

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire

 jungle green

Healthier Together Citizens' Panel

Covid-19 Survey – Final results

August 2020



Report structure

- 1 Introduction & sample
- 2 Personal feelings, concerns and behaviours relating to Covid-19
- 3 Opinions on and use of health and care services during the pandemic
- 4 Perceptions to proposed changes to health and care services over the next 6 months
- 5 Expected uptake of flu vaccinations and preferred options for administration
- 6 Appendices – Detailed sample profile, project background and recruitment tracker

Section 1

Introduction



In response to the Covid-19 pandemic, we have released two surveys to date focusing on the following

Survey (April / May 2020)

- Covid-19 symptoms / diagnosis
 - Feelings / emotions

Survey specific questions:

- Actions taken to support emotional wellbeing and mental health
- Experience of accessing health and care services
- Perceived ease of accessing health and care services
- Information / media channels for information about Covid-19
- Information / message recall

Survey (July / August 2020)

Core questions:

- Main concerns or worries about Covid-19
 - Use of health and care services

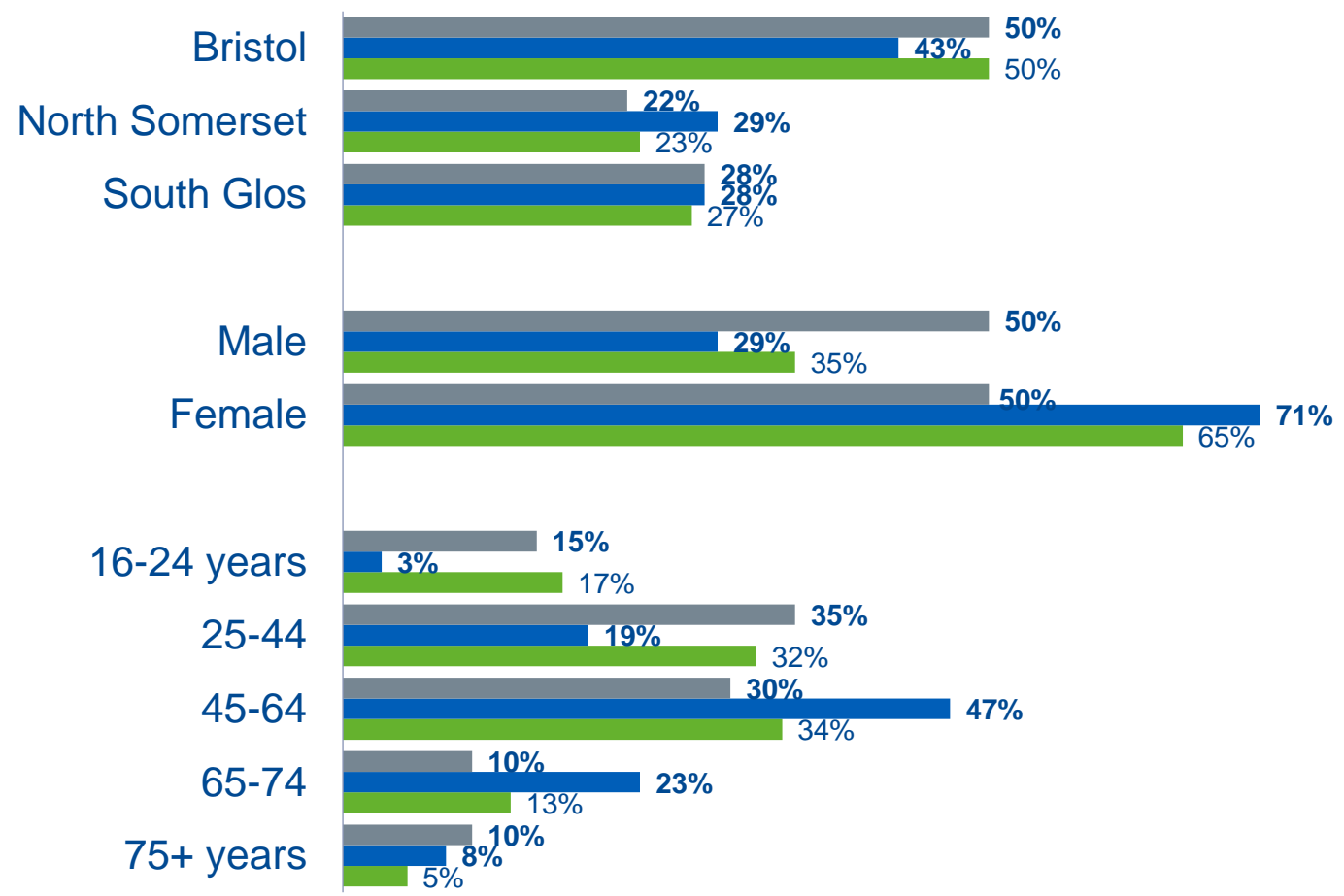

Survey specific questions:

- Covid-19 shielding and future plans after shielding programme ends
- Changes in lifestyle and health-related behaviours
- Attitudes towards health, health seeking behaviours and healthcare services
- Experience of remote consultations
- Perceptions towards proposed changes to ways of accessing primary care, outpatients and planned care

For survey July / August 2020 we received a total of 361 completes with the data weighted to reflect the BNSSG population

Comparison of the profile of the entire BNSSG region population (according to census data)/our rim weighted survey sample and the actual panel profile recruited as at August 2020

% of survey participants rim weighted to BNSSG entire population profile (361) % of survey participants unweighted (361) % of our panellists so far (1042)

- Throughout the report we have identified significant differences between population segments.
- Due to a low base size, any differences by ethnicity should be interpreted with caution and taken as directional findings only**
- A more detailed sample profile is given in the appendices, section 6 of this document

Covid-19 symptoms, diagnosis and self-isolation or shielding behaviour

Coronavirus symptoms and diagnosis

- 2.5% of panel participants have had a confirmed diagnosis of coronavirus (via a test). *This rises to 5% of South Glos participants.*
- A further 8% report that they have had symptoms of coronavirus. *Rising to 16% in WWV.*

Self-isolation and shielding

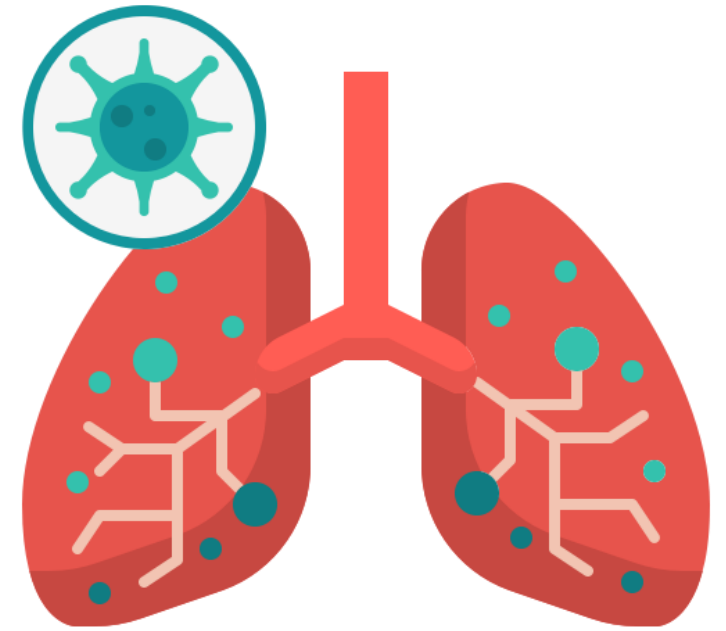
- 4% of survey participants received a letter from the government advising them to shield until 31st July
- In addition just over one quarter of all survey participants were or had been self-isolating *(64% of those aged 75+ reported self isolation plus 9% shielding)*

Future shielding plans (once programme ends)

- Of the 4% who received shielding letters, two thirds intend to continue shielding after 31st July

