

Healthier **Together**



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



# Healthier Together Citizens' Panel

## Covid-19 – Pulse survey 3 – Final results

### January 2021



# Report structure

- 1 Introduction & sample
- 2 Personal feelings and concerns relating to Covid-19
- 3 Awareness of urgent care services and perceptions towards use of pharmacy for urgent care
- 4 Reactions and perceptions towards Advice and Guidance service for outpatients
- 5 Perceptions towards patient choice, travel time and waiting times for diagnostic services
- 6 Appendices – Detailed sample profile

# Section 1

## Introduction and sample



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

## Survey 1 (April / May 2020)

### Core questions:

- Covid-19 symptoms / diagnosis
- Feelings / emotions

### Survey specific questions:

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

## Survey 2 (July / August 2020)

### Core questions:

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

### Survey specific questions:

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

## Survey 3 (Nov / Dec 2020)

### Core questions:

- Covid-19 vaccine
- Urgent care options
- Advice and Guidance service
- Diagnostic assessments

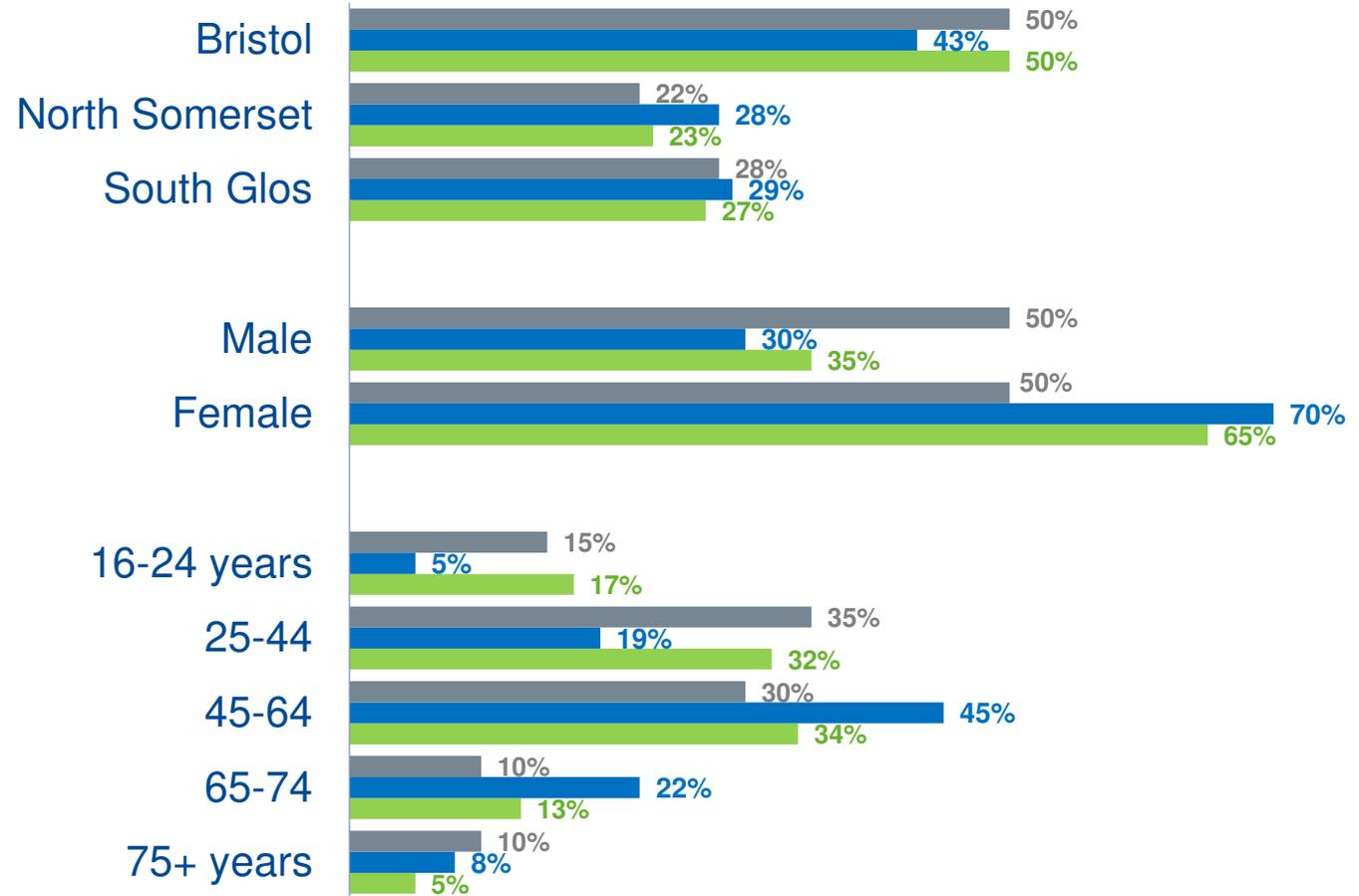
### Survey specific questions:

- Experience of Long Covid
- Likelihood of getting the Covid-19 vaccine when available
- Likelihood of using urgent care services and support available at a pharmacy
- Perceptions towards Advice and Guidance service
- Attitudes towards diagnostic assessment options

# For the Covid-19 pulse #3 we received a total of 358 responses with the data weighted to reflect the BNSSG population

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

% of survey participants rim weighted to BNSSG entire population profile (358) % of survey participants unweighted (358) % of our panellists so far (1042)



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

# Shielding and self-isolation, Covid-19 symptoms / diagnosis and Long Covid

## Self-isolation and shielding

- 8% of survey participants reported that they have been shielding due to the coronavirus
- In addition just under one in five of all survey participants were or had been self-isolating (53% of those aged 75+ reported self isolation plus 25% shielding)

## Coronavirus symptoms and diagnosis

- 9% of panel participants have had a confirmed diagnosis of coronavirus (via a test). *This rises to 26% of North & West Bristol participants and 16% of those aged 16-44 yrs*
- A further 6% report that they have had symptoms of coronavirus

## Long Covid

- Of those who have had a diagnosis or symptoms of Covid-19, 6% report that they think they have experienced Long Covid
- Of the 5 (*unweighted sample*) individual participants who felt they had experienced Long Covid, 1 had seen or contacted the GP about it and 1 had seen or contacted a specialist about it (*e.g. a specialist doctor in a hospital or community*)

# Section 2

Personal feelings and concerns relating to Covid-19

# In December 2020 we observed that hopefulness, positivity and a sense of security have all increased since the summer of 2020, coupled with decreases in uncertainty and worry

Words or phrases best describing how people feel:

Hopeful	46% ↑	Uncertain	48% ↓
Positive	31% ↑	Bored	31% ↑
Calm	23%		
Happy	18% ↓		
Secure	15% ↑		
Relaxed	14%		
Confident	10%		
Stressed	36%		
Worried	31% ↓		
Overwhelmed	20% ↑		
Confused	20%		
Sad	20% ↑		
Scared	7%		

↑ (increased since Summer 2020)  
 ↓ (decreased since Summer 2020)

