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# Background and methodology

### The aim of this research was to understand how patient, public and professional views of and attitudes towards the NHS are being shaped by the experience of Covid-19



#### **Patients**



#### **Public**



### Healthcare Professionals



20 x telephone depth interviews, with patients from across England

Split across four groups hypothesised to have been heavily affected by the pandemic:

Patients with long term health conditions

Those whose surgery had been delayed

Cancer patients

Those with mental health conditions



4 x mini groups, with low – medium service users from across England



Online survey of the UK public. Conducted 5<sup>th</sup> to 6<sup>th</sup> October 2020

Weighted to be nationally representative by age, gender, SEG and region



6 x telephone depth interviews, with healthcare professionals:

- 2 x interviews GPs
- 4 x secondary care professionals
  - 1 x oncologist
  - 1 x diabetic specialist nurse
  - 1 x mental health nurse
  - 1 x district nurse

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  dedication of its staff who are seen to have gone 'above and beyond'.
- Overstretched and underfunded: The pandemic has put an additional strain on a system that was already struggling.

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However, for patients, the pandemic has undermined a perception that the NHS will always be there for them.

• These patients have suffered greatly during the pandemic and feel left behind – with delays in treatments and diagnoses exacerbating health problems.

3

Looking to the short term, there is considerable concern about the impact of the second wave.

- For staff, the pandemic caused considerable pressure, and they worry they won't be able to cope.
- For patients, a second wave feels like it will push the care that they need even further into the future.

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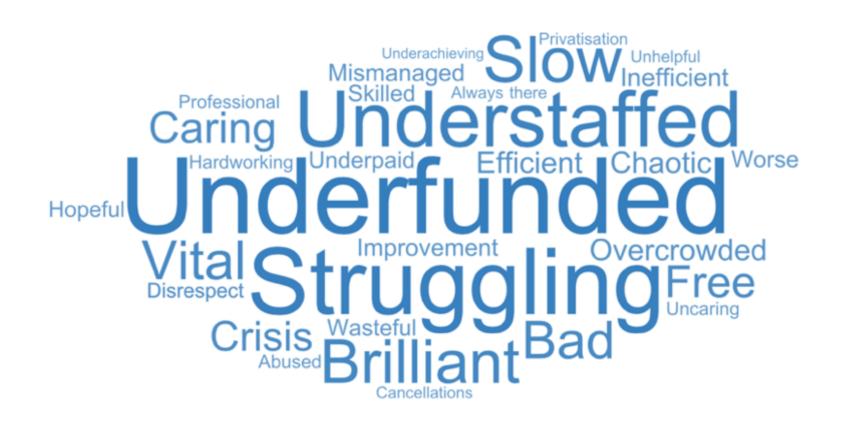
Looking to the long term, staff and patients do not see the pandemic bringing about the opportunities to shift healthcare delivery in the way hoped for by some in policy circles.

- Remote appointments (video or phone) were accepted early on in the pandemic, but patients say that these type of appointments would only work in the future in a small set of with most preferring a return to face to face.
- GPs say that they are already seeing a return to pre-pandemic behaviours, with increasing numbers of patients opting for face-to-face appointments.
- Those in secondary care say that patients haven't been reaching the levels of self-management required to prevent deterioration of their health.

# The impact of Covid-19 on patients, the public and HCPs

### Pre-Covid, concerns about the NHS had been steadily building

#### 1. Fantastic staff, but a system in crisis



2.
Concerns
about
access





ST?

**Emergency** care

Waiting times

Time to care?

3. Mental health & social care

- Awareness of both issues being mentioned more
- Greater priority given to improving services (after those that felt most immediate e.g. GP waiting times)

### Overall patients and the public are very impressed with how the NHS has handled the pandemic



Fast – setting up new ways of working



Selfless – working in dangerous and stressful conditions



Caring – even in the toughest of contexts

"When we heard coronavirus was coming, my whole family was like 'my god, the NHS can't cope with that, the NHS is on its last legs'. But it did, and that's down to the doctors and the nurses."

"Pretty amazing in the response to the pandemic. I suppose in a war effort, people come together and do their best. The people in the NHS have done the same."