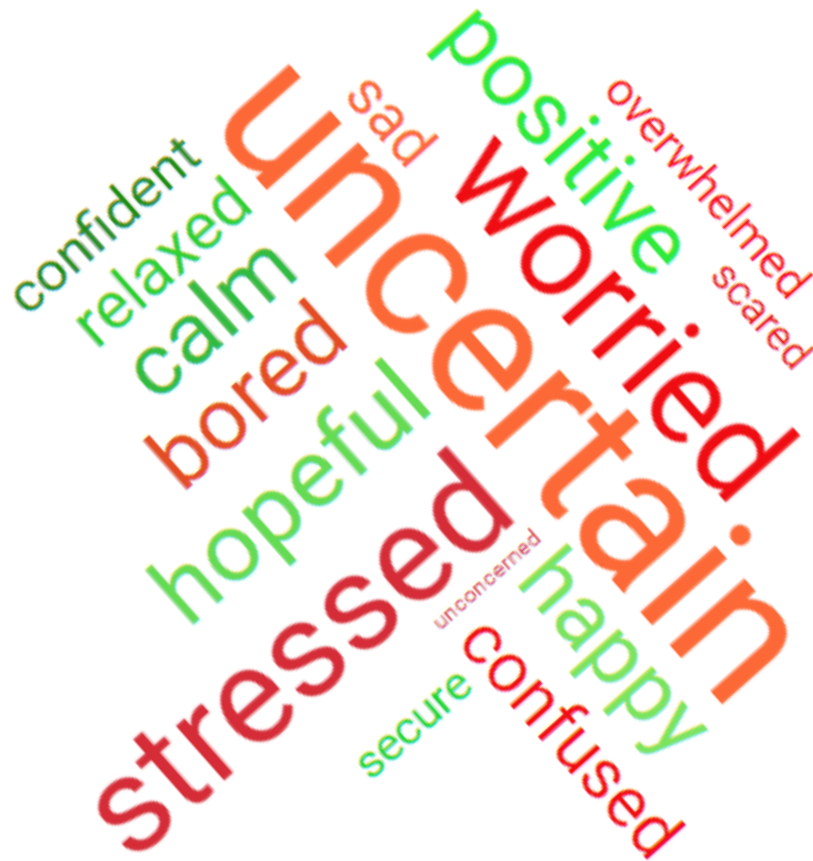
Section 2

Personal feelings, concerns and behaviours relating to Covid-19



Over half of panellists continue to feel uncertain, with around one third also reporting feeling stressed

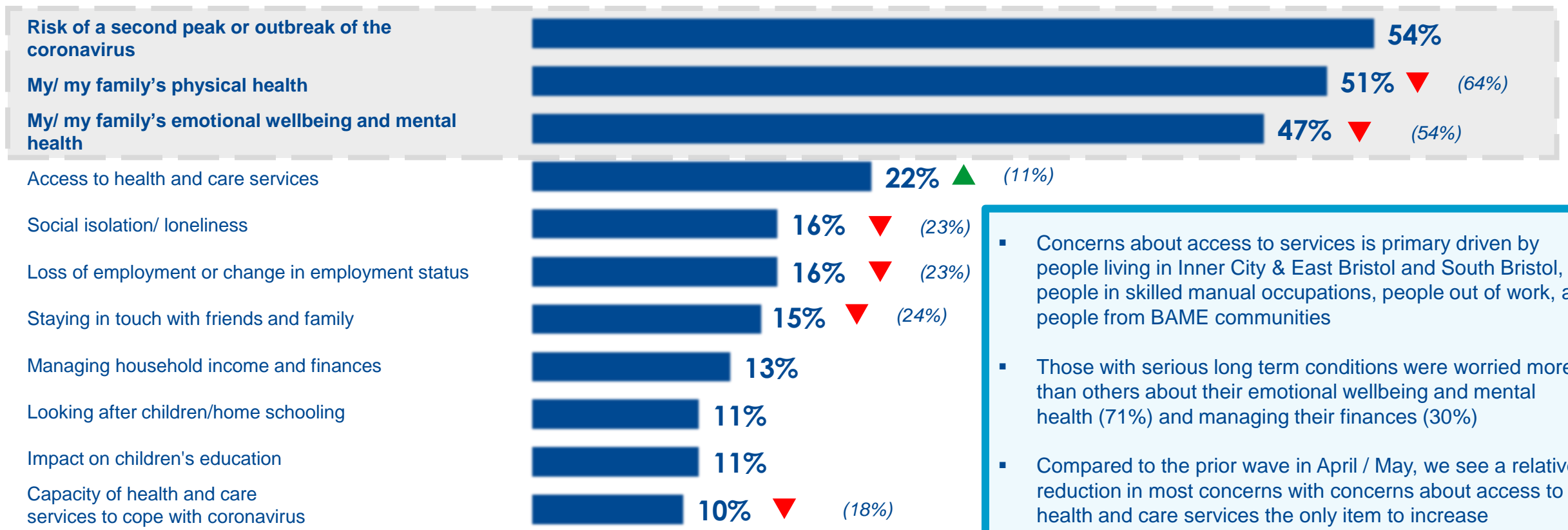
- Overall levels of uncertainty have remained at a constant level (54%), as have stress levels (38%), since the first Covid-19 Panel Survey in late April/ early May 2020.
- Worry has decreased from 48% to 37% in that period. Feelings of boredom (24%) and sadness(15%) have also decreased by around 10% each.
- Happiness has doubled to 24%. Hopefulness (27%), positivity (25%) and calm (23%) have remained at their previous levels.



- Those in **South Gloucestershire** feel **twice as worried** (60%) as those in other regions (28%)
- One fifth of those in **North Somerset** feel **overwhelmed** and one sixth feel **scared**, far higher than in other regions
- **Under 44's** report greater feelings of **stress and boredom**, while **65 and over's** feel **calmer** and more **secure** and more **confident** than younger age groups. However **45 and over's** feel more **sad** than younger age groups.
- Those with **long term conditions** report stronger **negative feelings** in almost every case

Risk of a second outbreak of Covid-19, along with worries about physical and mental health are the current chief concerns of panellists

- Concerns about individuals and their families physical and mental health continue to be high, with levels of concern remaining largely stable
- Of particular concern, we have seen levels of concern about access to health and care services double since April/ May (10% vs. 22%, 11pp change). This cohort of people are also more likely to have tried to or accessed health and care services in the past three months



- Concerns about access to services is primary driven by people living in Inner City & East Bristol and South Bristol, people in skilled manual occupations, people out of work, and people from BAME communities
- Those with serious long term conditions were worried more than others about their emotional wellbeing and mental health (71%) and managing their finances (30%)
- Compared to the prior wave in April / May, we see a relative reduction in most concerns with concerns about access to health and care services the only item to increase



▲ Increase since prior wave (April / May 2020)
 ▼ Decrease since prior wave (April / May 2020)

Q2. What are your TOP THREE concerns about the impact of the coronavirus pandemic on you and your family at the moment? Base: n=361

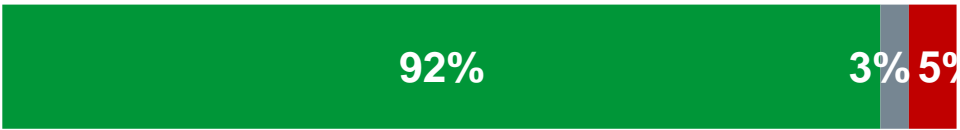


In response to the Covid-19 pandemic there are some interesting health-related attitudes emerging, with an increased proportion of people agreeing that it is an individuals responsibility to manage their own health and wellbeing

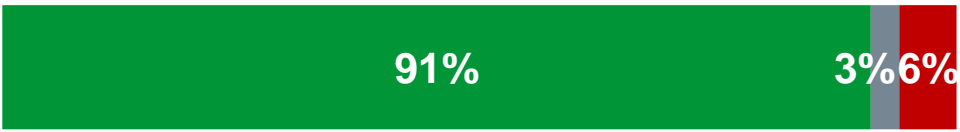
- However attitudes towards the use of health and care services and specifically the prioritisation or rationalisation of services are much more mixed, with approximately half agreeing this with concept and around 4 in 10 disagreeing with reserving services only for those in greatest need
- This disagreement was driven in part by those people worried about access to services, with 7 in 10 of those people disagreeing with this statement

■ Agree ■ Neither/nor ■ Disagree

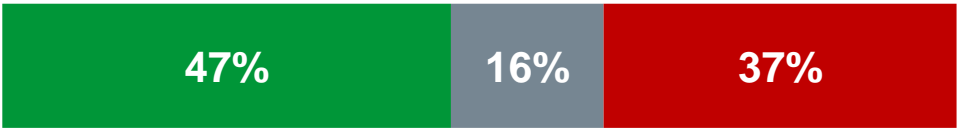
It is important for me and others to think twice and use the correct health and care service for our needs



