



**Bedfordshire, Luton
and Milton Keynes**
Commissioning Collaborative

Your Experience of Healthcare during the Coronavirus pandemic in Bedfordshire, Luton and Milton Keynes (BLMK)

Key findings

Communications and Engagement Team

Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups

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Introduction

This report provides the findings from the survey which was undertaken to give local people the opportunity to share their experiences of local healthcare services during the coronavirus pandemic.

Why did we conduct a public survey?

The coronavirus pandemic presented considerable challenges to healthcare, resulting in changes to the way many services were delivered. To assess how well these changes were working, we wanted to understand the public's views and understand what they think is working well and highlight any areas they feel are still in need of further work and improvement.

Methodology

With Covid19 prevalent in our communities, the survey was available for people to complete online from 29 May to 21 June 2020. The four local Healthwatch organisations supported us by sharing the surveys via their networks and offering support to anyone who had difficulty completing the survey online. Add comment

- The survey was available to complete on the three CCG websites
- We issued a press [release to all local media outlets as the survey went live](#), informing people about the survey and encouraging them to share their experiences.
- Shared video's featuring a [lay member for patient and public involvement](#) and a [GPs](#) encouraging people to participate in the survey were posted on our digital channels
- Emails were sent to stakeholders including partners in the Local Resilience Forums (LRFs), voluntary organisations, hospitals, local healthcare providers and GP practices asking them to promote the survey via their groups and networks
- We posted the survey regularly on our social media platforms.

Statistical data

We received 1,321 responses to the survey from people living in Bedfordshire, Luton and Milton Keynes. Throughout the document, readers may note that there is some inconsistency in terms of numbers. This is as a result of respondents skipping some questions.

Key highlights

We received 1,321 responses to the survey from people living in Bedfordshire, Luton and Milton Keynes. It should be noted that at the time people gave this feedback there was a surge in support for the NHS and broad acceptance of the need to protect the NHS so services could care for those most affected by the pandemic. The feedback covers the period where services were going through a period of substantial change, which has subsequently become part of the new normal.

The report is divided into five main themes:

- General information about respondents and their health
- Experience and feedback regarding consultations at GP Practices (March to June 2020)
- Experience and feedback of NHS111 (March to June 2020)
- Experience and feedback of support provided at pharmacies (March to June 2020)
- Experience and feedback regarding Hospital outpatient consultations (March to June 2020)

The majority of respondents confirmed that they knew how to protect themselves and followed government guidance. By far the greatest source for people obtaining information and advice was from the television, followed by social media, television advertisements and emails from local organisations.

Approximately one third of respondents said that they had not been able to access the healthcare services that they needed to during the pandemic due to fear of contracting the virus if visiting a healthcare setting, availability of services, being able to contact a healthcare provider, and the postponement and cancellation of appointments and procedures.

The pandemic has affected people's mental health, with over 48% of respondents advising that their mental health had been affected at a moderate level or greater.

When analysing the feedback, there were commonalities across the four experience groupings when looking at the communication/consultation channel.

Out of 995 telephone or video experiences, over 80% of respondents considered their telephone consultations/interactions to be either satisfactory or positive; 76% of respondents considered video consultations with their GP to be satisfactory compared to 54% for video out-patient consultations.

Patients said they favoured the convenience and safety of having virtual online consultations. They liked being able to access the service safely from their homes, not having to travel or find a parking place, or wait in a busy waiting room if appointments were running behind schedule.

Despite saying it was satisfactory or a positive experience, a large number of patients experienced difficulties communicating with the healthcare professionals by these methods. Sound quality was an issue especially for people who were hard of hearing or D/deaf, and made worse by professionals not speaking clearly, speaking on an 'open phone' with background noise and connectivity issues.

Some respondents also experienced difficulties with connecting to a video consultation due to them not having the appropriate software installed on digital devices or having the broadband width to enable a fluent dialogue. However, once these initial problems were resolved, some patients advised that the video consultations were as good as being seen face to face.

The type of appointment was a key factor in whether the person felt that their health needs were addressed, many felt that that they needed to be seen in person for an accurate diagnosis and for the healthcare professional to understand the situation thoroughly. Many respondents said that that they found it much easier to talk face-to-face with the healthcare professional and have a physical examination rather than describing an issue over the telephone.

Out of 407 face-to-face experiences, over 90% of respondents considered their face-to-face appointments with the GP practice and hospital out-patient to be either satisfactory or positive.

Although not asked specifically, the comments showed a large disparity regarding how safe the person felt, which may have been due to the timing of the appointment and covid safety-measures that had been implemented at that time. The comments also indicate that people feel more assured that they are being given accurate advice when they are seen in person rather than virtually.

Respondents continued to make use of pharmacies during the pandemic with 88% of respondents reporting a positive or satisfactory experience. 87% felt that the pharmacy was able to deal with their issue or concern and would approach them for information and advice in the future. There were concerns regarding logistics - patients waiting in long queues, lack of privacy due to having to speak louder and sharing their personal details which other customers could hear. There were also examples of there being a shortage of some medications, which pharmacists were able to resolve.

Out of 359 responses regarding NHS111, 73% reported a satisfactory or positive telephone experience and 79% a satisfactory or positive online experience.

Despite saying it was satisfactory or positive experience, a large number had difficulty navigating the system and felt that they were not being listened to and/or being prevented from accessing the service they needed. There was a number of varying examples given by respondents regarding whether or not the patients received the call-back that they were expecting.

Next steps

This report will be shared with commissioners and providers. The findings and the experiences respondents have shared will be used to inform the development and improvement of services as the BLMK NHS system prepares for winter 2020/2021 and further waves of the covid19 pandemic.

The final report will also be published on the BLMK website under the 'Get Involved' section: www.blmkccq.nhs.uk

Findings

The findings are split into 4 sections.

1. General information about respondents and their health
2. Experience and feedback regarding consultations at GP Practices (March to June 2020)
3. Experience and feedback of NHS111 (March to June 2020)
4. Experience and feedback of support provided at pharmacies (March to June 2020)
5. Experience and feedback regarding Hospital outpatient consultations (March to June 2020)

Question 1.

Do you consider yourself to be a vulnerable person in relation to Coronavirus?

The majority of respondents did not consider themselves to be a vulnerable person

Yes	42.64%	562
No	49.70%	655
Don't know	7.66%	101
	Answered	1318
	Skipped	3

Question 2.

Do you care for someone, or more than one person, who is considered to be a vulnerable person in relation to coronavirus?

The majority of respondents did not care for anyone considered to be a vulnerable person

Yes	31.41%	413
No	66.77%	878
Don't know	1.83%	24
	Answered	1315
	Skipped	6

Question 3.

How easy have you found it to keep up to date with the changes to information about how to keep yourself and others safe during the coronavirus pandemic?

65% of respondents found it either easy or very easy, whilst 15% found it difficult or very difficult to keep up to date with changes in information

Very easy	25.21%	331
Easy	37.32%	490
Neither easy nor difficult	21.93%	288
Difficult	12.19%	160
Very difficult	2.74%	36
Don't know	0.61%	8
	Answered	1313
	Skipped	8

Question 4:

Where have you seen information or advice about the COVID-19/coronavirus pandemic?

