



**Experiences of lockdown:
Birmingham and Solihull residents'
experiences of health and social care during
the second national lockdown in England**

Sept 2021



CONTENTS

Executive Summary	3
Introduction.....	5
Who did we hear from?.....	5
What did people tell us?.....	6
Hospitals.....	6
GP services	9
Primary care dental services	12
Mental health services	13
Social care services	14
How we are using these findings	16
Recommendations.....	16
Appendix 1: Questionnaire	17
Appendix 2: Tables of feedback numbers	34
About us	38

Suggested citation: Healthwatch Birmingham and Healthwatch Solihull (2021)

Experiences of lockdown: Birmingham and Solihull residents' experiences of health and social care during the second national lockdown in England.

Available at:

<https://healthwatchbirmingham.co.uk>

and

<https://healthwatchsolihull.org.uk>

Executive Summary

We wanted to know how residents of Birmingham and Solihull had experienced health and social care services during the second national Covid-19 (coronavirus) lockdown in England, which ran from November 2020 to January 2021.¹

We heard from 364 people (274 Birmingham residents and 90 Solihull residents), who responded to our online survey. While we heard about many good experiences of care, reflecting the dedication and hard work of health and social care staff during a very difficult time, we also heard about:

- lack of availability of services across health and social care providers
- poor communication about delayed consultations, assessments and referrals
- requests for improvements to:
 - appointment booking systems
 - telephone consultations
 - in-person consultations
 - visits to GP premises.

What is clear is that the pandemic has brought huge changes to health and social care services. Many of these services are still experiencing extreme pressure, with demand exceeding services' capacity to do the work. While our health and social care staff continue to provide services as best they can, the impact on waiting times for treatment will be felt by patients for the foreseeable future. There is a high level of concern about the number of people whose treatments have been delayed due to the pandemic, many of whom have serious conditions such as cancer. This is particularly the case for University Hospitals Birmingham NHS Foundation Trust (UHB), which has been the NHS trust most severely affected by the pandemic in the country.

In publishing our findings in this report, we aim to support the restoration and recovery of services by highlighting areas that service users told us were difficult and challenging for them. Those who responded to our survey demonstrated mixed experiences throughout the pandemic: while some changes suited the needs of some users, others were left behind. As we move out of the pandemic, there is an opportunity to restore services in a fair and equal way.

During the pandemic, we have influenced and supported health and social care services to improve support for patients:

- Healthwatch Birmingham and Healthwatch Solihull have helped two hospital trusts in the region to ensure that their communications with patients on waiting lists are clear, sensitive and appropriate for people's needs
- Our "GP Access in Solihull" report influenced changes in the use of digital technology and improved access to appointments.²

While these changes have increased the support for individuals now, areas highlighted in this report are important considerations in the development of the integrated care system in Birmingham and Solihull's recovery from the effects of the pandemic.

“While health and social care face challenges as a result of the pandemic, with the development of the integrated care system, there is a real opportunity to work differently to improve services for Birmingham and Solihull citizens. Central to this is to recover from the pandemic as a fairer society, focused on reducing the widening inequalities we see. The use of citizen feedback and patient experiences needs to be central to future delivery changes, as is understanding the ongoing impact on those most likely to experience inequality. Healthwatch Birmingham and Healthwatch Solihull are committed to ensuring the voice of our citizens has a lasting impact on future services.”

Andy Cave, CEO

Healthwatch Birmingham and Healthwatch Solihull

In the ongoing development of health and social care, system leaders need to work together to overcome the ongoing impact of the pandemic. We ask that:

- waiting lists are prioritised fairly, to ensure that patients get the support they need while they wait, with improved information about self-care and managing their condition
- there is regular communication with patients, with a range of ways to receive updates, for example on waiting times and care
- the growing number of new, digital approaches used during the pandemic are considered in terms of their effect on different groups, and adapted and refined to make sure their use does not exacerbate inequalities
- services work together to maximise the outcomes for patients and the public and to manage increasing pressure on services in primary care, secondary care and mental health
- increased support is provided to carers looking after relatives and loved ones: the ongoing impact of 24/7 care on them needs to be understood and supported.

We will continue to monitor all the issues identified in the survey, and to support health and social care partners to improve services for Birmingham and Solihull citizens. We will continue to provide the most up-to-date information to people through our Information and Signposting service for individuals to access the support they need.

Introduction

We recognise that the constraints experienced by service providers during the lockdown led inevitably to reduced access to health and social care services. We are also mindful of the high numbers of health and social care staff who have experienced burn-out as a result of the pandemic, as well as the critical staff shortages the pandemic revealed.³

Most service users were likely to understand these constraints, while still needing to access services to support their physical, emotional and mental health, as well as their social care needs. It is these experiences that we report here. We hope that by reporting such experiences, we will aid the restoration and recovery of services in Birmingham and Solihull.

Who did we hear from?

We surveyed 364 people. Sixty six percent were over 55 (see Figure 1).

