

September 2020

Patients, public and professionals

Phase 1 (August - September 2020)

Report

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01 Background and methodology

Research objectives

- The aims of this research were to:
 - Understand how patient, public and professional views and attitudes are being shaped through the experience of Covid-19 and the changes it has brought about.
 - Understand how and where the perspectives of patients, the public and professionals are aligned or misaligned, and their respective attitudes towards and priorities for on-going reform.
 - Understand the policies and messages that resonate with different audiences.

Sample

Patients	Public	Health care professionals
• 20x tele-depth interviews with patients with long-term health conditions • Patients from a range of locations across England, with a mixture of urban, suburban and rural areas • All had at least one but sometimes multiple long-term conditions, with a mixture of severity of conditions and in-service use • The conditions these patients were experiencing included:* • 6 x cancer • 10+ x long-term health conditions (including COPD, asthma, IBS and Chron’s disease) • 4 x waiting for elective surgery • 4 x mental health conditions	• 4x mini-grounds with 5x participants in each • Participants from a range of locations across England, with a mixture of urban, suburban and rural areas • 10x 30-45 year olds, and 10x 50+ • SEGs of C1C2 • All participants were low-moderate service users	• 6x tele-depth interviews • 2x interviews with GPs • 1x oncologist • 1x diabetic specialist nurse • 1x mental health nurse • 1 x district nurse

*Figures do not match total tele-depths conducted due to some participants having more than one condition

02 Key findings

Key findings

1

Rather than fundamentally changing attitudes towards the NHS, Covid-19 has reinforced strongly held views.

- **Caring and dedicated staff:** The NHS is seen to have handled the pandemic well, largely down to the 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.

2

However, for heavy service users, 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.
- While delays may have been accepted early in the pandemic, there are growing fears among these patients that they will continue to go without the care they need long into the future, causing considerable health anxiety.
- This emotional distress is reflected in the attitudes of HCPs, particularly those in secondary care, who worry that their patients are going without the support they need.

Key findings

3

Looking to the short term, patients and staff fear a second wave.

- For many staff members, the pressure caused by the pandemic has been considerable, and they worry that they won't be able to cope with a second wave (especially when combined with a winter crisis and lower staff levels because of absences due to stress and illness).
- For heavy service users, a second wave feels like it will push the care that they need even further into the future.

4

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 in the pandemic, but patients say that these type of appointments would only work in a small set of circumstances in future (relatively minor complaints in primary care), with most preferring a return to face to face appointments.
- Similarly, GPs say that they are already seeing a return to pre-pandemic behaviours, with increasing numbers of patients opting for face-to-face appointments.
 - However, in addition to pre-pandemic levels of face to face appointments, GPs also say they fear that demand for remote appointments will continue to be high from younger, healthier patients, which will add considerably to their workload.
- Those in secondary care say that despite their efforts, they worry that patients haven't been reaching the levels of self-management required to prevent deterioration of their health.

Similarities and differences between public, patients and HCPs

	<i>Attitudes towards NHS</i>	<i>Experiences of healthcare during CV19</i>	<i>Future of NHS healthcare delivery</i>
HCPs	All groups are broadly in agreement, seeing the NHS as: • Overstretched and underfunded • Providing excellent care due to hardworking staff • However, have some frustrations about politicisation of the NHS	HCPs and patients have been very worried about patients' access to quality of healthcare during CV19 – fearing that many aren't getting the care they need.	Both HCPs and patients worry about another lockdown, and don't feel remote appointments or self-management have worked effectively enough during CV19 to become standard practice.
Patients			
Public		While aware of long waiting lists for most serious conditions, the public have felt that they could access care if they needed it.	The public are cautiously optimistic about remote appointments, but only in a narrow set of circumstances.

03 Attitudes towards the NHS and experiences of healthcare before Covid-19

Past research has consistently shown enormous pride in the NHS and its ethos of delivering care that is free at the point of need



- Linked to this pride, there has historically been considerable affection for NHS frontline staff, bolstered by a perception in recent years that staff have been facing ever-growing demands on their time, and that they go above and beyond to deliver high quality care.
- This was particularly true among those with long term health conditions, who told us that they saw the best of the system as they have built up strong relationships with their specialist consultants and nurses.

"It's a wonderful institution when it's working properly."

Female, Sutton Coldfield

"It's familiar if you've had anyone with a serious diagnosis. I think what they do is absolutely brilliant."

Male, London

"It's hard to gripe thinking of what they did for my wife. Even under difficult circumstances, it was brilliant."

Male, Leeds

However, in recent years, there has been a growing perception of the NHS as underfunded and overstretched

"There's not enough nurses and doctors to cover certain patients, waiting times have gone through the roof for operations and minor things."

Male, Sutton Coldfield



"They don't have sufficient time but what they do do is that they're very caring. I was amazed how helpful and friendly they are."

Male, Leeds

And whereas in 2014 our research for the Richmond Group showed that the public were not yet seeing a system in crisis, by 2020 concern was extremely high, with the language of 'crisis' being regularly used across our work.

Most immediately, these stresses were seen to be causing issues with access to care (the front-of-mind priority for most members of the public)



Emergency care

The public saw significant challenges in emergency departments.

Many reported experiencing extremely long waiting times in A+E and witnessing patients being left on trolleys in hallways because there were not enough beds.