Television News	84.54%	1110
Social Media	58.64%	770
Adverts on the television	46.31%	608
Emails and newsletters (online and paper) from the NHS, Council and other local organisations	42.50%	558
National newspapers (online and paper)	38.16%	501
Radio interviews and shows	28.87%	379
Radio adverts	16.15%	212
Pop up banners or posters in the supermarkets	14.55%	191
Local newspapers (online and paper)	13.79%	181
Other (please specify)	10.74%	141
Ad vans in the street	1.90%	25
	Answered	1313
	Skipped	8

Question 5

We would like to understand your behaviour and actions during the coronavirus pandemic.

Respondents were asked to review the two statements below and provide a score of between 1 and 5 on how much they agreed with them. A score of 1 for 'not at all' and 5 for 'very much so'.

Over 90 % of respondents provided a score of 4 or above confirming they knew how to protect themselves from coronavirus and followed government recommendations.

	1 Not at all		2		3		4		5 Very much so		Total	Weighted Average
I know how to protect myself from the coronavirus	0.69%	9	1.23%	16	6.37%	83	28.01%	365	63.70%	830	1303	4.53
I follow the recommendations from the government and NHS to prevent spread of the coronavirus	1.07%	14	0.77%	10	4.67%	61	23.75%	310	69.73%	910	1305	4.6

Question 6

Have you or anyone in your household had symptoms of coronavirus or a confirmed diagnosis of coronavirus?

The responses below were at the time of responding to the survey (prior to 21 June 2020)

Yes – confirmed diagnosis	2.88%	37
Yes - symptoms	12.31%	158
No	77.47%	994
Not sure	7.33%	94
	Answered	1283
	Skipped	38

Question 7

Do you feel that you have been able to effectively self-care during the coronavirus pandemic?

(Self-care is about keeping fit and healthy, understanding when you can look after yourself, when a pharmacist can help, and when to get advice from your GP or another health professional. If you have a long-term condition, self-care is about understanding your condition and how to live with it.)

Yes	82.56%	1056
No	10.48%	134
Not sure	6.96%	89
If no, please tell us why		134
	Answered	1279
	Skipped	42

Reasons for not being able to effectively self-care during the coronavirus pandemic include:

- Not being able to exercise as usual
- Availability of information in different languages
- Mental health - depression and anxiety
- Availability of healthcare professionals for providing information and advice
- Being from the BAME community and feeling vulnerable

Question 8

Do you feel that you have been able to access healthcare services when you have needed to during the coronavirus pandemic?

Yes	57.54%	736
No	31.82%	407
Not sure	10.63%	136
If no, please tell us why		378
	Answered	1279
	Skipped	42

Reasons for feeling not able to access healthcare services include:

- Feeling that they should not contact services unless it was an emergency
- Delayed appointment or procedure
- Not being able to contact services via telephone
- Not seeing a healthcare professional face to face
- Scared to go to go hospital for fear of contracting the virus
- Lack of dental care

Question 9

What impact has the coronavirus pandemic had on your mental health?

Over 48% of respondents advised that their mental health had been affected at a moderate level or greater

No impact	18.97%	244
A little impact	32.81%	422
A moderate impact	23.48%	302
Quite an impact	16.56%	213
A big impact	8.16%	105
	Answered	1286
	Skipped	35

2 - Experience and feedback regarding consultations at GP Practices (March to June 2020)

Questions 10 to 19, relating to:

- Whether the respondent has had a consultation with a healthcare professional at their GP practice
- Method of consultation – telephone, video or face-to-face
- Experience of the appointment (whether it was positive, satisfactory or unsatisfactory)
- How well the respondent felt the healthcare professional was able to deal with their issue/concern
- Whether the respondent would choose that method of consultation again

652 respondents answered that they had had a consultation at their GP practice (this figure is lower than the number of responses giving feedback on their experience).

1. Telephone consultations at GP Practices

675 respondents said that they experienced a telephone consultation, of these:

Experience of appointment:

- 338 (50%) said it was a positive experience
- 222 (33%) said it was satisfactory experience
- 115 (17%) said it was not a satisfactory experience

When asked how well they felt the healthcare professional was able to deal with their issue or concern:

- 168 (25%) said it exceeded expectations
- 90 (13%) said it was slightly better than expected
- 235 (35%) said it met expectations
- 102 (15%) said it was slightly below expectations
- 76 (11%) said it was below expectations

When asked whether they would choose to have a telephone consultation again, 519 (76%) said that they would and 24% said that they would not.

Emerging themes:

Diagnosis and advice

Many commented that it was difficult to describe a symptom/condition over the telephone and felt that if they had seen their GP it would have been easier for a diagnosis to be made. There was a broad range of views on whether or not a GP could effectively and accurately make a diagnosis without examining a patient. A few respondents reported that they had emailed or sent photographs by text to the GP to assist the dialogue, which they thought worked well. Patients who were seeking reassurance or having a follow-up consultation found that the telephone consultations worked well.

“It’s difficult explaining when not face to face with the doctor. The doctor is not able to physically examine you which is not helpful”

“Discussed issue regarding a skin lesion on my back. Sent photo to nurse and was prescribed antibiotics.”

“It would have been easier showing my GP the condition”

“GP altered my prescription but it would have been better to have seen him”

“They cannot see your concern or anxieties on the phone”.

Communication

Being able to hear and understand the GP or healthcare professional clearly was an issue for some patients. Some patients struggled whilst others provided examples favouring the follow-up communication which included emails and texts.

“Doctor was on hands free. A fan was blowing so I could not hear her speak.”

“I can't use the phone as I have hearing loss so my husband had to do it. I can use video calling, but there didn't seem to be an option for that, despite the surgery website saying that they could.”

“I am very hard of hearing and it fluctuates. My GP had to provide a consultation by text message.”

“... more could have been done to follow up with an email afterwards to confirm what was said as it is difficult to hear on the phone.”

“I was not ill, I just wanted confirmation on something”

Telephone v's Face to Face

Some felt that the telephone consultations were rushed and impersonal unlike face-to-face appointments, whilst others described them as efficient and effective. A few felt that they should have been offered face-to-face appointments, some had initial telephone consultations which were followed by face-to-face appointments when deemed necessary by the GP.

“It was very short and impersonal”

“It was just as good as face to face and we covered everything I wanted to know about”

“It was hit and miss as to which GP I spoke to. The better GPs took time and you felt listened to but others were not like that which makes it worse when they can't see you and you can't see them.”

“A prompt call back. The call was not rushed and I had ample time to explain my situation and discuss the treatment options.”

“After the telephone consultation I was invited to the surgery within half an hour of the conversation. My temperature was taken and I went straight in to see GP. I expected to wait, but not at all. Everything was great.”

“I was able to do my own vitals and knew what to look out for and they checked I remembered with each call.”

Convenience

Patients favoured the convenience of being able to have a consultation remotely, that they didn't have to travel or wait in the waiting room if appointments were running late and the speed of the process

“Didn't have to sit in a waiting room 1/2 hour after my appointment time. Doctor called me when they were free”

“No travel, no waiting around, didn’t feel rushed and I could go about my day”

“Rang, sent photos. Phone call within 10 mins”

“The GP was very polite, I explained the problem and said I think I need to be seen... He agreed and I was seen that day. Fantastic service!”