More than ever it is important that I take responsibility in managing my own health and wellbeing



I would be uneasy about using health and care services at the moment due to the risk of infection with coronavirus



I think health and care services should be reserved only for those in greatest need



- Compared to a similar question asked last year, there has been a considerable increase in agreement about personal responsibility for health and wellbeing (91% vs. 62% in 2019)
- People from BAME communities were directionally more likely to disagree with statements about the use of health and care services and personal responsibility to manage health and wellbeing
- Two-thirds of people with serious long-term conditions and living in Weston & Worle would be uneasy about using health and care services at the moment



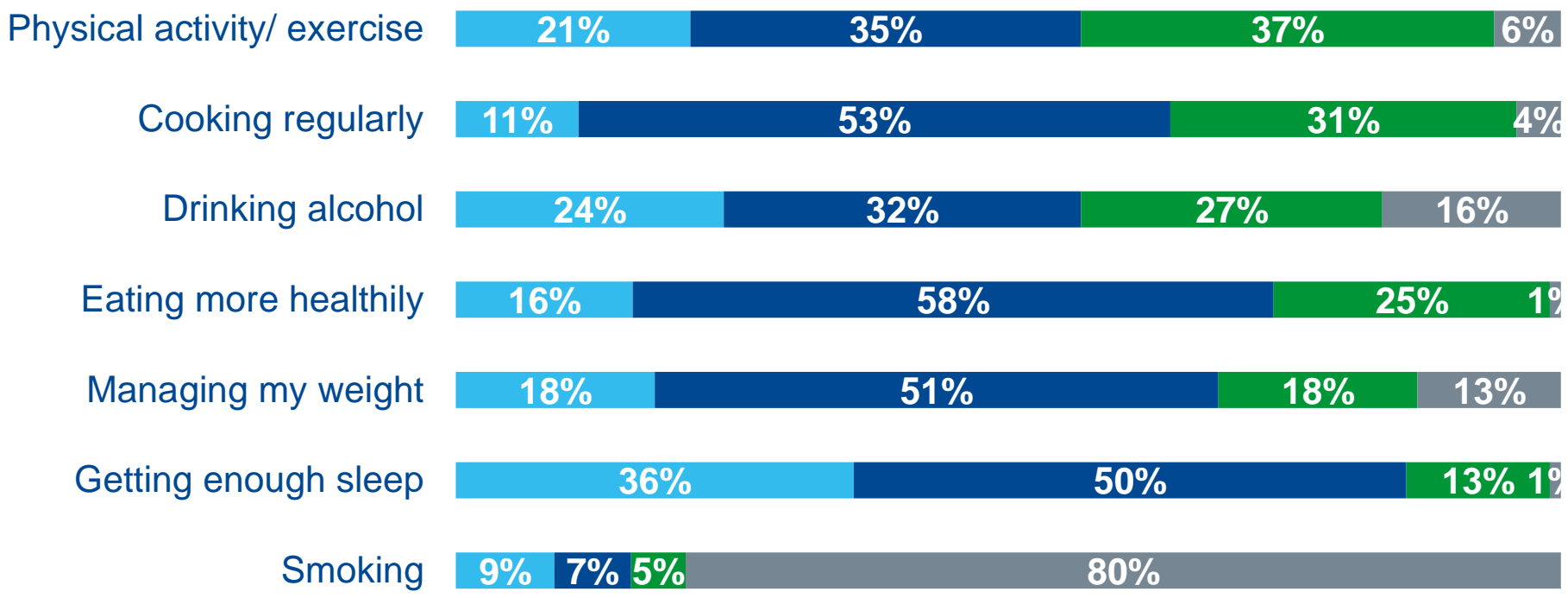
Q5. To what extent would you agree or disagree with the following statements. Base: n=361



In terms of behaviour, around one third of panellists have increased physical activity levels and cooked more regularly in the past three months, but a similar proportion of people also report sleeping less

• There is a mixed picture around changes to lifestyle behaviours as a result of the coronavirus pandemic, with about one quarter reporting positive changes in terms of alcohol consumption and eating healthily. However a similar proportion also report being less physically active and drinking more alcohol

■ Less ■ About the same ■ More ■ Not applicable



- Females are more likely than males to report managing their weight more during the past few months
- The 9% who are smoking less represent approximately **one half** of all smokers in our survey
- People with long-term conditions are more likely to report decreased physical activity, management of weight and less likely to eat healthily
- Males, people aged 25 – 44 years old and people currently not working are more likely to report drinking more alcohol in the past few months

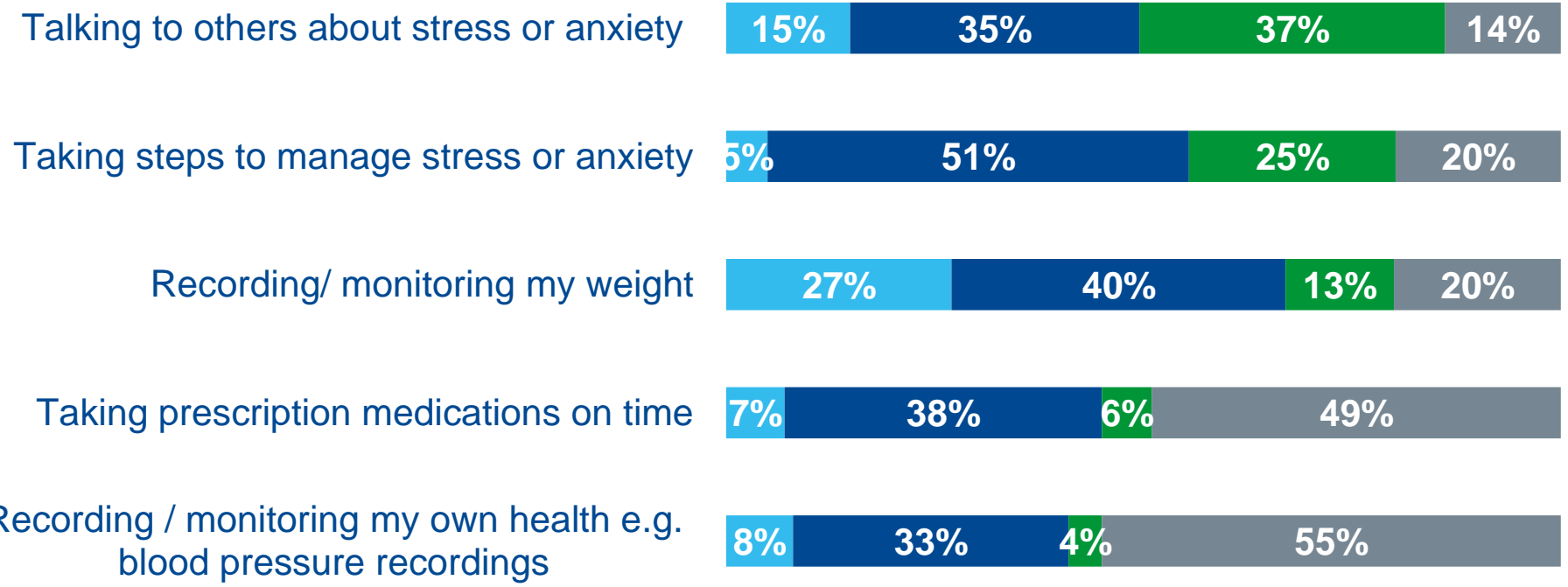


Q4. Below is a list of common lifestyle and health-related behaviours. Please use the list below to indicate what, if anything, has changed in the past three months? Base: n=361

Several panellists also report taking active steps to manage stress or anxiety and opening more about these topics to others

- One third of people report talking to others more about stress and anxiety, with one quarter of people reporting actively taking steps to manage their stress or anxiety
- Most other self-care behaviours have remained about the same, although about one quarter of people do report a decrease in the frequency of recording or monitoring their weight

■ Less ■ About the same ■ More ■ Not applicable



- People living in Inner City & East and Weston & Worle are most likely to report talking to others more about stress or anxiety
- Younger age groups are more likely to report talking to others more about stress and anxiety than people aged 65 or older
- Although there is a small sample, people from a BAME community are directionally more likely to report talking to others about stress and anxiety less, rather than more