And whilst the public often felt that at least part of the problem was 'abuse' of A&E, many also noted that people might be turning up there because they had been unable to see a GP.



Waiting times

Throughout the system, access and waiting times were felt to be significant problems.

All public and patient audiences we spoke to described increasing difficulties accessing GPs over the last few years – especially if they wanted to see 'their' GP.

Those with multiple LTCs also reported long waiting times and cancellations for operations, and long referral times to see a specialist.



Time to care

Under-resourcing was also seen as impacting the care given by some parts of the system.

GPs in particular were seen as being too overburdened to provide patients with sufficient time to understand all the issues they are facing – leading some to feel like they were 'just a number'.

In a hospital setting, the workload was felt to be too great for HCPs to provide consistently high quality, empathetic care – with some of the basics being missed (e.g. checking on a patient a sufficient number of times per day).

Most immediately, these stresses were seen to be causing issues with access to care (the front-of-mind priority for most members of the public)



Emergency care

"The biggest impact is in A&E, the wait times there are so long. It's especially for the elderly, when you get the winter epidemics."

Female, Leeds



Waiting times

"It can take three months to get a booking, who knows if they're going to be ill in three months."

Male, Leeds

"I'm not saying they're being horrible deliberately, but they're just that short staffed. Sometimes you wait 12 or 13 weeks and it's only when you phone up that they actually send you out an appointment."

Male, Sutton Coldfield



Time to care

"Well they're obviously overstretched and understaffed. It's not personal care any more is it, you're more like a number - get you in, get you out."

Female, Leeds

"The doctors and the nurses, they do want to help but they don't have the time. It's a pity that you have to wait until you're dying to see how good they are."

Male, Sutton Coldfield

Those with multiple long-term conditions reported that it was possible to get good care, but that this required persistence and ‘sharp elbows’

- Many felt that they had to be very proactive, and even pushy, to get the care they needed.
 - This was highlighted as a significant concern, particularly among those who care for elderly parents with health needs, as many felt that some older people would be less able to navigate the system, follow up on referrals and advocate strongly for the care that they needed.

“What I will say is that if you get something like cancer they are very good when you get there. You have to fight for them, all the way along I had to push and push.”

Female, Sutton Coldfield

“I would say the elderly mostly and disabled people. They find it more difficult to deal with situations, it's as if they're left in limbo.”

Male, Sutton Coldfield

“My nan is really old, and she is getting all the support, but only because my mum is asking for it. You have to be assertive. It's okay for her, but others might not have that option and get lost in the system.”

Female, London

Many of those who cared for elderly parents also felt ill-equipped to navigate the system on their behalf

“I’m not a stupid person, but I don’t know about the benefit system, I don’t know where to reach out for help, and so when I ring up the GP for an appointment because I need to get my mum some medication or she won’t survive, and I can’t get one, I don’t know what else to do.”

Female, London

Beyond access, mental health and, to a lesser extent, social care had moved up the public's agenda since the first wave of research in 2014

Mental health

- Since 2014 awareness of and concern about mental health and wellbeing increased, with a perception that provision of mental health support services was inadequate, and concerns about long waiting times.

Social care

- While still not widely used as a term, social care was also moving up the agenda, as the public awareness of issues within the system increased.

04 Impact of Covid-19 on attitudes towards the NHS and experiences of healthcare

- **Impact of Covid-19 on impressions of the NHS and social care system**
 - Impact of Covid-19 on public and patient experiences
 - Impact of Covid-19 on HCPs' experiences
-

Overall, the public and patients are very impressed with the way that the NHS handled Covid-19

Many recognise tangible signs of the NHS's quick response to the pandemic, including moving to remote appointments to enable ongoing access to care and the use of 'Covid-19 wards' to separate symptomatic patients.

"I think what they have done is fantastic. Getting the PPE, making the makeshift hospitals, testing pods... they have acted quite quick, [and] GPs have had to revolutionise themselves."

Focus group participant, Manchester

"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."

Focus group participant, Sussex

"The NHS has been doing everything it can, but the government less so – the NHS has been doing everything they can and getting no recognition – they've gone so long without pay rises."

Patient, West Midlands

Rather than radically changing how people think of the NHS, Covid-19 and lockdown has reaffirmed previously held beliefs

Fantastic frontline staff



In addition to maintaining high levels of care in the context of a stressed system, the personal risk of becoming ill with the virus, and stories of NHS workers moving away from their families to keep them safe, has been seen as demonstrative of their dedication.

"[Retired staff] went back to work – those who'd left the NHS completely. They deserve nothing but praise. They wear [PPE] that are uncomfortable, leave their families for months on end... [NHS staff] deserve loads."

Focus group participant, London

System is overstretched and underfunded

While there is some acknowledgement of additional funding to deal with the pandemic, many assume that it will not be sufficient to cover the costs or help cover the backlog caused by other services being put on hold.

"But where has the money gone? I don't see them getting any of this money that we raised for the NHS."

Focus group participant, London

Tension between politics and the NHS

In the past the NHS has been seen as a political football. The pandemic has deepened this perception of a tension between politics and the NHS, with participants seeing a disconnect between what the Government says it is delivering and what they see in the NHS (e.g. PPE numbers).

"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."