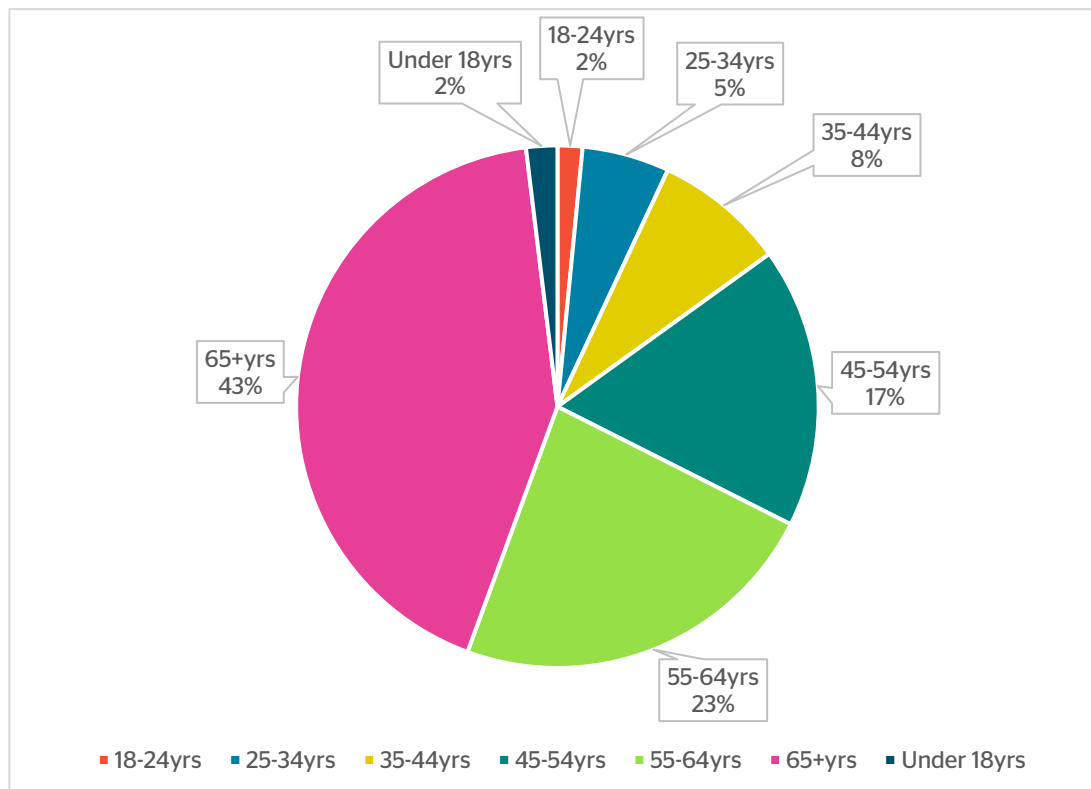


Figure 1: Residents of Birmingham and Solihull responding to the survey, by age

The characteristics of people who completed this survey are that:

- 274 are Birmingham residents and 90 are Solihull residents
- just under three-quarters (71%) of participants identify as women, and just over a quarter (29%) identify as men
- 82.5% described themselves as White, and 11% identified as belonging to Black, Asian and Minority Ethnic communities. These latter communities are underrepresented. Separate projects have been undertaken to ensure we hear feedback from these communities⁴
- 87% describe themselves as heterosexual/straight, 3% as gay or lesbian, 2% as bisexual and 8% preferred not to say
- 40% consider themselves to have a disability
- 23% of people aged 55–64, and 42% of people aged 65+ had one or more disabilities.

What did people tell us?

This report is divided into people's experiences of five categories of services: hospitals, general practice (GP), dentists, social care and mental health. It also describes some people's experiences of needing additional emotional support during the pandemic. Survey questions can be found in Appendix 1.

Hospitals

One hundred and thirty people provided feedback about hospital trust services (90 Birmingham residents and 40 Solihull residents). They shared 156 pieces of feedback, of which 66 named a hospital trust (see Appendix 2, Table 1).

University Hospitals Birmingham NHS Foundation Trust (UHB) has been the NHS trust most severely impacted by the pandemic in the country⁵, and this was the trust people most commonly told us about. Patients experienced long waiting times and delayed treatment, as described below.

Availability of hospital appointments

Many people told us about their experiences of accessing hospital services, of which 19 were categorised as positive^v (see Appendix 2, Table 2). We heard that, for some people, initial and follow-up appointments went ahead smoothly and as planned:

Oncology at QE appointments went ahead as planned, no cancellations.

(Birmingham, age and gender not provided)

After requesting an appt, was phoned by GP within 2 hours. Referral done as [a 2-week wait] to Women's Hospital. Seen within 4 days, scanned and advised needed further investigation. Appt given for 3 days' time. Results from GP within 1 week.

(Birmingham, age and gender not provided)

I am monitored by a consultant Cardiologist, who has arranged telephone consultations to stay aware of my current symptoms/state of health. This enabled a change in medication to help control the symptoms as they change.

