people) who had. 11 people chose not to answer this question.

How clear was the advice given before your appointment about measures you need to take to ensure your safety and hygiene during your appointment?



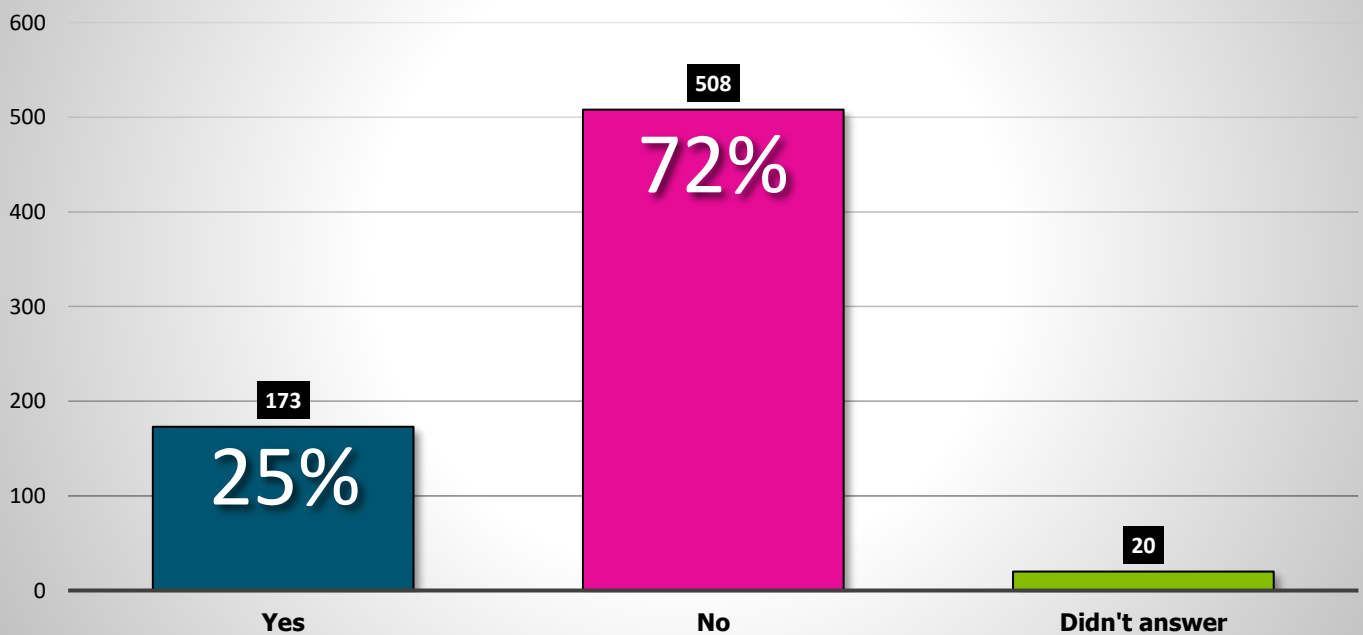
Of the 239 people who had stated they had an appointment during the pandemic, we asked how clear the advice was given before the appointment. 60% (143 people) thought that it was very clear and 24% (58 people) thought that it was clear. Only 16 people stated that they did not think the information was clear.

Were risks around having any treatment during this Pandemic explained to you during your appointment?



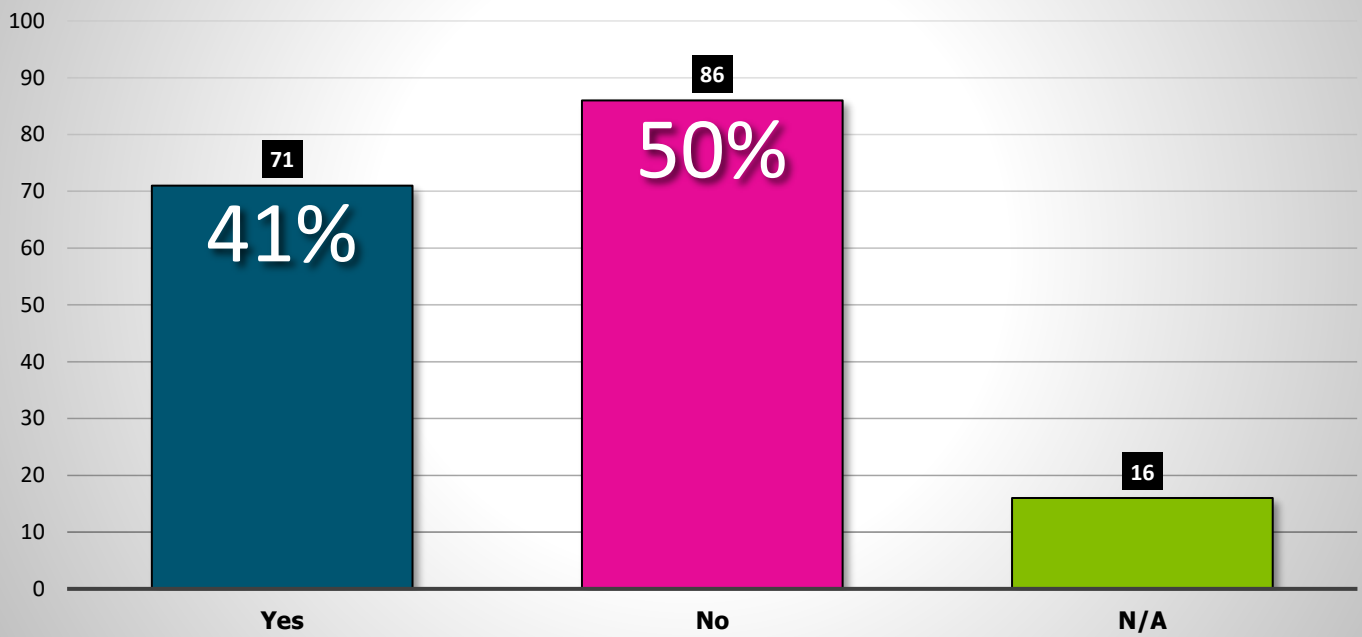
Of the 239 people who stated that they had an appointment, we asked whether any risks surrounding treatment during the pandemic was clearly explained. 58% (139 people) stated that these risks were explained compared to 28% (67 people) who felt that it was not explained. 30 did not feel this question was relevant.

Have you had treatment stopped due to the COVID-19 pandemic?



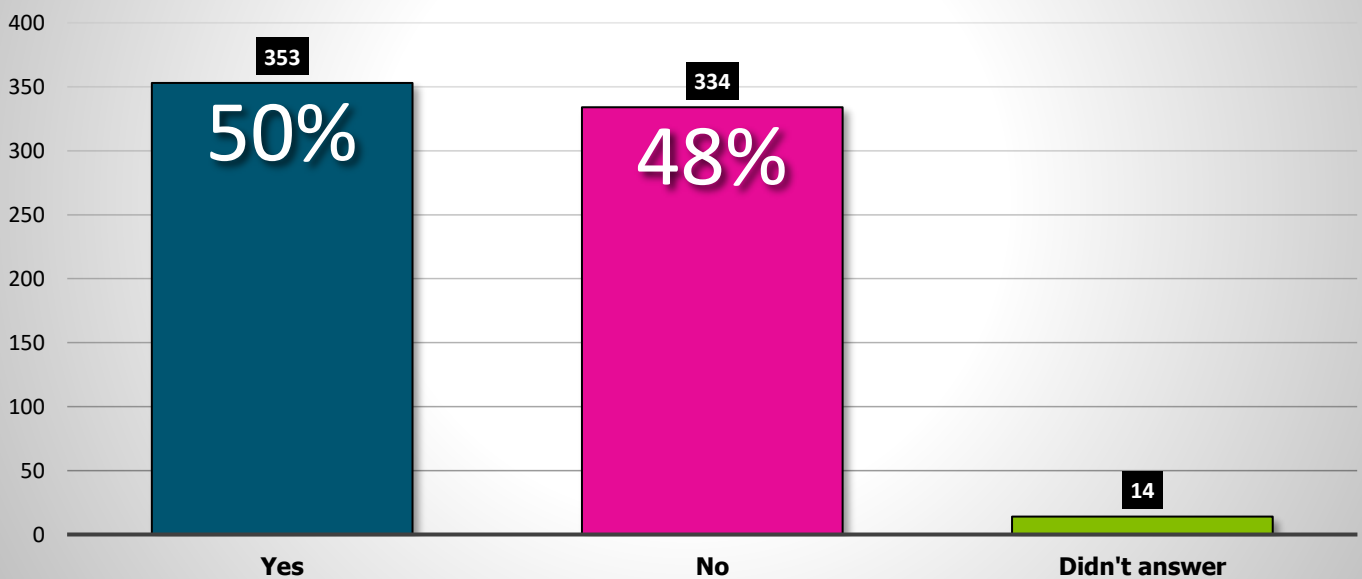
72% (508 people) stated that they did not have their treatment stopped due to the pandemic compared to 25% (173 people) who did have their treatment stopped. 20 people chose not to answer this question.

Were any risks around stopping treatment explained to you?



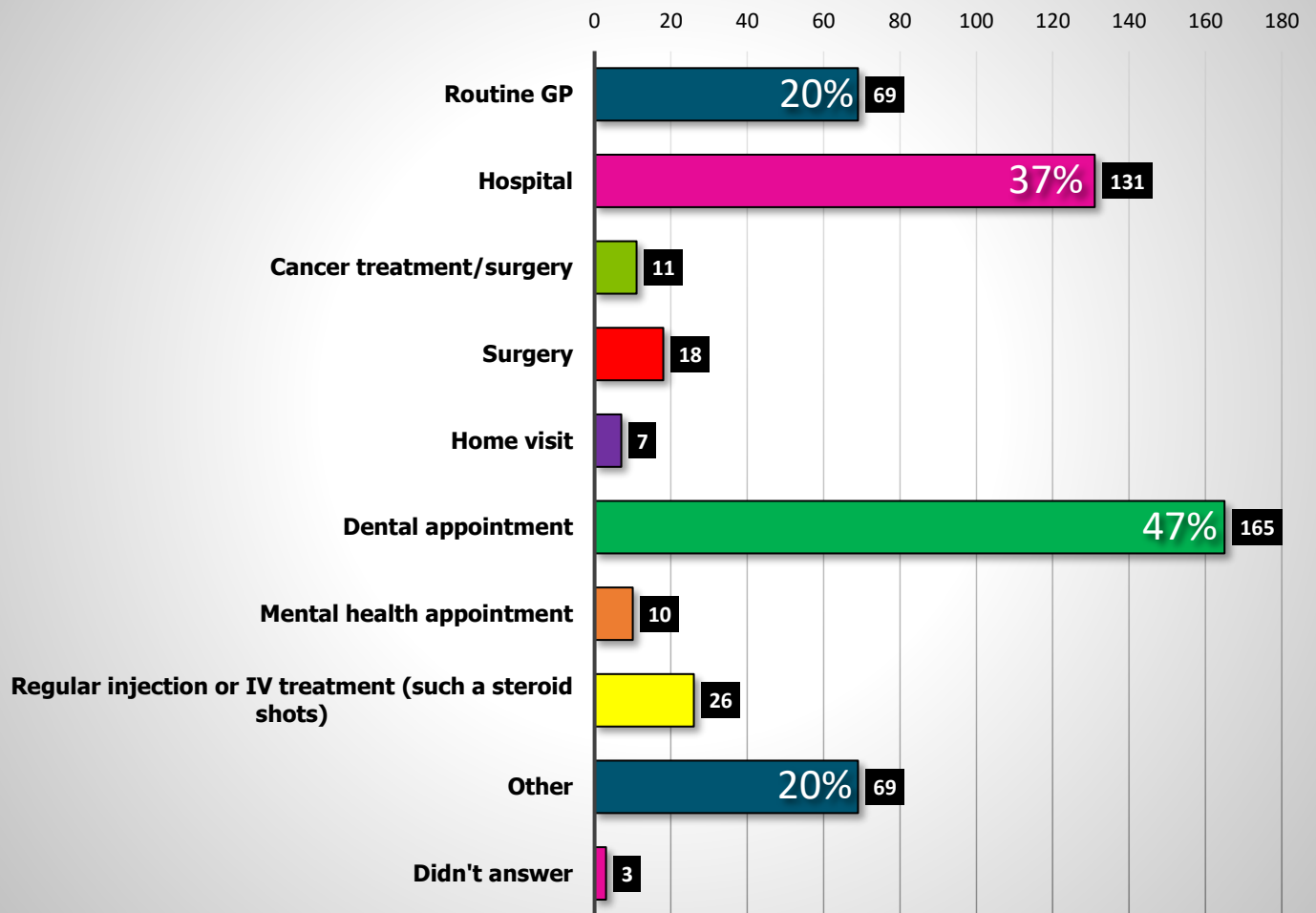
Of the 173 people who stated that they had their treatment stopped during the pandemic, we asked whether the risks in doing so were clearly explained. 50% (86 people) did not feel the risks were explained to them compared to 41% (71 people) who felt that it was. 16 people stated that this question did not apply to them.

Have you had any appointments or treatments cancelled or postponed due to the COVID-19 pandemic?