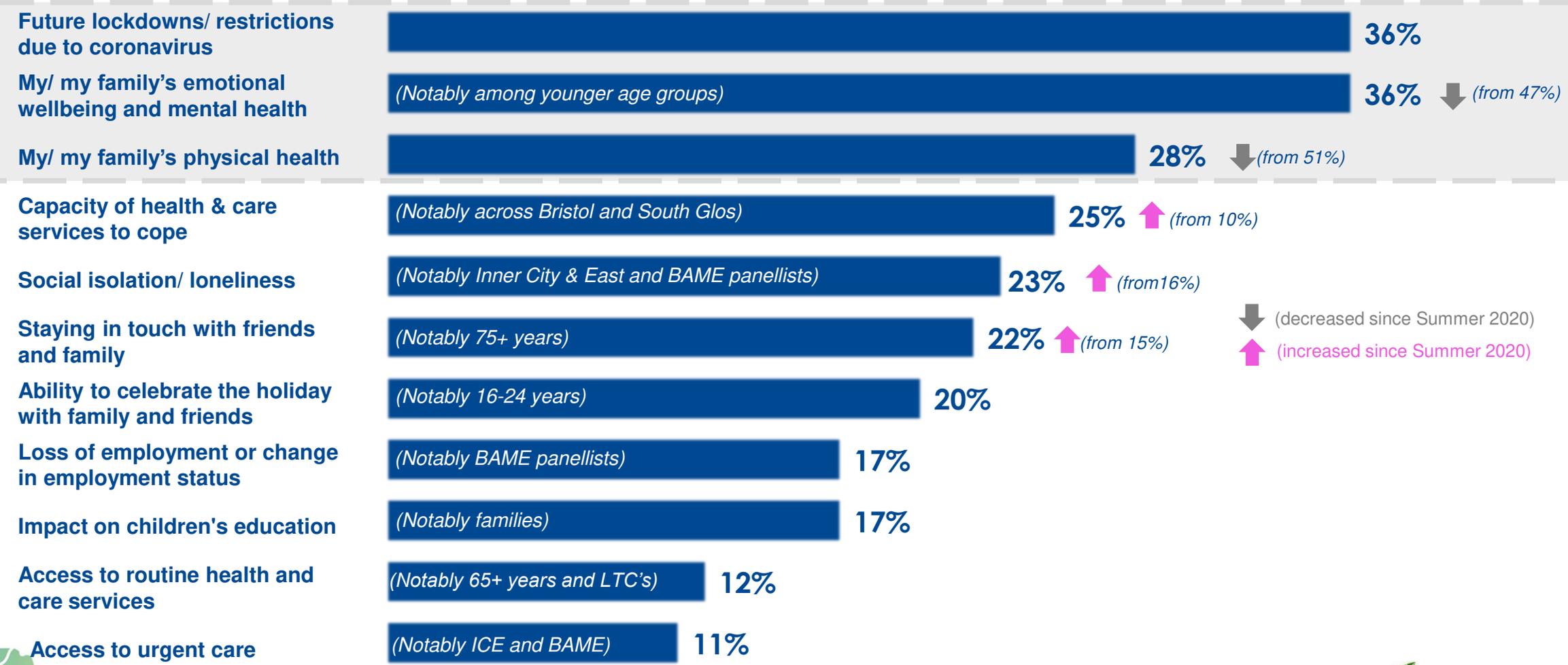
- Those in **North Somerset** report higher levels of almost all **positive emotions** and lower levels of almost all negative emotions than those in other regions
- Almost all **positive emotions increase with age** and almost all negative emotions decrease with age. For example, 30% of **16-24 year olds** feel hopeful, compared to 71% of those **aged 75+yrs**. Also, 50% of 16-24 year olds feel bored and worried in each case, compared to 15% of the over 75's
- Directionally **BAME** survey participants report higher levels of negative feelings than White participants
- In this particular question, there are no longer any significant differences between the feelings of those with long term conditions and those without. In previous survey waves, those with LTC's had felt more negative than others



Q1. Which, if any, of the following words or phrases best describe how you currently feel? Base: n=358

# In December 2020, future potential lockdowns and restrictions, along with worries about mental and physical health were the chief concerns of panellists

*Main concerns about the impact of the pandemic on people and their family:*



↓ (decreased since Summer 2020)  
↑ (increased since Summer 2020)



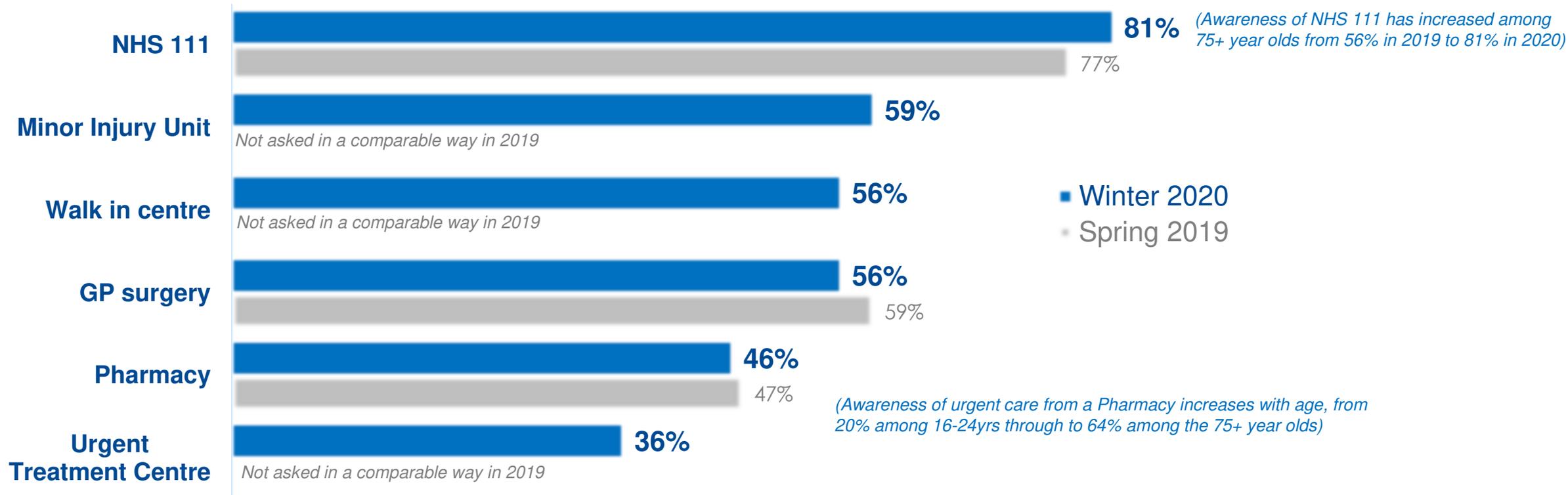
Q2. What are your TOP THREE concerns about the impact of the coronavirus pandemic on you and your family at the moment? Base: n=358

# Section 3

**Awareness of urgent care services and perceptions towards use of pharmacy for urgent care**

# Awareness of alternative ways of accessing urgent care remains mixed, with around 4 in 10 people not aware of urgent care services available at MIUs, GP surgeries or pharmacies

*Awareness of alternative services to access urgent care:*



Q8. People mainly think first of A&E when they need urgent care. Which, if any, of the following health and care services are you aware of as being able to provide urgent care? Base: n=358 in 2020. Base n= 680 in 2019



# 8 in 10 panellists say that they would be very or fairly likely to use urgent care services and support available at a pharmacy

- For those likely to use pharmacy for urgent care services, they have trust in the experience and qualifications of pharmacists and/or would be encouraged from the recommendation from a healthcare professional
- For the minority with concerns about using pharmacy, these concerns appear to be centred around a preference for seeing a doctor, lack of trust / confidence / awareness of what pharmacists can do and their experience

■ Very likely ■ Fairly likely ■ Neither likely nor unlikely ■ Fairly unlikely ■ Very unlikely