Patient, West Midlands

In comparison, the public feel that Covid-19 has made people more aware of the challenges facing social care

- There is a view that social care workers are doing the best they can in difficult circumstances, just as is the case with NHS workers.
- However, the challenge of Covid-19 is seen to be even greater for social care than for NHS services.
 - Many participants feel that care homes have been given lower priority than healthcare services.
 - Both difficulties with getting access to PPE and high levels of infections and deaths are seen as evidence of this.

“They have been dealing with it the best they can... In terms of PPE, they are the bottom of the pile. I don’t know if they are being provided with it, or if they are having to sort themselves out.”

Focus group participant, Manchester

“[One care home] had sent 18 people to hospital and only 3 had come back... they [also] sent people who tested positive back to the care homes, and it spread... some didn’t even get called doctors.”

Focus group participant, Sussex

For HCPs, the pandemic has exacerbated concerns of an overstretched system and the politicisation of the NHS

Overstretched and underfunded system impacting staff and patients

There is a strong sense that the NHS survives on the goodwill of HCPs who go above and beyond and this has been especially true during the pandemic. However, this leads to significant pressure on staff and fears of burnout.

"Morale is so low, if we have another, we might not be able to do it again. People just leaving the profession or saying, 'we can't manage anymore today, go to A+E'."

GP

Tension between politics and the NHS

Some express concerns that the Government has not been living up to its promises on the pandemic and feel that they will ultimately be negatively impacted by battles over funding.

"Promises have been broken, we can't get simple things like bills for PPE...Abolishing PHE so you can give it to a partner of an MP absolutely stinks, I have zero confidence."

GP

04 Impact of Covid-19 on attitudes towards the NHS and experiences of healthcare

- Impact of Covid-19 on impressions of the NHS and social care system
- **Impact of Covid-19 on public and patient experiences**
- Impact of Covid-19 on HCPs' experiences

We explored public and patient access to care and experiences of care during the pandemic

Access to care



Experiences of care



Access to care



For some high need patients, the pandemic has undermined the strongly held belief that the NHS will always be there for them when they need it

Appointments and procedures have been cancelled or postponed far into the future. This has been exacerbated by difficulties in communicating with specialist teams and feeling that there is no one to turn to for support.

"I've just been cut off – I had a phone call the week before the lockdown. Dismissing everyone, 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."

Patient. London

"Finding it more difficult to get doctor's appointments and haven't heard anything back on a referral. Was going to have a procedure but everything shut down and haven't heard anything since. It was annoying because everything was in motion and I was getting ready for it and then haven't heard anything since."

Patient, London

This led to considerable emotional distress and anxiety about their health.

In comparison, the public – who are lighter service users - have been more reassured about their access to care

While there is some wariness among participants about visiting a GP or A&E in-person due to the risk of catching the virus, especially early in the lockdown, most feel that there are services available should they really need them.

“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

For some, pharmacies have played a more prominent, and positive, role in their healthcare during the pandemic

- Both patients and the public say that pharmacies have been able to provide quick and efficient support to them as there was an increase in the number of electronic prescriptions sent from local GP surgeries.
 - This has been in combination with remote consultations.
- Many patients and members of the public utilised the electronic prescription service for the first time during the lockdown. This provided individuals with an avenue to save time versus contacting their GP.
- Some patients also report having repeat prescriptions arranged due to mobility decreasing or shielding.

"The prescriptions get sent to [the] local pharmacy, They deliver when I really can't leave the house."

Patient, Cuckfield

"I've been able to have my prescription sent to my local pharmacy – no one told me that could happen before. Before I had to go in and ask for it, sign for it, go back in another day. Now I just call them and they send it there."

Patient, London

In comparison, the greater role of medical secretaries during the pandemic has had a more mixed reception

Both groups describe a greater role of receptionists / medical secretaries triaging patients and being a point of contact in the absence of being able to talk to an HCP

The public have had greater frustrations with GP receptionists, with some feeling very uncomfortable about sharing details of their complaint over the phone and questioning receptionists' ability to triage patients.

In comparison, some **patients**, who have also been frustrated at not being able to talk to an HCP, say that they have appreciated being able to talk to someone about their condition, discuss waiting times or arrange their prescriptions.

Experiences of care



Among members of the public who have accessed care during this time, there is some cautious openness to remote appointments

- Some participants had positive experiences, even identifying improvements on pre-lockdown experiences.
 - For example, some (especially younger patients), found remote appointments more convenient and easier to get than in-person appointments (which are viewed as scarce, even pre-lockdown).
- For others, virtual appointments are not as welcome, for a range of reasons:
 - Some are uncomfortable sharing certain details virtually.
 - Some are not reassured about their care after their appointment due to the length or lack of probing questions.
 - If provided with an open-ended appointment slot, a number of participants feel this makes it difficult to manage their time and a few are worried about missing the callback.

“I think technology has helped them a lot. You know when your appointment time is, you know when they will call you, and it’s easier to get off a telephone or video call than when someone is sat with you face to face.”

Focus group participant,
Manchester

Many of those with more serious health conditions faced significant challenges getting the care that they needed

- Across all the types of patients, issues include:
 - **Long waiting times:** many describe appointments for further tests or diagnosis being delayed for months.
 - **Cancelled treatments / closed clinics:** some patients have no access to this specialist support and no idea when it could be reinstated, although a few were redirected to other clinics.
 - **Poor communication:** including an inability to reach existing consultants, being handed across to new HCPs who have no knowledge of past history and minimal information supplied or accessible about cancelled / moved appointments.
 - **Self-management:** an increase in expectation for patients to do basic checks such as blood pressure and pulse in virtual appointments, along with other checks for specific conditions. Many feel uncertain about the accuracy of their self-testing.