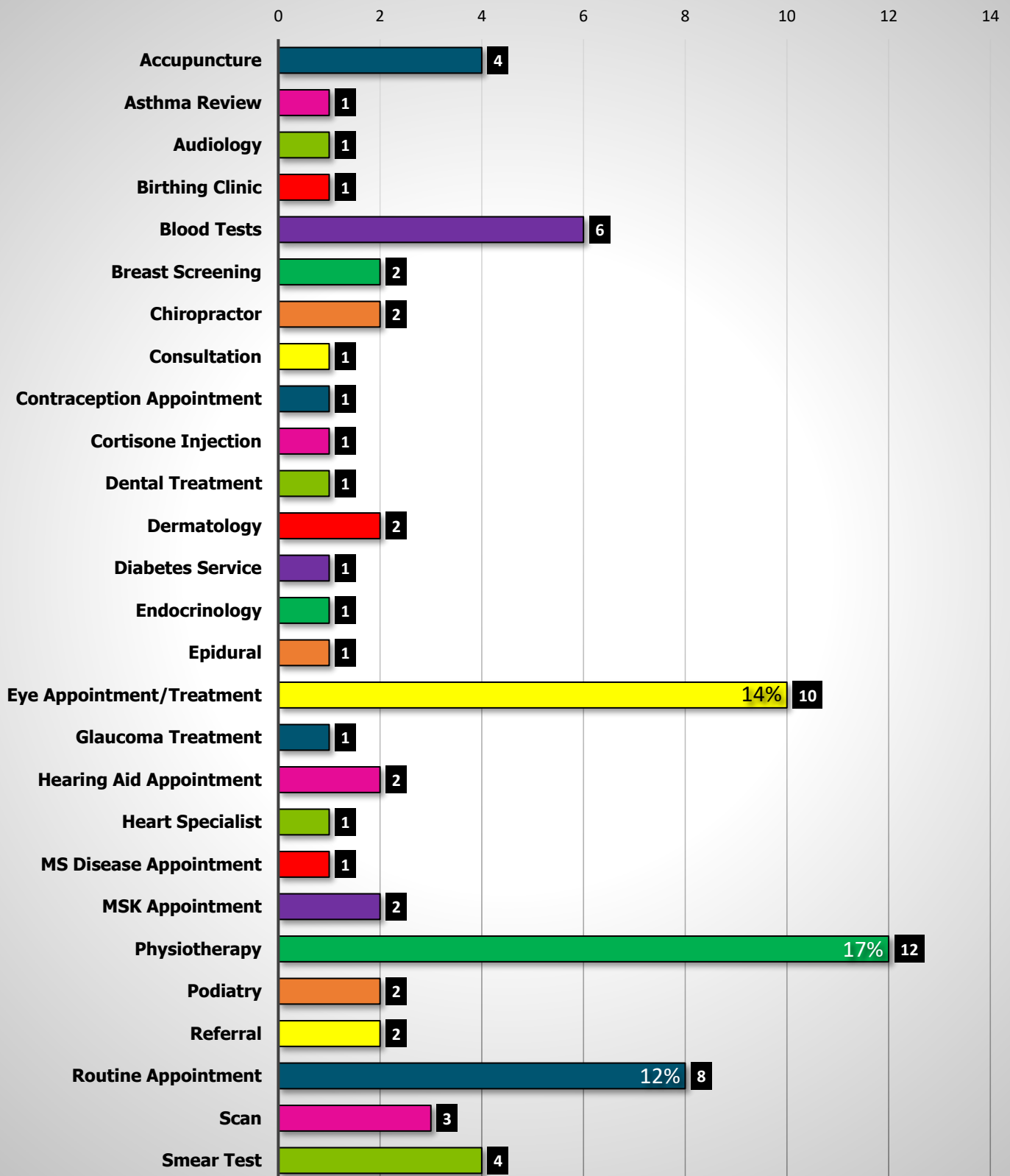
50% (353 people) stated that they had appointments/treatment cancelled during the pandemic compared to 48% (334 people) who did not. 14 people chose not to answer this question.

Please state what appointment /treatment was/were cancelled or postponed



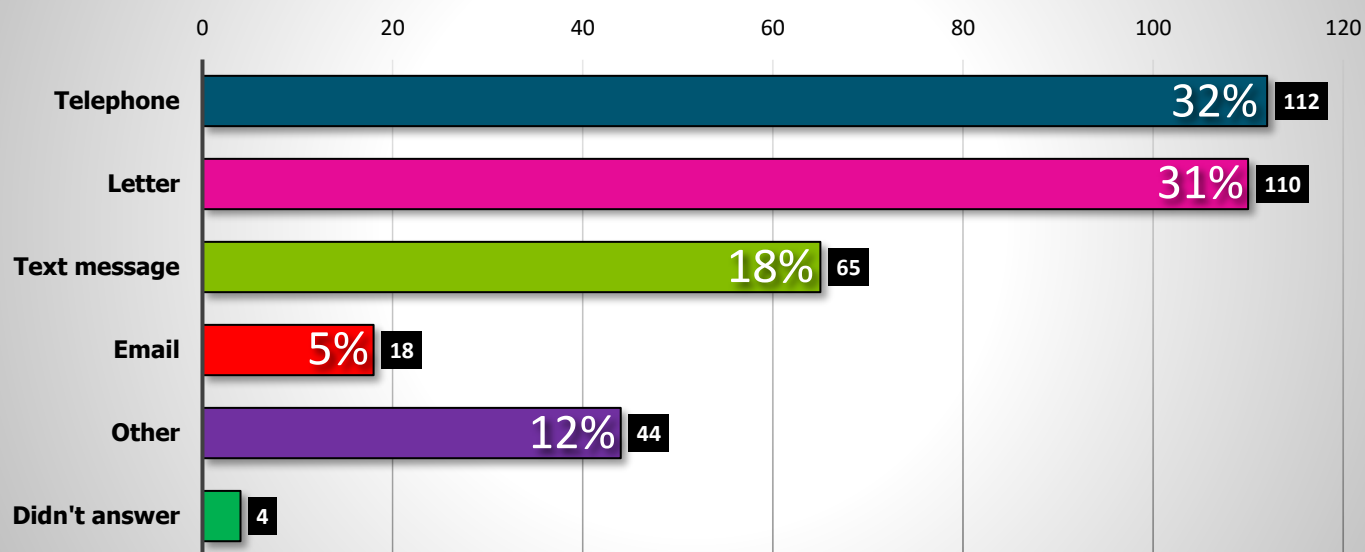
Of the 353 people who stated that they had appointments cancelled during the pandemic, we asked what they were for. 47% (165 people) stated their dental appointment was cancelled/postponed. Other answers with high responses were 37% (131 people) had hospital appointments cancelled, 20% (69 people) had GP appointments cancelled and 20% (69 people) also stated 'other'. There are more answers than people in this question as it was a multiple-choice question. Percentages will relate to the number of people who answered the question (353 people) rather than the number of answers so will result in percentages equating to more than 100%.

Other appointment that was cancelled



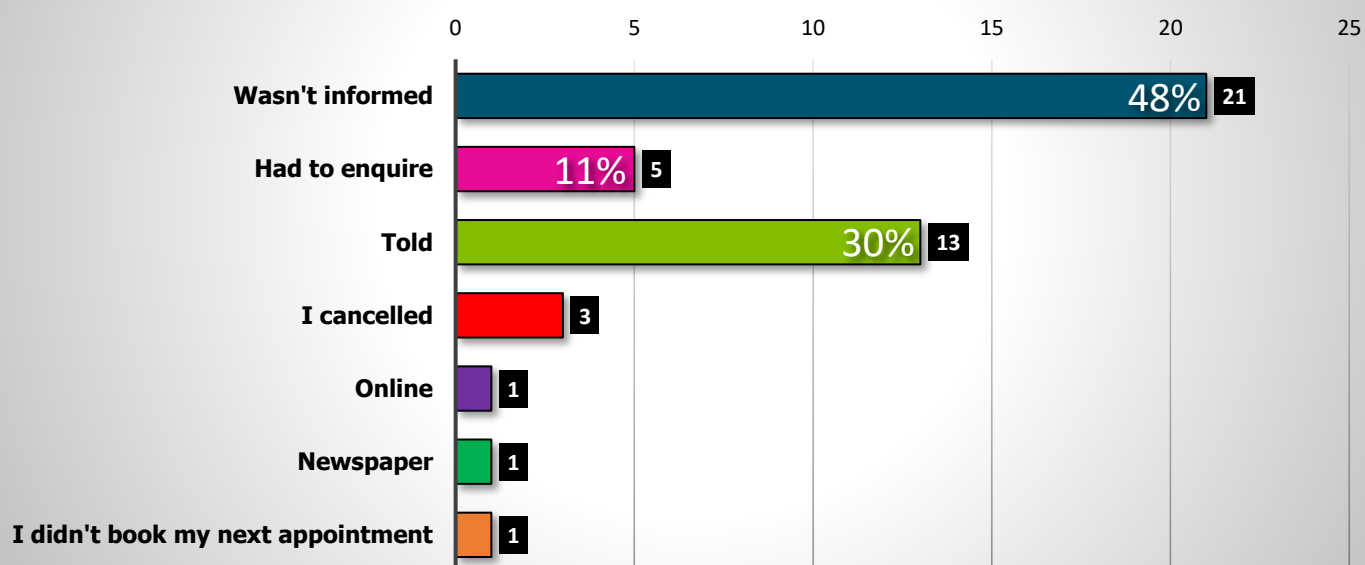
For the 69 people who stated other, we asked them to specify what this appointment was. 17% (12 people) stated their appointment was physiotherapy. 14% (10 people) stated that their appointment was for eye treatment and 12% (8 people) stated they had routine appointments. There are more answers than people in this question as it was a multiple-choice question. Percentages will relate to the number of people who answered the question (69 people) rather than the number of answers so will result in percentages equating to more than 100%.

How were you notified of this cancellation or postponement?



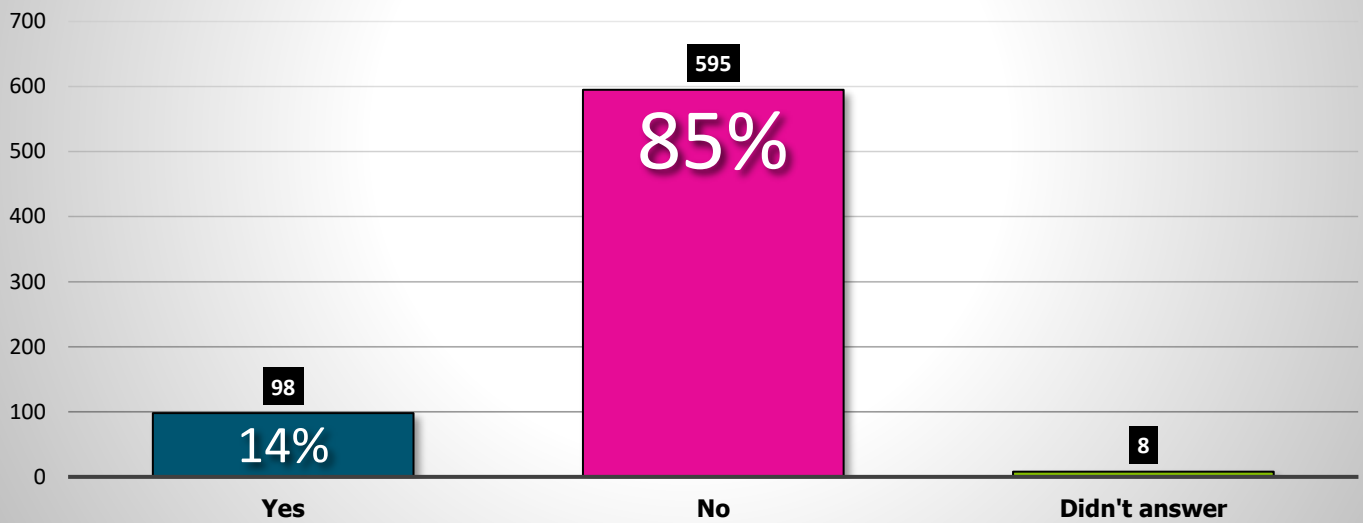
Of the 353 people who had their appointment cancelled due to the pandemic, we asked how they were notified of the cancellation. 32% (112 people) stated that they were informed of their cancelled via the telephone. 31% (110 people) stated that they were informed via a letter and 18% (65 people) were informed via a text message. 4 people chose not to answer this question.