**Likelihood of using urgent care services at a pharmacy:**



**Main reasons for or against using pharmacy:**

Likely to use pharmacy (n=228)	Neither likely / nor unlikely (n=30)	Unlikely to use pharmacy (n=13)
I would trust a recommendation from a GP/HCP to go to the Pharmacist	Pharmacists are too busy, crowded, unhelpful, not set up for this, no privacy	Doctors have been hiding during Covid restrictions, everything has stopped. I'd rather see a doctor
A Pharmacy would offer a good level of care and helpfulness. They are trained, qualified and experienced	I tend to self diagnose, online, use my own knowledge	Lack of confidence in a Pharmacist, they do not have the experience, expertise, knowledge necessary
I've used before and had a good experience		Pharmacists are too busy, can be unhelpful
Fine for minor ailments		



Q8. How likely would you be to use urgent care services and support available at a pharmacy, if a healthcare professional felt it was appropriate for your health and care needs e.g. for concerns or symptoms such as a skin rash, cough, sore throat or lower back pain? Base: n=358

# Section 4

## Reactions and perceptions towards Advice and Guidance service for outpatients

## To support the roll-out of Advice and Guidance in BNSSG, panellists were presented with a short description of the Advice and Guidance service before being asked to provide their thoughts and reflections

*GPs in our region are now able to access specialist advice for people with certain conditions through a service called Advice and Guidance. This is a formalised way of GPs asking hospitals or community based specialists' questions about patients' care and treatment.*

*This means that rather than being referred for an outpatient appointment with a specialist or consultant in a hospital, the GP can instead submit a request to the specialist consultant for written or verbal advice or guidance that is then shared back with the patient within 7 working days. For example the GP may discuss a management or treatment plan that the specialist recommends with the patient or may share the advice directly with the patient via letters or email.*

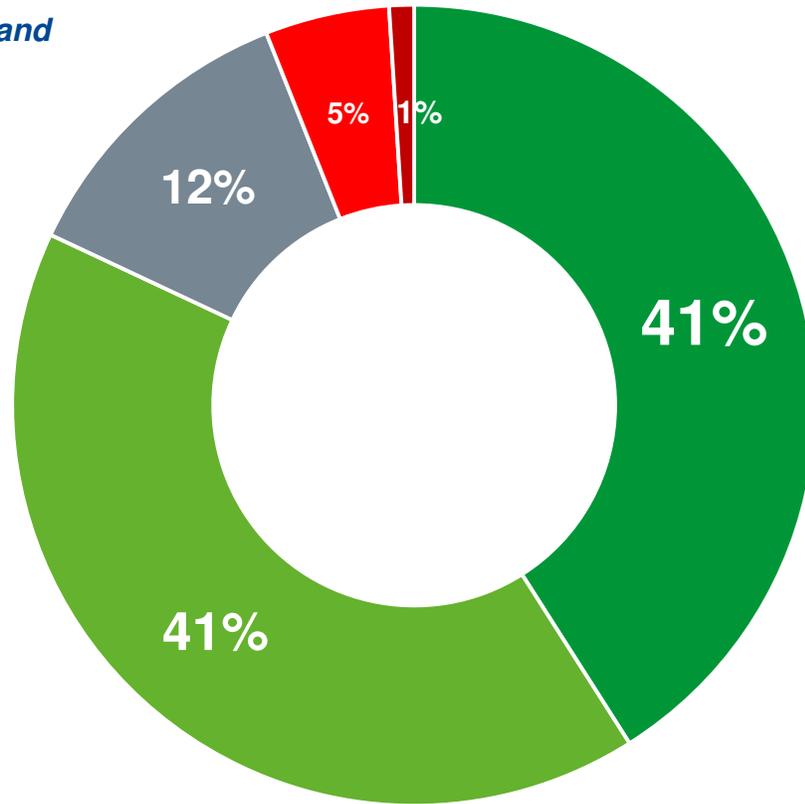
*This means that peoples' needs can be met by GPs without the need for a patient to travel to a hospital appointment. Those people who do need a hospital appointment should be able to get them more quickly.*

# 8 in 10 panellists are either moderately or strongly in favour of the advice and guidance approach

- Panellists feel the advice and guidance approach can benefit them (by reducing waiting times, getting a quicker response and reducing travel time/costs) and the local health and care system (reducing pressure / strain on hospitals)
- However for the minority of panellists (6%) who are less in favour of the approach, the main barriers include a preference for face-to-face appointments, concerns about the expertise and capacity of GPs to provide the service and concerns about the potential for mis-communication resulting in misdiagnosis

## Support for the advice and guidance approach:

- Strongly in favour
- Moderately in favour
- Neither/nor
- Moderately against
- Strongly against



## Main benefits identified with advice and guidance

It saves waiting time, quicker, speed of response **44%**

Reduces the strain and pressure on healthcare and hospitals **15%**

Saves having to travel and travel costs **13%**

## Main challenges or concerns identified with advice and guidance

Communications between the GP and specialist are open to misinterpretation / information or facts may be missed **16%**

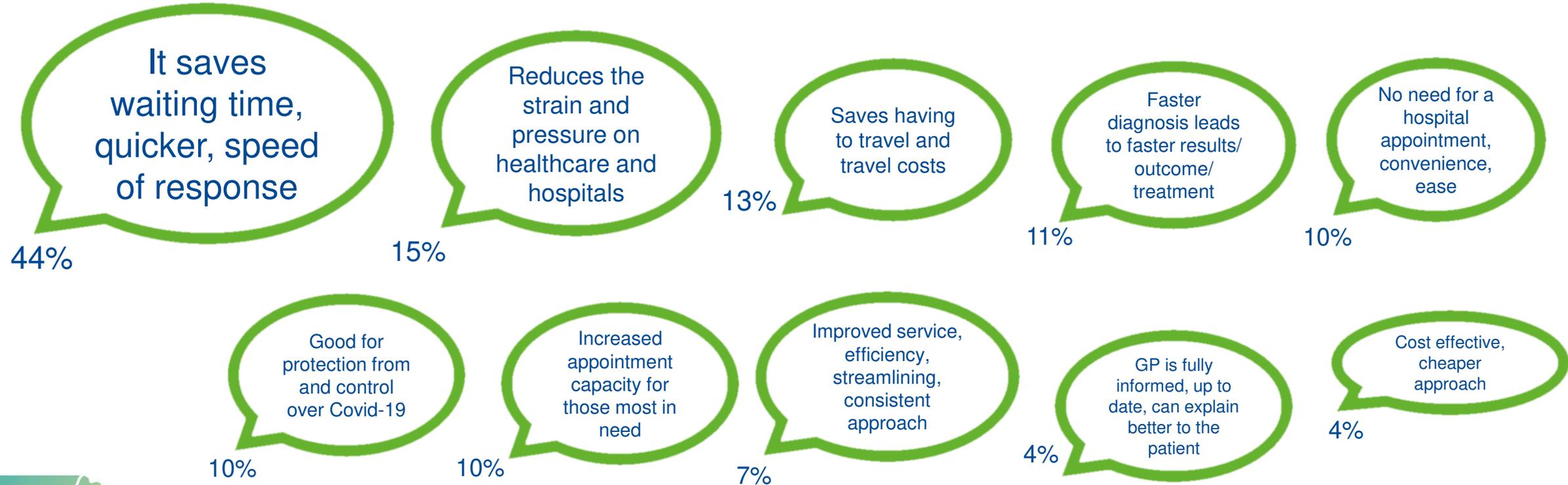
Face to face is better, more personal **15%**