### Rather than radically changing perceptions of the NHS, Covid-19 and lockdown has reaffirmed previously held beliefs



### Fantastic frontline staff



### System is overstretched & underfunded



### Tension between politics and NHS

"At first [a secretary] mentioned they didn't know whether I could have my implant...when I spoke to the nurse who does it, she said under no circumstances was she not letting me come in. She offered to do it in the carpark if she had to. She's amazing, she's really brilliant."

"But where has the money gone? I don't see them getting any of this money that we raised for the NHS." "They said that they had enough PPE, but it was clear that they didn't. You don't know whether you can trust what you are hearing."

### However, despite being impressed at an overall level, personally patients have suffered greatly during the pandemic

Pain & discomfort

"When they said I needed surgery on my hip, at that point I was still driving. But it got worse and worse, the pain as I was trying to lift my leg... I can't carry on like this. It's wrecked everything now, I'm fed up, I'm used to being active." Restricted access to diagnosis, treatment and routine check-ups

### Distress & health anxiety

"I was supposed to have an appointment and it was moved to next year...they haven't given me any confidence about delaying it for a whole year if this appointment was meant to be so important."

### Worsening condition

"Something needs to be done, [my condition's] deteriorating. It's frustrating because I've worked hard to get to a level where I'm not too bad,...I have no idea where I'm at, I don't know if I have to avoid anything that could cause more damage. I don't know what I'm doing wrong that caused the dislocated hip."

### And for those who have felt most let down, it has shaken their fundamental trust that the NHS will always be there for them

"I've just been cut off — I had a phone call the week before the lockdown. It had taken 2 and a half years to get here, and I asked if there is something they can do...they said they'll try and put me on their vulnerable list but I've never heard from anyone again." "When I was in hospital in February, they said I needed a test for a problem I was having with my breathing. I've still not seen anyone. I feel worried, because of how long I have had to wait as well. There are people who have had to wait a lot longer. I read 15 million people that are waiting to be seen for something, how are they are going to tackle it, I don't know"

In comparison, members of the public who use the NHS less frequently have been relatively comfortable with access to care

over the pandemic

- Despite some reluctance to access care in person (especially at the start of the pandemic) most felt they have been able to get help when they need it
- And, for some, (especially younger patients), the shift to remote appointments made securing GP appointments easier

"My friend had a heart attack last week, and had a stent fitted... so they are still doing procedures. They will still help you if needed – if you have an illness you still have to get it sorted."

Focus group participant, East Midlands

"When I was referred to dermatology, they said we aren't seeing people, but we will provide support over the phone and you can send photos... I personally think I have gotten a better response from them not going in."

Focus group participant, Manchester

Whilst experiences of the pandemic varied significantly between HCPs, a majority of those we spoke to felt their workload has increased a result of the pandemic

#### **Primary care**

Secondary care (nurses)

Secondary care (oncologist)

Increased workload, due to Covid patients, changing ways of working and decreased access to secondary care

**Increased** workload, as a result of trying to adapt to support patients remotely

**Decreased** workload, as a result of being able to see fewer patients

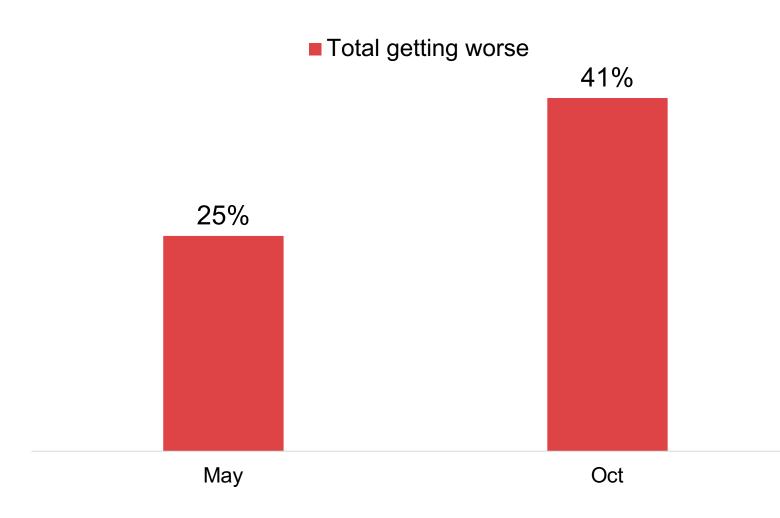
"As GPs, we got more capacity to talk to our patients; our secondary care colleagues don't have the infrastructure to get video contact and digital prescribing. That's all been bounced back to ourselves. All their complex medical needs solved by us: we couldn't send them anywhere. Mental health shut down completely, people didn't know where to go. The services shut down, but the patients still needed care."