Breakdown of 'Other' answers to how you were notified of your appointment cancellation/postponement



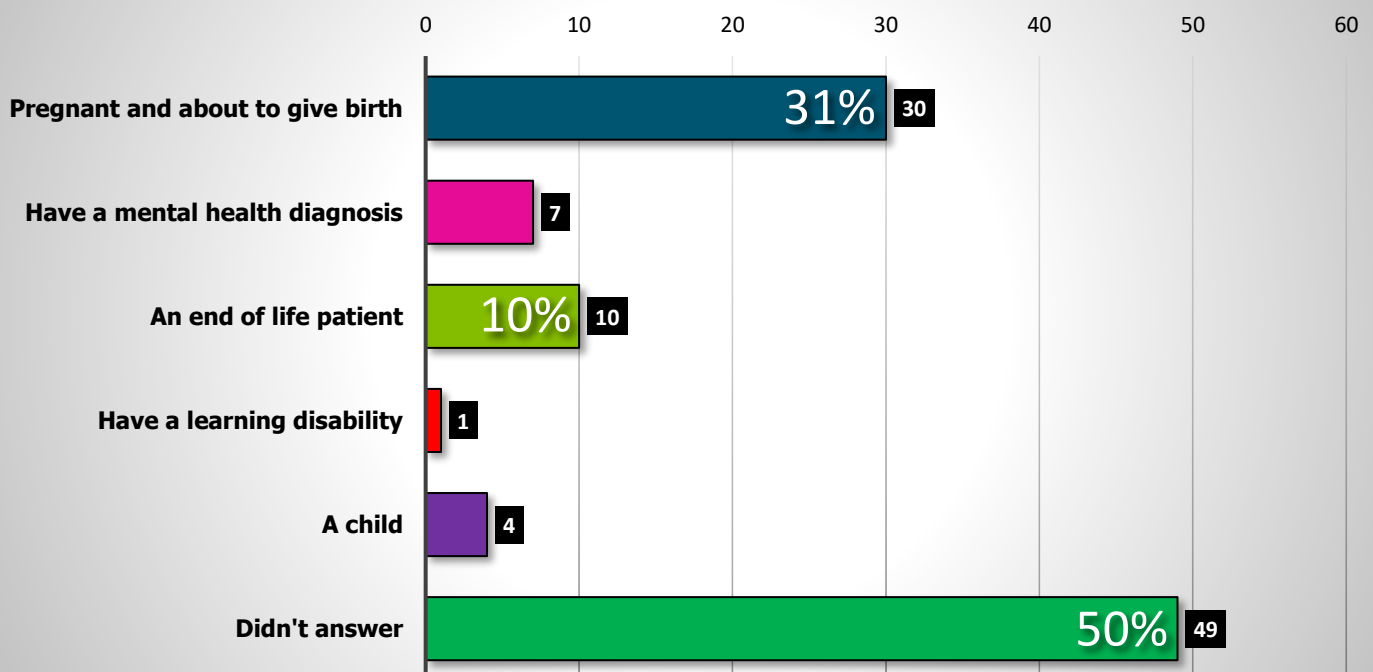
Out of the 44 people who answered other in the previous question, we asked them to specify how they were notified of their appointment cancellation/postponement. 48% (21 people) stated that they were not informed of their appointment being cancelled/postponed. 30% (13 people) stated that they were informed and 11% (5 people) stated that they had to enquire to find out. There are 45 answers to this question rather than 44 because someone stated that they were informed by their dentist, but they were not informed by their GP.

During the current COVID-19 pandemic, have you or an immediate family member been admitted to hospital for an overnight stay or to give birth?



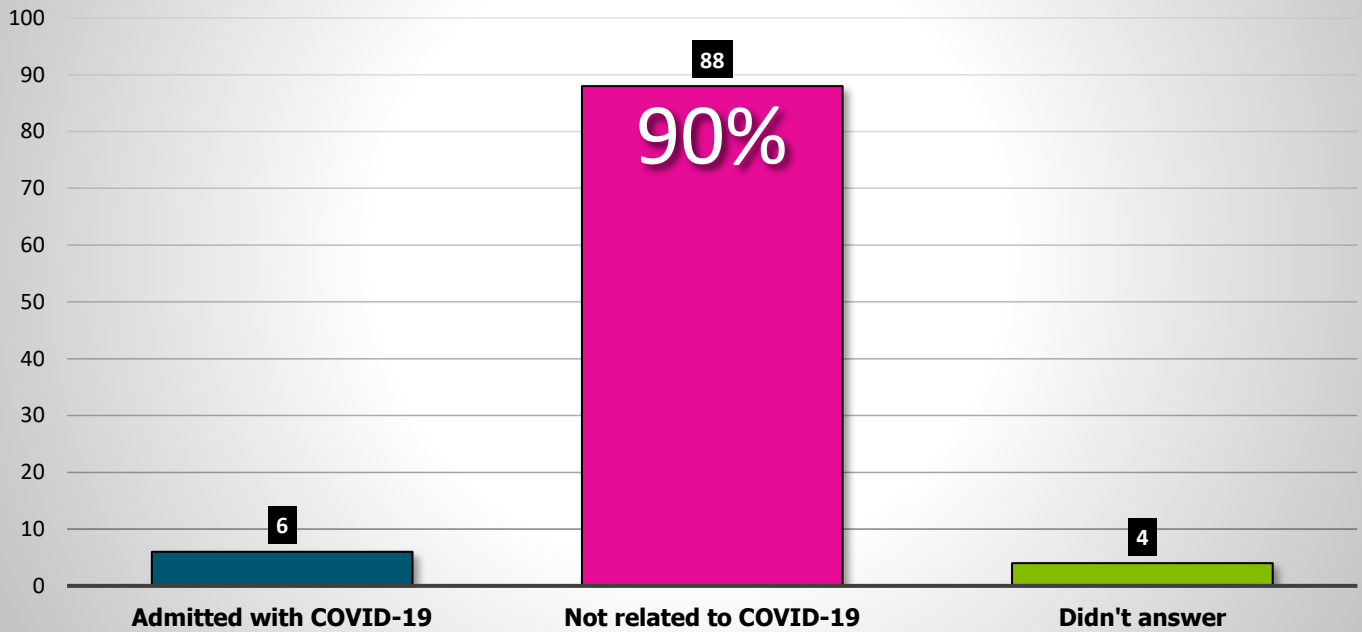
85% (595 people) stated that they did not have a family member stay overnight in hospital or give birth. 14% (98 people) stated that they did have a family member who had to either stay overnight in hospital or give birth. 8 people chose not to answer this question.

Was the person being admitted:



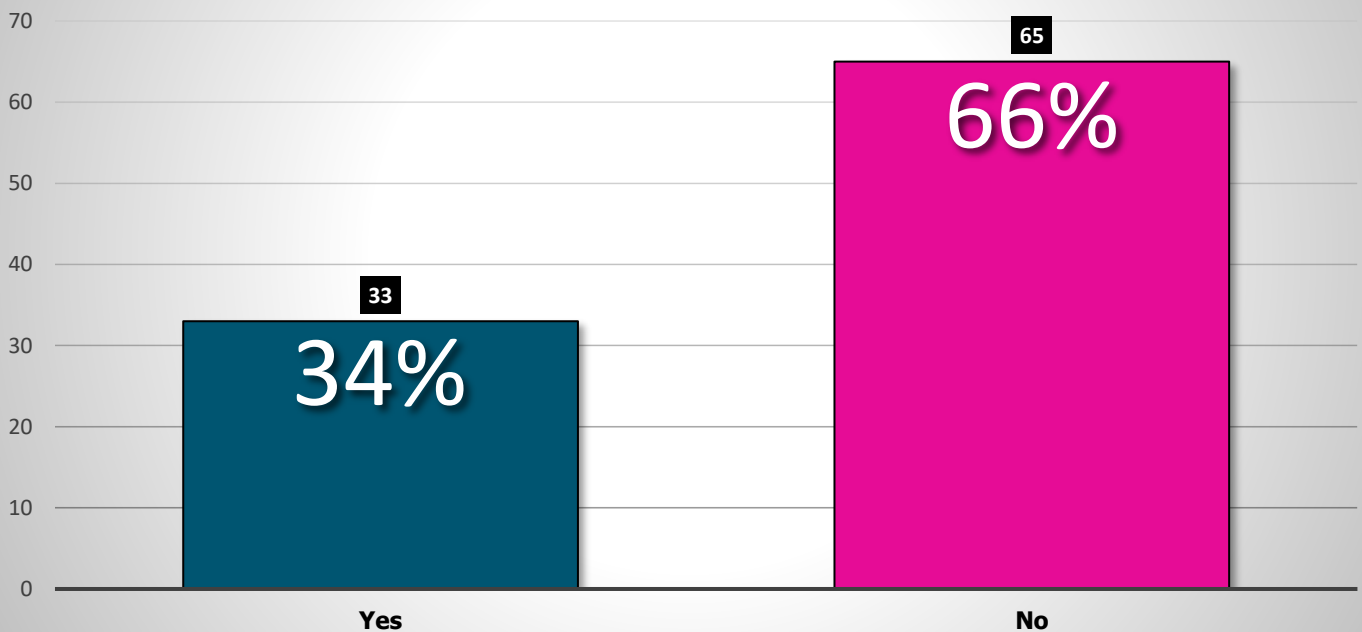
Out of the 98 people who stated someone close to them was admitted to hospital, we asked them to select their situation. 50% (49 people) chose not to disclose this information. 31% (30 people) were pregnant and about to give birth and 10% (10 people) were an end-of-life patient. There are more answers than people as some had more than one person stay in hospital.

Was this admission due to COVID-19 or a none COVID-19 related illness / health condition?



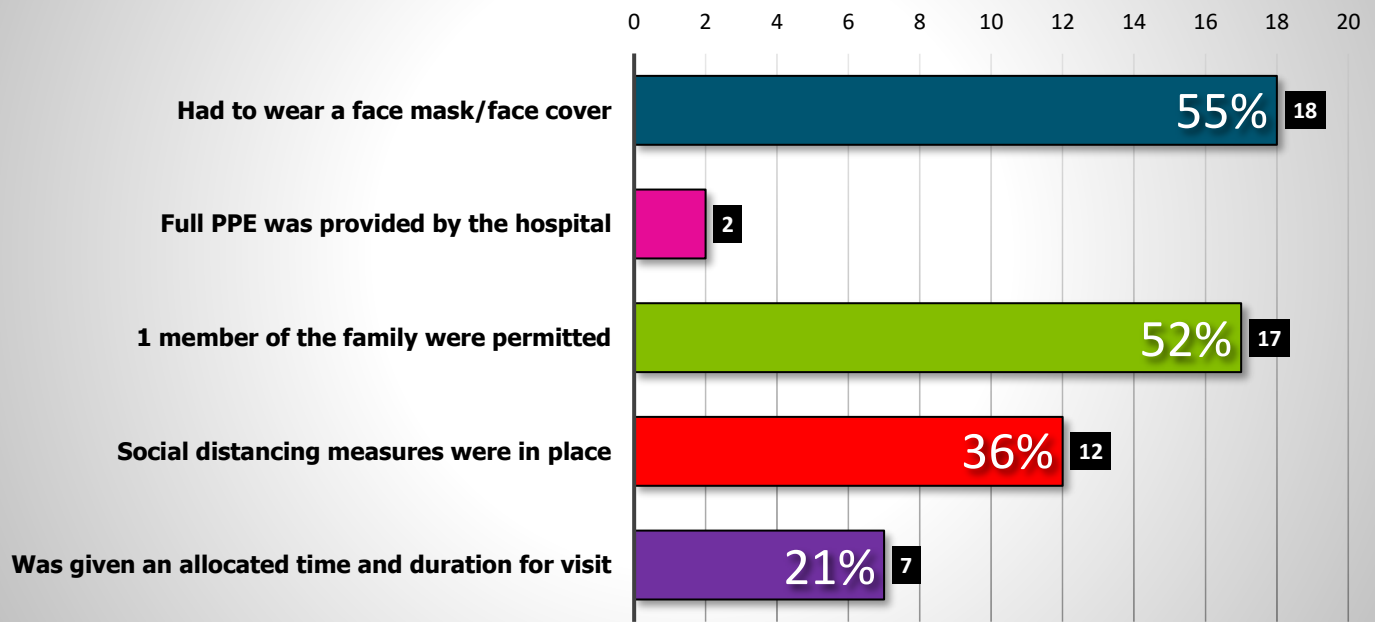
90% (88 people) out of the 98 people who were admitted were not related to COVID-19. 6% (6 people) were related to COVID-19 and 4 people chose not to answer this question.

Were any family members allowed to visit/stay with the person admitted?



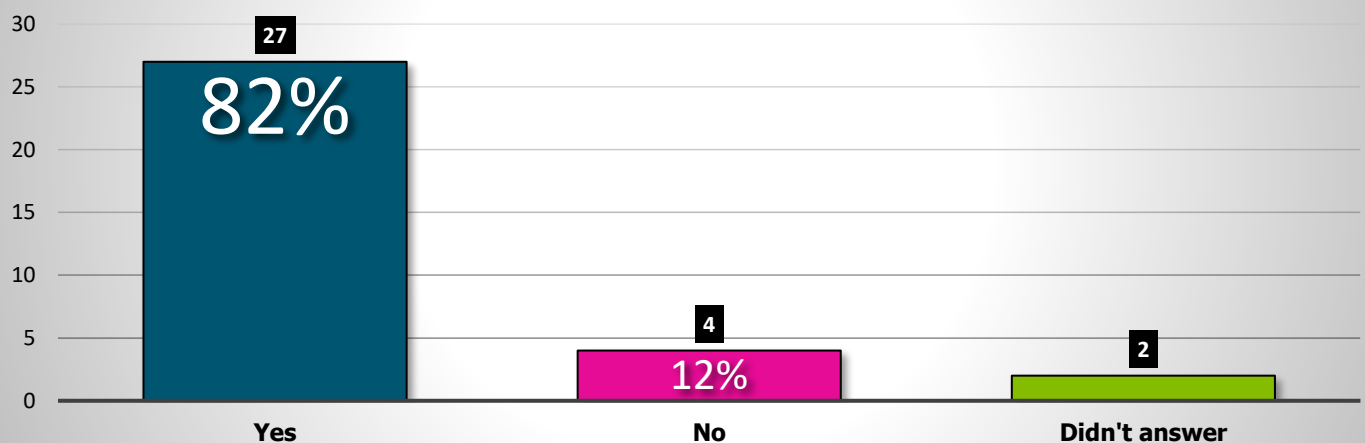
Of the 98 people who were admitted, we asked whether they could have a family member visit/stay. 66% (65 people) stated that they were not compared to 34% (33 people) who stated that they were.