Misdiagnosis, inaccuracy, missed symptoms **14%**

# By using Advice & Guidance, it is perceived that time could be saved by not having to wait to see a specialist and a response could be received more quickly

- In addition the service potentially removes the need for an individual to travel and saves travel expenses
- Further, wider potential benefits were considered to be the reduction of pressure on the health system and an increased specialist appointment capacity for those most in need

## Perceived benefits of Advice and Guidance:

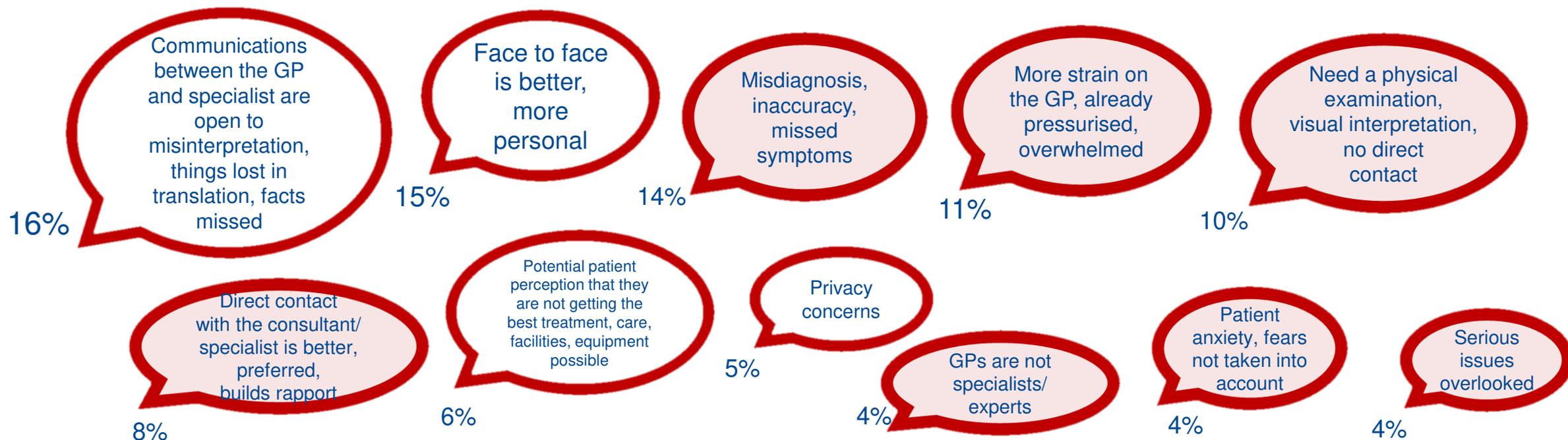


# The main potential concerns around Advice and Guidance centre on the possibility that a misdiagnosis or inaccuracy occurs due to miscommunication

- In addition panellists feel that a face to face encounter is perhaps more personal and enables a physical examination, body language to be read and a rapport to be built
- Some panellists also mention the fact that GP practices are already under enormous pressure and strain and, further, a GP may not have the required expertise to deal with these situations

## Perceived drawbacks of Advice and Guidance:

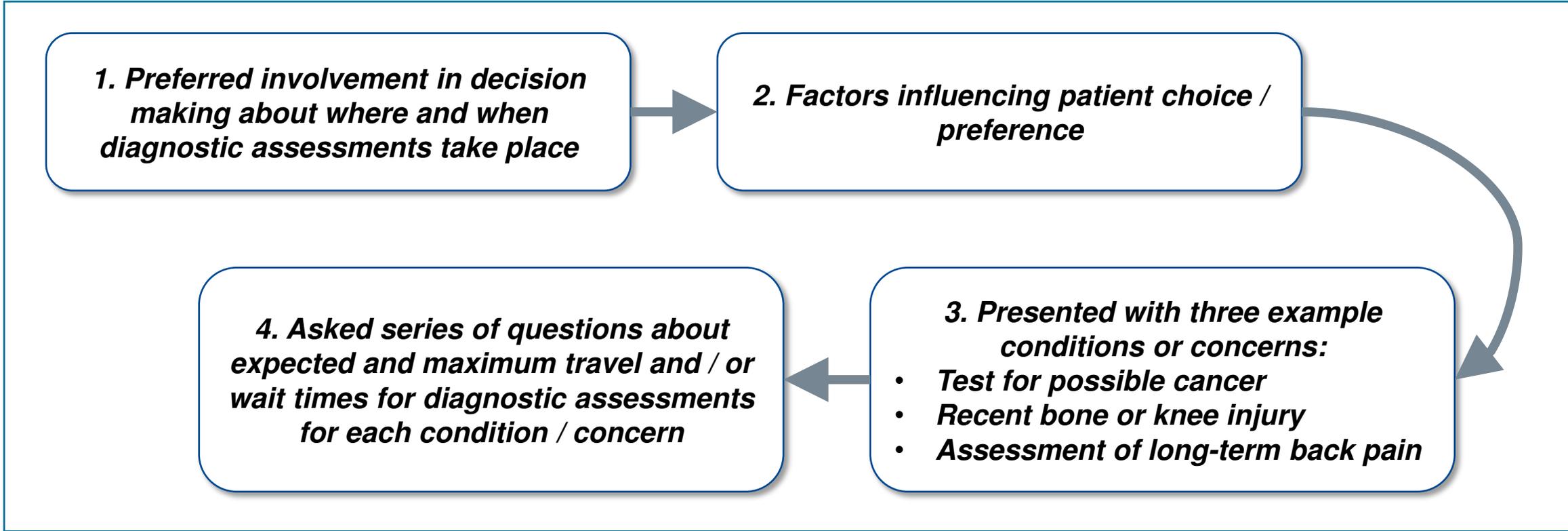
Red shading indicates that this statement was driven by those not in favour of advice and guidance approach



