

Healthwatch Bromley Services during Covid-19 social distancing measures

Q1-April- June 2020

In line with government guidelines and social distancing measures, during Q1 we adapted our face-to face engagement model for our Healthwatch service. Our core offer during this time included:

Patient engagement

- Setting up 2 weekly online zoom sessions for the community, individuals, and local groups.
- Providing a Whats App Information & Signposting service to enhance our phone, email and website offer
- Regular website news updates and a specific Covid-19 information page
- Developing our social media platforms to share key messages, provide information and signposting and support local health and care partners in reaching wider audiences
- Gathering patient experience feedback via external online review platforms
- Working with our volunteers and key partners to ensure they are engaged and participating in the community response, where appropriate.
- Promoting PRUH Feeling safe patient experience survey
- Promoting Bromley Covid 19 volunteer Hub - Healthwatch Bromley Volunteers poster developed for existing and new volunteers to offer volunteer support

Other core service functions & updates

- Recruitment of 2 part time Project Officers (2 days per week).
- Q4 Monitoring and Patient Experience Reports completed (Total 467 Patient experiences received and halted on 15th March due to Covid 19)
- Completed Q4 Enter and View reports (Bromley Y Q3 and Bromley Mencap Parents Group Q4). The Heathers Care Home scheduled for 30th March was postponed due to the Covid19 social distancing measures.
- Autism Care Pathway Report 18+ completed
- 2020/2021 HWB work plan (under review) completed
- Healthwatch Bromley Annual Report (2019-2020) completed

Enter & View Programme

On hold for Q1. We will commence Enter & View visits during Q2 based on discussions with commissioners about priorities and pressures services may continue to be under. We have developed two options for carrying out Enter &

View visits during going forward into Q2. One option involves working closely with the commissioner and provider to distribute surveys through the post to relevant service users, relatives, and staff, seeking insight and feedback into the service in question. The other option will utilise IT equipment to carry out virtual visits, with the support of on-site provider staff.

Patient Experience Q2

We will continue to collate reviews from external online review platforms and develop our social media platforms to raise awareness of our service and seek feedback from local people. In addition, we will be working with key partners to distribute our feedback form through foodbank parcels; pharmacy prescriptions; volunteer community support programmes (for example). We will be aiming to fully reinstate or move substantially closer to our Patient Experience targets this quarter through carrying out telephone interviews with residents to collect patient experience feedback.

Research studies

Healthwatch Bromley, in partnership with Bromley CCG, are currently undertaking studies in relation to Covid-19 and patient experience of primary care services. In addition to this we have studies being carried over from 2019/20; studies being reviewed for implementation given the new context; and a range of topics previously under discussion with commissioners and our local committee that need to be revisited. Some of these may no longer be relevant and more pressing priorities may direct our research studies going forward. The intention during Q2 is to confirm research study topics with commissioners and proceed with planning and implementation.

Community engagement

During Q2 we will continue to offer regular online engagement sessions via zoom/Microsoft Teams, working predominantly with partners, to meet with and hear from patients and services users about their experiences of health and care services. This will be supplemented by continued development of social media platforms to build new relationships and hear from new people/communities/groups in the borough. During this period we will also be planning on how to safely re-establish face-to-face engagement for our staff, volunteers, and local people. A decision to reinstate this part of our service will be made in conjunction with our commissioners.

Healthwatch Committee meetings

These are taking place virtually at present.

Key Strategic Stakeholder Meetings

We continue to attend virtual local key stakeholder meetings and forums; SEL CCG, Health and Wellbeing Board and Place Based Board, Health Scrutiny Sub-Committee, etc.

Return to offices

Staff continue to work at home whilst government guidance remains to work at home where possible. In preparing for a return to our offices this quarter we will be carrying out building/office risk assessments and having risk assessment discussions with staff members based on their individual circumstances. Staff rotas and cleaning schedules are being developed to assist.

Covid 19 Feedback- April to June 2020

Online patient experienced- 305 views captured

- **Care homes:** The majority of responders were satisfied with the effort made by carers during this pandemic. All the reviews were positive.
- **Pharmacies:** The majority of reviews were from pharmacies as they had remained open during lockdown. People appreciate the measures taken by pharmacies to protect them and the fact that they are served during this difficult time. Some did experience lengthy waiting times for their prescriptions.
- **GP surgeries:** people liked the online services provided by GPs. (Phone, video consultation).

Healthwatch Bromley Community Zoom meetings and signposting enquires

Tuesdays 2-4pm and Wednesdays 10am-12pm.

Total number of Zoom session: 20

Total number of people engaged: 94 (82 Zoom and 12 signposting enquires)

3 External stakeholder sessions attended: COVID-19 Voluntary and Community Sector Pandemic Response meeting, Bromley Healthcare Patient Reference Group and BLG Mind Recovery College Forum.