(Birmingham, age and gender not provided)

Unfortunately, two-thirds of the feedback about access to hospital appointments and treatment was negative (N=49). People told us about long waits:

Been on waiting list at Queen Elizabeth Hospital to have a neurology assessment since February 2020.

(Birmingham, Male, 65+yrs)

Dermatologist and neurologist. Both were follow-up care with a 6-8-week timeframe. It is more like 6-8 months now.

(Solihull, Male, 45-54yrs)

^v Respondent's free-text experiences were categorised as being either positive or negative by Healthwatch Birmingham and Healthwatch Solihull researchers.

For some patients, waiting times lasted over a year, with detrimental effects on both physical and mental health:

I have been waiting since December 2018 for intervention for scoliosis in my lower back. I was referred to the [Royal Orthopaedic Hospital], which took 6 months. I was then told I needed an MRI scan before I could receive physio. I was still waiting almost a year later. I have had a number of appointments cancelled and eventually had a scan October 2020. I am still waiting for the results of the scan and had the phone consultation (due on 1 February) cancelled last week. I have had no physio or treatment since my request for help in December 2018. My mental health condition has deteriorated substantially in the period since my supportive [cognitive behavioural therapy] was taken away and the pandemic has worsened it. I am fully aware of the needs of others who may be prioritised over my needs, but I have been moving closer towards the end of my tether for a long time now. Managing all alone is unbelievably difficult.

(Birmingham, Female, 45-54yrs)

We heard of appointments being cancelled repeatedly:

I've had an appointment at the Orthopaedic Hospital cancelled and rebooked repeatedly over the past year. It's for problems with my feet and I've yet to see the specialist.

(Birmingham, Female, 65+yrs)

and a lack of follow-up appointments post-diagnosis:

No follow-up appointments after being diagnosed with epilepsy.

(Birmingham, Female, 65+yrs)

Under the hospital for fractured humerus, but won't see me now till after March. Need an operation but due to Covid not happened. Had fall in September, now January.

(Birmingham, Female, 55-64yrs)

Not surprisingly, some were very worried about their health as a result of long waiting times. A woman with heart failure, arthritis and tachycardia told us:

At hospital, 18 week-wait to see consultant - could be dead by then.

(Birmingham, Female, 65+yrs)

Another woman with an early onset of a long-term, rare disease said:

Waiting time for a 2-week referral pathway to QE Hospital for colonoscopy as family have history of [inflammatory bowel disease]. I ended up on the backlog for non-urgent wait of up to 18 weeks, and by week 26 I had to call 111 and visit A&E. Leading up to my admittance to hospital, I flagged this up with my GP, who advised to chase the hospital, which was a challenge as I couldn't get through to anyone and would've hoped my care was shared and joined up to alleviate added stress and anxieties.

(Birmingham, Female, 34-44yrs)

These long hospital waiting times are being experienced across the UK. The British Medical Association (BMA) has estimated that between April 2020 and March 2021, there were 3.37 million fewer elective procedures and 21.4 million fewer outpatient attendances.⁶

The volume of surgical activity in England and Wales was reduced by 33.6% in 2020, resulting in more than 1.5 million cancelled operations. This deficit will continue to grow in 2021.⁷

At the same time, pressure in other parts of the healthcare system, such as accessing primary care appointments, is resulting in more people going straight to a hospital. This results in an increased number of people trying to access hospital services. One woman, who was still under the oncologist for cancer treatment (and who also suffers with arthritis, osteopenia, fibromyalgia, high blood pressure and high cholesterol), told us:

Unable to see GP... despite having problems breathing - just told to go to A&E and ask for bloods and chest X-ray. No one seems at all concerned about your health. No one ever calls you back.

(Solihull, Female, 45-54yrs)

There are several unintended consequences of long waiting times for hospital appointments. First, compared to the previous year, GP referrals to hospitals fell by about 75%.⁸ This in turn has led some people to seek private healthcare.⁹ This is one family's experience:

My dad got poorly with various symptoms last year around February/ March. These worsened over the months and he was constantly trying to get Dr's appointments, just for the Drs to listen to him but they kept saying it's because he finished work and because he was depressed... In August, my parents decided to go private and my dad was then diagnosed with motor neurone disease. I understand it's a difficult disease to diagnose but the Drs never sent him for referrals or anything.

(Birmingham, Female, 35-44yrs; family member)

Other people had sought surgery privately:

Referred by GP for suspected [basal cell carcinoma], diagnosed from photo and conversation, letter from QE saying 52-week waiting list to be seen. Have just used savings, approximately £2,500, to see consultant at Priory and have it seen and removed.

(Birmingham, Female, 65+yrs)

The delay though was so long, I have had to pay to go privately - self-funding.

(Solihull, Female, 55-64yrs)

Another unintended consequence of long waiting times is avoidable emergency hospital admissions. This has contributed to attendances at major emergency departments hitting their second highest level ever in May 2021.¹⁰

Delayed treatment is also likely to result in the worsening of physical and mental health. This places additional burdens on primary and social care.¹¹

GP services

Two hundred and forty-six (178 Birmingham and 68 Solihull) residents shared 312 pieces of feedback in total about GP services. These included:

- 72 about the availability of appointments
- 64 about the quality of appointment booking systems
- 49 about satisfaction with telephone consultations.