“Much more convenient than going to the surgery and covered all issues we both wanted to”

“3 minute consultation, confirmed ear infection, antibiotics at Chemist 3 hours later. THIS IS THE WAY FORWARD”

Emerging themes for respondents choosing to have a telephone appointment in the future:

- Patients feeling safe and not exposed to other infections and viruses
- Convenience – reducing the need to travel and time spent at surgery waiting to be seen
- Quick and efficient consultations
- Choice – if the patient felt that they did not need to be seen in person

Emerging themes for respondents not choosing to have a telephone appointment in the future:

- Difficulty communicating over the telephone or describing a condition by text
- Concerns whether a GP can accurately diagnose without seeing the patient
- Scheduling of appointments – patients being told that they would receive a call back during a four-hour window which felt too broad
- Preference for face-to-face appointments
- Telephone consultations felt impersonal and rushed
- Type of appointment – for example blood pressure tests, blood tests etc. when person needs to be physically examined.

2. Video consultations at GP Practices

90 people said that they experienced a video consultation, of these:

Experience of appointment:

- 48 (53%) said it was a positive experience
- 21 (23%) said it was satisfactory experience
- 21 (23%) said it was not a satisfactory experience

When asked how well they felt the healthcare professional was able to deal with their issue or concern:

- 43 (28%) said it exceeded expectations
- 25 (17%) said it was slightly better than expected
- 41 (27%) said it met expectations
- 142 (9%) said it was slightly below expectations
- 28 (19%) said it was below expectations

When asked whether they would choose to have a video consultation again, 91 (67%) respondents said that they would and 45 (33%) said that they would not. This figure is greater than 90 due to some respondents answering the question who had not responded to the previous question that

they had experienced a video consultation. Of the 90 respondents with a confirmed video consultation, 79% confirmed they would choose to have a video consultation again.

Emerging themes:

Technology - Some patients reported that the process was very simple and straightforward, whilst a few reported having initial difficulties, suggesting that some clear advice be provided to patients and healthcare professionals who were not au fait with the system.

“Much better than a telephone consultation. GP should always offer patients choice- telephone or video (e.g. while I’m working from home then video is the best method so they can see any symptoms I have, but if I was at work I might need phone consultation as more discreet)”

“Very efficient and easy to do.”

“Very difficult to show your own throat in a computer screen using a spoon and phone torch.”

“Relatively quick and easy, face to face not necessary. However my phone didn’t have the up to date software needed to link with GP system, this took a bit of time to sort”

“Video appointment with physio was very helpful. It was difficult getting camera right as physio needed to see me walk and do exercises. Some clearer advice might have been helpful.”

Video v’s Face to Face

As a whole patients found that seeing the GP on a screen and being able to show their physical ailment worked well by video. Similar to telephone consultations, there were a cohort of patients who preferred face to face appointments and some felt the consultations were rushed and found it difficult to hear what was being said.

“Feel quite natural like face to face appointment”

“Consultant and CPN refused to turn their camera on, so I was left talking to a blank screen”

“Impossible to lip read and how would they understand a response to a question in sign language as frustrated as I feel I guess”

“They are so rushed and so busy typing they are not listening”

“I only had a phone call but video would have been more like face to face & I feel I would have got more out of it as you can show things rather than just describe and assume they understand what you mean”

Convenience

Similar to telephone consultations, patients favoured the convenience of being able to have a consultation remotely.

“I hope they carry on with it. I hate going to the surgery. Always worried I am going to catch something there. This is my preferred means of communication with the surgery now.”

“No travel. No waiting/queuing in the waiting room. A video consultation is obviously not suitable for every condition but where appropriate, a good thing.”

“The housebound family member I care for finds it hard to access GP services normally. Phone/video call works so much better for her. Please keep this service!”

3. Face-to-face consultations at GP Practices

249 people said that they experienced a face-to-face consultation, of these:

Experience of appointment:

- 161 (65%) said it was a positive experience
- 64 (26%) said it was satisfactory experience
- 24 (10%) said it was not a satisfactory experience

When asked they felt the healthcare professional was able to deal with their issue or concern:

- 82 (30%) said it exceeded expectations
- 64 (23%) said it was slightly better than expected
- 90 (33%) said it met expectations
- 15 (5%) said it was slightly below expectations
- 22 (8%) said it was below expectations

When asked whether they would choose to have a face-to-face consultation again, 293 (92%) said that they would and 27 (8%) said that they would not.

Respondents commented that they felt safe and protected with the measures implemented at the practice – staff wearing PPE equipment, fewer patients in the building and availability of hand sanitiser.

Some patients reported difficulties hearing what was being said to them due to face coverings.

It was ok, but I could not understand why the blood test was conducted in a tent rather than the normal surgery.

I was met at a special entrance for shielded patients by my GP who was masked and gloved. She was, as usual, very caring and friendly and I didn't feel rushed.

Also had a face to face consultation for a vaccination I needed. Couldn't hear what was said through the intercom/buzzer (which I kept explaining) - was eventually let in. Nurse was wearing a mask (which I totally accept) but this made communication hard. It was OK as I had just come for the vaccination so we got by - but it would not have worked if it had been a full consultation.

Question 20:

Would you be prepared to try the following consultation methods at your GP practice in the future if you have not had one during the coronavirus pandemic?

The majority of respondents indicated that they would be prepared to try the different consultation methods in the future, with:

- 757 (75%) being prepared to try a telephone consultation
- 711 (69%) being prepared to try a video consultation
- 908 (86%) being prepared to try a face-to-face consultation.

A large proportion of respondents liked the convenience and efficiency that telephone and video consultation brought – reducing the need to travel and spend time at the practice waiting to be seen. They felt safer and less likely to contract an additional illness by not mixing with other patients.

Some were concerned with being able to communicate on the telephone - advising that they had difficulty hearing on the telephone, found it difficult to communicate in their second language over the phone and found it easier when face to face, that were D/deaf and telephone consultation were not feasible

Patients with basic smart phones or laptops or low broadband speeds advised that they would have difficulty conducting video consultations due to access speeds, poor visibility and sound and/or would want to test in preparation for the consultation.

There was also a concern about lack of privacy if having the conversation from their homes or work, advising it was easier to have a confidential conversation when face to face.

It is clear from the findings that there is a cohort of respondents who prefer face-to-face appointments, and are clearly concerned that they will not get an accurate diagnosis if they are not seen face to face. Some could clearly see the benefits of having a telephone or video consultation, particularly for follow-up consultations or when they felt that they didn't need a physical examination.

"I'm deaf struggle with talking on the phone also with video calls are not always great I prefer see someone face to face and don't want them to have a mask on either as need lip read feel us deaf people don't get the help we need"

"I require to be seen by a clinician to ensure they can see what is wrong with me. I may have a symptom that I haven't noticed or realised the importance of it."

"Doctor surgeries have become overwhelmed recently. If each doctor was to do a few face to face appointments, followed by a phone call consultations then a few video consultations it would give them time to relax in between patients. They would also get more patients in during the day and keep the waiting rooms less busy."