"During the pandemic, we've been really thinking about treatment decisions for cancer more carefully, pursuing treatments when only necessary in survival...we have set the bar much higher to initiate whatever cancer treatment."

### Future of the NHS

Looking forward, there is real fear about the impact a second wave will have on the NHS

Thinking about the future, do you think the general standard of care provided by the NHS over the next 12 months will get...?



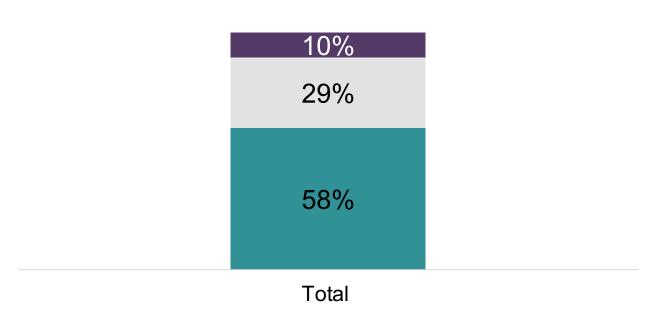
"I think they are trying their best, [but] they are under too much strain and too much pressure. I know how much I'm struggling now, and that's just me...I have got to say that I'm not too confident because of how long I have been waiting as it is...it would impact me negatively if there was another peak."

For HCPs, fears about the second wave are exacerbated by concerns about the long-term impact of the pandemic on patients who have not been able to access the care they need, and questions about rising patient expectations

There is limited desire to see the NHS use the pandemic as a way to fundamentally change how it delivers care

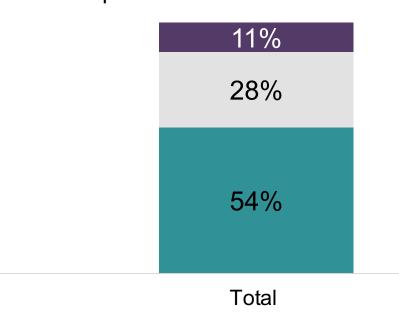
#### **Preference for GP appointments**

- Total 'prefer a remote appointment'
- I wouldn't mind a face to face appointment or a remote appointment
- Total 'prefer face to face'



### Preference for routine check-up with a nurse on an existing condition

- Total 'prefer a remote appointment'
- I wouldn't mind a face to face appointment or a remote appointment
- Total 'prefer face to face'



"I found [remote appointments] quite awkward... I felt like you had to be a bit more formal over the phone, rather than being honest. [And instead of] 'I didn't want to get up and get ready today' – you feel like you have to put your face on for a video call, look a bit more presentable. That makes it a bit less honest."

"Patient expectation in the UK is 'I ask for an appointment, I get one' – they don't like to be told over the phone... [during the peak] patients didn't want to come into the surgery, so it was easy to get them engaged over the phone. They were very accepting. What we are seeing now is a return to pre-pandemic expectations [of F2F care]."

### All agree that the short-term priority should be tackling the waiting lists

"If you're sitting there in agony waiting for it, you need someone to be dealing with it... It has an impact on people's mental health, obesity [if surgery is delayed endlessly]."

"When service is resumed, maybe what the government needs to look at is putting extra resources in those areas... there are people with skills who are willing to work..you can't expect existing staff to cover [additional procedures]."

Patients also want to see better communication, and support provided whilst they wait.

"It would have been nice in both cases to receive some sort of update. A potential lead time, an email or text."

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