Each of these is described below.

GP appointments

Thirteen people (out of 72) shared positive experiences about the availability of GP appointments (see Appendix 2, Table 3). A diabetic woman with walking difficulties told us:

West Heath Medical Surgery have been brilliant in answering queries, doing telephone consultation and face to face where necessary.

(Birmingham, Female, 65+yrs)

Similarly, the mother of a young child told us:

My son had a temperature for 5 days so we rang at 8am Monday morning and were number 15 in the queue. Spoke to the call handler after about 20 minutes, who advised a GP would call back before 10am. Dr X called almost immediately, set up a video call, offered a face-to-face appointment that afternoon

(Solihull, Male, under 18yrs)

Likewise, an older woman with multiple comorbidities was satisfied with the support from her GP:

My GP Surgery, Granton Medical Centre, have been very good, I am in the 'Extremely Vulnerable' category, but have been able to contact them and get the support I have needed.

(Birmingham, Female, 65+yrs)

However, over 80% of feedback about the availability of GP appointments was negative. For example:

I have been trying to get an appointment for steroid injections in my hands since last August... I have now waited 5 months since my last injections were due. I find this unacceptable (as well as very painful).

(Solihull, age and gender not provided)

This may partly be due to pent-up demand for GP appointments. During the pandemic, GP appointments fell by about one-third,¹² reflecting NHS England guidance in April 2020 to move to a 'total-triage' model^{vi} and because some GPs themselves needed to self-isolate. Also, although in-person appointments have been available where needed throughout the pandemic (e.g., for suspected cancer), some patients delayed booking appointments 'to help the NHS', while others delayed booking appointments due to Covid-19-related safety concerns.¹³

vi i.e., a model through which patients are triaged remotely on first contact with the practice. See NHS England (2020) Advice on how to establish a remote 'total triage' model in general practice

using online consultation. At www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf

I need to make an appointment for a problem, but not comfortable doing that at the moment, so suffering.

(Solihull, Female, 55-65yrs)

Finally, although the vaccination programme has been an important success, it has inevitably had an impact on the availability of appointments. This is because GPs were required to deliver the Covid-19 vaccination programme in the community, while also continuing to provide their usual services to patients.^{vii} Further pressure came in the form of increased anxiety among populations. Mental health problems snowballed as a result of the pandemic, resulting in rising demand for GP consultations. This has contributed to the lack of availability of appointments.¹⁴

Booking systems

Some people told us about the frustration they had experienced when trying to make appointments by telephone. Of the 64 pieces of feedback regarding booking GP appointments via the telephone, 58 (91%) were negative (see Appendix 2, Table 4).

People told us about being held in long telephone queues and then getting the engaged tone or being cut off, or, after waiting a very long time, not being able to get an appointment anyway. One older Birmingham resident who could not get through on the telephone visited the practice in person, but was told she could only make appointments by telephone. Another person told us:

Tried to get appointments for several days, but nothing available after waiting for 20 minutes at a time in a phone queue... told to phone back at 4pm for an evening appointment, which I have, but was told nothing left, after another 18-minute wait on the phone. Told to phone back next day, but at work so cannot. This has happened several times to myself and family members.

(Birmingham, gender and age not provided)

Unfortunately, some patients give up and do not continue to try to obtain the healthcare they need. A carer told us:

I have asked my GP to set up a repeat prescription so I can order my meds online, but they haven't, I can't be bothered to hold for an hour on the phone to ask them to do this.

(Birmingham, Female, 55-64yrs)

We recently described the issue of lengthy telephone queues to book GP appointments in Solihull.¹⁵ Solihull Primary Care Networks (PCN) responded by promising to improve the service and communications with patients about digital booking systems. They also told us about recent improvements they have made:

“We have brought in a new telephone system which is more responsive to patient needs and allows us to track call volume so that team resources can be adapted. It also allows a queue and call-back system and more real-time messaging to inform patients of any announcements.”

Solihull PCN

In North Solihull, Solihull PCN stated that “most practices are part of the Redcentric phone system, which allows for greater resilience at times of peak demand, as well as consistent message and call transfers out of core hours and at weekends.”

vii Currently, GP-led vaccination sites are delivering over three-quarters of vaccinations. See Bostock, N. (2021) Under-pressure GPs told to prepare for ‘uplift in bookings’ for COVID-19 jabs. GP Online 26 April 2021. At www.gponline.com/under-pressure-gps-told-prepare-uplift-bookings-covid-19-jabs/article/1713952

We also heard from 18 people who had requested an appointment and been offered a telephone call-back from a healthcare professional (see Appendix 2, Table 5). Some had not received the call-back, or had missed the call because of other commitments, such as work:

Awkward to get a call-back from doctors as my carers are in from 8.30am-11am, and by then all the places are gone. There is an eConsult service, but the form is so long and tiring to fill out.