"[The specialist unit] discharged everybody because they became a triage center [during lockdown]."

Patient, London

"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."

Patient, London

We conducted deep dives into our four patient types:

Mental health



**Long term health
conditions**



Cancer patients



Surgery delays



Summary of experiences

Long term health conditions	Surgery delays	Cancer patients	Mental health
Access and communication - Treatments and tests being cancelled caused considerable anxiety or worsening of their condition. - Mixed ability to communicate with specialist teams. Care - While some had access to specialist doctors or nurses, many struggled with the expectation for self-management and didn't feel confident that their condition was being well managed.	Access and communication - Surgery postponed long into the future, and no real sense about whether these new dates are at all realistic. - Leading again to considerable anxiety, and for some continued pain and diminished ability to carry out daily tasks. - Able to still communicate with surgeons, but unable to get much reassurance from these interactions.	Access and communication - Those in our sample still undergoing treatment were able to continue. - However, those who were waiting for pre- or post- treatments testing or follow up appointments were not able to arrange these or talk to someone about their case. Causing considerable distress and worries that their cancer may be spreading / getting worse. Care - Those able to receive treatment were broadly positive.	Access and communication - Those already undergoing treatment were able to access care through remote appointments. - Those on the waiting list saw their wait extend even further into the future (just at the point many felt they needed it most). Care - Those in our sample receiving care through remote appointments were often negative about the care that they received.

Restricted access to face-to-face appointments and treatments has had a considerable negative impact on patients with long-term conditions

Tests and diagnosis

Tests to diagnose new health problems have been cancelled with no sense of when these will happen, meaning that many have had to live with pain, discomfort or considerable distress about their health.

Treatment

Face-to-face treatments have also been cancelled, again meaning that many have to live with ongoing pain or discomfort (see case study on next page)

Routine check-ups

Routine appointments have moved to phone or video, with patients having to conduct their own tests (e.g. blood pressure, lung capacity test). Many do not feel confident in their ability to conduct these properly.

More broadly, there are significant concerns about the expectation for patients' self-management of their condition (in lieu of face-to-face appointments) – many feeling that they have not been given the advice and guidance necessary to do this.

Case study: Ellie*

Ellie suffers from Ehlers-Danlos syndrome, a condition that impacts connective tissues. Before lockdown, she attended a specialist care unit with a consultant and support team, as well as facilities to use to manage her condition.

At the start of the lockdown, this care unit was redirected to supporting Covid-19 patients. All her appointments have been cancelled, and she does not have access to the facilities vital to managing her condition. Although told about the 'vulnerable list' as an option to ensure her continued access, it has been several months, and Ellie has not heard anything about this.

Ellie's symptoms have worsened during the pandemic, leading to her dislocating her hip trying to get out of a chair. She cannot reach her consultant, only their secretary, and her GP surgery has minimal knowledge of her condition. She feels uncertain about managing her condition now or in the future, having little faith patients like herself are considered.

Patients waiting for surgery during the lockdown describe frustration with long waits

- Several patients did have dates for their surgery scheduled, which were then cancelled at the beginning of lockdown. As a result, many are distressed and anxious about when they will receive a rescheduled date or have little trust it will go ahead at all.
- Some of these patients have yet to hear about when these appointments can be rescheduled and are consequently very aware of the long waiting lists for procedures.
 - However, it should be noted that this is often viewed as a continuation of long waits pre-lockdown, rather than a new development for these patients.
- As a result of waiting for treatment, some are unable to carry out daily tasks without support, work, or living in discomfort.
 - Most of these past patients do not feel they have the support of primary care in this interim period to appropriately deal with their conditions.

“I haven’t got a problem with the NHS, I think it’s marvelous. [But] I wish, instead of shutting everything down for this virus, they would look after everyone else with all these other problems. I don’t blame the nurses and doctors and everything, that’s a decision higher up. But if you’re not safe in a hospital, where are you safe?”

Patient, West Midlands

Experiences of cancer patients are mixed, with some just inconvenienced and others desperately uncertain about their future healthcare

- Some patients have been able to continue at least some of their in-person treatment or appointments.
 - For these patients, challenges include the loss of family support during appointments and having the upheaval of a new care unit, although for some there is the reassurance of consistent care with nurses moving to the same unit.
- Others have faced considerable distress as tests and treatments have been delayed.
 - For those with some ongoing treatment, the challenge is with follow-up checks to monitor the success of the treatment.
 - For others, treatment has been postponed completely, only adding worry for patients about their health and whether their cancer will spread before the delayed appointment takes place.

“After your chemo, you are meant to have tests and scans, and I had to chase for all of those because there was a backlog. I had to fight for those. If you didn’t ring what would happen? It was extra trauma I didn’t want.”

Patient, West Midlands

Case study: Robbie*

Before the Covid-19 lockdown began, Robbie was diagnosed with cancer after suffering from pain and exhaustion for some time. Upon his diagnosis, he was told that he would need to attend a hospital appointment for an MRI scan. This was presented to him as a very important appointment, which would determine where the cancer was in his body, if it had spread and if any spread had caused damage to his organs.