What measures were put in place around health and safety during your arranged visiting time?



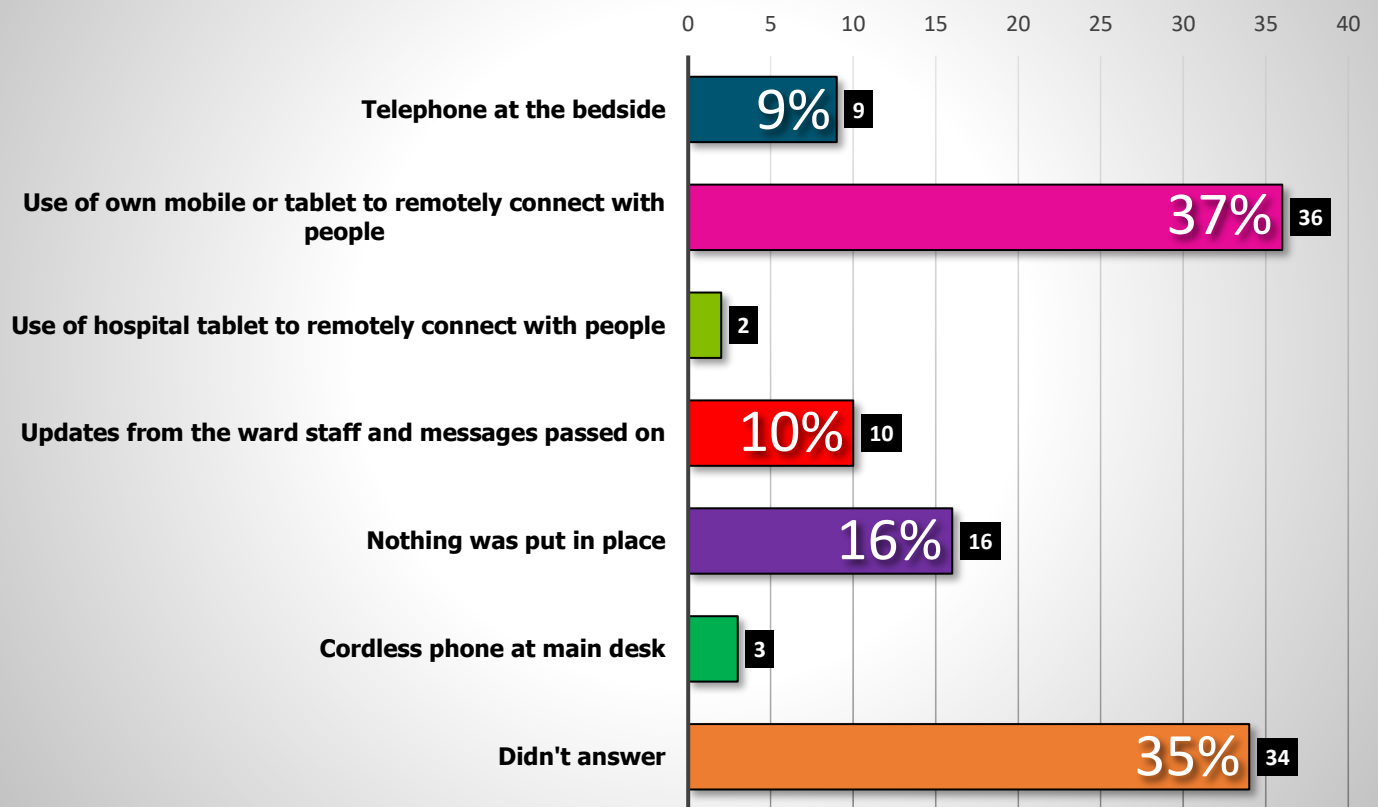
55% (18 people) stated that they had to wear a face mask/cover. 52% (12 people) stated that 1 member of the family was permitted. Only 2 people stated that full PPE was provided by the hospital. *People were able to provide numerous answers to this question. There are more answers than people in this question as it was a multiple-choice question. Percentages will relate to the number of people who answered the question (33 people) rather than the number of answers so will result in percentages equating to more than 100%.*

Were these precautions clearly explained to you?



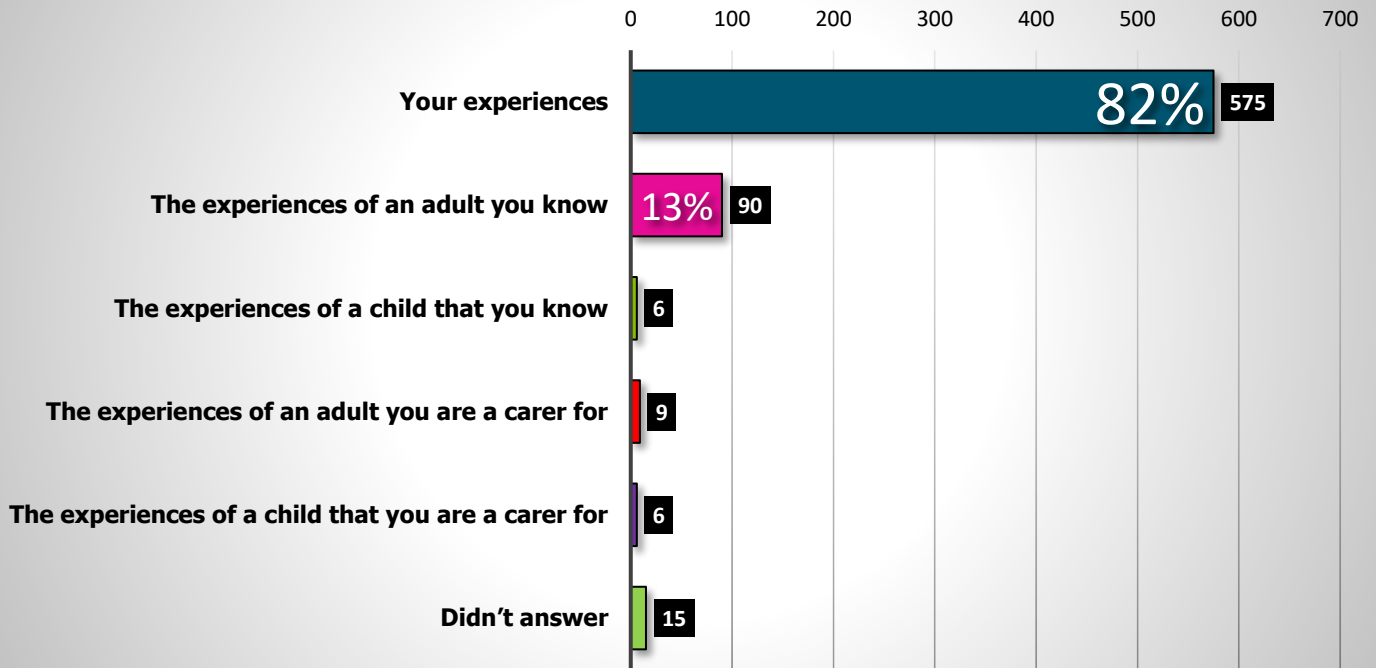
Of the 33 people who had a family member admitted to hospital and permitted visitors, we asked if the necessary precautions were explained to them. 82% (27 people) had precautions clearly explained to them compared to the 12% (4 people) who said that they were not. 2 people chose not to answer this question.

Were any measures put in place so that you could talk to your family member?



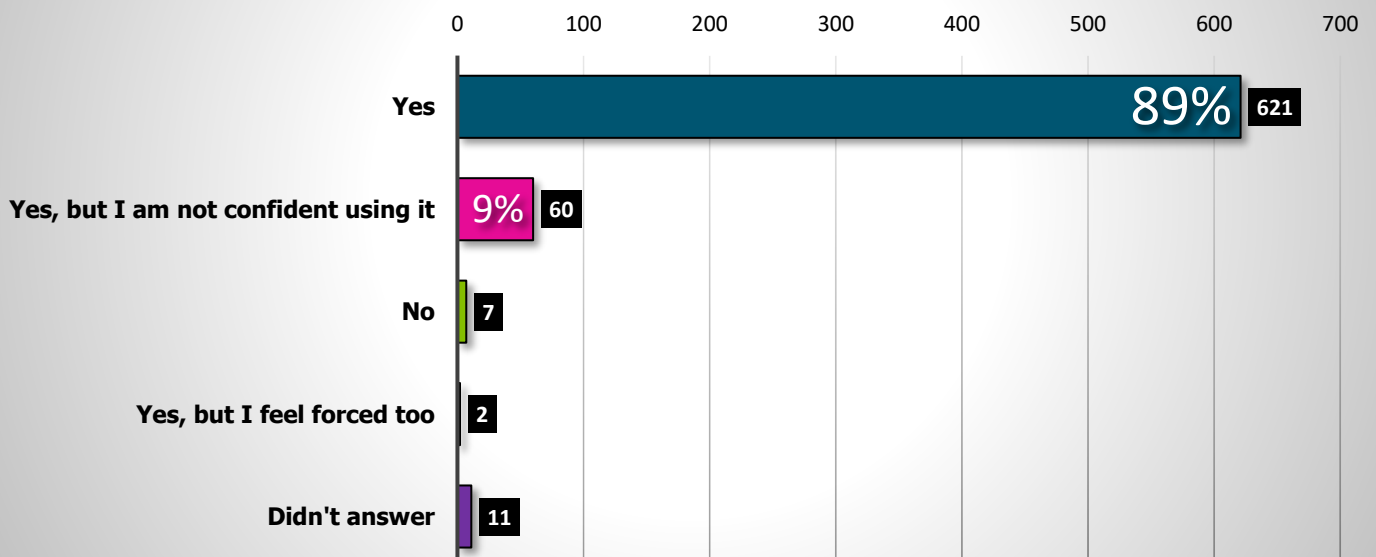
Of the 98 people who stated that their family member was admitted to hospital, we asked what methods of communication were put in place. 37% (36 people) stated they had to use their own mobile or tablet to remotely connect to their family member. 16% (16 people) stated that nothing was put in place. *There are more answers than people in this question as it was a multiple-choice question. Percentages will relate to the number of people who answered the question (98 people) rather than the number of answers so will result in percentages equating to more than 100%.*

Are you completing this survey based on:



Out of the 701 people who took part in this survey, 82% (575 people) stated that they were completing the survey on their own experiences. The next highest answer was 13% (90 people) who stated that they were completing the survey based on the experiences of an adult they knew.

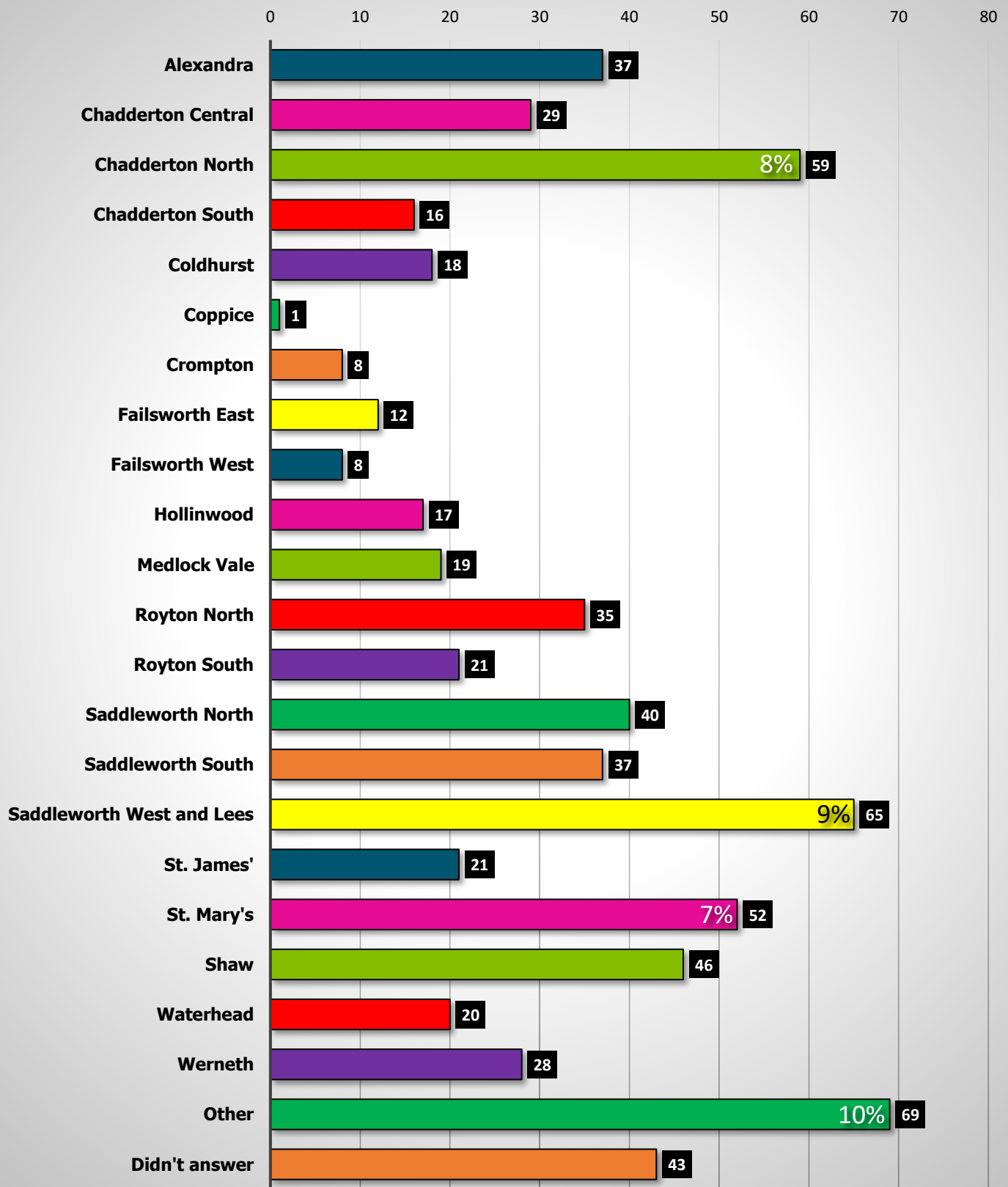
Do you use the internet / have access to the internet in your home and are you comfortable using it?