(Birmingham, Female, 65+yrs)

My Mum is bedridden and has Alzheimer's [and no use of her legs due to a childhood illness] ... I was told a message would be left for the Doctor and I would be called back. It was Friday and they wouldn't be available at the weekend. I left it till 5.55pm as they never ring till around that time, [but] the closed message was already on. I had no call-back; this is not the first time this has happened... I'm not a person to complain but I am my Mum's carer and I'm trying to do my best for her and feel I get no support whatsoever.

(Birmingham, Female, 65+yrs)

In a recent report, we encouraged GPs to tackle poor access to booking appointments and call-back systems.¹⁶ We suggested that good patient and public involvement (PPI) in the design and development of services would help to tackle this problem, so that service providers can hear first-hand about the barriers to access that their patients face, and work on solutions with them.

Quality of GP consultations

Some patients were satisfied with the quality of their GP consultations:

Riverbrook Medical Centre, Cartland Road, Stirchley are very well organised and I feel I am still getting a high level of care, exactly like I was before Covid. If the surgery feel you need to be seen, then they will see you. The Doctors will phone you back within the hour. Getting my repeat medications is straightforward too. They reminded me about having my flu jab. I feel the level of care has stayed the same at Riverbrook, which is so reassuring for the patient.

(Birmingham, Female, 55-65yrs)

Many people had received telephone consultations during lockdown, and we heard from 49 people who had received this service from their GP (see Appendix 2, Table 6). Although some patients were satisfied with telephone appointments if they were appropriate for the condition, 78% of people reported negative experiences in trying to access in-person appointments (see Appendix 2, Table 7). This was mainly because they felt that their condition needed an in-person consultation:

Long wait on phone to get through and then another long wait to get through to someone who decides whether you need a phone appointment with a doctor. Doctor then tries to diagnose issues which need to be examined in person - not by sending photos. Confusing, user-unfriendly online so-called service.

(Solihull, Female, 55-65yrs)

I'm not keen on having my oncologist appointments over the phone. Although I've been in remission for 2 years, I don't feel as safe as seeing the oncologist face to face. When I see my oncologist, I get examined, but now having telephone appointments that no longer happens. My next appointment is in June 2021 and that is a telephone appointment now! I just feel reassured and safe when I visit the QE Hospital Cancer Centre.

(Birmingham, Female, 55-65yrs)

Telephone consultations also present barriers to accessing healthcare for people who have trouble using technology. A family member looking after an older person with dementia told us:

Difficulty in getting to see a GP. Face-to-face appointments (and home visits) are

near essential for the elderly and frail with dementia. Elderly patients who do not use computers and have trouble using the phone can't do teleconsultations. If you are not young, fit and healthy, you can't get to see a GP.

(Birmingham, Female, 65+yrs)

Such difficulties may increase health inequalities. A recent systematic review of all the relevant research about the impact of remote consultations compared to in-person consultations concluded that: "Wide-spread use of remote consultations should be treated with caution until the inequalities impact on clinical outcomes and quality of care is known."¹⁷

Nationally, Healthwatch England reported on almost 200,000 people's experiences of accessing their GP between April 2019 and December 2020.¹⁸ It found that while telephone appointments are convenient for some, others were worried that their health issues would not be accurately diagnosed or monitored. Healthwatch England has recommended that NHS England should review the effectiveness of these new methods of access.

Visiting GP premises

Four people told us about problems they had when they visited their GP's building during lockdown. These experiences indicate that practices need to ensure that the physical needs of their patients for shelter are met, as well as being able to use the toilet or washing facilities, if there is a medical need:

Having to stand outside without shelter to wait until invited inside for a GP consultation.

(Birmingham, gender and age not provided)

She waited an hour outside in the rain and wind on Saturday along with other old vulnerable people and another hour once inside - thankfully she is a healthy 84-year-old, and maybe it was their first clinic, but they really do need to learn from it.

(Birmingham, Female, 65+yrs)

Appointment with my GP following a 'phone consultation. I had been assured that a WC would be available (I need one about every hour) but I was not allowed in to use it. This was scary: I do not feel able to go to that venue again. What happens if I need further medical help? I'm 79 and have CREST syndrome.

(Birmingham, Female, 65+yrs)

Primary care dental services

Twenty-five (17 Birmingham and 8 Solihull) residents shared 27 pieces of feedback in total about primary care dental services. Of these, 16 could be categorised as either positive or negative (see Appendix 2, Table 8).

Availability of dental appointments

Eleven people gave feedback about the availability of dental appointments, which was equally divided into negative and positive comments (see Appendix 2, Table 9).

When I contacted my dentist at Oakville dental practice about a crumbling tooth, I was treated very quickly.

(Birmingham, Female, 65+yrs)

My dentist was or is outright refusing to see patients except for very limited emergency appointments, i.e. tooth extraction or antibiotics. They told me to use a do-it-yourself filler for a possible hole in my tooth.