Key themes and issues identified

- **Geographical disparity and health inequalities-** The highest number of assistance requested from Bromley Covid19 Volunteer Hub has been from those residents lived in Orpington, Penge and the Crays areas.
- **Primary Issues-** At the beginning of lockdown measures initial concerns presented were primarily about obtaining food supplies, accessing support for financial hardship and increasing mental health issues, anxiety and stress from families and vulnerable groups such as children with complex needs, deaf and sight impaired groups. Some self-employed residents had experienced delayed in payment for business support from government leading to financial hardship whilst others had received the payment with ease. Access to welfare benefits. Delays in patients receiving government shielding letters.
- **Financial sustainability-** Many local charities experienced funding issues during lockdown due to loss of fundraising revenue from the closure of their shops and outreach. Funding was made available to Bromley base charities by the Direct Line company of £100K. Bromley Council impact of significant drop in income from business rates. Direct payments by Bromley Mencap stopped. Funding and support received from local Rotary clubs.
- **Fare-share and foodbank-** responding locally by distributing through community hub locations.
- **Increase in the number of scams being reported,** including volunteering to do shopping for a vulnerable person and asking for their debit card, as well as the offering of fake Covid 19 tests.
- **Digital and online care-** Overall, access to GP appointments became easier and quicker through GP telephone and E-consultations and overall received positively. But for some residents, remote access it did not meet their communication and care needs. E.g. Lack of communication between GP and hospital appointment cancellation, changes in prescription and long waiting time for prescriptions. Benefits of increased use of technology: video calls, remote goodbyes with PRUH acute ward settings.
- **Primary care-** One GP surgery has observed increasing rates mental health issues in their patients presenting with anxiety, relationship problems and domestic violence concerns.
- **Late Covid 19 presentations at hospital (Kings and Nightingale)** with critical physical and mental symptoms displayed due to delayed access to attending hospital linked to fears of contracting Covid-19. The need for clear local messaging to encourage local people to access NHS 111 and urgent care when presenting with symptoms.
- **Hospital staff and well-being** - ITU poor uptake of staff accessing the in-house counselling support on offer due to the frantic pace of ITU work and prevented staff from taking breaks. The psychological impact of staff burnout and PTSD diagnoses have been made, as some staff have been lost

to suicide, as well as those who have died from contacting the virus.
Organisations have donated meals for staff e.g. Cook-19 volunteer-led, not for profit.

- **Digital Exclusion** - Clients with mental health issues from BLG Mind highlighted the issue lack of access to digital technology and isolation due to lack of access to android phones, tablets and PC/ laptops and skill sets. Some residents do not have access to the internet and the inability to pay utility bills online leading to anxiety. Specific groups with no online access experiencing difficulties accessing specific goods, services and, treatment and support.
- **Lack of privacy**- difficulties for some clients groups to discuss sensitive issues and for those seeking help for domestic violence/ abuse.
- **Mixed and inconsistent government messaging** around Covid 19 and lockdown easing resulted in increased confusion and anxiety for some BLG Mind clients.
- **Negative mental health impact of self-isolation**- for people living with existing mental health problems. A small number of residents accessing the Volunteer Hub have presenting with suicide ideations. Some BLG Mind clients experiencing difficulties accessing emotional support services.
- **Lack of access to housing support** and housing benefit.
- **Employee rights**- Increased level of anxiety around lack of clarity on employee rights on returning back to work and employees who may feel concerned about safety and child-care issues if and when they returned to work.
- **Access of face masks to vulnerable adult**- During ease of lock down measures the provision and access of face masks covering to vulnerable adults including those who have been 'shielding' and those with mental health issues.
- **To improve integrated care** - between health and social care systems
- **Dental Care** -Difficulties with registering and accessing dental care.
- **Social care**- Difficulties in accessing a care assessment and assistance with shopping for two elderly residents.
- **Access to podiatry and blood tests**- Lack of clear information from Primary care services.
- **Community care**- Elderly Wheelchair bound patient following hospital discharge, OT rehab services in home ceased and have continued to pay for the service. Access to self-care support for those with mental health problems.
- **Reluctance to access services**- There remains reluctance by residents to not access services because of the fear of catching COVID19 or by being a burden on the NHS.
- **Increased assistance with financial and emotional support** by Bromley Well services.

- **In the month of Ramadan** -Healthwatch guided Bromley Council to relay clear messaging in observing social distancing in those residents observing Ramadan.
- **Face mask barrier** for those with hearing impairment and unable to lip read. The need for clear face cover masks.

Report by:

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