89% (621 people) stated that have access to the internet and are comfortable with using it. 9% (60 people) stated that they had access, but they did not feel comfortable using it. Only 7 people stated that they do not have access to the internet. Whilst this survey was completed online, people were also given the option of going through the survey with staff over the telephone and having a paper version printed if this was easier.

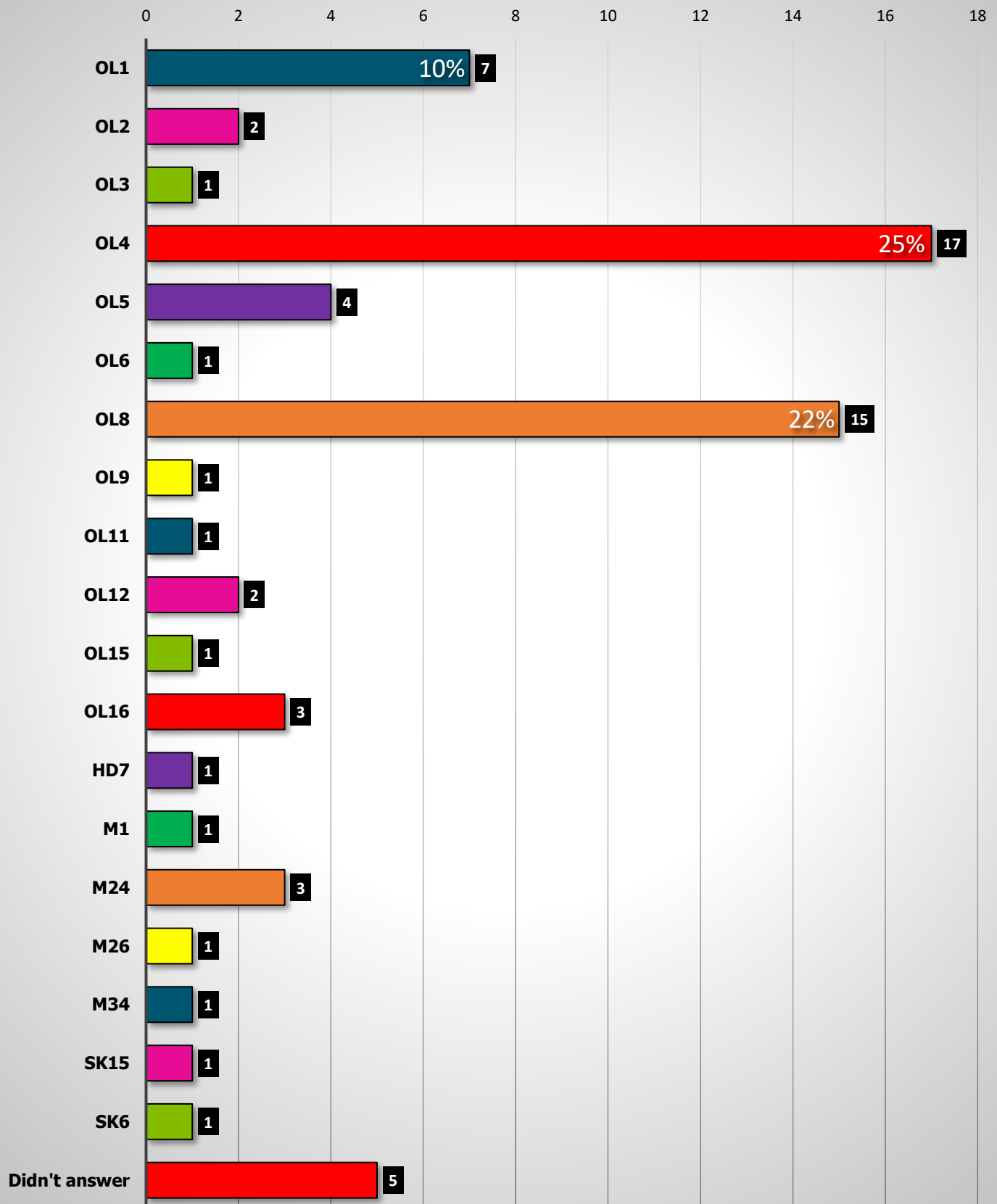
Profile of Respondents

Which area of Oldham are you from?



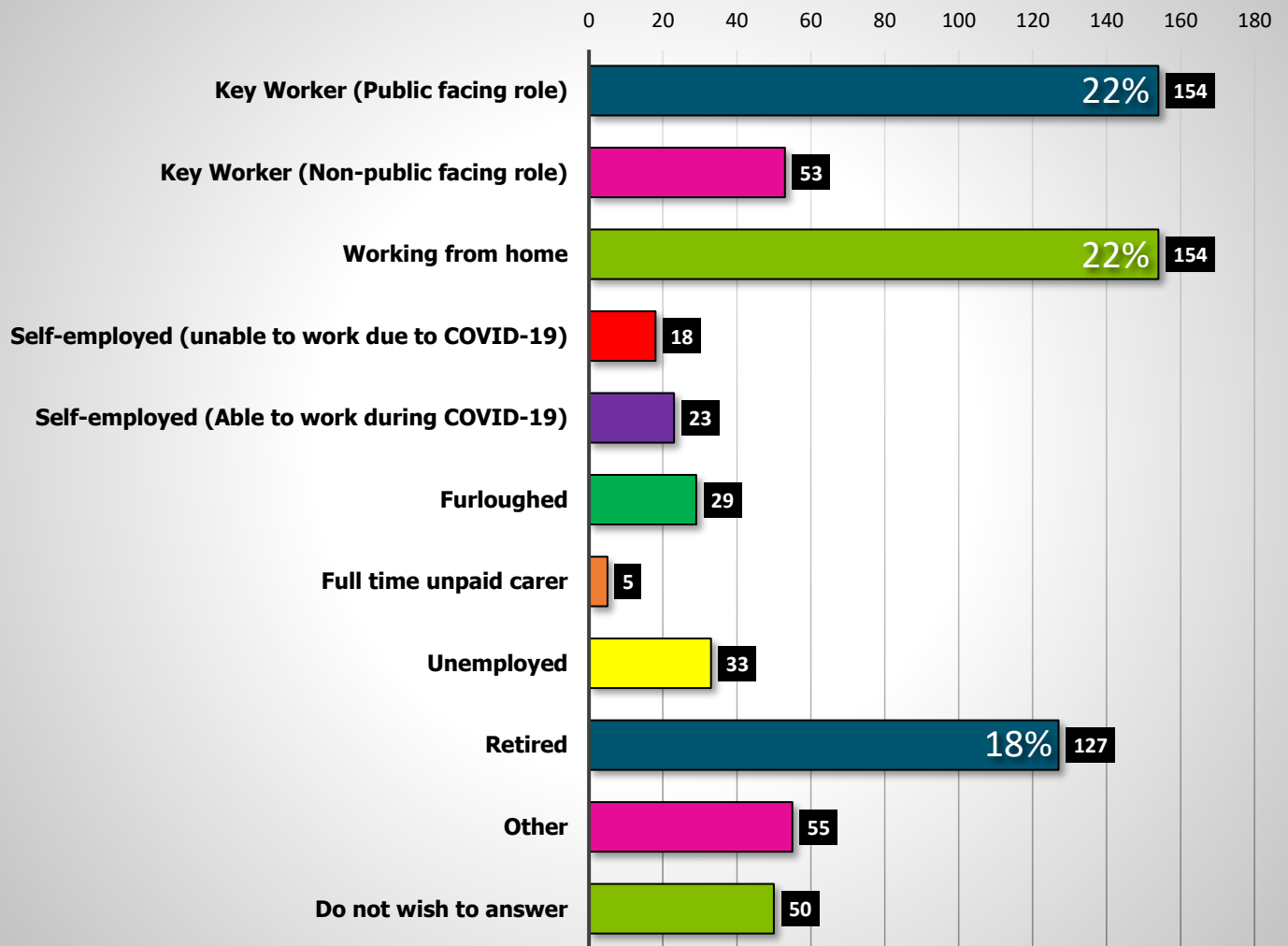
All areas of Oldham were represented within the survey result. 9% (65 people) stated they are from Saddleworth West and Lees and 8% (59 people) stated they were from Chadderton North. 10% (69 people) stated 'other' which we have broken down in our next chart.

Other breakdown for location



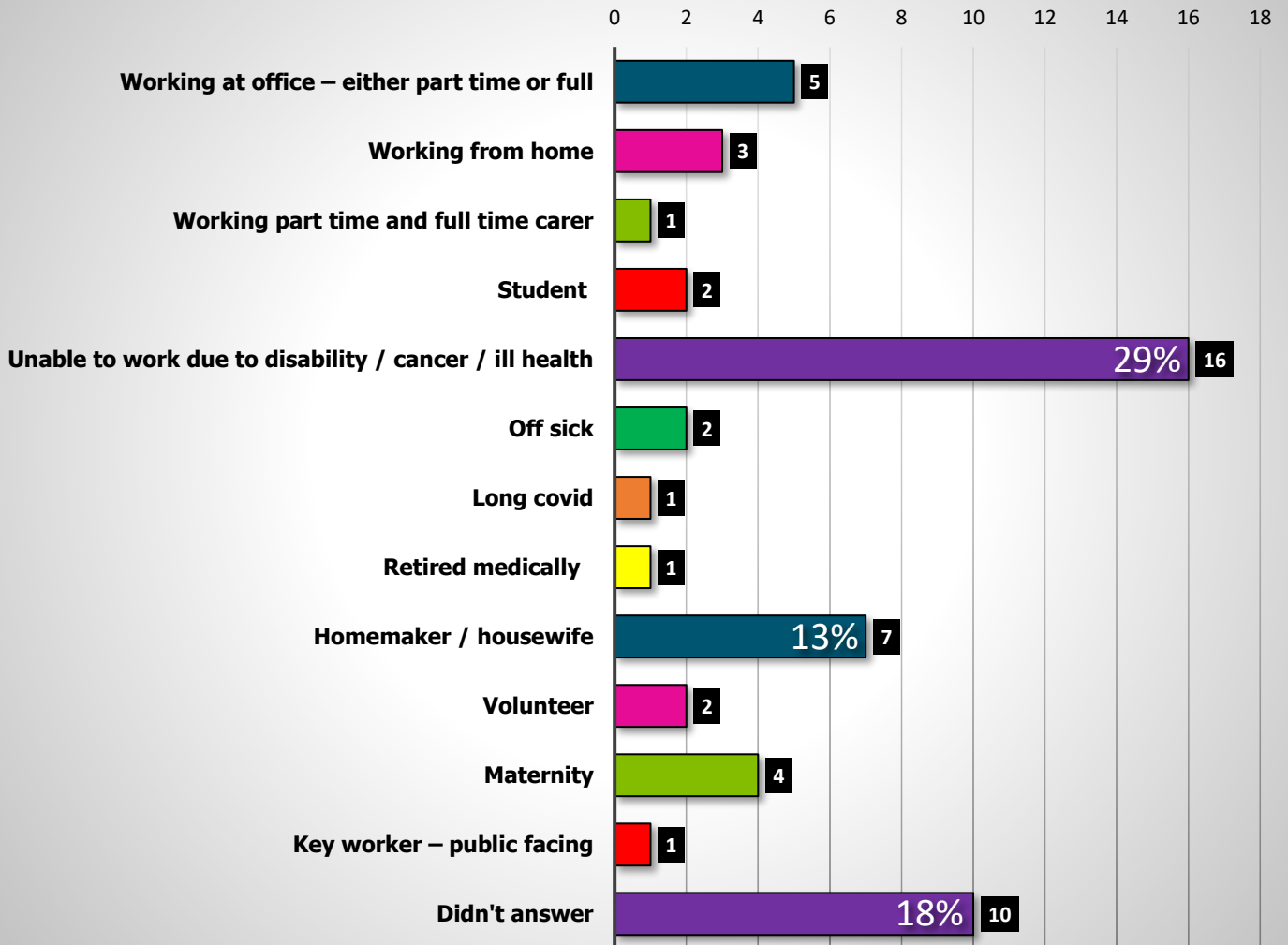
25% (17 people) stated they were from the OL4 postcode area. Other popular areas were 22% (15 people) from OL8 and 10% (7 people) from OL1. 5 people chose not to answer this question.