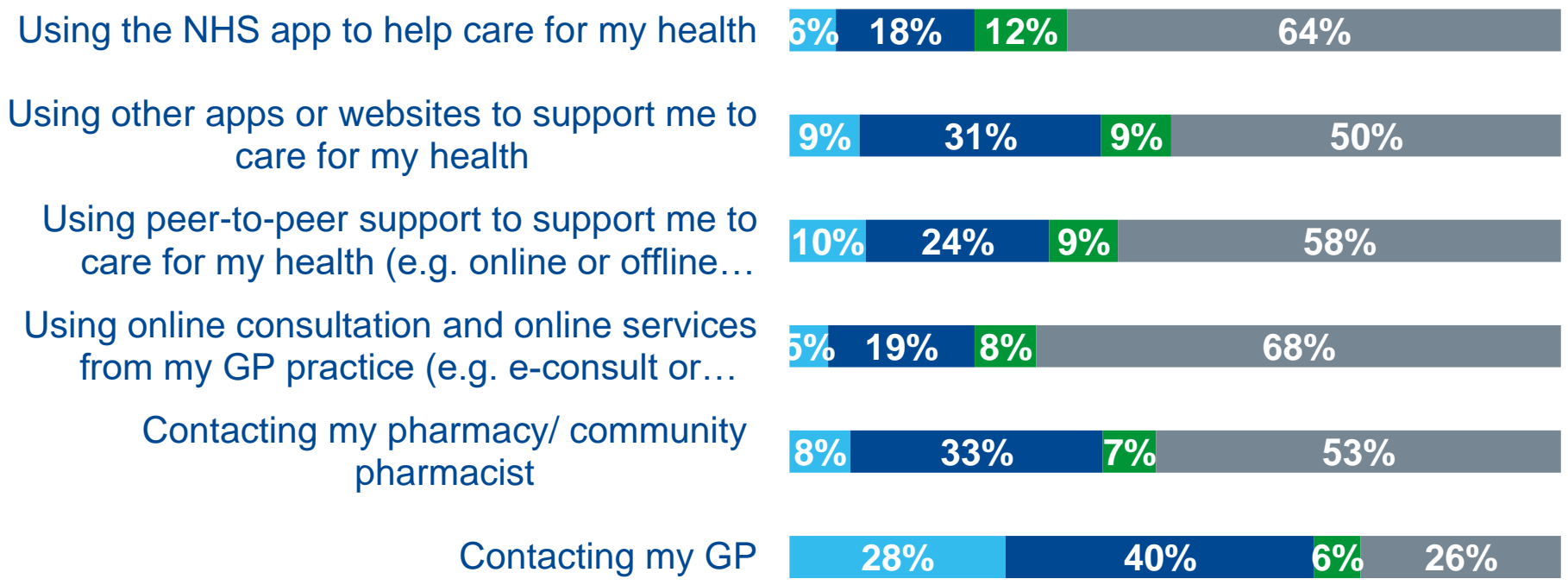


Q4. Below is a list of common lifestyle and health-related behaviours. Please use the list below to indicate what, if anything, has changed in the past three months? Base: n=361

In terms of health-seeking behaviours, around one-quarter of people report contacting their GP less in the past three months

- Overall most health-seeking behaviours were not applicable to the panellists, with contact with GPs showing the greatest decline and the use of the NHS app showing the greatest positive change, with 1 in 10 people reporting using this and / or other apps to help manage their health

■ Less ■ About the same ■ More ■ Not applicable



- People living in Inner City & East, South Gloucestershire and Weston & Worle are most likely to report having contacted their GP less
- People with a serious long-term condition are also more likely to report using their GP less than usual
- People currently not working are also significantly more likely to report contacting their GP less in the past few months



Q4. Below is a list of common lifestyle and health-related behaviours. Please use the list below to indicate what, if anything, has changed in the past three months? Base: n=361

There are several changes or barriers that may stop people from maintaining the positive lifestyle and health-related changes they have made

Normal routine/ return to work/ less time/ busier lifestyle/ work life balance

22%

"Going back to work might reduce time available in the morning to do exercise"

"Working from home has been a real benefit since I avoid the morning and evening travel, thus allowing more time to focus on my, and my family's, wellbeing"

"Working may have an impact on my daily exercise which I need for my mental health"

Less exercise/fitness

11%

"Rushing around after children. Less time to do exercise as taking kids to school"

"I have been taking lots of long walks but am less inclined to do them now that there are more vehicles on the roads"

"Worried about safety at the gym"

Health/ illness/ anxiety/ stress

9%

"Only bad weather or ill health would stop me from increased gardening which is the main change in my life"

"Only illness would stop my usual routine"

"Motivation, time, feeling mentally up for keeping on a healthier track"

"Mental health staying positive seems to get harder"

22%

Access to GP

6%

"Ease of access to on line health queries (emailing my GP / practice rather than visiting in person), & how it actually works"

"Not being able to see a GP as easily"

"You have done more harm than the Covid-19 would have ever, by refusing people other health services"

Second spike, lockdown

5%

"Concern of winter return of virus"

"Don't really want to mix too much as frightened of second wave"

Job security/ finances

4%

"Anxiety about my employment status (I'm self employed) and worry if there is a 2nd wave"

"Financial pressure if lose job. Impact if made redundant on lifestyle"

"Losing my job"

Time to cook/ eat well

6%

"Would like to cook meals from scratch but returning to the office environment will make that more difficult"

"Will eat out more again"

"The time I have at home to prepare healthy meals"

No reflections/ comments made

43%



Q4b. Reflecting on these changes that you would hope to maintain, what might stop you from maintaining these changes as we move back into 'normality'? Base: n=361

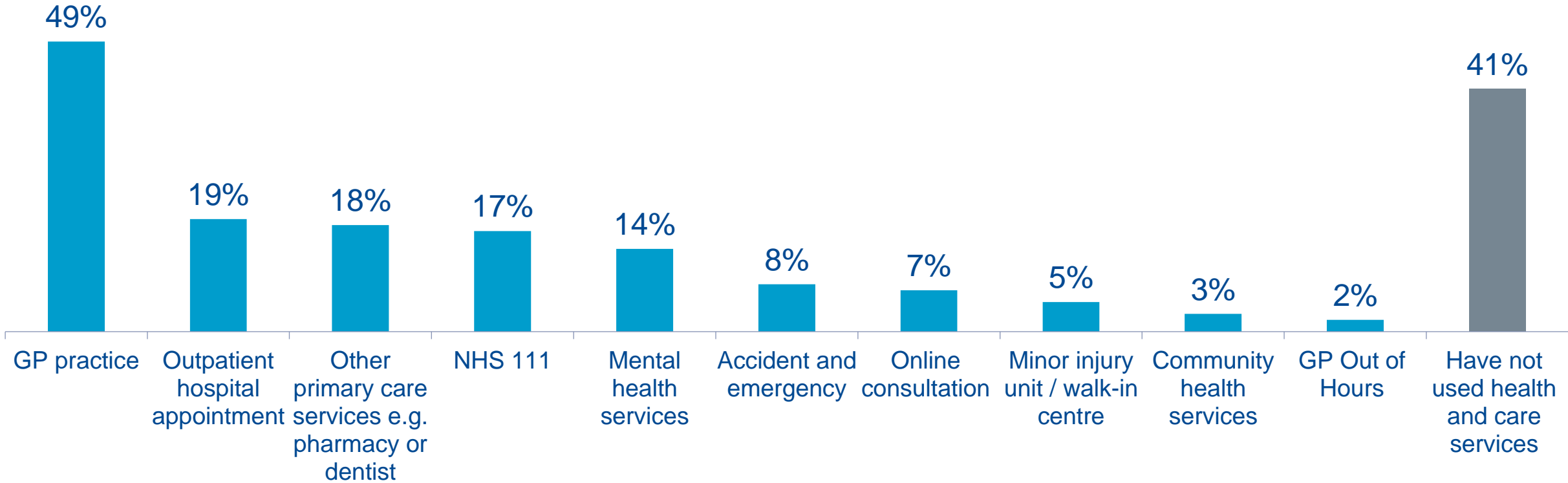
Section 3

Opinions on and use of health and care services during the pandemic



Around 6 in 10 panellists have made use of at least one health and care service in the past three months

- Just under one half had used a GP practice, one in five had an outpatient hospital appointment and similar proportions had used another primary care service, mental health services and NHS 111 in each case.
- Those in **South Glos** had made greater use of all the main services detailed on this chart. Those in **IC&E** had made greater use of outpatient hospital appointments and mental health services, compared to other groups. 22% of those in **WVW** reported having an online consultation.
- Those with **serious LTC's** had made greater use of NHS 111 than average.