"The only one I haven't had in the past is a video consultation. They all have their uses, but telephone and video are not suitable for all situations."

3 - Experience and feedback regarding NHS111 (March to June 2020)

Questions 21 to 25, relating to:

- Whether the respondent has needed to use NHS11
- Method of contact – telephone or on-line
- Experience (whether it was positive, satisfactory or unsatisfactory)
- How well the respondent felt NHS111 was able to deal with their issue/concern

254 respondents answered that they had contacted NHS111

1. Contacting NHS111 by telephone

224 respondents said they had contacted NHS111 by telephone, of these:

Experience of appointment:

- 91 (41%) said it was a positive experience
- 73 (33%) said it was satisfactory experience
- 60 (27%) said it was not a satisfactory experience

When asked how well they felt the healthcare professional at NHS111 was able to deal with their issue or concern:

- 38 (17%) said it exceeded expectations
- 35 (16%) said it was slightly better than expected
- 73 (33%) said it met expectations
- 33 (15%) said it was slightly below expectations
- 45 (20%) said it was below expectations

Emerging themes:

Quality of advice

Some respondents commented advising that they were pleased with the advice they were given, with the NHS111 call handler referring them to their GP or advised to go to A&E or informed that that a professional would contact them within a specified time-frame.

In contrast, there were a number of respondents disappointed by the service they received – some felt that they had been given incorrect information and others that they were being prevented from being seen by the appropriate healthcare professional. Some felt the call handlers were following a script and were not adequately trained to triage the calls and provide the correct advice. A number advised that they did not receive the call-back that they had been told to expect

“Very quick in getting me the advice from a doctor that I needed - postpartum issues”

“Referred to A&E as expected, timely response”

“It was variable - on the whole positive but when experiencing Covid 19 it was a somewhat scripted response. They felt my GP should handle things during the day and my GP felt NHS111 should. Eventually was sent to A&E by 111 for treatment.”

“Took long time to pick up and there was no follow up call as expected from the referred practitioner.”

“Very poor. You feel ill and strange in middle of pandemic. You answer ‘no’ to their two symptoms and some unqualified person decides you haven’t got Coronavirus”

2. Contacting NHS111 online

135 people said that they had contacted NHS111 online, of these:

Experience of appointment:

- 61 (45%) said it was a positive experience
- 46 (34%) said it was satisfactory experience
- 28 (21%) said it was not a satisfactory experience

When asked how well they felt NHS111 online was able to deal with their issue or concern:

- 23 (15%) said it exceeded expectations
- 21 (14%) said it was slightly better than expected
- 64 (43%) said it met expectations
- 20 (13%) said it was slightly below expectations
- 22 (15%) said it was below expectations

Respondents advised that they found the process slow or difficult to express their particular health need when entering information online, whilst others found the system quick and efficient receiving a call back from a professional in a timely manner.

“Referred to A&E as expected, timely response”

“System needs to be more effective I think you need to use some online consultations for these to be dealt with depending on triage”

“I have always used 111 in the past and it has been an excellent service. It was unsatisfactory only because the high volume of calls at the peak of Covid 19 when I couldn't get through.”

“I got the answer I needed quickly. I find the phone takes ages to answer.”

“I didn't find the questions easy to follow. Difficult to put in answers”

“I entered the symptoms and they just said to contact your GP, which seemed like fobbing me off. I won't waste my time on 111 ever again.”

4- Experience and feedback following visit to a pharmacy for help and advice (March to June 2020)

Questions 27 to 29, relating to:

- Whether the respondent has visited a pharmacy for help and advice
- Experience (whether it was positive, satisfactory or unsatisfactory)
- Whether they would ask for help or advice from a pharmacy again

538 respondents answered that they had visited a pharmacy for help or advice, of these:

- 315 (59%) said it was a positive experience
- 159 (30%) said it was satisfactory experience
- 64 (12%) said it was not a satisfactory experience

When asked how well they felt the healthcare professional at the pharmacy was able to deal with their issue or concern:

- 154 (29%) said it exceeded expectations
- 77 (14%) said it was slightly better than expected
- 232 (43%) said it met expectations
- 38 (7%) said it was slightly below expectations
- 35 (7%) said it was below expectations

When asked whether they would ask their pharmacy for help and advice again, 443 (78%) said that they would, 85 (15%) said maybe and 29 (5%) said that they would not.

Emerging themes:

Advice and guidance – many commented that they would visit their pharmacist rather than make an appointment to see a GP or nurse at their practice, confident with the advice that they were given by the pharmacist.

A number of people found that they needed to wait longer than usual to be seen due to the increased foot-fall at the pharmacy which caused problems for those with mobility issues.

Privacy and confidentiality was a concern for some respondents, in some cases having to talk loudly from a distance through a clear screen.

Some pharmacies did not have the usual stocks and supply of medication, resulting in further visits to the pharmacist. However, respondents advised that many pharmacies, contacted them when the stocks became available so they could collect.

“Good social distancing measures in place.”

“They were very careful with the number of people in the pharmacy shop and were very quick and efficient.”

“Helped me with medication effects, especially side effects of a new medication and how to safely stop it.”

“It was ok, though a very long wait in a very long line of people waiting for their prescription to be dispensed; the pharmacy should have provided chairs for people to sit and wait on - there were some very old and infirm people who needed a seat!”

“Not enough people realise how helpful and informative your local pharmacist can be. The only thing that stopped me from putting positive was the queue and wait - as these have been very long at my local pharmacies throughout the pandemic”

“Not happy at standing 2 metres from a plastic screen and having to shout out my personal information”

“Same staff who knew us and went over and above when some medications were not in stock or unavailable, able to give alternatives and rang when extra supply of available items came in. They worked very hard, and very caring.”

5.- Experience and feedback regarding Outpatient appointments (March to June 2020)

Questions 30 to 39, relating to:

- Whether the respondent has had an outpatient appointment
- Method of consultation – telephone, video or face-to-face
- Experience of the appointment (whether it was positive, satisfactory or unsatisfactory)
- How well the respondent felt the healthcare professional was able to deal with their issue/concern
- Whether the respondent would choose that method of consultation again

291 respondents answered that they had an outpatient appointment and 292 told us that their appointment was being rescheduled.

1. Outpatient appointments conducted by telephone

206 respondents said that they experienced a telephone outpatient appointment, of these:

Experience of appointment:

- 91 (44%) said it was a positive experience
- 82 (40%) said it was satisfactory experience
- 33 (16%) said it was not a satisfactory experience

When asked, how well they felt the healthcare professional was able to deal with their issue or concern:

- 53 (25%) said it exceeded expectations
- 34 (16%) said it was slightly better than expected
- 80 (38%) said it met expectations
- 22 (10%) said it was slightly below expectations
- 21 (10%) said it was below expectations

When asked whether they would choose to have a telephone consultation again, 136 (63%) said that they would, 43 (19%) said they were not sure and 37 (17%) said that they would not.

Emerging themes:

Diagnosis and advice

Some respondents advised it was difficult to describe their condition over the telephone and felt that it would have been easier if they had been seen face to face or by video. For some patients it was clear that the healthcare professional had familiarised themselves with their notes / patient history prior to the consultation, giving them confidence and aiding the conversation/consultation.