Robbie had a date confirmed for this MRI scan – once the lockdown began, he called to confirm if this was going ahead. The receptionist he was able to reach confirmed the appointment was cancelled but told Robbie the reason would be shared in a cancellation letter. No such reason was given in the letter – this just informed him the appointment had been pushed back by a year.

Robbie says that he is still waiting to talk to a specialist and feels extremely distressed about his appointment being pushed so far into the future given what he had been told about how important it was. He feels like there is no one he can talk to as his GP will say that there is nothing he can do.

“Just before quarantine happened, they said ‘you’re going to have this and that done, it’s very important...you’ll have an MRI, [to] see where it is in your body and if it’s gone anywhere else... I called them and said ‘is my appointment happening?’, they said they posted a letter (to cancel), and I asked why, and that the reason would be in the letter. It just said ‘appointment change’, it didn’t give a reason.”

“My GP’s not good anyway, I’ve not had a good experience at all... I’m reluctant to call them or have appointments with them. I don’t know how much to push it [the MRI]....”

Patients with mental health conditions frequently describe challenging experiences during lockdown

- Those with serious mental health conditions describe being particularly affected in the early lockdown, with care being hard to access and individuals unable to see their support networks.
 - Isolation and the absence of care appointments means that, for some, their mental health has greatly deteriorated and they are unable to carry out their normal routines.
- Once resumed, care has been delivered through remote phone or video appointments.
 - While some view this as a benefit (as being at home helps ease anxiety) there is a widespread view that the same level of care is not possible remotely, as non-verbal cues are harder for HCPs and social workers to detect (even with video).
 - For some, remote appointments feel like a tick box exercise rather than being able to offer or receive any support or care.

“I couldn’t see my parents, and they normally help me go out, as I get anxious by myself, and so I’ve mostly been inside.. I get a call every now and then, but I get the sense that they know they can’t do much over the phone, and so it just feels like they are ticking a box or marking time until they can start seeing people face to face.”

Patient, West Midlands

Case study: Rita*

Rita suffers with anxiety, depression, and borderline personality disorder. These conditions impact her day-to-day – from having the motivation to do activities and complete tasks, to feeling worried about the tasks themselves and the people she will meet during them. Rita’s mum has helped her significantly since her diagnosis late last year, although she also has the support of a care coordinator (who she can contact 9-5, Mon-Friday, and the Crisis team outside of those hours).

Rita was hospitalized for her mental health conditions prior to the pandemic and was released in April – during the height of the lockdown. She found this a particular challenge: not only did she feel greater anxiety about going out and seeing people because of the virus, but her Crisis team were not able to see her in person at that time. Most of Rita’s appointments for her mental health, which would have been in person, are now phone calls with a few video calls. She finds these more difficult to manage, with phone calls being too formal to speak openly and video calls creating pressure to present as being well, whether true or not.

“I came out of hospital in April, I came out during lockdown which was really strange. I wasn’t able to have [the] crisis team to come out to me, they weren’t able to come out and see people during lockdown. That’s made it difficult – it’s put me quite on edge.”

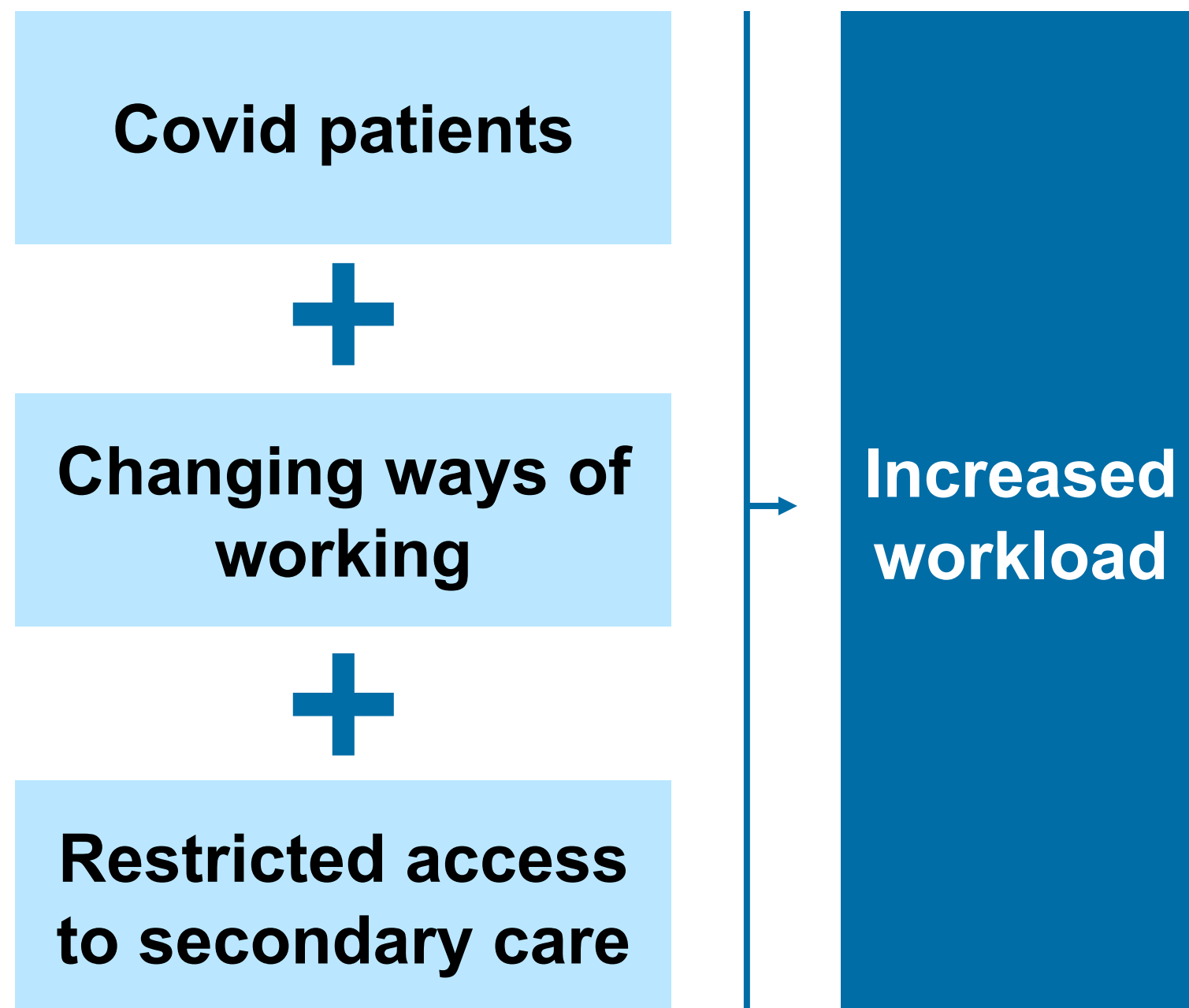
“I found them quite challenging at first, I found them quite awkward... I felt like you had to be a bit more formal over the phone, rather than being honest. [And instead of] ‘I didn’t want to get up and get ready today’ – you feel like you have to put your face on for a video call, look a bit more presentable.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