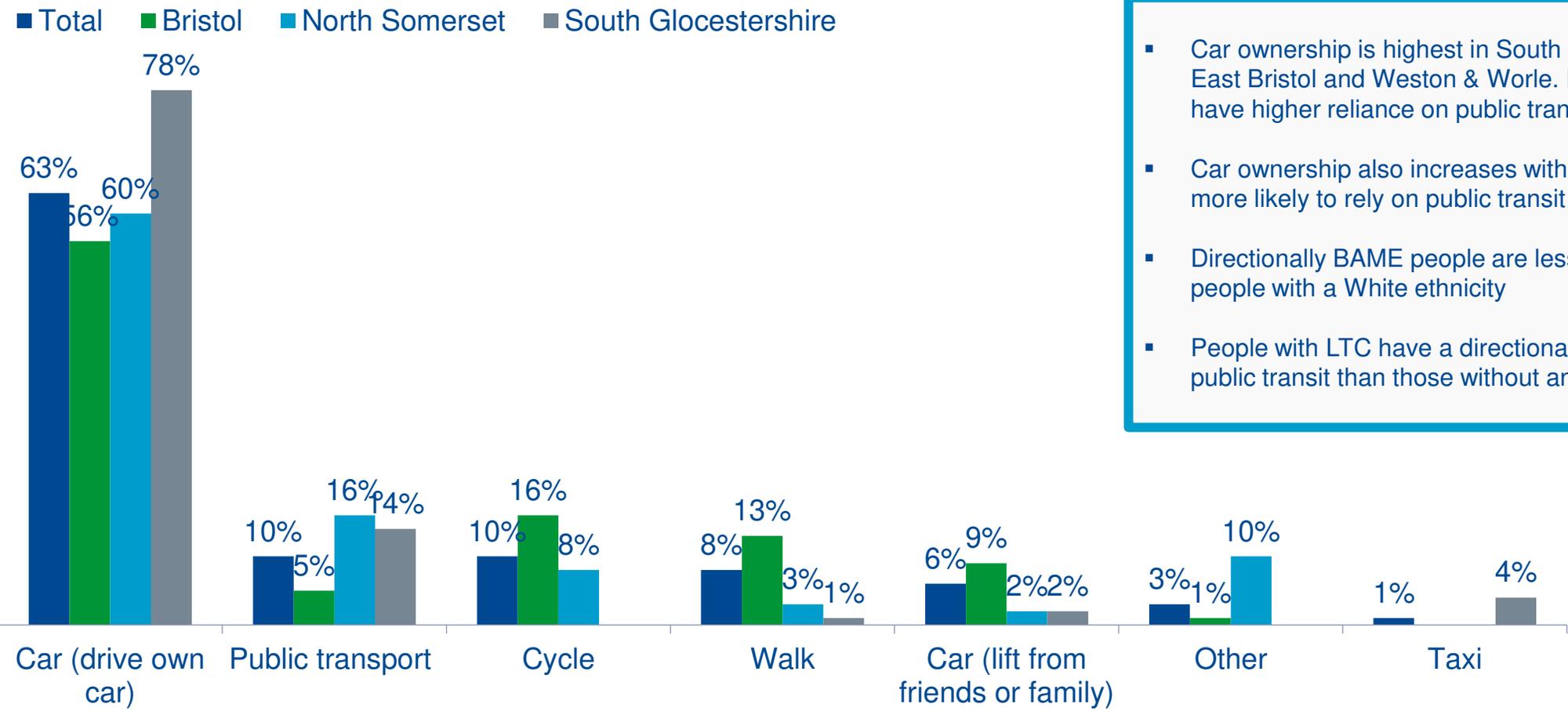
# Section 5

**Perceptions towards patient choice, travel time and waiting times for diagnostic services**

To support development of the diagnostic strategy, panellists were asked a series of questions about diagnostics and presented with several scenarios to understand their expected and preferred travel times and wait times



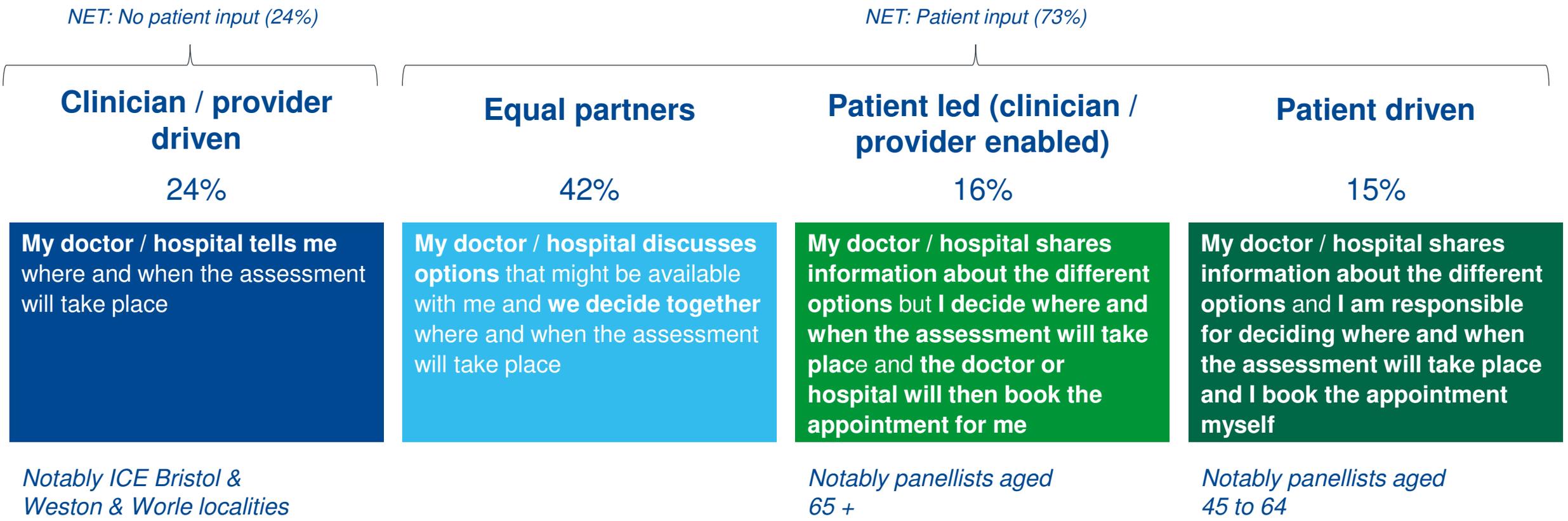
# About 6 in 10 panellists rely on the car as the main form of transport but this does vary across the region, with use of public transit, cycling or walking higher in Bristol and North Somerset, respectively



- Car ownership is highest in South Glos and lowest in Inner City & East Bristol and Weston & Worle. In contrast both these localities have higher reliance on public transit (WV), cycling and walking
- Car ownership also increases with age, with younger age groups more likely to rely on public transit or cycling / walking
- Directionally BAME people are less likely to own a car compared to people with a White ethnicity
- People with LTC have a directionally greater use of taxis and / or public transit than those without an LTC

# Three quarters of panellists prefer to be involved in decision making about location and timing of diagnostic assessments, with most preferring to do this in partnership or collaboration with clinicians or providers

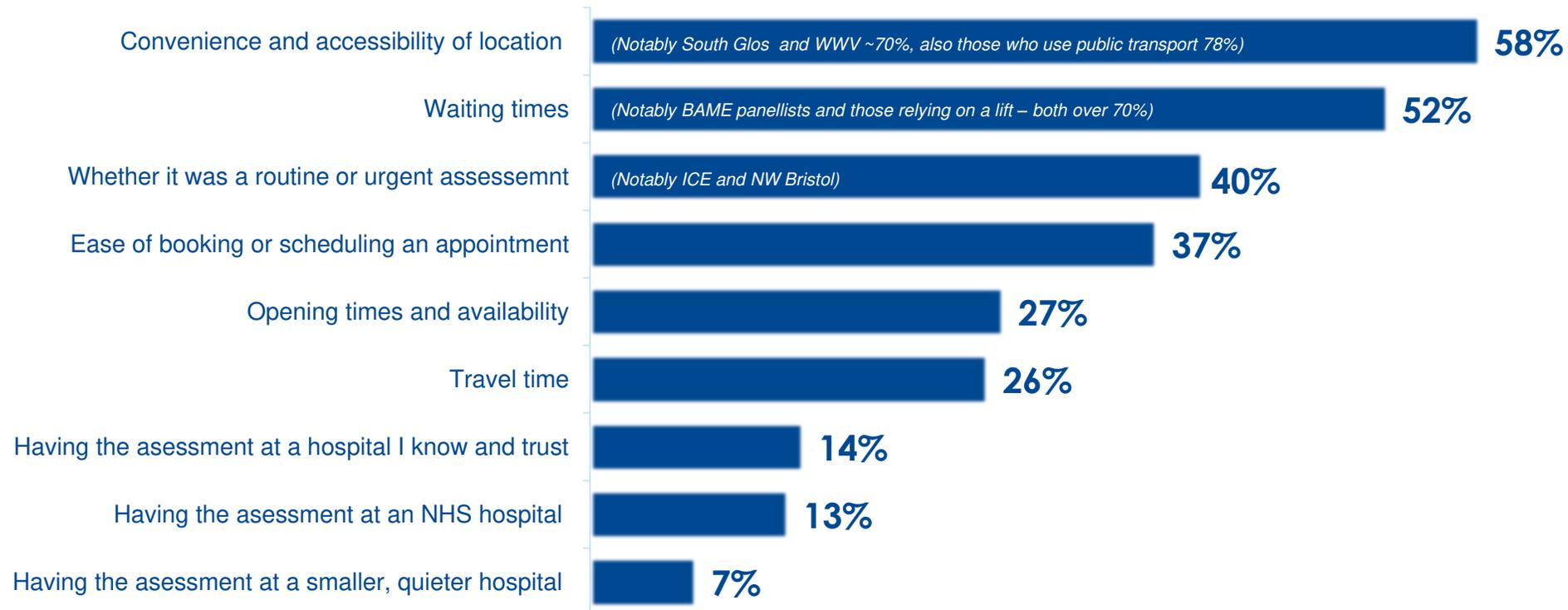
- 4 in 10 would like to have the opportunity to be equal partners in decision making
- However one quarter would prefer the doctor or hospital to tell them outright where and when the assessment will take place