Some patients thought that follow-up appointments and test results appointments worked well as telephone consultations.

“Although the consultant wasn't my own he had familiarised himself with my notes before calling and ensured he gave plenty of time to make sure he was able to go thoroughly through everything with me. Having noted several things that he had been concerned about he encouraged me to attend for CT scan and other tests. Although I am sure we had gone over our allotted call time a clear plan was put in place and I felt confident I was being cared for.”

“It wasn’t as relaxed as face to face. I was intent on making sure I said everything I wanted to say, but couldn’t show anything, and it just didn’t feel as positive an exercise. Putting things purely into words without visual cues or emotional cues does not create a whole picture.”

“Given a choice I would choose face to face. It is suitable for some things, quick queries and confirmations, and to ask questions as you go along, but full consultations it falls below par for me.”

Convenience and ease of access

Patients favoured the convenience of being able to have a consultation remotely, not having to travel or find a parking place. One patient fed back that their records were not up to date with their current details, and learnt subsequently that the hospital had been ringing the incorrect telephone number.

“I discovered that the consultant had a telephone number from my previous address in Lancaster which was why no one had been contacting me despite numerous calls which I had made to the dermatology department because my treatment was making me ill. I suppose it was an administrative error but it caused me a lot of pain”

“Call was on time and consultant very pleasant and efficient. No worries re parking at hospital.”

“I would prefer a telephone appointment (as largely housebound) but this time it occurred hours after it was scheduled. I wasn’t able to bathe or eat because I was waiting.”

“It was a routine check-up, the consultant had my notes. Went through my test results, asked me how I felt etc. Far more efficient than driving to hospital and trying to find a parking space.”

2. Outpatient appointments conducted by video

24 people said that they experienced a video consultation, of these:

Experience of appointment:

- 6 (25%) said it was a positive experience
- 7 (29%) said it was satisfactory experience
- 11 (46%) said it was not a satisfactory experience

When asked how well they felt the healthcare professional was able to deal with their issue or concern:

- 5 (21%) said it exceeded expectations
- 7 (29%) said it was slightly better than expected
- 6 (25%) said it met expectations
- 3 (13%) said it was slightly below expectations
- 3 (13%) said it was below expectations

When asked whether they would choose to have a video consultation again, 21 (54%) said that they would, 9 (23%) were not sure and 4 (17%) said that they would not.

Emerging themes:

- Convenience of not having to travel to the hospital.
- Reduced risk of infection
- Technical difficulties with slow connections and stilted conversations and had resorted to telephone consultations instead.

3. Outpatient appointments conducted face-to-face

158 people said that they experienced a face-to-face consultation, of these:

Experience of appointment:

- 16 (10%) said it was a positive experience
- 44 (28%) said it was satisfactory experience
- 98 (62%) said it was not a satisfactory experience

When asked how well they felt the healthcare professional was able to deal with their issue or concern:

- 59 (38%) said it exceeded expectations
- 29 (19%) said it was slightly better than expected
- 50 (32%) said it met expectations
- 8 (5%) said it was slightly below expectations
- 10 (6%) said it was below expectations

When asked whether they would choose to have a face-to-face consultation again, 161 (90%) said that they would, 12 (7%) were not sure and 6 (3%) said that they would not.

Emerging themes:

- The way the hospital was adapting its services for patients accessing its services, social distancing and lack of PPE

“The consultant appeared to less rushed, more relaxed and thorough as a result.”

“My problem was dealt with but it was a bit scary being in a hospital at this present time”

“I had to have a DEXA bone scan. Social distancing for waiting patients was almost nonexistent. I had to wait half way down a flight of stairs for a previous patient to move out of the way so I could exit the building.”

“Social distancing was put in place, hand-sanitisers were available. Appointment was made so that there was minimal contact with other patients and appointment was dealt with quickly so that we were in and out within 15 minutes”

“It would be easier to have a nurse and mental health nurse at the GP surgery to save on the journey to hospital”

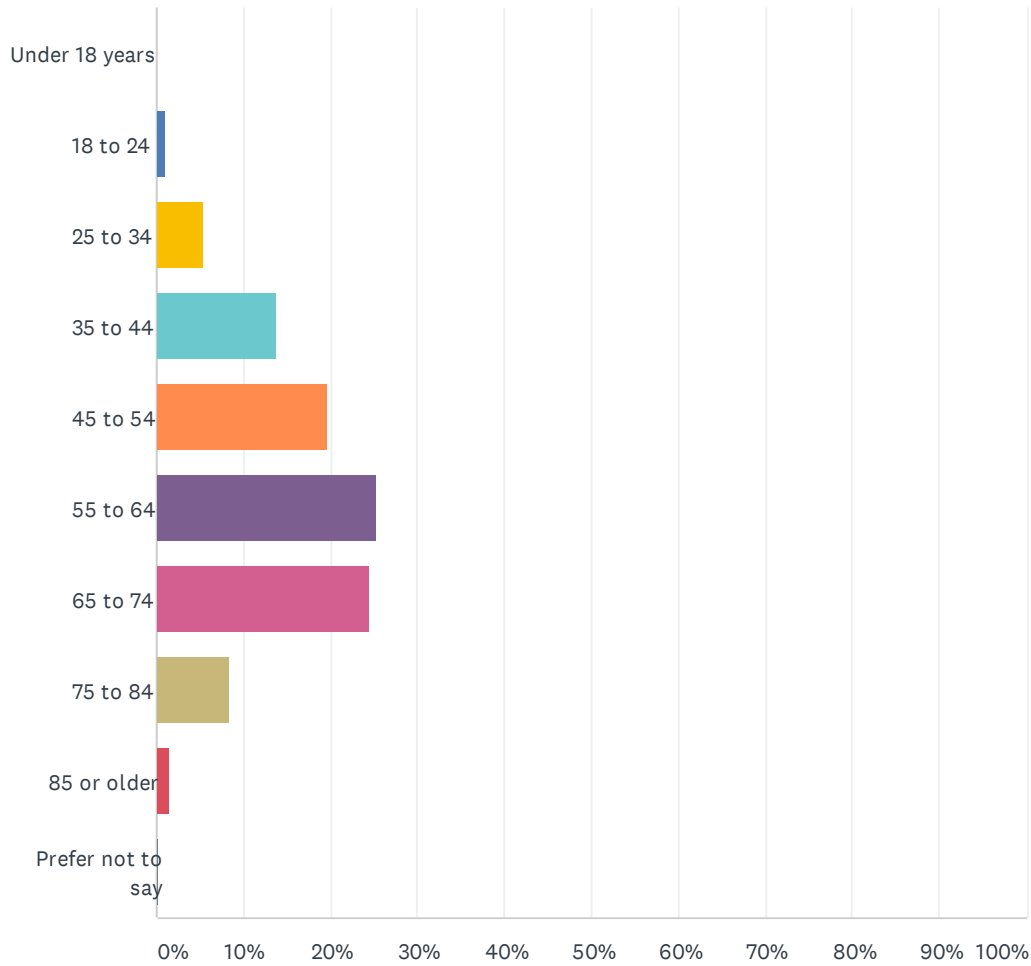
Question 41:

Where do you live? (this is the area where you pay your Council Tax)

Bedford Borough	18.76%	214
Central Bedfordshire	24.98%	285
Luton	16.39%	187
Milton Keynes	37.86%	432
Other (please specify)	2.02%	23
	Answered	1141
	Skipped	180

Q43 What is your age?