04

Impact of Covid-19 on attitudes towards the NHS and experiences of healthcare

- Impact of Covid-19 on impressions of the NHS and social care system
- Impact of Covid-19 on public and patient experiences
- **Impact of Covid-19 on HCPs' experiences**

Those in primary care report a significant increase in their workload during the pandemic – leading to concerns about burnout



- While remote appointments and lower patient expectations in early lockdown did alleviate some pressure, an increase in patients being redirected from secondary and community care meant that some GP practices felt stretched thin during the pandemic.

“As GPs, we got more capacity to talk to our patients (video software over night), 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, but 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 didn’t, they still needed care.”

GP

For those in secondary and community care, experiences of Covid-19 varied significantly according to roles

- Some (e.g. oncologists) saw a decline in the number of patients they have been able to treat during the lockdown
 - This is noted to be the result of in-person clinics being cancelled, or in some cases care being restricted to only the most urgent cases
 - Some have seen this continue even after measures were relaxed: some patients asked to come to in-person clinic are refusing, claiming to be shielding or self-isolating while some clinics have resumed faced to face appointments
- Others, including community nurses and diabetic specialist nurses say that their workload has increased, as they tried to adapt to provide support to patients remotely.

“During the pandemic, we’ve been really thinking about treatment decisions for cancer more carefully, pursuing treatments when only necessary in survival, life... we have set the bar much higher to initiate whatever cancer treatment. In this sense, we’ve been more conscious, wary of the cost effectiveness (ratio) of treatments.”

Oncologist

HCPs also raise concerns about the protection of BAME staff during this time

- HCPs say that BAME colleagues are more likely to have frontline roles and less likely to take time off from work and shield due to visa restrictions, which puts them more at risk of contracting Covid-19 from patients.
- Some HCPs express concern as they have already lost colleagues and are concerned there will be fewer BAME colleagues in the NHS going forward.
- An additional concern is that, as more staff shield, this also places a reliance on utilising agency staff, which decreases consistency of care for patients. The irregularity of regular staff on shift can be especially difficult in wards with patients with mental health.

“It will have massive implications for the workforce, we have already seen so many workforce from a BAME background pass away. BAME colleagues been put on the frontline (because they can’t stop working because of work visas), where some other white colleagues saying they won’t work because they don’t want to risk their health”

GP

“When the main bit of lockdown was happening, a lot of staff going off. You need to staff it, it’s unsafe, then you’re getting agency staff in there – they’re going from one hospital to another. You’ve not got your bubble, your staff team. So many teams coming in, no one getting tested unless showing symptoms.”

Mental Health Nurse

05 Future of the NHS

- **Spontaneous concerns and priorities**
- Prompted concerns and priorities

While the public are fairly positive that the NHS will survive the pandemic, they are extremely concerned about its long-term future

- In the short term, the public say that the NHS will survive, predominantly through the good will of NHS staff – who are seen to be willing to go ‘above and beyond’ in an overstretched system.
- However, there are significant concerns that the pandemic will have long term negative impacts that will make it hard for the NHS to survive (with some fearing privatisation).
 - The public say they were already worried about the long-term sustainability of the NHS (with fears that demand is outstripping funding – with long waiting times for GP appointment and poor mental health services given as evidence for this).
 - Many fear that cancelled appointments caused by the pandemic will create a significant backlog that the NHS will struggle to handle.

“Short term I am quite confident for them to see through this pandemic. What they have done, It gives you hope that we can handle the pandemic and normal services.”