(Birmingham, Male, 55-64yrs)

However, in a national review of 1,375 people's experiences, Healthwatch England found that between January and March 2021, 80% of people found it difficult to access timely dental care.¹⁹ Its report stated: "It is vital that the Government acts on these findings and reforms dentistry as a matter of urgency to create equal and affordable access to care".

Mental health services

Seventy-five people (33 Birmingham, 42 Solihull) provided feedback about mental health services (see Appendix 2, Table 10). They shared 75 pieces of feedback, and 43 of these named the service provider.

Appointments for mental health services

A YouGov 2020 Personality Survey reported that just over half (53%) of a sample group of 2,106 adult respondents had said that the pandemic had negatively affected their mental health.²⁰

Unfortunately, not everyone who needs mental health support is making this need known or seeking help: in May 2021, an online poll of 1,200 British adults revealed that the low availability of mental health services was the most important factor that prevented people from trying to access mental health services.²¹ The charity Mind has reported that approximately 25% of people who tried to access mental health support during the first few months of the pandemic were unable to do so.²²

The experiences shared in this survey reflect that there is a lack of access to mental health services in Birmingham and Solihull. For example, one woman with borderline personality disorder, anxiety, long-term memory loss and depression told us:

All negative over the past six months from the mental health team. I haven't had any support in any way... I needed the mental health crisis team... no one [was] answering the mental health crisis team phone!

(Birmingham, Female, 55-64yrs)

Family members also reported problems in accessing support for their loved ones:

Mental health service has made no contact throughout the pandemic to monitor her medication or her mental health status.

(Parent of female resident of Solihull, age not provided)

My son was in crisis... we rang [provider name]... We were told somebody would ring us back, nobody ever did, that was 6 months ago.

(Parent of male resident of Birmingham, age 25-34yrs)

We also heard that people with autism spectrum disorder (ASD) required more support:

Warstock Mental Health team. Excellent, co-ordinated care... While mental health support is provided, one of the greatest needs is for support with Asperger's and this is not provided by anyone, resulting in unmet needs & difficulty [coping] with lockdown.

(Parent of male resident of Birmingham, 25-34yrs)

[Provider name] had very poor communication throughout the pandemic - left disappointed and disadvantaged. No service for users.

(Birmingham, Male, 25-34yrs)

My daughter is autistic and needs face to face. [Provider] crisis team ONLY does out of hours on the phone, which totally excluded her from support out of hours. In mental health crisis I had to take her to A&E in the pandemic, which was very risky for me and her.

(Birmingham, Female, 18-24yrs)

As part of its Mental Health Recovery Action Plan, the government is providing 'one-off' initiative funding to mitigate the impact of Covid-19 on mental health, learning disability and ASD services, and to support groups who have disproportionately been affected by the pandemic.²³

Emotional support

Fifty-three people in our survey told us that they need more emotional support (24 Birmingham, 29 Solihull). Although people seldom mentioned lockdown as a specific cause, they talked about feeling lonely, being fed up of just seeing people through a screen, and needing respite from caring responsibilities and/or counselling for anxiety and depression:

[I need a] telephone befriender as I live alone and have a visual impairment.

(Birmingham, Female, 45-54yrs)

I'm a carer and feel very isolated, I'm sticking to the rules, but really miss my daughters who live away.

(Birmingham, Female, 55-64yrs)

Diagnosed last week with [obsessive compulsive disorder], triggered by the lockdown. Had to go private to be seen.

(Birmingham, Female, 33-44yrs)

The pandemic will have a lasting effect on the mental health of many people in Birmingham and Solihull. People who have been emotionally affected by the lockdown restrictions and the continuing negative effects on the economy need to be able to access mental health support.

Social care services

Eighteen Birmingham and 60 Solihull residents shared 78 pieces of feedback in total about social care services.

Availability of support from social care

People told us they needed additional support, particularly respite and support with being a full-time carer:

[I need] a little down time, as caring for my husband who has Alzheimer's 24/7 while suffering heart failure myself is wearing me down. Have had 3 hours' respite during this year!

(Birmingham, Female, 65+yrs)

Respite for me and my husband as we look after our 2 grandchildren with special needs.

(Birmingham, Female, 65+yrs)

We were hoping that our son would attend a day centre, but this has not happened because day centres are closed. Son is happy and well, but I am caring for him while working from home and we have had no support.

(Birmingham, gender and age not provided)

My father has progressive [multiple sclerosis]... Any communication from [Provider] adult social services would be a start... No one from... adult social care has contacted the family to offer any support since Covid.

(Solihull, Female, 65+yrs)

In June 2020, the charity Carers UK reported that an estimated 4.5 million people in the UK had become unpaid carers as a result of the Covid-19 pandemic, bringing the total number of unpaid carers to 13.6 million.²⁴ Three-quarters (74%) reported being exhausted as a result of caring during the pandemic, and more than one-third (35%) said that they feel unable to manage their unpaid caring role.²⁵ The five top types of support that carers identified to Carers UK were:

- access to breaks and replacement care
- more government funding for social care
- more help with contingency planning in case you aren't able to provide care
- clearer guidance from government for unpaid carers
- a rise in Carer's Allowance.

