

Listening Event for Disabled People: Your views on healthcare during Coronavirus: Feedback Summary

On Friday 10th July 2020, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG), the West of England Centre for Inclusive Living (WECIL), Bristol Disability Equality Forum and Bristol Sight Loss Council held a virtual listening event on Zoom for disabled people and people living with physical, visual or hearing impairment.

This event was one of a series of listening events run by CCG in partnership with local voluntary and community groups to understand peoples' experiences of navigating healthcare services during the coronavirus pandemic. The feedback received during this event and others will help the local health and care system to improve services and better meet peoples' needs in the future.

This document summarises the key learnings from the listening event and reflects the feedback shared by 40+ people across 6 individual breakout sessions. It is also intended to capture some of the implications or recommendations which we have shared with colleagues across the health and care system.

Summary of key themes and implications:

1

Communication and messaging gaps: Some examples where communications have been accessible and timely, but this is not consistent across all groups

2

Remote access to healthcare services: This is working well for some people but there are inconsistencies in the access to information and the access to different appointment formats

3

Returning to usual: Some people are cautious about returning to usual ways of using healthcare services and need reassurance and clear directions to be more confident

Detailed findings:

Accessible, consistent and timely communications have been lacking:

There was consensus across participants that there has been a lack of accessible information from health and care services in response to the coronavirus pandemic. In particular people were concerned that there has not been enough information in accessible formats such as British Sign Language, Plain English or in community languages and that where this information has been available it has been delayed or become out of date due to changes in the government guidance.

Another worry for people who attended our listening event was the inconsistency of messages at a national and local level about the shielding programme and about when healthcare services would restart or resume. Most people felt that messaging was confusing and contradictory, which left some people feeling anxious and uncertain.

“People with long-term health conditions feel left behind, with appointments cancelled and no communication to say when the treatments will restart”

Listening event participant



Implication and response:

It is important that we consider how we can work to address communication barriers across the local health and care system. Whilst there have been examples of good practice, it is clear that these either haven't reached the right audience or by the time they have, they were no longer up-to date or relevant.

We will work with partners across the local health, care and voluntary and community sector to explore options to speed up the development and distribution of accessible information and communications.

People have changed how they access health and care services, with some people reporting not using services due to cancellations, safety concerns, and concerns about overburdening the NHS:

Across the individual breakout groups, people told us that they or people they know have been concerned about accessing health and care services in recent months, with many expressing concern and confusion about the risk of infection should they go into a GP practice or hospital.

People also expressed frustration at not knowing who best to contact or how to contact them should they need routine health and care services such as a GP or hospital appointment. Several people also shared examples where appointments had been cancelled for long-term or ongoing concerns, with little or no communication from the provider about support available or when the appointment will be rescheduled for.

“There is confusion not just about the risk of coronavirus but also about how to access remote service...it is not clear if the option for face to face is there if people need it” **Listening event participant**

“Older people who are not online are not getting information on how to access GPs or hospital appointments” **Listening event participant**

Implication and response:

This feedback emphasises the importance of understanding and responding to public confidence, with a need for local, system-wide campaign to help address peoples' concerns, keep people better informed about service status, and manage expectations about access to health and care services.

It will also important for health and care service providers to put in place clear and consistent communications to help people understand how to navigate and use new ways to access appointments, such as online consultations and telephone or video consultations.

Remote access to health and care services is working well for most people but there is a need to address accessibility needs:

People felt there were positives and negatives related to remote access to services. Positives included convenience, removing the need for travel and increased safety for individuals. Some of the drawbacks included using platforms or communication methods which are not user friendly or accessible, and GPs not giving specific appointment times for telephone / online appointments.

It was felt that, in the long term, remote access needs to complement face-to-face access, rather than replace it. Participants felt that the nature of the issue and individual choice were also important in determining whether face-to-face or remote access was suitable. For example, it was felt that face-to-face support would be necessary to address new concerns, but that remote access would be useful for appointments related to ongoing issues.

“My appointment was cancelled but I have been able to access via phone which has saved a lot of travelling time”

Listening event participant

"To be given choice and treating people as individuals is very important when deciding on the type of appointment that's best for you"

Listening event participant

Implication and response:

We are working with partners across the system to regularly collect feedback on remote consultations, using this feedback to inform individual and system-wide service improvements. Although many services will continue to remain 'remote by default' people should be able to attend appointments face-to-face should it be required or requested by the service user, following the initial phone call or online consultation.

People are cautious about returning to usual ways of accessing health and care services and need reassurance and clear directions to feel more confident:

Emphasis was placed on the need for greater reassurance when discussing how health and care services would 'return to normal' and how public confidence could be increased over time.

In order to address this, it was suggested that clear advice around what measures are being taken to keep people safe in health and care settings would be helpful.

There were concerns that certain groups of individuals would be less likely to put themselves at risk by accessing services in the short-term, such as those with mental health conditions and those who care for others.

"I worry that people managing mental health conditions will not feel comfortable putting themselves at risk" *Listening event participant*

Implication and response:

As outlined earlier, it is clear that communications need to go beyond informing people that services are 'open for business' and provide clear and detailed information outlining the steps that people and providers will be going through to ensure health and care services are Covid-safe. This should include advice on what precautions have been put in place including social distancing measures, hand sanitising and temperature checks on arrival; advance instructions on what to do when they arrive; and the opportunity to discuss this ahead of the appointment.

Recognising that some people will still be cautious about using health and care services due to individual circumstances, we are also working to proactively support vulnerable and shielded people, those with learning disabilities and those with long term conditions, offering them access to the services they need in new and innovative ways to avoid multiple healthcare contacts.