Focus group participant, East Midlands

“Long term, the funding will get cut and it will be privitisation.”

Focus group participant, East Midlands

HCPs and heavy service users are more negative about the short-term picture for the NHS

Both groups fear a second wave...

Heavy service user worry that a second wave or lockdown will push the care that they need even further into the future, prolonging and exacerbating their discomfort, pain or anxiety about their health.

HCPs worry both about the impact on of a second wave and a winter crisis on staff and patients:

- **Staff:** Many worry that staff are already burnt-out and won't cope with the pressure of a second wave.
- **Patients:** HCPs fear that restricted access to care during Covid-19 has already stored up significant problems for the future – with many conditions having gone undiagnosed or worsened during the pandemic due to poor self-management.

Importantly, changes made to the delivery of healthcare during the pandemic are rarely seen as desirable in the long term

Remote appointments

- There is some positivity towards remote appointments as a way of receiving care.
 - Some have very positive experiences of being able to get a GP appointment more quickly than they were able to previously and attribute this to the efficiencies made by remote appointments.
 - For some, this gave them hope that this could be a way to ease the pressure of doctors.
- However, many feel that while these virtual appointments might be liked by younger groups, after the pandemic older patients will still want access to face-to-face appointments.
- And many of those with more serious health conditions do not feel like it is an appropriate way to deliver many of their outpatient appointments or check-ups.

Importantly, changes made to the delivery of healthcare during the pandemic are rarely seen as desirable in the long term

Self-management

- Patients with more serious health conditions say that they have struggled during this time as they have lacked the confidence or guidance to manage their own health condition at home.
- This is reflected in the fears of HCPs, who worry that very little self-management has taken place during lockdown, with patients' health seriously deteriorating as a result.
 - This raises concerns about future attempts to encourage self-management.

“Our pandemic in diabetes is going to come later – patients have had poor control, sitting at home, not having routine bloods or foot screening...for these patients, a cardiovascular event will really be the result of the pandemic.””

Diabetes Specialist nurse

For HCPs, the pandemic present both significant challenges for the future and few opportunities for changing how care is delivered

Storing up problems for the future

During the pandemic preventative measures (screenings) and diagnosing of conditions have been delayed. Furthermore, there are concerns that those with long term health conditions haven't been managing their health effectively without the more active support they would have received before.

Both lead to concerns that the NHS will face a wave of more complex and severe cases in the near future.

Patient expectations reverting to the norm

While time saving activities (remote appointments and self-management) were accepted at the beginning of the pandemic, HCPs already feel that demands for face-to-face appointments are rising to pre-pandemic levels.

Additionally, some GPs fear that while many older patients turn away from remote appointments in favour of face-to-face appointments, younger patients who otherwise would have put off going to the GP are now more readily using digital appointments – leading to concerns that their workload will increase significantly.

05 Future of the NHS

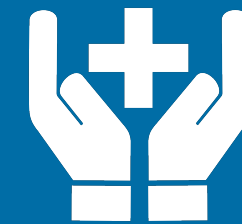
- Spontaneous concerns and priorities
- **Prompted concerns and priorities**

We prompted participants on four different potential changes

**Tackling surgical
waiting times**



**Support for
prevention**



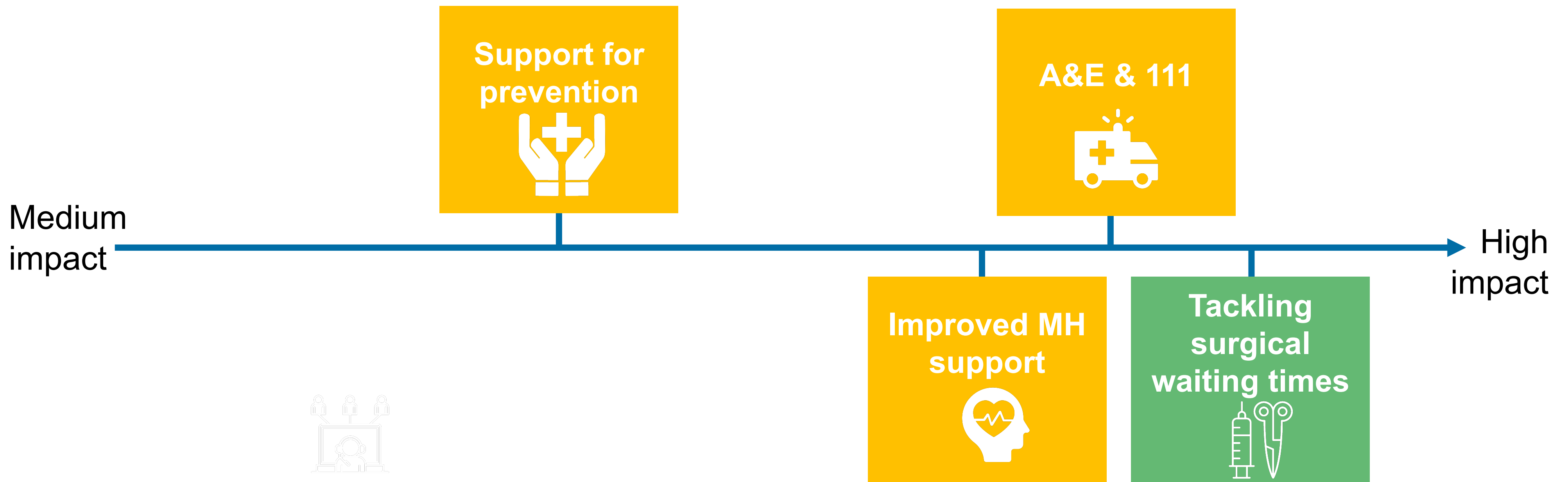
**Improved MH
support**



A&E & 111



Tackling A&E and surgical waiting times and improving mental health support are seen as having the greatest potential impact



For patients and staff, tackling surgical waiting times is viewed as an important issue to address

Across all groups there is a recognition that Covid-19 has exacerbated already existing problems with the length of NHS waiting lists.