Q12. (Explanation of diagnostics...) Now Imagine that you have condition or concern that needs a diagnostic assessment. Which of the following options would you prefer? Base: n=358

# For more than half of panellists, the **convenience / accessibility** of the location and the **waiting times** were the most important considerations when choosing a diagnostic assessment location

- Given the desire from most panellists for involvement in decision making, it will be important for clinicians and providers to provide up-to date and transparent information on the location of diagnostic services and the expected waiting times across different services so they can make an informed decision



# Panellists are willing to wait between 2 – 4 weeks for a diagnostic assessment for a possible cancer, with more tolerance for longer wait times for conditions or concerns perceived as less urgent (e.g. MSK or chronic pain)

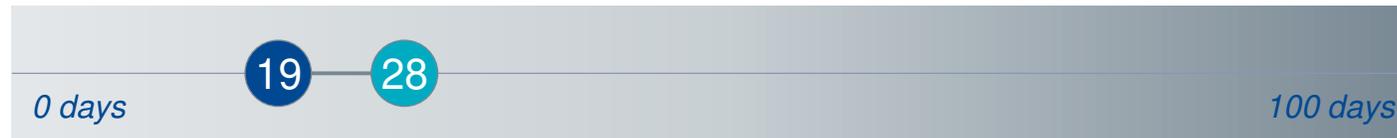
- However regardless of the condition or expected/maximum wait time, most people don't want to travel more than 1 hour to reach and receive a diagnostic assessment
- There are regional and locality differences in the maximum travel time, with more socio-economically deprived areas, with lower levels of car ownership, such as ICE Bristol and Weston & Worle willing to travel for less time on average

**Expected and maximum waiting time to receive diagnostic assessment (number of days):**

● Expected wait time (days)    ● Maximum wait time (days)

**Maximum travel time to receive diagnostic assessment (minutes):**

**Test for a possible cancer**



**66 minutes**

**Recent bone or knee injury that needs further scans**



**52 minutes**

**Assessment of long term back pain**



**56 minutes**



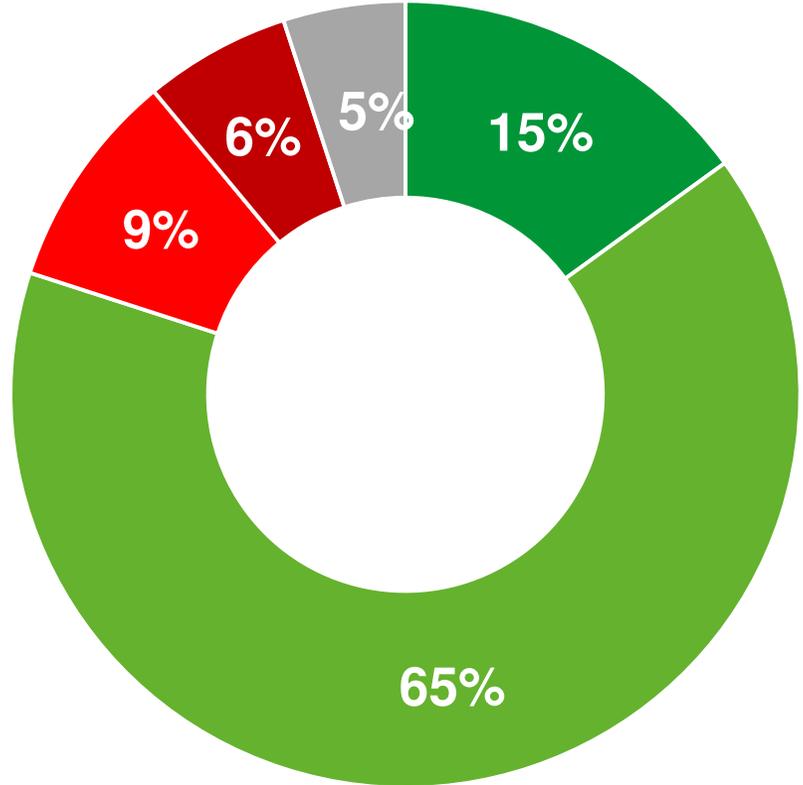
Q16a. How long would you expect to wait to receive a diagnostic assessment for the following conditions or concerns? Base: n=341

Q16b. And what is the maximum amount of time you would be willing to wait to receive a diagnostic assessment for the following conditions or concerns? Base: n=341



# 80% of panellists say that they feel equally (65%) or more (15%) comfortable about using an independent provider for diagnostics at no extra personal cost

A further one in six (15%) are less comfortable than using the NHS and 5% are unsure how they feel about it. The main reasons for these people being uncomfortable with the idea largely centred on concerns about quality of private providers and increasing use of privatised services by the NHS



- More comfortable than using an NHS facility
- Equally as comfortable as using an NHS facility
- Slightly less comfortable than using an NHS facility
- Much less comfortable than using an NHS facility
- Unsure

### Main reasons for people not being comfortable using independent providers ( base n=44)

- I am **against privatisation of the NHS by stealth/** through the back door **38%**
- The **private sector is profit orientated** and the service therefore may not be as good **28%**
- I have **faith, trust and belief in the NHS** **12%**
- I **don't trust private** providers **10%**
- Have **not heard good things about private** health **8%**