Q6. Have you (or someone you look after / are responsible for) used, or tried to use, the following health and care services in the past three months? Base: n=361

For those who haven't used or tried to use healthcare services recently, around one in ten people report not seeking care due to concerns related to the capacity and safety of services due to Covid-19

80% (n=118) of people had no need to access healthcare services

12% (N=18) didn't think my concern or issue was important enough to seek care

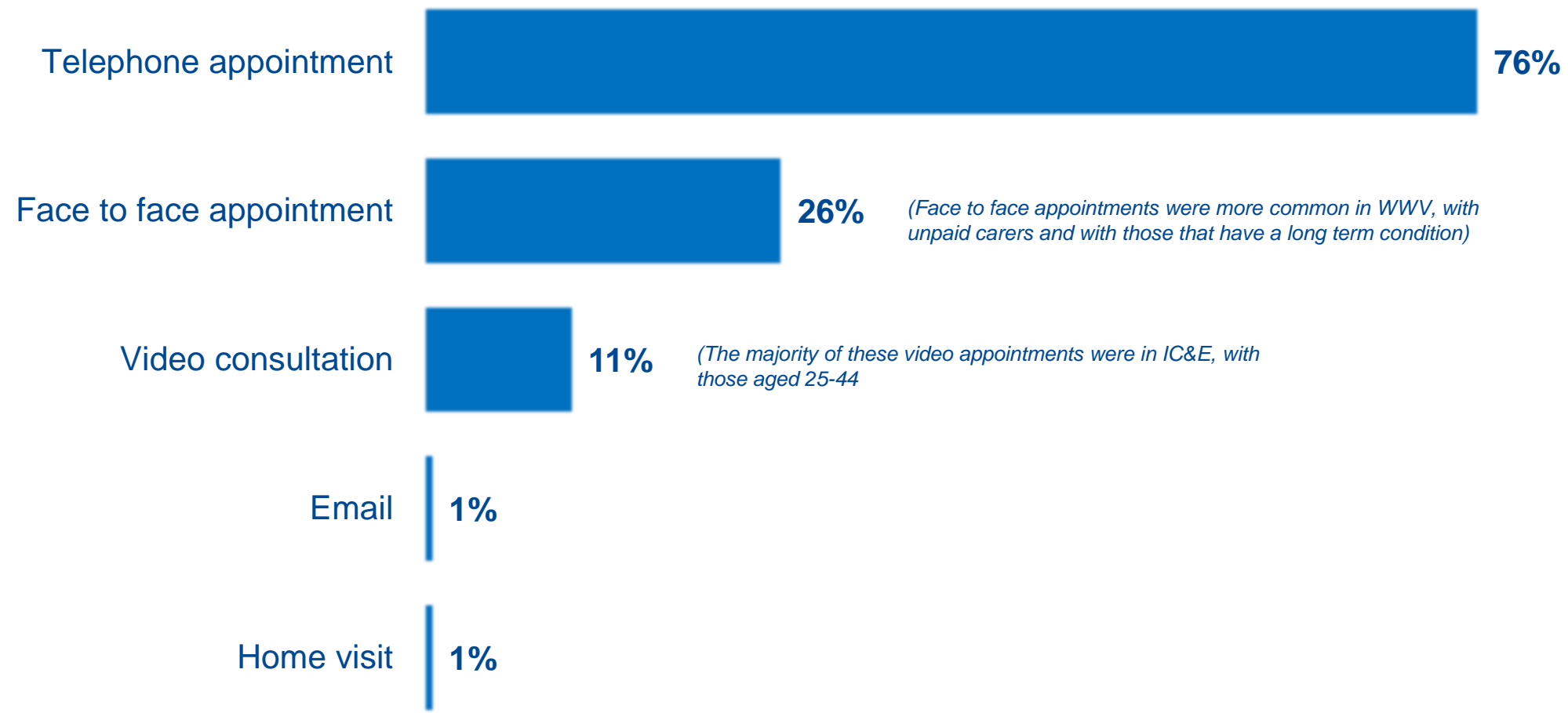
10% (N=15) self-managed their condition, concern or issue

7% (n=10) felt health and care services were too busy managing Covid-19

5% (n=7) did not feel it was responsible to use health and care services due to Covid-19

5% (n=7) did not feel comfortable or safe using health and care services due to Covid-19

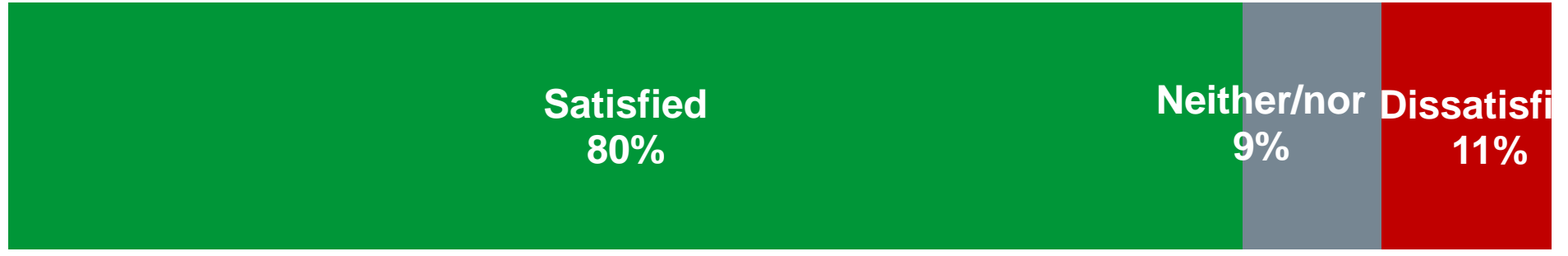
For those people who did use primary care, community care, mental health and outpatient services in the last three months, the main format was via telephone with only 1 in 10 using video



For people who have had a remote consultation, levels of satisfaction are high with 7 in 10 people likely to use a remote consultation again in the future

- However the group of people who are worried about accessing health and care services were more likely to be neutral towards using remote services again, with 52% being neither likely nor unlikely to use remote access again

Satisfaction with remote consultation experience



Likelihood to use remote consultation again



Q9. How would you rate your overall experience of your remote (e.g. telephone or video) consultation?
Base: n=169, those who have had a remote consultation in the last three months)

For people less satisfied with remote consultations, the main concerns centred on limitations of the format and concerns that certain concerns or symptoms may be harder to explain and/or be diagnosed

- Those in **Worle, Weston and villages** are the least inclined locality to use a remote consultation, with 39% saying **unlikely**

"Worried that things could get missed"

"Difficult to describe symptoms. Feeling that your situation is not solved"

"Covid-19 excuse"

"Anxiety regarding calls and video calls"

"Sometimes you need to be examined and verbal descriptions are harder. Less empathy"

"Not to see the doctor face to face would feel impersonal"

"It is probably more difficult for less computer able people to communicate in this way. I am not sure I am quite confident in being diagnosed by a nurse practitioner. The actual video link had unpleasant interference for some reason and wasn't easy to participate"

