

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

On Tuesday 14th July 2020, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG), Bristol Older People's Forum, South Gloucestershire Over 50's Forum and Bristol Black Carers held a virtual listening event on Zoom for older people and carers of older people.

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

This document summarises the key learnings from the listening event and reflects the feedback shared by 40+ people across 5 individual breakout sessions. It is also intended to capture some of the implications or recommendations which we have shared with colleagues across the health and care system.

Summary of key themes and implications:

1

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

2

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

3

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

Detailed findings:

Clear, consistent and proactive communications have been lacking:

Across the breakout groups, people expressed mixed feelings about national and local communications in response to the coronavirus pandemic with consensus that many messages have been inconsistent and confusing, particularly since the initial lockdown measures have been eased.

Although there were exceptions and examples of good practice, many people highlighted concerns about inconsistency of messages about the initial shielding guidance and the absence of proactive, easy to access information from health and care services explaining the status of current services, outlining why there have been changes or cancellations to services, and how to access treatment and care.

There was also some concern about accessing information online, with people expressing worry that as the majority of information is only available online there is a risk of isolating people and exacerbating inequalities due to the 'digital divide'.

"There hasn't been any proactive outreach by healthcare services and the communication has not been clear about instructions or why changes have been made" **Listening event participant**

Implication and response:

Accessing key information in a timely manner is essential, a lack of awareness could mean that people are not adhering to new regulations or taking positive action to support their health and wellbeing. In addition it is vital that this information is concise and clear, using Plain English to communicate relevant messages so that it can be easily understood.

We will work closely with voluntary and community partners including Age Concern, Bristol Older People's Forum and relevant specialist community organisations like Bristol Black Carers to ensure the messages are appropriate and accessible for the audience. We will also proactively use a range of distribution channels including printed leaflets, radio, newspaper and letters where possible.

Communications and media coverage has at times reinforced negative stereotypes about older people, contributing in part to some people feeling like a 'burden' and not seeking care:

Several people highlighted that at times media coverage and communications have, intentionally or unintentionally, used language or phrases that play into existing negative stereotypes about older people. Phrases such as 'bed blockers', 'care crisis' and 'vulnerable' were referenced as examples that reinforce the perception that older people are a homogenous group who are a 'burden'.

Along with safety concerns about the risk of infection, worries about being a 'burden' or 'bothering the NHS' contributed to some people reporting not seeking health and care services when they needed to, highlighting the impact that this negative stereotype can have upon peoples' behaviour and wellbeing.

"There are people who 'don't want to make a fuss' and who don't feel like they are going through something serious enough to possibly be taking up GP time that could be needed for someone else" **Listening event participant**

Implication and response:

It is clear that media coverage has influenced public perceptions and behaviour during lockdown, and that this might lead to older people experiencing direct or indirect discrimination or prejudice as a result of people's views about them. Older people are not a homogenous group, some are fit and healthy and others experience long-term health conditions that put them in the higher risk group. A 'one-size fits all' approach to communicating with this group was not welcomed; it was evident that the messaging has caused fear and potentially undue stress and worry and might have been balanced with other messaging around staying active for fitter older people or lessons on using technology.

Remote access to health and care services is working well for some people but there are inconsistencies in access and people would like to see the restoration of in-person consultations:

People had mixed experiences and perceptions towards remote consultations. Whilst some of the benefits of remote consultations, such as convenience, improved access, and more frequent / direct communication were recognised by people, fear of using technology or inability to use technology was consistently highlighted as a key concern.

The main concerns centred on access and ability to use the relevant technology; data security and privacy, including privacy in the home environment when discussing medical issues remotely; and the quality of the remote interaction with healthcare professionals. For example, several people perceived that remote consultations would be more transactional and would not offer the opportunity to have a broader discussion about the health and care needs of the older person.

Consequently, people felt it would be important to not depend completely on remote consultations and ensure that people can safely access face-to-face appointments where they are required or preferred by the individual.

"I would be more than happy to do a quick Zoom meeting to ask what I need to ask rather than going to the surgery." **Listening event participant**

"I have concerns there will be a dependence on over the phone conversations because other health concerns can get picked up in person. These other concerns are less likely to be noticed over the phone." **Listening event participant**

Implication and response:

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

It will be important that local health and care services continue to consider individual needs when scheduling appointments. Where relevant, it is also

important that we work with the voluntary and charitable sector to help older people to access and learn how to use digital technology.

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

Older people told us that they need reassurance as they being to increase face-to-face interactions with others, including attending face-to-face appointments and being in public spaces. Clear instructions are required to address concerns about social distancing, including how to navigate public spaces like GP surgeries and hospitals, and understanding what has been put in place to protect them once they arrive.

The importance of clear instructions and support was highlighted by one attendee who reported having to wait outside for a recent GP appointment and felt there was little consideration given to the fact that some older or disabled people might not be able to stand for long periods or what would happen if there was bad weather.

"There needs to be an outline of what will happen when they go to the appointment. Not knowing what is going to happen causes anxiety and people will not want to go." **Listening event participant**

Implication and response:

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

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