Healthwatch England has called on the government to provide a fully funded, long-term plan for social care:

“We share the [Health and Social Care] Committee’s disappointment regarding the absence of a fully funded long-term plan for social care in the white paper. A well-funded and strong social care sector is vital to the health of the nation and we look forward to the Government bringing forward its plans for reform later this year.”²⁶

How we are using these findings

The insights we have gained into people's access to the care they need and the effectiveness of patient communication are especially valuable now that the NHS is moving into the restoration and recovery of services. The British Medical Journal has highlighted the need for NHS hospital trusts to provide realistic information about waiting lists²⁷ and to communicate well with people about the risks of using services during a pandemic:

“Patients also want reassurance that they will be safe from Covid-19 when they are admitted. Governments must develop communication strategies that identify patients’ concerns and misconceptions about the risk of infection and provide information that patients can trust.”²⁸

Healthwatch Birmingham and Healthwatch Solihull have helped two hospital trusts in the region to ensure that their communications with patients on waiting lists are clear, sensitive and appropriate for people's needs.^{viii}

There is a high level of concern about the number of people whose treatments have been delayed due to the pandemic, many with serious conditions such as cancer. This is particularly the case at UHB, which (as noted earlier) has been the worst-affected trust in the country during the pandemic. Following a Care Quality Commission (CQC) report that raised serious concerns about patient safety at UHB, we pressed the UHB's senior management to urgently address the issues raised. We have also sought answers around UHB's performance on pre-pandemic oncology waiting times, and its actions to tackle the current backlog of treatments. We are helping UHB as it undertakes this, by working together to ensure that UHB's communications with patients on waiting lists are clear, sensitive and appropriate.

We are also continuing to monitor all the issues that people identified, and provide the most up-to-date information to people through our Information and Signposting service. Healthwatch Birmingham is also actively supporting the vaccine roll-out across the city. We are working with the NHS and local authorities to target areas with low take-up rates in order to provide accessible and accurate information about the vaccine, using our knowledge of different communities in Birmingham. People can also find out more from Healthwatch Birmingham's or Healthwatch Solihull's Information and Signposting service.

Recommendations

We ask that:

- waiting lists are prioritised fairly, to ensure that patients get the support they need while they wait and better information about their self-care and managing their condition
- communication with patients is regular, with a range of ways to receive updates, for example on waiting times and care
- the growing number of new, digital approaches used during the pandemic are considered in terms of their effect on different groups, and adapted and refined to make sure their use does not exacerbate inequalities
- services work together to maximise the outcomes for patients and the public and to manage increasing pressure on services in primary care, secondary care and mental health
- increased support is provided to carers looking after relatives and loved ones: the ongoing impact of 24/7 care on carers needs to be better understood and supported.

Thank you

Healthwatch Birmingham and Healthwatch Solihull would like to thank everyone that completed the survey, used our Information and Signposting services and shared their experiences.

^{viii} These are University Hospitals Birmingham NHS Foundation Trust (UHB) and Royal Orthopaedic Hospital NHS Foundation Trust.

Appendix 1: Questionnaire

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Share your experiences to help services during the coronavirus pandemic.

Who are we?

Healthwatch Birmingham and Healthwatch Solihull are independent of the NHS and the Local Authorities, and have the power to ensure those organisations listen to and act upon people's views.

Please complete a separate questionnaire for each member of your household or family. This will help us provide relevant information that may be helpful at this time. It will also help us to understand Solihull and Birmingham and citizens' experiences during the pandemic and support us to help improve services now and in the future.

By completing this form you are agreeing for us to place your feedback on either the [Healthwatch Birmingham website](#) or the [Healthwatch Solihull website](#) (depending on your postcode). For full terms and conditions please visit the websites or email info@healthwatchbirmingham.co.uk

1. Are you completing this survey about yourself or someone else?

- Myself
- Family member or friend living in the same house as me
- Family member or friend living elsewhere
- Other (please specify)

2. Which Local Authority area do you live in?

- Solihull
- Birmingham

3. What is your/their postcode? (this is for us to check we are covering all districts within these areas)

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Share your experiences to help services during the coronavirus pandemic.

Who are we?

Healthwatch Birmingham and Healthwatch Solihull are independent of the NHS and the Local Authorities, and have the power to ensure those organisations listen to and act upon people's views.

Please complete a separate questionnaire for each member of your household or family. This will help us provide relevant information that may be helpful at this time. It will also help us to understand Solihull and Birmingham and citizens' experiences during the pandemic and support us to help improve services now and in the future.