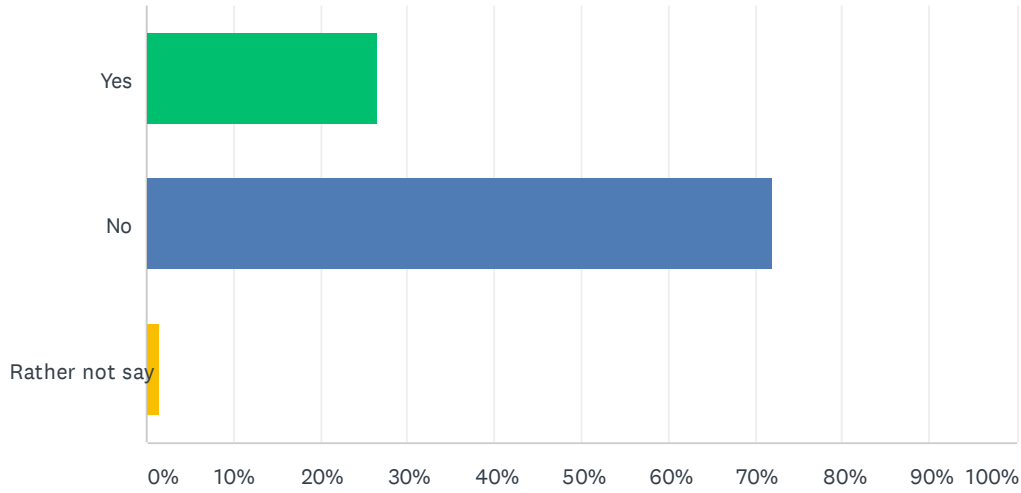
Answered: 1,087 Skipped: 234



ANSWER CHOICES	RESPONSES
Under 18 years	0.09% 1
18 to 24	1.10% 12
25 to 34	5.52% 60
35 to 44	13.80% 150
45 to 54	19.69% 214
55 to 64	25.30% 275
65 to 74	24.38% 265
75 to 84	8.46% 92
85 or older	1.38% 15
Prefer not to say	0.28% 3
TOTAL	1,087

Q44 Do you consider yourself to have a disability?

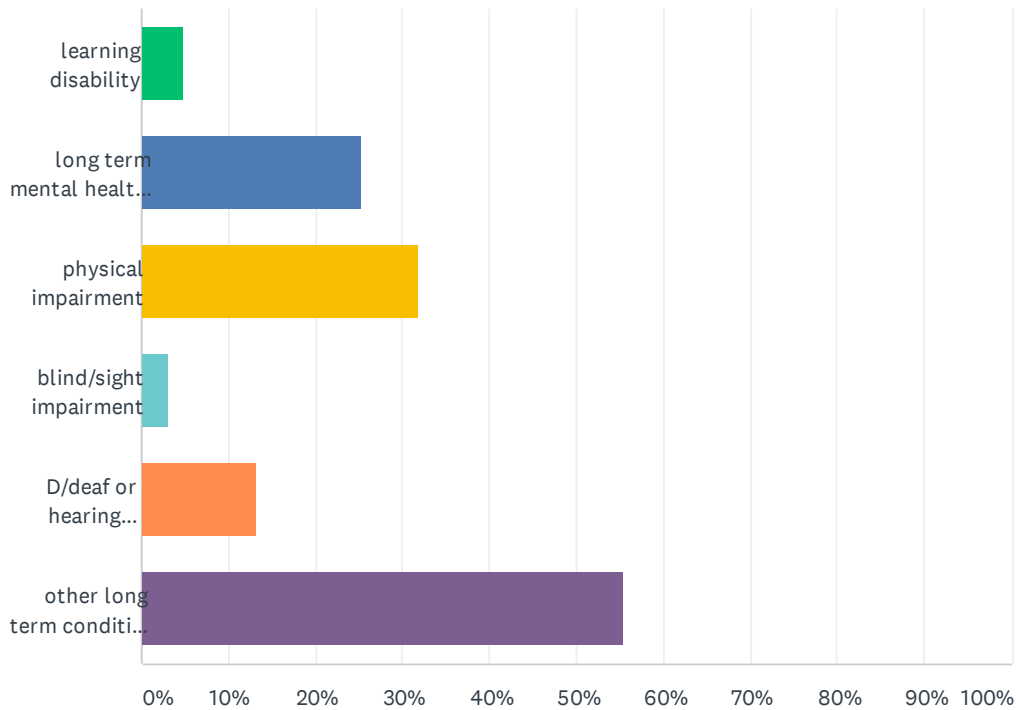
Answered: 1,077 Skipped: 244



ANSWER CHOICES	RESPONSES	
Yes	26.56%	286
No	71.96%	775
Rather not say	1.49%	16
TOTAL		1,077

Q45 If answered 'yes' to Question 44, please specify the nature of disability (if you answered no, please leave this question blank).

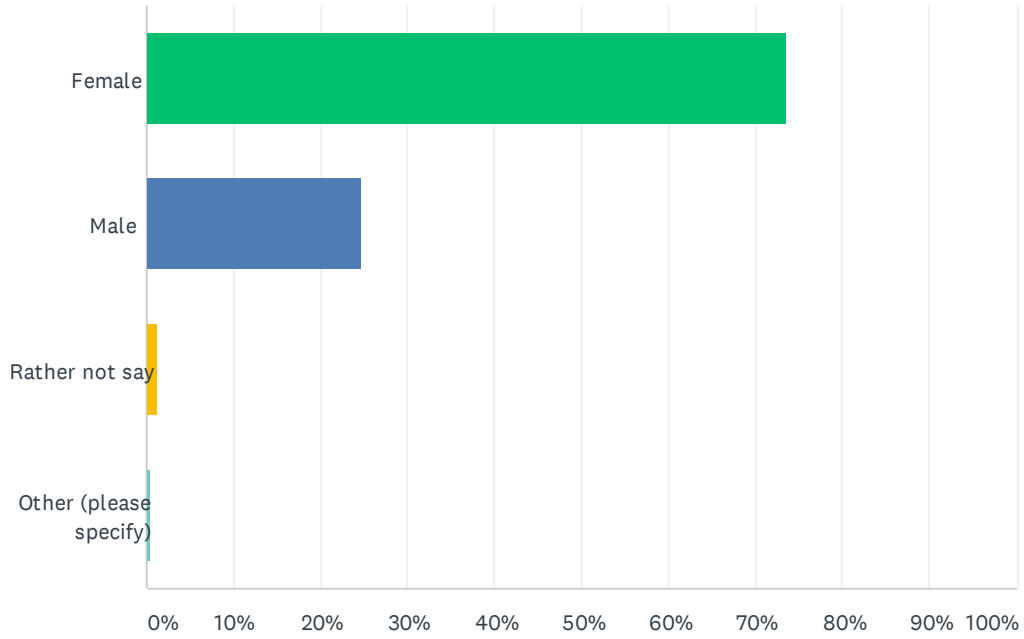
Answered: 317 Skipped: 1,004



ANSWER CHOICES	RESPONSES	
learning disability	4.73%	15
long term mental health condition	25.24%	80
physical impairment	31.86%	101
blind/sight impairment	3.15%	10
D/deaf or hearing impairment	13.25%	42
other long term condition, please specify	55.52%	176
Total Respondents: 317		

Q46 What is your gender?