Employment status during COVID-19



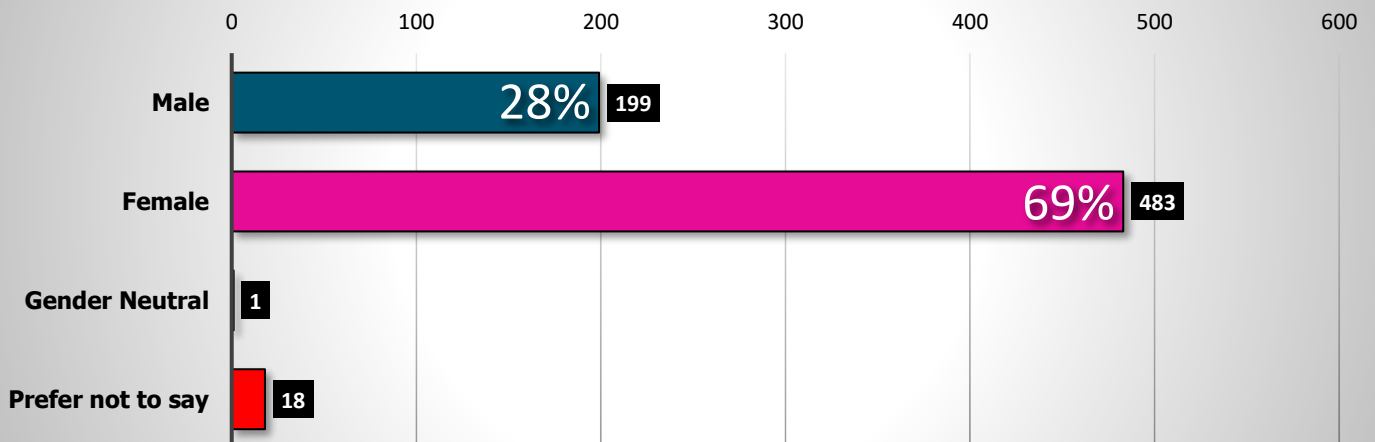
Working from home and being a Key Worker in a public-facing role were the two popular choices with both being selected by 22% (154 people) each. 18% (127 people) stated that they are retired.

Employment Status 'Other'



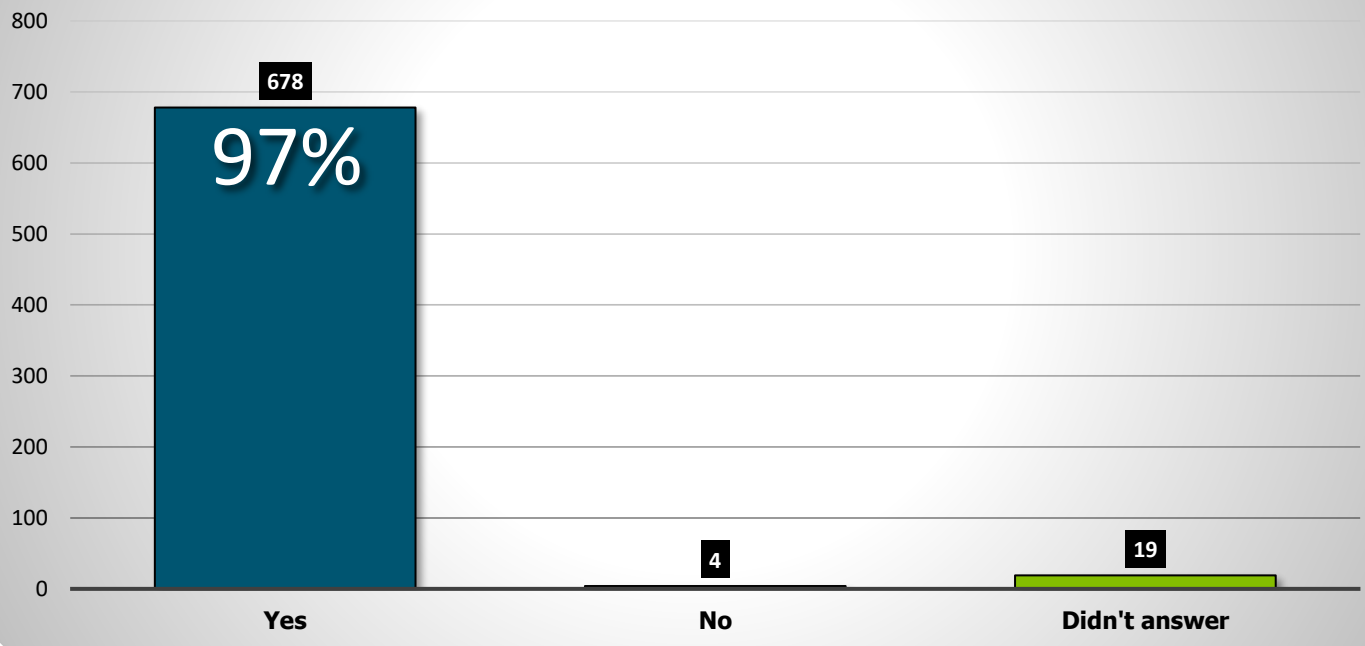
Of the 55 people that ticked 'other' for their employment status, we asked them to provide more details. 29% (16 people) stated that they were unable to work due to disability/cancer/ill-health. 18% (10 people) chose not to answer this question.

Gender



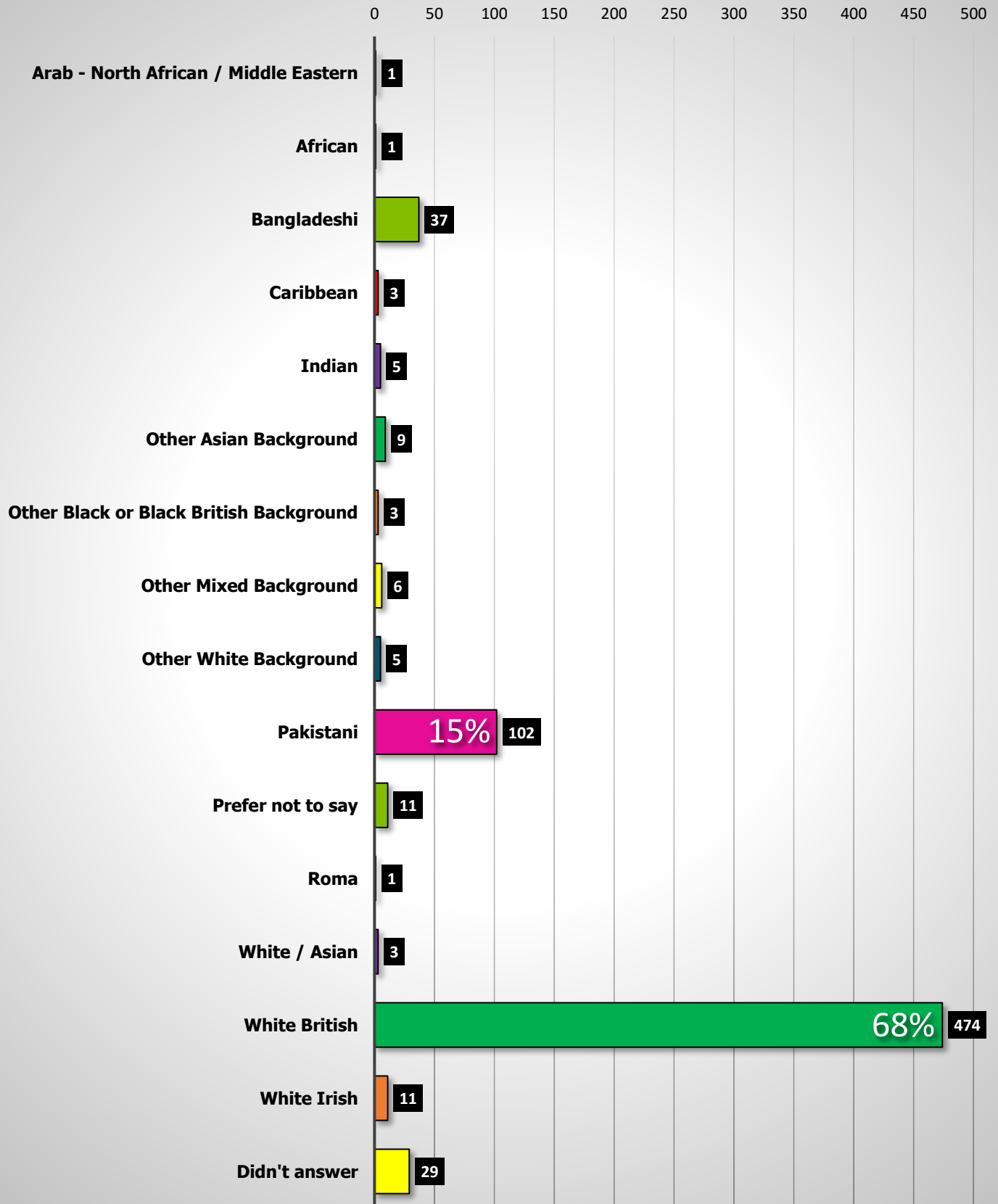
69% (483 people) stated that they are female compared to 28% (199 people) who stated they are male. One person stated they were gender-neutral and 18 people preferred not to answer this question.

Is your gender identity the same as the gender you were assigned at birth?



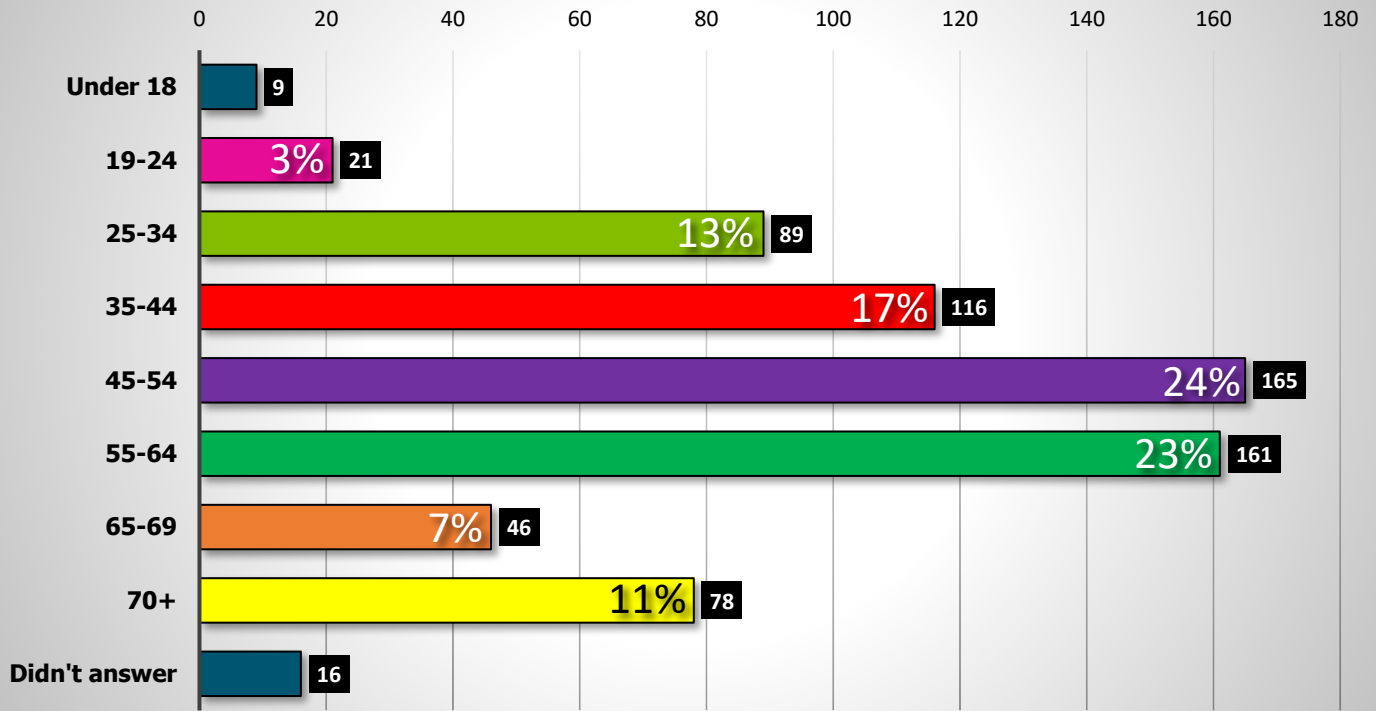
97% (678 people) stated that their gender is the same as it was assigned at birth. 4 people stated that their gender has changed, and 19 people chose not to answer this question.