Section 4

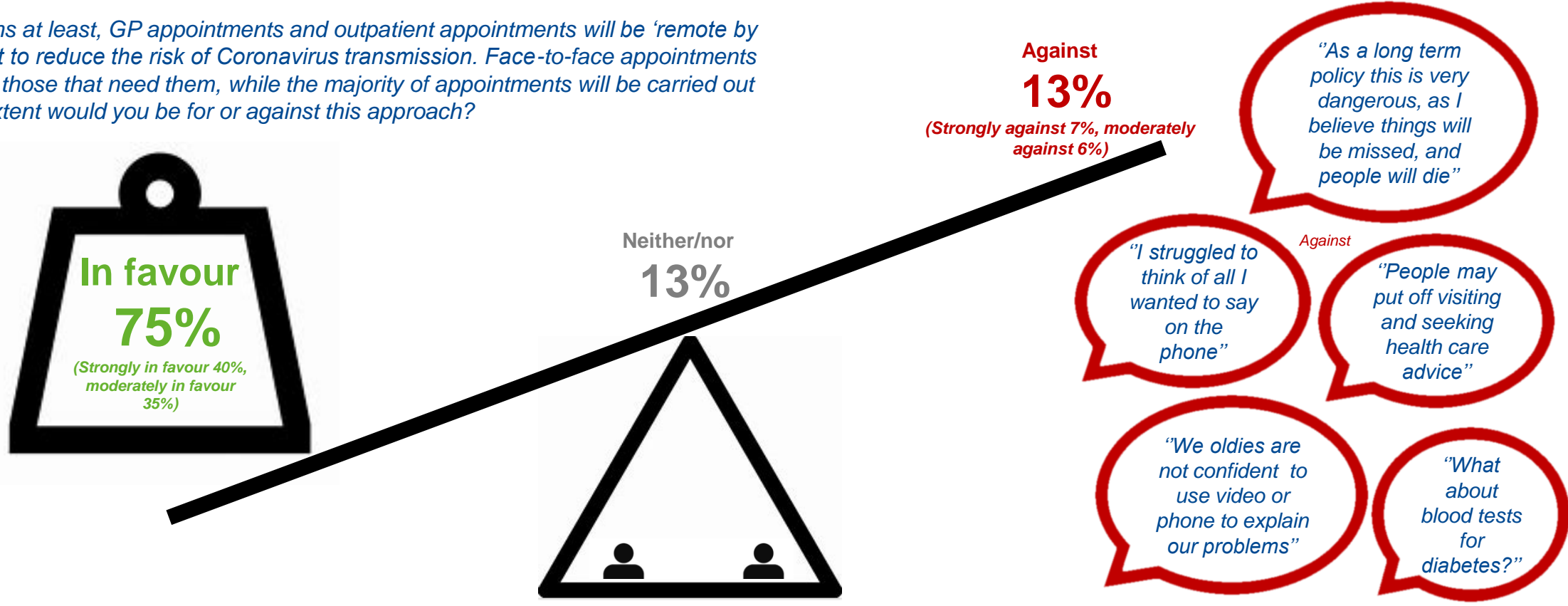
Perceptions to proposed changes to health and care services over the next 6 months



Three quarters of people are in favour of a ‘remote by default’ approach that prioritises face to face appointments for those who need them most over the next 6 months

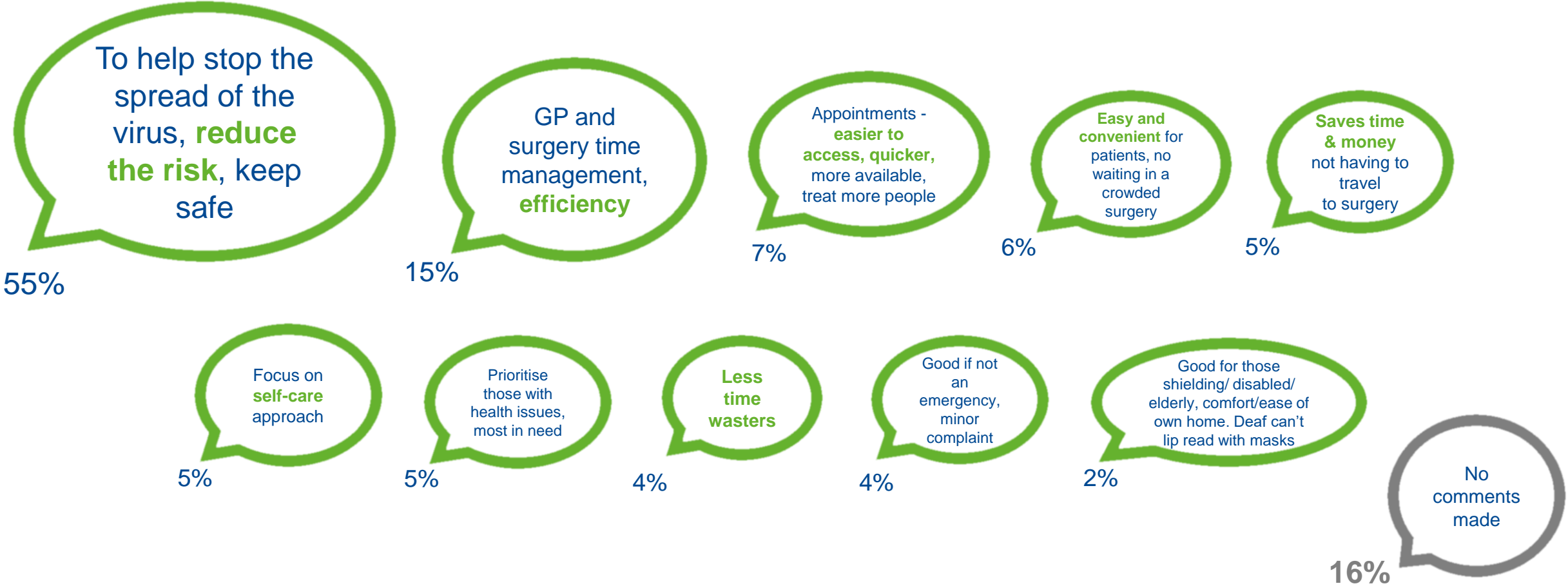
- People from Inner City & East Bristol and Weston, Worle and villages are most likely to be against the ‘remote by default’ concept
- Directionally people who are concerned about access to services and have contacted their GP less are also more likely to be against this concept

For the next 6 months at least, GP appointments and outpatient appointments will be ‘remote by default’ in an attempt to reduce the risk of Coronavirus transmission. Face-to-face appointments will be prioritised for those that need them, while the majority of appointments will be carried out remotely. To what extent would you be for or against this approach?



The main benefit of the ‘remote by default’ concept, as cited by over one half of panellists, is the reduction of the risk of spreading coronavirus

- There are also mentions of convenience and ease of access benefits for both HCPs and patients, saving time and money

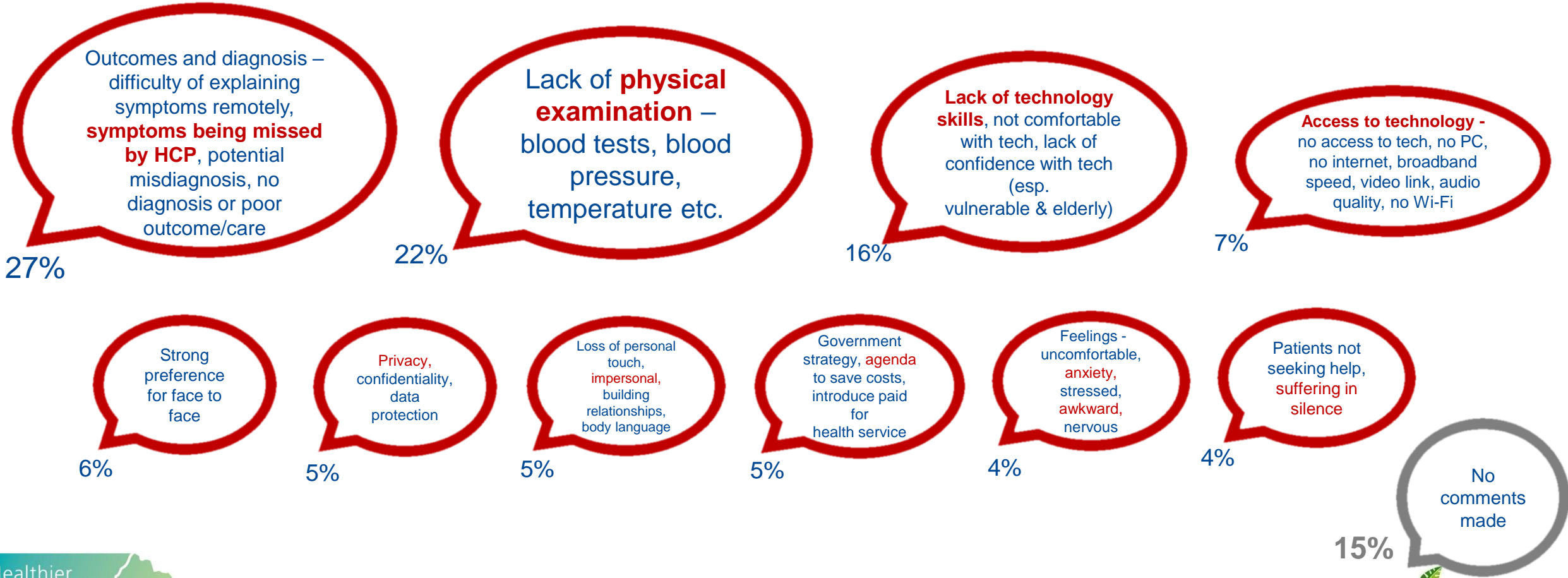


Q11b. For the next 6 months at least face-to-face appointments will be prioritised for those that need them, while the majority of appointments will be carried out over the phone or using video. What do you think are the **benefits** of this approach? Base: n=361