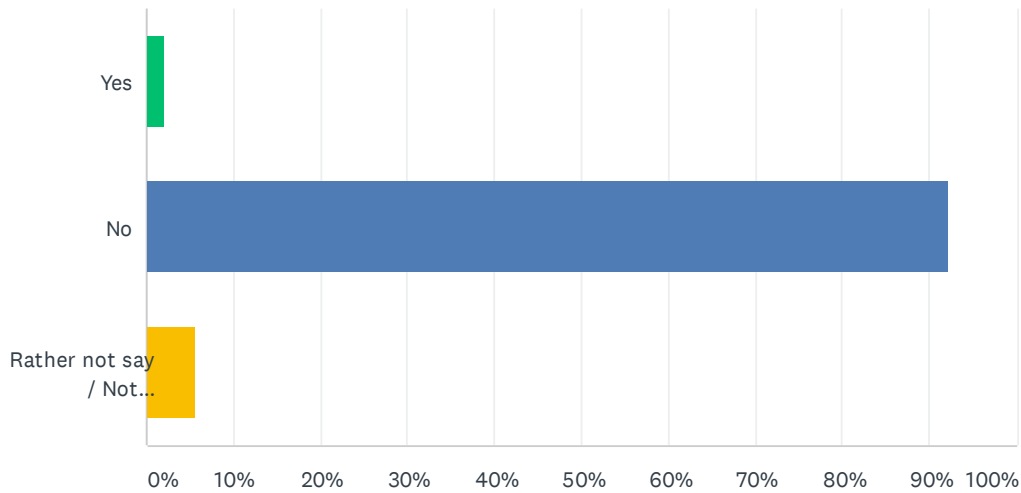
Answered: 1,078 Skipped: 243



ANSWER CHOICES	RESPONSES	
Female	73.56%	793
Male	24.77%	267
Rather not say	1.21%	13
Other (please specify)	0.46%	5
TOTAL		1,078

Q47 Are you currently pregnant, have given birth within the last two weeks, or on maternity leave?

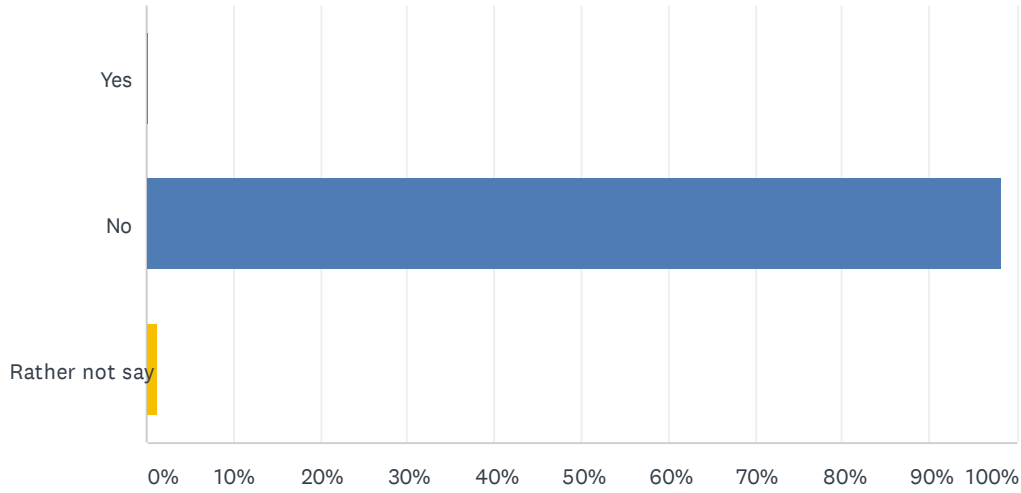
Answered: 1,014 Skipped: 307



ANSWER CHOICES	RESPONSES	
Yes	2.07%	21
No	92.21%	935
Rather not say / Not applicable	5.72%	58
TOTAL		1,014

Q48 Have you been through the process, or are considering, gender reassignment?

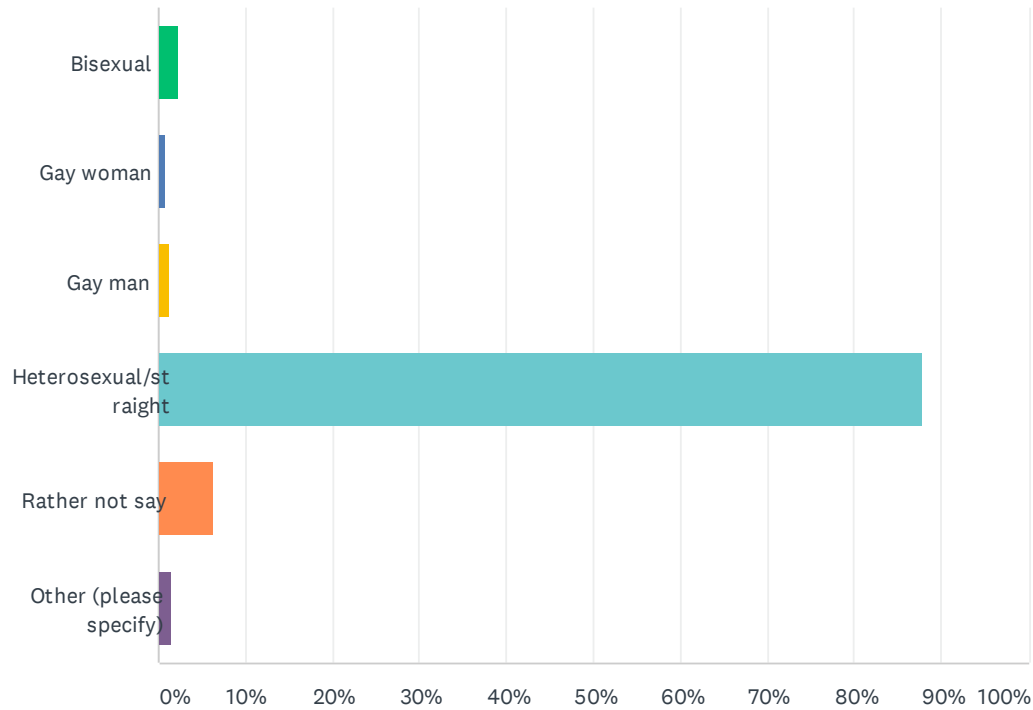
Answered: 1,013 Skipped: 308



ANSWER CHOICES	RESPONSES
Yes	0.30% 3
No	98.42% 997
Rather not say	1.28% 13
TOTAL	1,013

Q49 What is your sexual orientation?