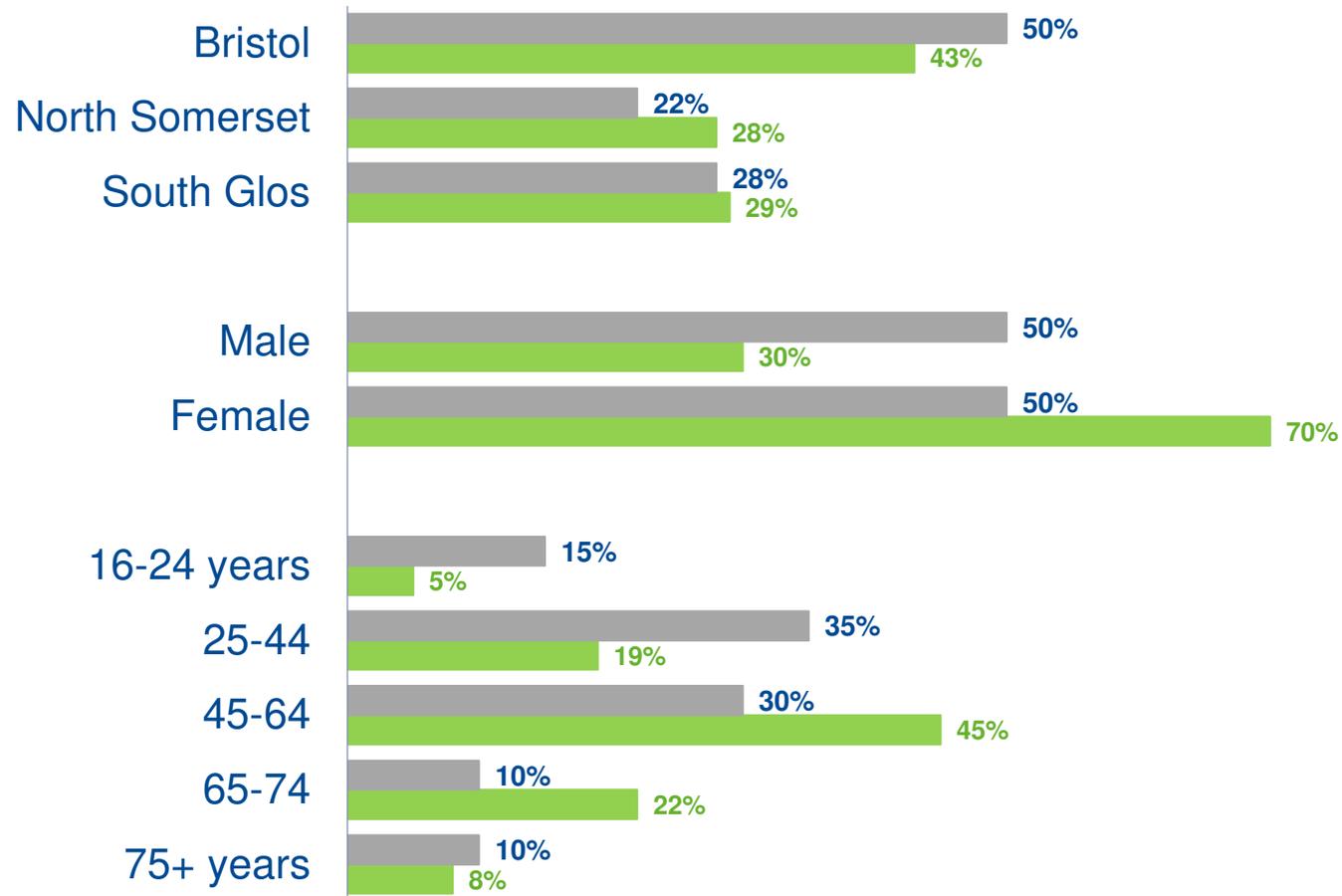
# Section 6 - Appendices

Detailed sample profile



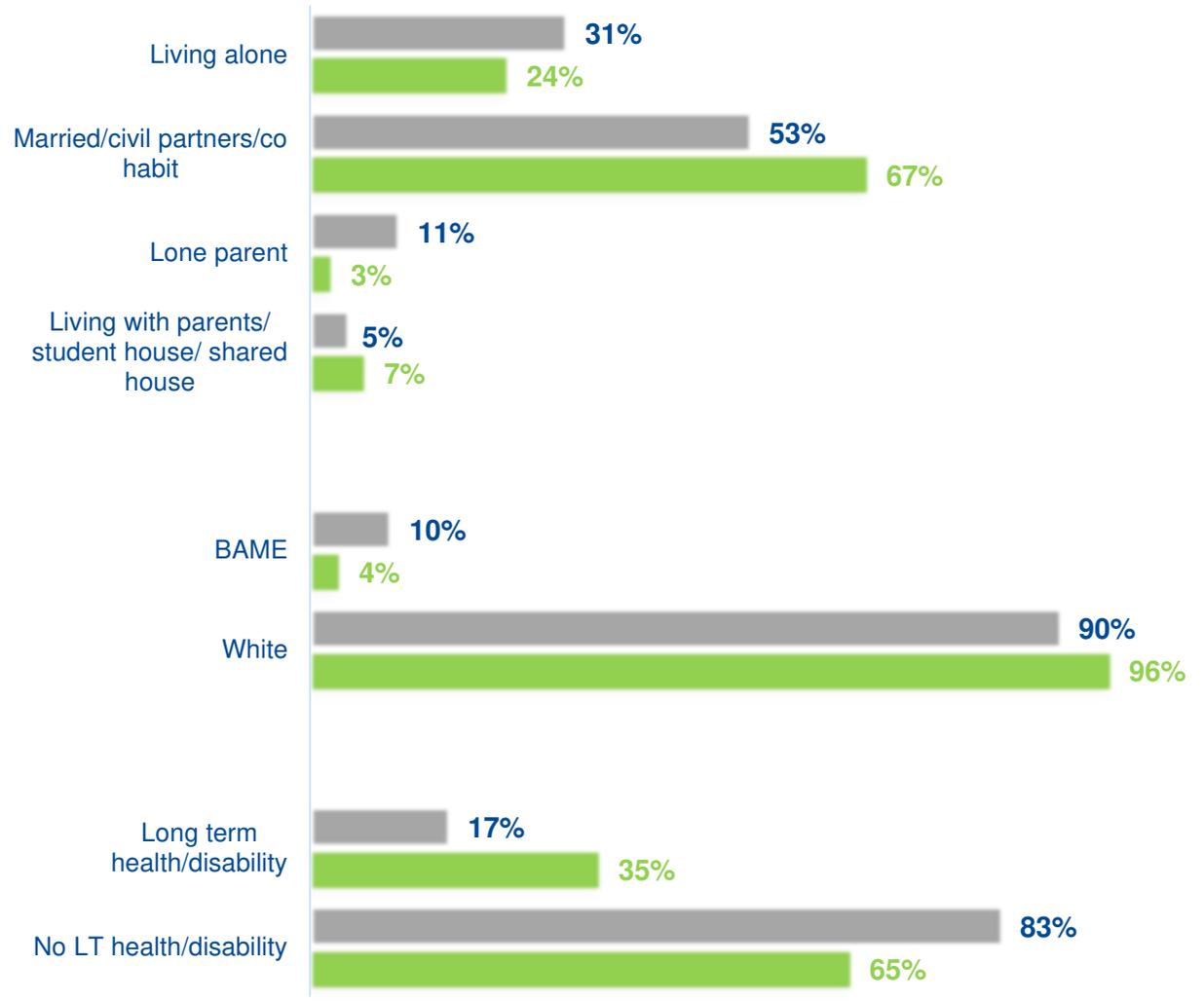
# Comparison of the profiles of the rim weighted Covid – 19 survey 3 sample and the unweighted Covid – 19 survey 3 sample

Covid – 19 survey 3 participant rim weighted profile (358) Covid – 19 survey 3 participant unweighted profile (358)