The main challenge of ‘remote by default’, as cited by panellists, is the risk of the HCP missing symptoms/misdiagnosing, the lack of a physical examination and also the risk of digital exclusion

• There are also mentions of a lack of confidentiality, loss of the personal touch, potential anxiety/awkwardness and the risk of patients not seeking help



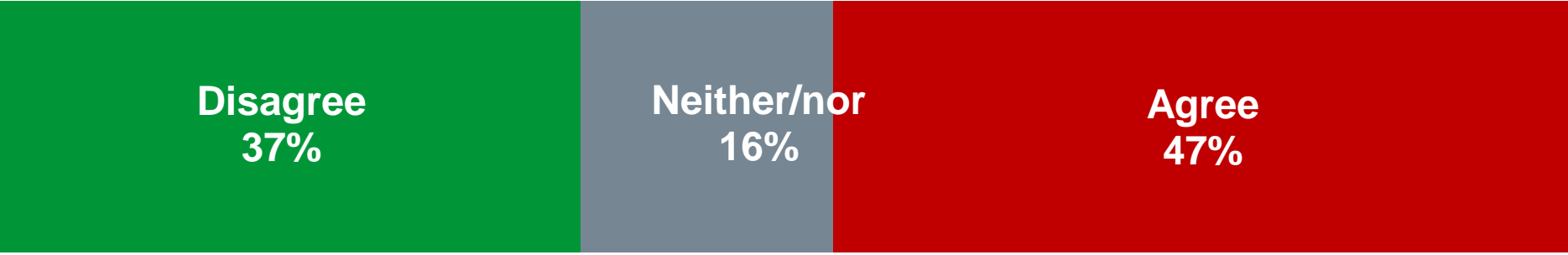
Q11b. For the next 6 months at least face-to-face appointments will be prioritised for those that need them, while the majority of appointments will be carried out over the phone or using video. What do you think are the **challenges** of this approach? Base: n=361



Two thirds of people are confident that it is safe to see health and care professionals face to face

- However there is a considerable proportion of people who remain, uneasy or less confident about using services, with those in **ICE** and **WWV** directionally less confident about this than other localities and people with long-term conditions also less confident about seeing health and care professionals face-to-face

Feeling uneasy about using health and care services due to risk of Covid-19



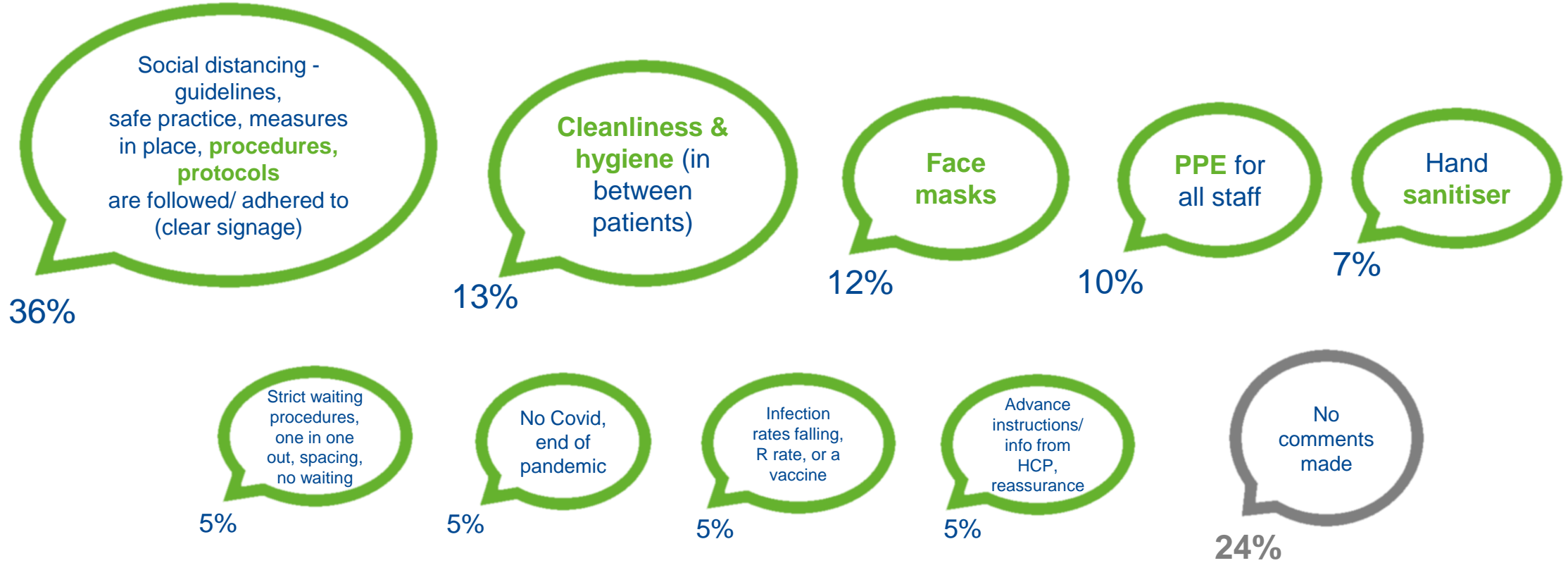
Confidence in safety of seeing health and care professionals face-to-face



Q12. How confident would you be that it would be safe to go back to seeing health and care professionals face-to-face? Base: n=361

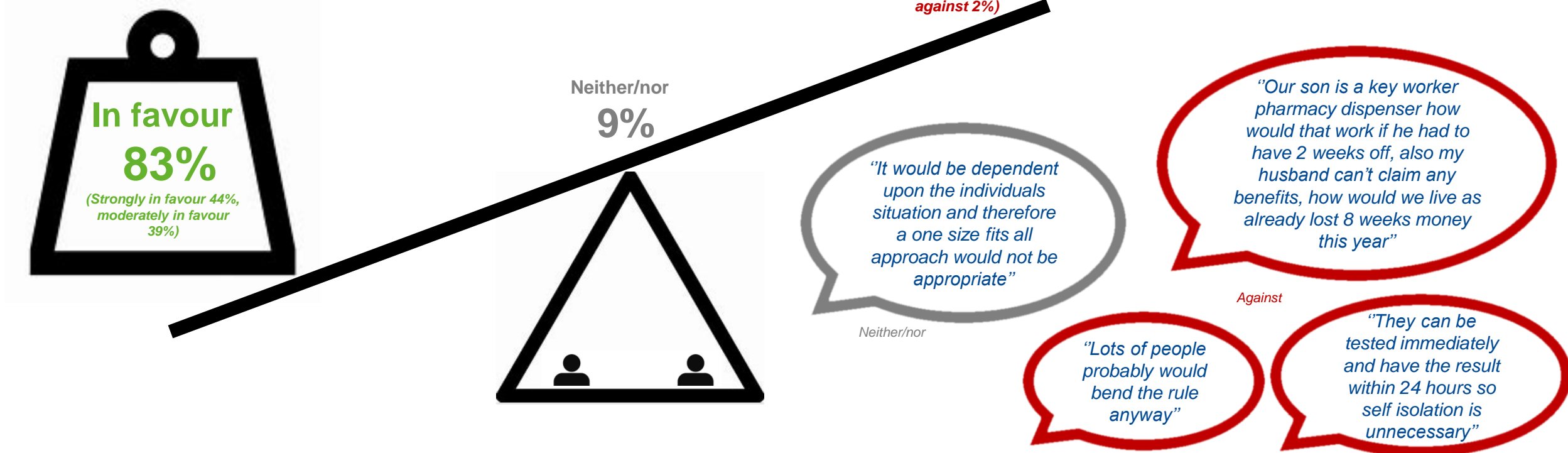


The main reassurances required by panellists regarding safety of face to face appointments are evidence of strict procedures/protocols being followed, such as cleanliness, hygiene and the use of masks, PPE and hand sanitiser



A large majority of people are in favour of pre-surgery self isolation for 14 days

For the next 6 months at least, people and members of their households may need to go into self-isolation for 14 days before having any planned or elective surgeries. To what extent would you be for or against this approach?