Taking action on this issue is seen as being able to greatly reduce health issues, complications and anxiety felt by patients.

"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]."

Female, London

"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, [we need] a sustainable workforce... you can't expect existing staff to cover [additional procedures]."

Diabetic specialist nurse

"There needs to be some way to work out whether someone is ill enough to see someone. If not, there could be terrible consequences."

Female, London

Encouraging patients to talk to 111 before visiting A&E is positively received, though some raise concerns about the ability for 111 to successfully triage patients

- Across groups there is widespread concern about the misuse of A+E services, leading to a significant burden on hospitals.
- Calling 111 ahead of a visit, therefore, is widely positively received in principle, with many feeling that it would cut down on the misuse of 'others'.
- However, there are some concerns about the ability of 111 to effectively triage patients, with some reporting negative past experiences with the service.
- And most of those in our research thought that they were using A+E correctly and that this service would be targeted at others – suggesting that there may be some resistance to being directed to 111 when people feel they are doing the right thing in going to A+E.

"How you manage it, I don't know – but I am all for it... The more we do it, the more we get used, the more it becomes normal. The sooner the better really."

Focus group participant, Midlands

"I think the 111 is a good idea, but you have 45 minutes to go through a pointless questionnaire. By the time you get through it, they have choked to death."

Focus group participant, Sussex

While there is widespread agreement about the value of prevention in principle, HCPs tend to be more in favour in practice

Patients

While in principle prevention is seen as important, this research, in line with past findings, shows a continued reluctance to prioritise spending on prevention while frontline services are so in need of additional funding and resource.

Importantly, however, prevention is often poorly understood, with most understanding this to relate only to behaviour change campaigns (e.g. healthy eating campaigns) which are seen as ineffective.

Public

HCPs

HCPs tend to have a greater sense of the potential of preventative measure to relieve the burden of frontline services (feeling that they have been deprioritised for a long time).

"I think campaigns are a waste of time. Those that need to listen won't listen, those aware will be doing it anyway... it becomes like [white] noise because it's constant."

Female, London

While there is widespread awareness of the challenges facing mental health services, and a desire to see them improved, they are not always seen as a top priority by the public

- There is widespread awareness of the challenges facing those with a mental health condition, with services being seen as particularly overstretched when compared to other parts of the NHS.
- While patients and HCPs often discuss the importance of increasing access to mental health services, many light service users feel that it is difficult to prioritise these services when other parts of the NHS (particularly primary care) may struggle to see patients.

“Definitely, they’re on their knees. How [increased support] can be done I don’t know... I know people who desperately need help, [but MH services] don’t have enough places to take people to.”

Female, London

“I’m always going to say that’s a priority. More access to supporting the community, prevents people going into A&E. Now it’s mental health (issues resulting in calls), the ambulances and police are inundated... (there should be) more out there to prevent them coming into hospitals.”

Mental Health nurse

Key findings

1

Rather than fundamentally change attitudes towards the NHS, Covid-19 has reinforced strongly held views.

- **Caring and dedicated staff:** The NHS is seen to have handled the pandemic well, largely down to the 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.

2

However, for heavy service users, 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.
- While delays may have been accepted early on in the pandemic, there are growing fears among these patients that they will continue to go without the care that they need long into the future, causing considerable health anxiety.
- This emotional distress is reflected in the attitudes of HCPs, particularly those in secondary care, who worry that their patients are going without the support they need.

Key findings

3

Looking to the short term, patients and staff fear a second wave.

- For many staff, the pressure caused by the pandemic has been considerable, and they worry that they won't be able to cope with a second wave (especially when combined with a winter crisis and lower staff levels because of absences due to stress and illnesses).
- For heavy service users, a second wave feels like it will push the care that they need even further into the future.

4

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 circumstances (relatively minor complaints in primary care), with most preferring a return to face to face appointments.
- Similarly, GPs say that they are already seeing a return to pre-pandemic behaviours, with increasing numbers of patients opting for face-to-face appointments.
 - However, in addition to pre-pandemic levels of face to face appointments, GPs also say they fear that demand for remote appointments will continue to be high from younger, healthier patients, which will add considerably to their workload.
- Those in secondary care say that despite their efforts, they worry that patients haven't been reaching the levels of self-management required to prevent deterioration of their health.

Thank you

For more information:

Anastasia Knox
Nick Downes

aknox@britainthinks.com
ndownes@britainthinks.com

LaShanda Seaman
Chantal Aberdeen

lseaman@britainthinks.com
caberdeen@britainthinks.com

BritainThinks
Somerset House
Strand
London
WC2R 1LA
+44 (0)207 8455880

britainthinks.com