Ethnicity



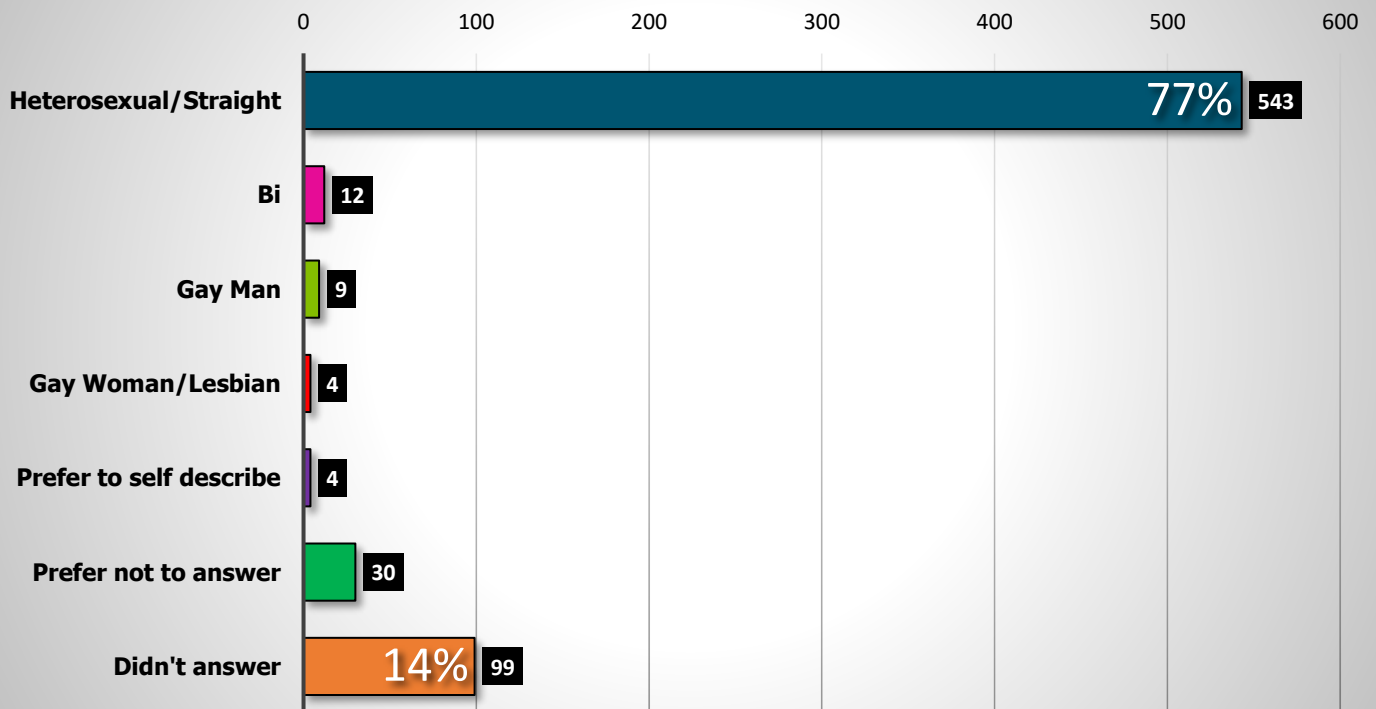
68% (474 people) stated they are White British. The next highest answer is Pakistani with 15% (102 people). 29 people chose not to answer this question.

Age Group



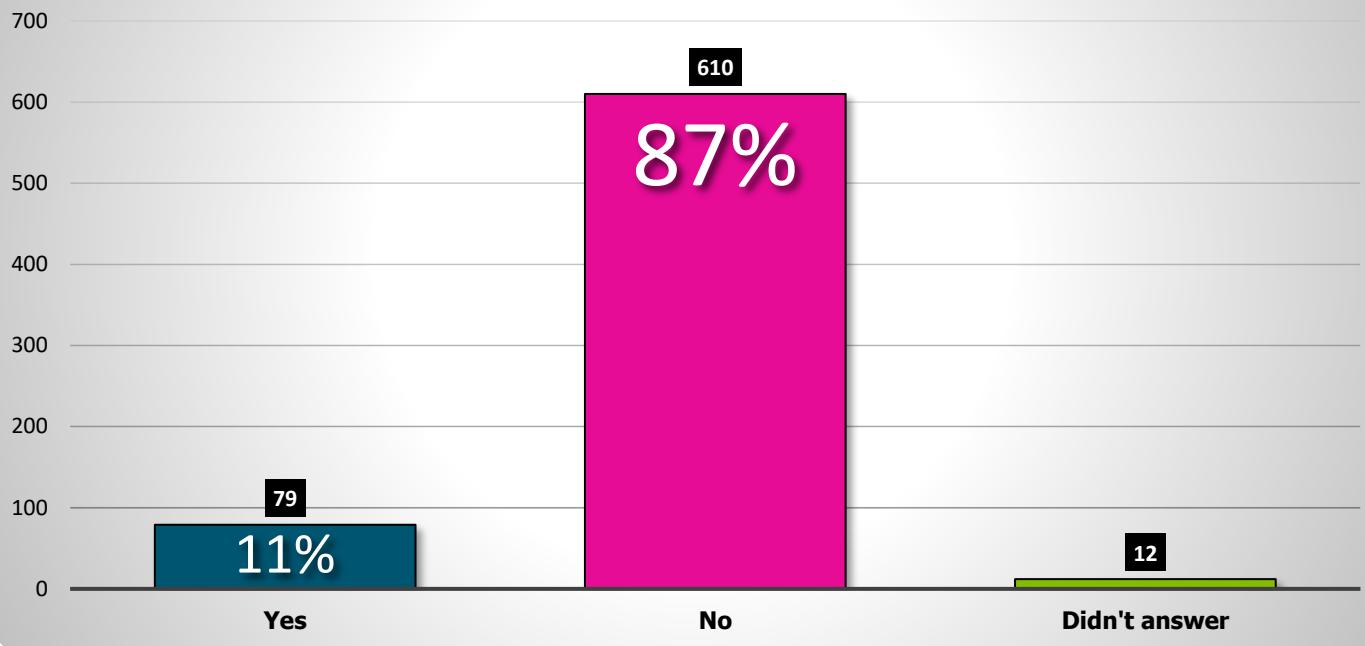
All age groups were represented within this survey. 24% (165 people) stated they were 45-54 and 23% (161 people) stated they were 55-64. 16 people chose not to answer this question.

Sexual Orientation



77% (543 people) stated that they were heterosexual. 14% (99 people) chose not to answer this question.

Do you consider yourself to be a disabled person?



87% (610 people) stated that they did not consider themselves as a disabled person compared to 11% (79 people) who stated that they were. 12 people chose not to answer this question.

Case Study 1

Jo's Story – Cancer Services and Living with Cancer

"My reality on the 2nd April I was at The Christie having an MRI to my brain. I wasn't really worried, but my Oncologist thought it would be a good idea to check. I was waiting for the radiologist to come to get me as they "just needed to check something", 45 mins later I asked what was happening and they asked me to go wait in a side room as someone was coming to see me.

Panic. They asked if I wanted a cup of tea. The warning sign, tea. Panic.

*The fear had already hit being escorted into a room and I sat there saying 'oh s**t' texting 2 close breast cancer friends whilst I was on my own, tears falling onto my face mask on. I heard the doctor on the corridor ask which room I was in. He came in, "Jo they've seen something on the MRI it's a small tumour, in the cerebellum" and whatever he said next, it didn't really process but tears came.*

I just remember him saying "I'm sorry but I can't hug you" and we walked out of the room, sanitizing our hands, walking a distance apart. We were talking and I was asking a few questions I can't even remember now. He also said I wasn't allowed to drive "for at least a year". Bang goes the independence.

I've never felt so alone in a clinical setting. I walked out with another changing diagnosis... Aside from being told you have secondary breast cancer which bad enough in itself. To be told you have secondary breast cancer in the brain i.e., breast cancer that has travelled to my brain is horrendous. All thoughts going through my mind. Friends who had it prior to me who died of it. I walked to the car where my husband was waiting to collect me and had to tell him this news, news he really wasn't expecting. I had no chance to speak to him prior to being told and didn't want to ring him. I was in shock and stunned. It was a long drive home... in somewhat silence. Crying, anger, rage, worry, many emotions.

Things moved fast and I had to see a Doctor at Salford Christie Unit whose the head of neuro there. I was there all alone. No one to hold my hand. No one to turn to and say, "what else do I need to ask?". My husband was sat in the car park waiting for my return after dropping me off at the door. 2 weeks later I had another MRI and CT scan and then the next day I had another scan which both were put together to create a 3D version of my skull and brain.

In between this, I had a biopsy as the previous scan had come back that I had some nodes which looked suspicious. Well, 7 were cancerous. I was already scheduled for this surgery on the left axilla (under arm area) to remove all these lymph nodes.

On the 27th June I went to the Spire Private Hospital in Didsbury which was set up as an NHS "COVID free" clean hospital. Myself, husband and the children had to self-isolate for 2 weeks and I had to have a COVID test 2 weeks before and another test 3 days before to make sure I was safe to have surgery. Another strange day with my husband dropping me off and going in alone. It was a day case so was told I would be out later that afternoon/evening.

When I eventually went down for surgery a few hours later I was walked straight into the operating theatre. It was odd having implements being laid out at the side of you that you know are going to be used. I just want to feel better and have some normality again. To get exercising again and not to live with the constant problems. Anyway, all this is a pain to deal with but really the least of my worries. The hardest thing to do was to tell my two children about the brain metastasis but they know now."

Free Text Analysis

The survey included free text areas where people were able to provide further details and express their views. We used keyword analysis to create themes of feedback and then broke them down further into positive/negative groups which allowed us to create the following word clouds. The size of text represents the amount of similar responses we received i.e. the bigger the text size the more people said this. For a full breakdown of the themes please see Appendix B.

People felt unhappy/dissatisfied with:



When looking at where people expressed concerns about services and/or lack of support, the main concern was regarding mixed messages on guidance. This could directly relate to when there were different local restrictions or the tiered system. People described concern in not knowing if their appointment has been cancelled or not receiving clear instructions on what precautions you were required to take before attending your appointment. Some people stated that they felt abandoned and described the negative impact that a lack of contact and support had.

People felt impressed with the following.

The word cloud features the following phrases in various sizes and colors:

- Understandable delays
- First lockdown guidance was clear
- Hospital care
- Local council support
- NHS Staff are amazing
- Online Appointments more efficient
- Responsive GPs
- Pharmacy Support
- Family/Friend Support
- Online services
- Community Nurses
- Workplace support
- Carers support

Overall, people described the first lockdown messages as clear and most understood that there would be delays to service delivery due to the pandemic. Some people stated that online appointments were more efficient, and their GPs were more responsive to this form of contact. Many people wanted to express their satisfaction and gratitude to the NHS and its staff.

What you said

The following are statements made throughout the survey from individuals. We have grouped these according to the services they are talking about.

General Practices

"My diabetes has not been checked and I have not had my yearly retinopathy review. I feel I have been left out of the system."

"Calling the GP was hard before lockdown to make an appointment. Now, I can't even get through on the phone. I've had to ring out of hours GP and have a call appointment."

"GP - should have had regular blood pressure checks. Unable to contact GP by phone, just sending repeat prescriptions with no checks. GP only offering telephone appt which can be any time in the day - unacceptable."

"It's been incredibly difficult to get to speak to a GP never mind face to face. You can't get past a triage nurse. Very frustrating and not much confidence in system."

"Tried for 3 days to make an appointment, phones were left ringing with no one answering. On the fourth day, rang again and got an automated reply that the surgery was closed. Drove to the health centre which was opened and made an appointment straight away."

"I find it hard to email doctors or use the online booking system. There are some things that need to be seen by doctors, but we can't have that service."

"GP don't give any appointments. It's frustrating to explain yourself firstly to the staff, and then if the doctor wishes they'll ring back. If you phone the surgery, you have to listen to the long message before you are put through to the receptionist."

"I feel the GP surgery have made it extremely difficult to even have a phone consultation. Must do an online form first, even though talking to GP receptionist on the phone. No explanation offered as to why this was necessary and when finally got a phone consultation felt fobbed off and that GP did not take my concerns seriously."

"My practice has provided telephone appointments to me during COVID-19 and has been able to amend prescriptions/change my medications over the phone. This has been really good.

I have had problems getting through to the surgery due to the phone lines. However, once I've got through, I have been given a quicker appointment than I would usually get pre-COVID-19.

Sometimes I would have difficulty booking in to see my GP but throughout COVID-19 if I have requested a telephone appointment, I have received one with no issues."

"My Practice have been very supportive. Haven't had to think about re-ordering meds as it's all done for us."

"Just a big thank you to all health practitioners in Oldham who have given me care during this pandemic. They were all wonderful; speech and language, GP, practice nurse doing home visit to take my blood in my garden, pharmacy, home oxygen team and the Neuro team at the Link Centre."

Remote appointments

"Although I have had phone consultations, actually seeing a GP would have massively helped but I didn't want to add undue pressure on the service and with that in mind I have started to drink a little more."

"I had 2 different telephone appointments with 2 different doctors, one was a dermatologist and the other was my GP. The dermatologist service told me the time when they were going to ring me, the GP service did not.

I was told it could be any time after mid-morning, and on the appointment day, I felt I was on tenterhooks waiting for the call and worried that I would miss it. It would have been helpful if I had been given an approximate time i.e., between 2pm and 3pm."

"Telephone and video appointments have been absolutely brilliant, and I hope they continue. Professionals seem to be less stressed and able to support. Everyone I have spoken to has overwhelmed me with how caring and kind they've been."

Dental treatment

"It was extremely difficult to access emergency dental treatment."

"My front tooth broke in February, but still not managed to get an appointment because they are only seeing emergencies. It's very hard and frustrating during these hard times."

"I need ongoing dental treatment and have been experiencing pain since February. I had emergency treatment in April, but the work was temporary and incomplete as required treatment is too risky to complete. Consequently, I have continued to experience pain with further decay."