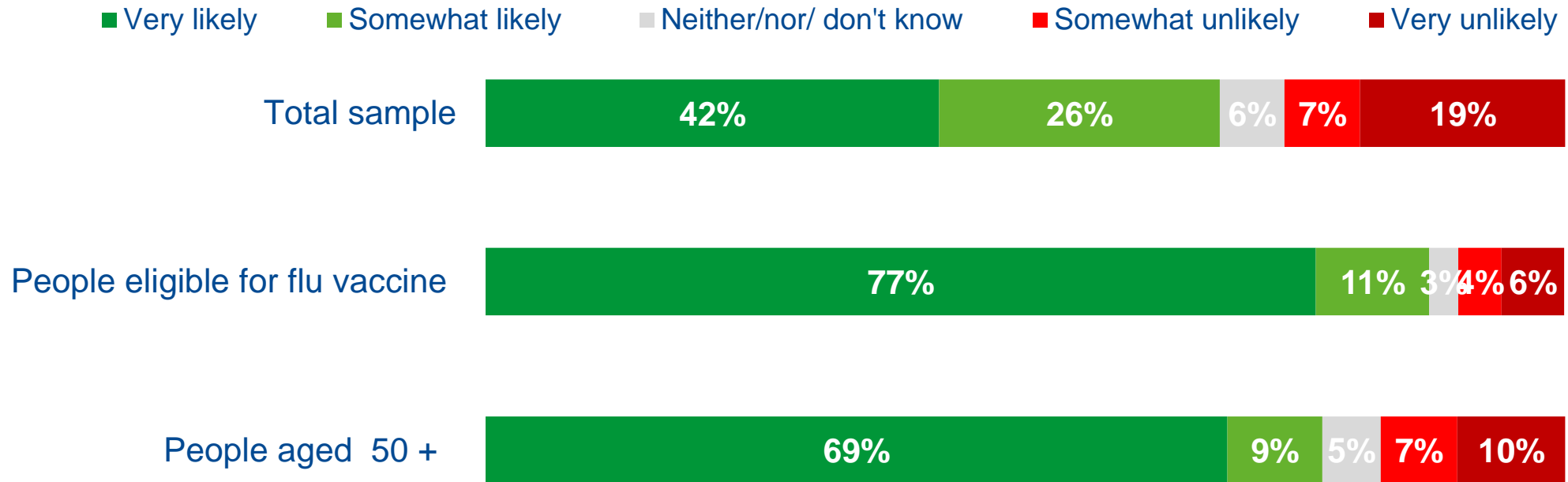
Section 5

Expected uptake of flu vaccinations and preferred options for administration



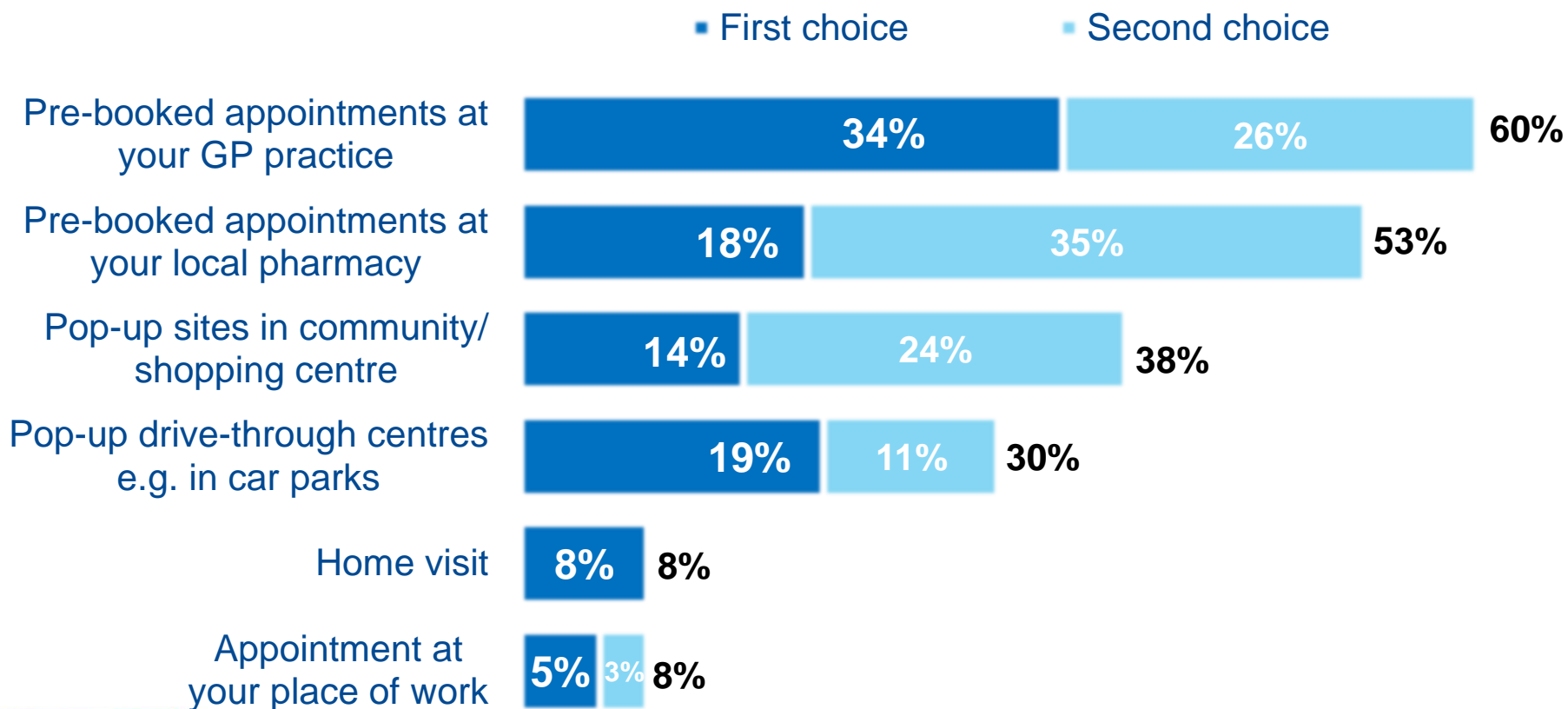
Two thirds of panellists are likely to consider getting a flu vaccination this year

- This rises to **88%** in South Glos, **82%** among females and **90%** of those aged 65+
- **58%** of those aged 16-44 also say they are likely to consider this, along with **69%** of those aged 45-64 years
- Males were less likely to consider getting a flu vaccination (40% unlikely) than females (14% unlikely)



For those eligible for a flu vaccine or over the age of 50, there is interest in a range of potential flu jab locations, from pre booked appointments at the GP or local pharmacy through to pop up community sites

- There are some clear differences by locality which should be explore further and if validated used to inform the options and solutions made available in different areas



- People aged 65 +, people living in Weston & Worle and people with long-term conditions all have a strong preference for pre-booked appointments at GP practices
- People in Inner City and East Bristol and Woodspring have more of a preference for appointments at a local pharmacy
- People in South Bristol and South Gloucestershire have more of a preference for pop-up sites in community centres or car parks
- A considerable proportion of people (24%) also had a preference for the vaccine to be administered at home

Q17. Below is a list of potential options for how you can get your flu jab this year. Please could you choose your two most preferred options.
 (Base: n=197, 157 who are normally eligible for a flu vaccination and 40 who are not normally eligible but are aged over 50)

The main drivers for location / administration preference are safety and reduction in risk of infection with C19, trust in healthcare professionals (especially GPs and practice nurses) and convenience or ease of access

	Total (197)	Pre booked at GP (68)	Pre booked at pharmacy (35)	Pop up in community (28)	Pop up in car parks (37)	Home visit (16)	At work (10)
Safer, less risk of infection, minimal contact with others	26%	18%	11%	39%	76%	-	-
Trained professional, correctly administered, confidence, trust	14%	36%	9%	-	-	-	-
Easy access, easy	13%	7%	10%	23%	24%	4%	5%
Most convenient	11%	6%	19%	19%	11%	-	17%
I always choose this option	10%	17%	22%	-	-	-	5%
Would need to take someone as I'm shielding /disabled	8%	-	-	-	-	96%	-
Less travel time, live nearby	7%	9%	11%	6%	6%	-	-
Efficient, works well, organised	6%	7%	12%	-	2%	-	11%
Quick	5%	5%	3%	-	14%	-	-

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