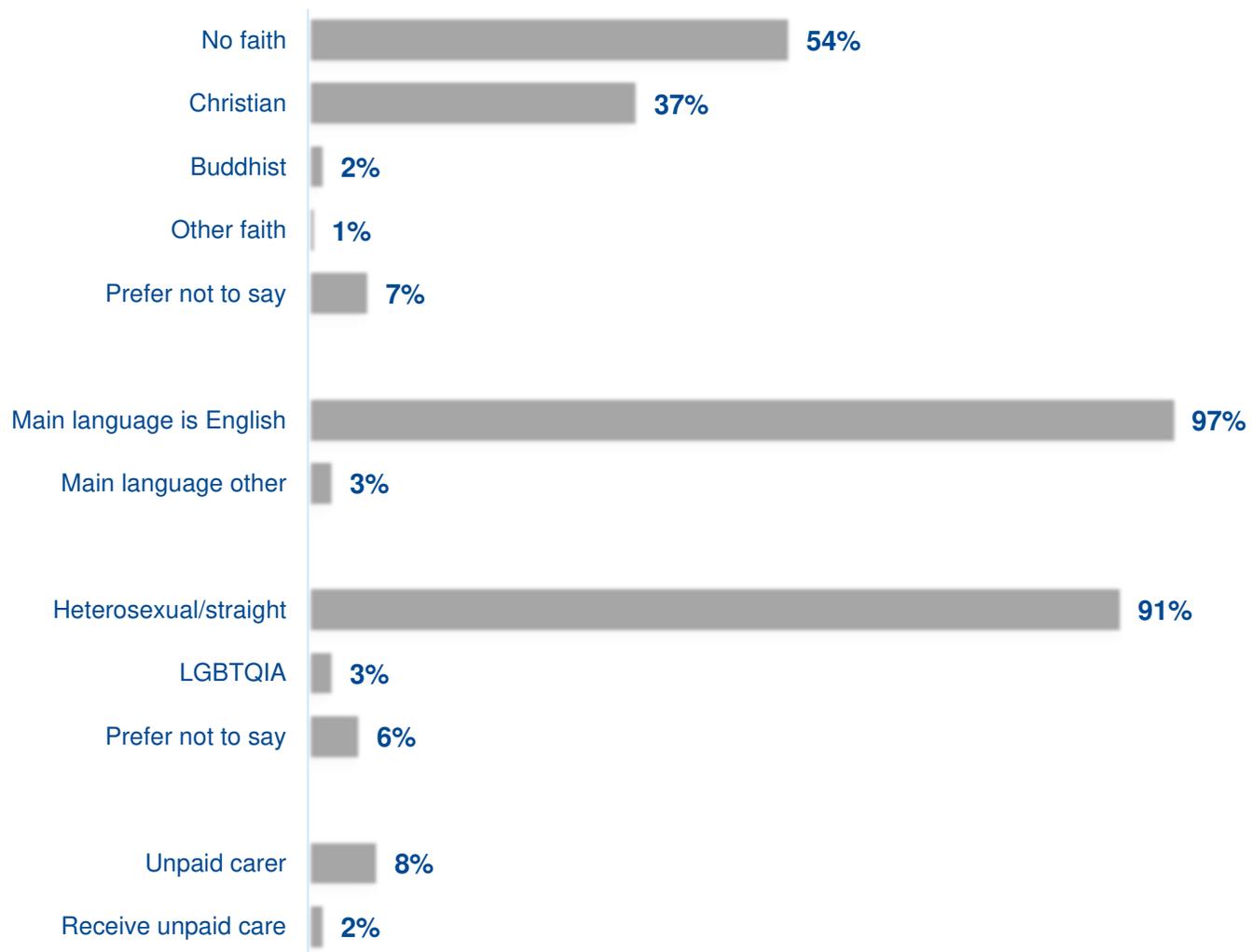
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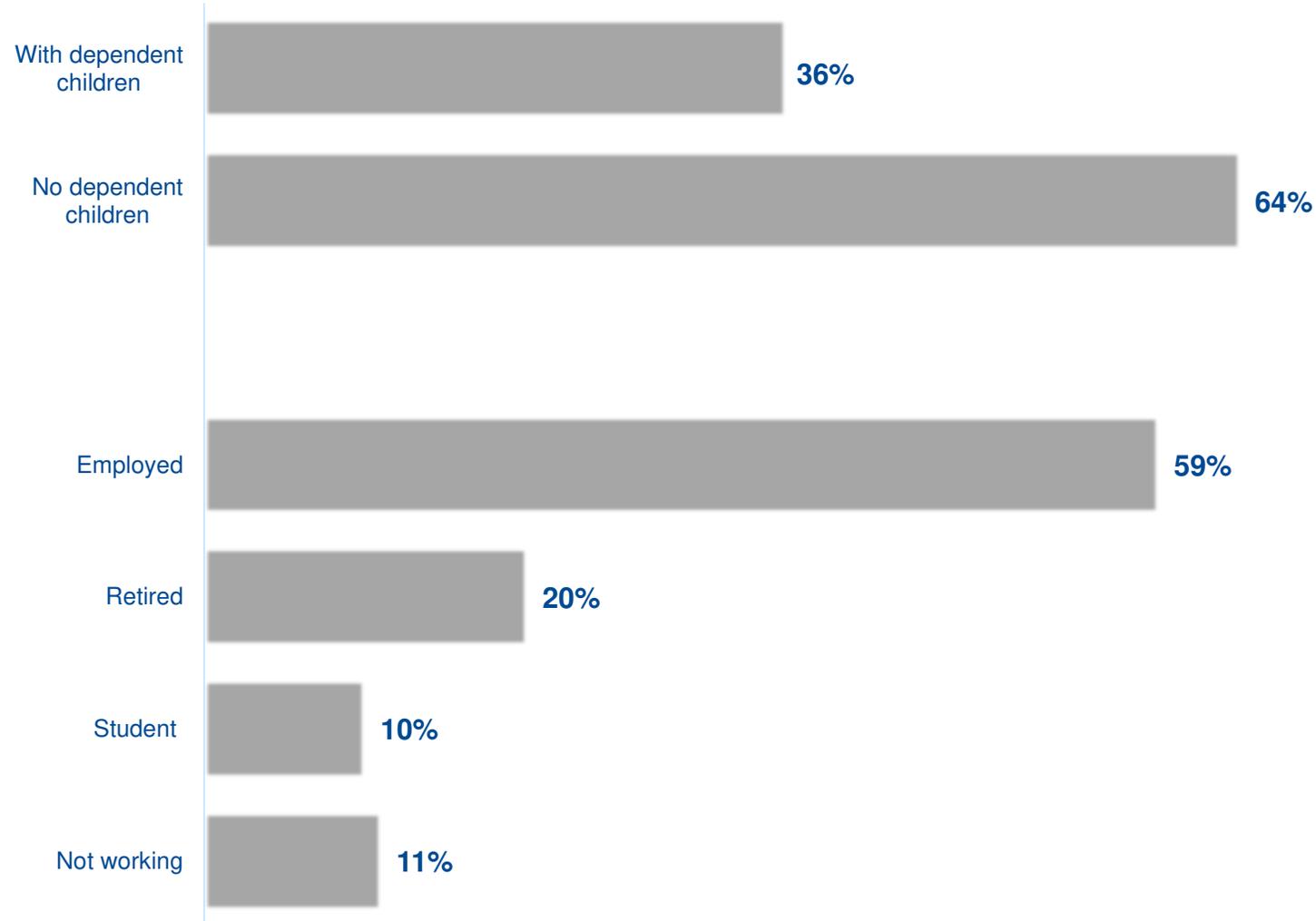
# Faith, main language, gender identity, unpaid carer/care status

Covid – 19 survey 3 participant rim weighted profile (358)



# Family status/ working status

Covid – 19 survey 3 participant rim weighted profile (358)



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