"It seems ridiculous that you can go to a pub or have your hair cut, but not have a tooth filled. My dentist used PPE prior to COVID-19, it just doesn't make sense."

Hospital - in patient - family contacts and updates

"It was so frustrating not being able to know about our loved one. He was completely out of it, and we were relying on the 1 call a day for updates, as we didn't want to 'mither' the staff at the ward. We wanted to let them do what they best. I understand the last thing they wanted was an influx of family member calls, but it was a very difficult time."

Investigations

"Due to COVID-19, hospital is unable to treat patients and investigate other illnesses thoroughly. Waiting time was very long then cancelled over the phone."

"There has been a lack of support in terms of referrals for investigations for Long COVID patients."

Breast Cancer

"Victoria Breast Cancer unit at Oldham have been exceptional - from initial GP appointment (same day) to diagnostic tests (within 2 weeks) to surgery (3 weeks after diagnosis) everything has been superb.

The team are angels absolutely first class."

"Breast Cancer Nurses. rang them due to pain, face-to-face meeting with a Doctor within an hour."

Emergency Department

"I was taken to hospital A&E. My partner wasn't allowed to sit with me, I was in Urgent Care for 4 hours. Having someone by your side in those circumstances would have helped, rather than him sat in the carpark with me trying to keep him up to date with what was going on text messages."

"I was unfortunate enough to have to visit A&E with my mum during the peak and was concerned for her safety given underlying health conditions, yet the service was efficient, effective and felt safe at all stages of the process."

Pre Natal

"My partner is not allowed to come to any midwife appointment, including baby scans. I do not see why we cannot both go in with PPE, especially when we are from the same household!"

Communication

"I am profoundly deaf, there is no access sign language for deaf people about COVID-19 information. They don't have many sign language options; it is important to have sign language for communication for access for deaf people."

"My follow up face to face appointment was cancelled and then rearranged on the phone. As I am hard of hearing and my understanding of the English language is limited, I had to arrange my family member to speak on my behalf. Also, as it was a telephone conversation, I didn't ask the questions I would have liked. I did not like the experience of the telephone".

"I think there has been a reliance on internet accessible information/forms/processes which is fine with me as I am computer literate and have access to the internet at home. However, some people, notably some of my family members and elderly neighbours do not have the internet and may have limited options to complete surveys/access support etc."

Adult Social Care

"Our sons support completely stopped in March and we have had 2 phone calls from adult social care to check we are still alive, but not to offer any specific help".

Children's Social Care

"My son has severe learning disabilities and is in an extreme risk group. I am his Mother and we have been in lockdown since March, very difficult to explain what a virus is to my son as he has no understanding of this whatsoever. Many parents like myself have been left to cope 24/7 since day services have closed, no Personal Assistant (PA) service in case they carry virus or respite care. Carers in Oldham have been left to cope, especially in our situations."

Mental Health

"My mental health has definitely taken a massive hit during lockdown, especially regarding my work and basically taking care of my little boy because my partner has needed to work longer into the night and also weekends."

"Preventing people who are known to have mental health difficulties, not having bubbles of one or two people right at the start of lockdown. This was not safe. You cannot fully tell how someone is over videocall like you can in person."

I was scared that I would end up with no social skills."

Case Study 2

"My mum was already in hospital; had dementia and profoundly deaf (but had lost her hearing aids) so wasn't really understanding what was going on although still understood everyday things.

All visiting stopped, but she didn't know why, everyone suddenly started wearing masks, she was discharged from hospital to a home.

Probably not much everyday understanding at this point, still surrounded by people in masks and not seeing a familiar face.

Found under the bed in the middle of the night, sent back to hospital, tested positive for COVID-19, I got to visit with a mask on, but she didn't appear to know me anymore.

Died 8 days later."

Appendix A:

COVID-19 Your Health and Care Experiences Survey Questions

1. Please state if you are a member of a group (this was an option added from August Onwards)
2. Have you completed this survey before i.e. earlier in the Pandemic (this option was added August onwards)
3. Are you completing this survey based on?
 - Your experiences
 - The experiences of an adult that you know.
 - The experiences of a child that you know.
 - The experiences of an adult that you are a carer for
 - The experiences of a child that you are a carer for
4. Do you consider yourself to be a Disabled Person?
5. Do you use the internet / have access to the internet in your home and are you comfortable using it?
6. Have you been advised to self-isolate / shield for at least 12 weeks due to age, long term condition or because of the health of a family member that you live with?
7. If you are shielding, have you been able to access the Government Shielding programme of support?
 - Yes
 - No
 - Didn't know about it
8. Have you had COVID-19 main symptoms even before 1 March 2020?
9. If yes, have you had a COVID-19 test?
10. Was this offered by the NHS or a private organisation?
11. Did you test positive for COVID-19?

Information and Support

12. Have you received any practical support to manage during lockdown / isolation?
13. If yes, who provided this support? (tick all that apply)
14. How have you found out information about COVID-19?
15. Do you feel you have enough information about COVID-19 at this time?
 - Yes
 - No
 - SomewhatIf somewhat, what would you find useful?
16. Have you had a health or social care appointment / treatment since early March 2020?

Medical Appointments

17. Please go through this list of services and answering the following statement “the service was easy to during the coronavirus Pandemic” - from March 2020 onwards

Service	Strongly agree	Agree	Neither agree nor disagree	disagree	Strongly disagree
GP in person					
Remote GP apt e.g., telephone / facetime /zoom WhatsApp etc					
Hospital outpatients Clinic / appointment					
Pharmacy					
Physiotherapy					
Home care visit e.g. District Nurse					
Health visitor / Midwife					
Walk in centre					
Paramedic					
Dentist					
A and E Emergency Departments					
Mental health services Remote					
Mental health services in person					

Please state any service missed from the above list along with your satisfaction level:

18. Please go through this list of services and answering the following statement “I was satisfied with my appointment/visit” - from March 2020 onwards.

Service	Very satisfied	Satisfied	Neutral	unsatisfied	Very satisfied
GP in person					
Remote GP apt e.g., telephone / facetime /zoom WhatsApp etc					
Hospital outpatients Clinic / appointment					
Pharmacy					
Physiotherapy					
Home care visit e.g. District Nurse					
Health visitor / Midwife					
Walk in centre					
Paramedic					
Dentist					
A and E / emergency Department					
Mental health services Remote					
Mental health services in person					

Please state any service missed from the above list along with your satisfaction level:

19. Have you had an in-person appointment (face to face) during the Coronavirus Pandemic? (March 2020 onwards)
20. How clear was the advice given before your appointment about measures you need to take to ensure your safety and hygiene during your appointment?

Service name	Very clear	clear	Neutral	Unclear	Very unclear

21. Were risks around having any treatment during this Pandemic explained to you during your appointment?
22. Have you had treatment stopped due to this Pandemic?
23. If you have, were any risks around stopping treatment explained to you?
24. Have you had any appointments or treatments cancelled or postponed due to the Pandemic?
25. Please state what appointment was / were cancelled or postponed.
26. How were you notified of this cancellation or postponement?
27. If you would like to expand further about your experiences with any of the above services during this pandemic, then please use the space below.
28. What have you found most useful?
29. What has been least useful?

Hospital visiting

30. during the current COVID-19 pandemic have you or an immediate family member (partner, child, parent, sibling, grandparent, dependent person) been admitted to hospital for an overnight stay or to give birth?
 If yes, what was the reason for the person being admitted, please tick below:
 - to give birth
 - has a mental health diagnosis
 - was end of life patient
 - has a learning disability
 - was a child
31. was this admission due to COVID 19 or a non-COVID-19 related illness / health condition?
32. Were any family members allowed to visit / stay with the person admitted?
33. If yes, what measures were put in place around health and safety during visit / stay?
34. Were these precautions clearly explained to you?

35. If No family members were allowed to stay were any measure put in place so that you could talk to your family member?
36. Are there any other comments you would like to make about information and support access to health and care during this pandemic?

About you

37. Which area of Oldham are you from?
38. Employment status during COVID-19
39. Gender
40. Is your Gender identify the same as the Gender you were assigned with at birth?
41. Ethnicity
42. Age Group
43. Sexual Orientation

Appendix B:

Free Text Grouping

The survey included free text areas where people were able to provide further details and express their views. We used key word analysis to create some word clouds looking at positive and negative areas of feedback. These key words and phrases were collated and then organised into groups which have been listed below. These groups formed the basis for the word clouds.

Negative comments made within free text areas of the report:

Lack of face-to-face appointments	40
Service quality via remote appointments	25
Appointment accessibility	8
NHS 111 Unhelpful	5
Felt abandoned	24
Delay in diagnosis	1
Delay in treatment	1
Reliance on digital communication	8
People defying guidance	5
Mixed messages on guidance	42
Poor media coverage	13
Emergency Helpline didn't help	22
Poor communication from NHS Services	25
No visiting rule	9
Lack of peer support during appointment	8
Lack of mental health support	12
Lack of shielding support/guidance	9
Unable to access dentist	39
Lack of social care support	5
Routine injections led to poor health	15
Poor confidence in medication management	13
COVID-19 testing guidance confusing	12

Positive comments made within free text areas of the report:

Family/Friend Support	16
Responsive GPs	23
Pharmacy Support	22
Online Appointment more efficient	36
NHS Staff	23
Workplace support	9
Hospital care	22
Online services	11
First guidance was clear	14
Community Nurses	10
Understandable delays	10
Carers support	4
Local council support	7

The groups above were created from the feedback below which was organised into different themes and value depending on the number of times mentioned within the survey.

The first set of brackets indicates how many times this theme was raised in the July survey and the second bracket includes the number of times the theme was mentioned in the second release of the survey between August and October.

People felt unhappy and dissatisfied about:

- GP face to face appointments not being accessible/barriers to GP service (28) (12)
- Did not feel that remote GP appointments were always helpful / reliable with assessment of health concern and worry that this will impact on future health conditions which may not have been picked up (22) (3)
- People felt frustrated that some health services were able to give you a time for your appointment, but GP practices could not - which meant waiting over a period of time for an appointment (6)(2)
- Felt remote physio did not help (23)
- 111 service unhelpful (5)
- People with existing health conditions stated they felt abandoned and unsupported as emphasis changed to Coronavirus therefore if you were living with any health condition you were advised that treatments were cancelled, support withdrawn which led to more worry (22)) (2)
 - (Highlighted delayed treatment were chemotherapy, breast screening, radiotherapy, routine appointments, transfusions, and investigations.)
- One person stated that their diagnosis of breast cancer took 3 months (average outside of pandemic is 3 weeks maximum)
- Communication became internet / smart phone focussed there for if you did not have it or weren't confident in using it this was a barrier to health and care, that a lot of information was in English one person raised they were deaf and there was no information available at all (6) (2)
- Feeling frustrated at other people not following the rules (5)
- Feeling confused by the mixed messages on lockdowns - especially as local lockdowns and restrictions were implemented (10)
- Messages from Local government, National Government, and the Media were conflicting (31) (1)
- Media stories caused additional stress and worry - and made people not want to seek help for fear of catching Coronavirus or using wasting NHS Time (13)
- Felt there was a lack of local information about the virus and felt that during the period of this report that council interaction and should have been better and emergency helpline not helpful (22)
- They were not being communicated with By the NHS services - including cancelled appointments, accessing services, mixed messages from one NHS Service to another, PPE availability, and keeping track on situation of family members who had been admitted to hospital (25)
- People found the no visitor rule in Hospitals difficult this was mainly around very poorly relatives (9)
- Having to access some hospital appointments alone was very upsetting and caused anxiety including women who were pregnant, people with cancer and people with other serious health conditions (8)
- Lack of mental health support and access to it being poor (11) (1)
- People highlighted that they had not been identified for some time as being on shielded which impacted on being able to get support (9)
- Frustrated at not being able to see a dentist during first lockdown and struggling to get appointments after lockdown / ongoing (32) (7)
- People felt frustrated that Social Care Services support felt like it had been withdrawn in the first lockdown and people with complex support needs (the most vulnerable) and their families were left to cope alone (5)
- People felt that they had to accept not having routine injections such as B12, Iron and steroid even though it affected their physical health and wellbeing (12) (3)
- People felt worried about not having their annual reviews done - not having the bloods, blood pressure checked and carrying on with medication when in the past they have been refused medication until bloods have been completed (11) (2)
- People felt confused about where to get / when to get a COVID-19 test - (12)

People felt satisfied and pleased about the following:

- Support from family and friends (16)
- GPs have been responsive (22) (1)
- Pharmacies and the support they received in getting medication especially if they were shielding (22)
- People felt that online appointments were a positive and many commented that they hoped they would continue as was easier to access, easier to attend and saved time - including, GP's, Consultant and Health care appointments (36)
- People felt all NHS Front line staff were doing an amazing job in difficult circumstances (23)
- People felt they were supported by workplace (8) (1)
- People felt that the care they had received at NCA hospitals was good - (22)
- People felt that online services were positive and receiving had been useful, social media internet (13)
- People felt the initial national updates were helpful (14)
- People felt community nurses were very good (10)
- People felt that there were a lot of positive aspects to how the NHS had responded but also felt understandably frustrated as it had impacted on routine health appointments, planned surgery and delays to treatment - but in the main accepted that this was understandable due to the impact coronavirus has had on Health and care services (10)
- People who felt service from carers was good (4)
- People felt local council and services were helpful (7)