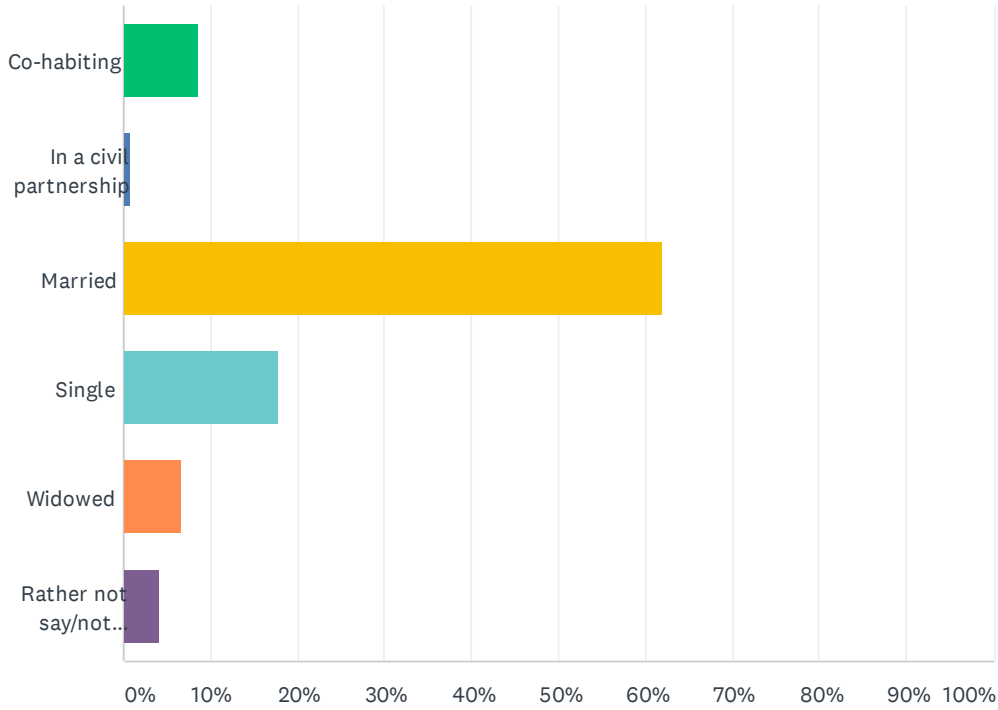
Answered: 1,048 Skipped: 273



ANSWER CHOICES	RESPONSES	
Bisexual	2.39%	25
Gay woman	0.76%	8
Gay man	1.34%	14
Heterosexual/straight	87.79%	920
Rather not say	6.30%	66
Other (please specify)	1.43%	15
TOTAL		1,048

Q50 Are you?

Answered: 1,072 Skipped: 249



ANSWER CHOICES	RESPONSES	
Co-habiting	8.58%	92
In a civil partnership	0.84%	9
Married	61.94%	664
Single	17.82%	191
Widowed	6.72%	72
Rather not say/not applicable	4.10%	44
TOTAL		1,072

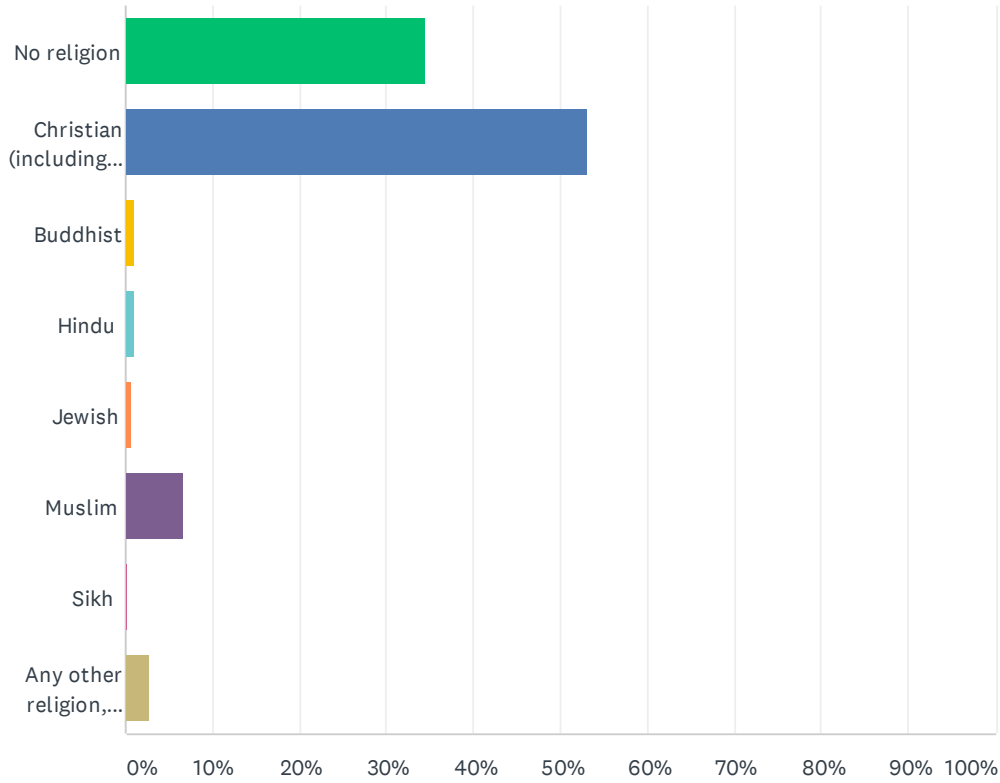
Q51 What is your ethnic group? Please scroll across for all groups and use the drop down boxes.

Answered: 955 Skipped: 366

White						
	ENGLISH/WELSH/SCOTTISH/NORTHERN IRISH/BRITISH	IRISH	GYPSY OR IRISH TRAVELLER	ANY OTHER WHITE BACKGROUND	TOTAL	
Ethnic Group	91.7% 806	1.8% 16	0.2% 2	6.3% 55	879	
Mixed/multiple ethnic groups						
	WHITE AND BLACK CARIBBEAN	WHITE AND BLACK AFRICAN	WHITE AND ASIAN	ANY OTHER MIXED/MULTIPLE ETHNIC BACKGROUND	TOTAL	
Ethnic Group	33.3% 7	9.5% 2	19.0% 4	38.1% 8	21	
Asian/Asian British						
	INDIAN	PAKISTANI	BANGLADESHI	CHINESE	ANY OTHER ASIAN BACKGROUND	TOTAL
Ethnic Group	19.6% 10	19.6% 10	47.1% 24	2.0% 1	11.8% 6	51
Black /African/Caribbean/Black British						
	AFRICAN	CARIBBEAN	ANY OTHER BLACK/AFRICAN/CARIBBEAN BACKGROUND			TOTAL
Ethnic Group	50.0% 8	43.8% 7	6.3% 1			16
Other ethnic group						
	ARAB	ANY OTHER ETHNIC GROUP			TOTAL	
Ethnic Group	40.0% 2	60.0% 3			5	

Q52 What is your religion?

Answered: 1,046 Skipped: 275



ANSWER CHOICES	RESPONSES	
No religion	34.51%	361
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	53.15%	556
Buddhist	0.96%	10
Hindu	1.05%	11
Jewish	0.57%	6
Muslim	6.79%	71
Sikh	0.19%	2
Any other religion, please specify	2.77%	29
TOTAL		1,046