By completing this form you are agreeing for us to place your feedback on either the [Healthwatch Birmingham](#) website or the [Healthwatch Solihull](#) website (depending on your postcode). For full terms and conditions please visit the websites or email info@healthwatchbirmingham.co.uk

1. Are you completing this survey about yourself or someone else?

- Myself
- Family member or friend living in the same house as me
- Family member or friend living elsewhere
- Other (please specify)

2. Which Local Authority area do you live in?

- Solihull
- Birmingham

3. What is your/their postcode? (this is for us to check we are covering all districts within these areas)

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

NHS

* 4. Are you/they currently trying, or have tried, to access the NHS in the past six months? (e.g. for medication, treatment or appointments)

Yes

No

Don't know

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

NHS

5. Please describe any issues (e.g. getting treatment, appointments or medication etc.) and the name of the service.

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

NHS

6. What NHS service has worked well during this time?

If you tell us the name of the service(s) we can let them know they are doing a good job.

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Social care needs from Local Authority/Social Care Providers

* 7. Do you/they have any social care needs (provided by the Local Authority/social care provider)?

- Yes
- No
- Don't know

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Social care needs from Local Authority/Social Care Providers

* 8. Are you/they receiving the social care support needed?

- Yes
- No/Partially
- Don't know

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Social care needs from Local Authority/Social Care Providers

9. What social care support are you/they trying to get?

Please tell us about any issues you/they are facing (e.g. getting appointments, home care, social work support etc.).

10. Please tell us the name of the service if you know it

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Social care needs from Local Authority/Social Care Providers

11. What has worked well for you/them during this time?

Please tell us the name of the service so we can let them know they are doing a good job.

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Emotional support

* 12. Do you/they need emotional support to cope?

- Yes
- No
- Don't know

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Emotional support

13. What support is needed at this time?

14. Are you receiving mental health support?

- Yes
- No - but I have tried to and not obtained support
- No - I do not require mental health support
- Not sure

15. Please write below the name of the service and any comments, negative or positive, that you have about the support you have received over the last six months.

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Hospital treatment of family members

* 16. Have you or a family member needed hospital treatment as a result of contracting COVID-19?

Yes

No

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Hospital treatment

17. Please tell us about your/their experience, including the name of the service. We may share the information you give anonymously with the service.

18. Did you feel you/they were kept involved in the decisions about care?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- Other (please specify)

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Email address for us to provide information/signposting

19. Would you like us to help you find support or information?

- Yes, please contact me. I will leave my email address below.
- Yes, but I will email you.
- I will look on your website homepage for COVID-19 information and support <https://healthwatchbirmingham.co.uk/>
- No thank you.

20. Email address (and Name, if you wish).

If you have stated above that you would like us to provide information or direct you toward support at this difficult time, please leave your email address (and name if you wish) below. [We are open Monday - Friday (9 until 5), excluding bank holidays.]

* 21. Would you be prepared to answer some optional questions to help us ensure that we are representative of everyone in Birmingham and Solihull? Your answers will be kept confidential.

- Yes
- No

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

About you or the person you are leaving feedback about

Answering the following questions helps us to ensure that we are identifying key population groups so that we are representative of everyone in Solihull and Birmingham.

22. Do you consider yourself or the person you are talking about to have a disability?

- Yes
- No
- If yes, please list

23. Age

24. What is your gender?

- Male
- Female
- Other (please specify)

25. Is your gender identity the gender that you were originally assigned at birth?.

- Yes
- No
- Prefer not to say.

26. Sexual orientation

27. Ethnicity

28. Please confirm you are over 16

- Yes

29. If you would like to tell us more about a particular health or social care service please go to the relevant website

[Healthwatch Solihull feedback centre](#)

[Healthwatch Birmingham feedback centre](#)

If you have any further comments please let us know in the space below.

30. If you would like to sign up to our mailing list please provide your email address:

Help improve the response of Birmingham and Solihull's health and social care services to the coronavirus pandemic (Winter 20/21)

Thank you!

31. Thank you for helping to ensure health and social care services in Solihull and Birmingham hear people's experiences during this difficult time.

This survey will help to support us to help improve services now and in the future.

Please feel welcome to open the survey up again and leave more feedback about another person.

If you have any further comments about your experience or about this survey, please leave in the box below.

Thank you.

Appendix 2: Tables of feedback numbers

Table 1: Number of experiences shared for each NHS Foundation Trust in Birmingham and Solihull.

Area	BCH	ROH	S&WB	UHB	W&C	WMAS	Total
Birmingham	2		5	29	1		37
Solihull	1	1	3	22	1	1	29
Total	3	1	8	51	2	1	66

Abbreviations: BCH (Birmingham Community Healthcare), ROH (Royal Orthopaedic Hospital), S&WB (Sandwell & West Birmingham), UHB (University Hospitals Birmingham), W&C (Women's and Children's), WMAS (West Midlands Ambulance Service).

Table 2: Number of experiences^v shared about access to hospital appointments (for each NHS Foundation Trust in Birmingham and Solihull).

Trust	Area	Negative	Positive	Total
BCH	Birmingham			
	Solihull		1	1
ROH	Birmingham			
	Solihull		1	1
S&WB	Birmingham		1	1
	Solihull		1	1
UHB	Birmingham		9	13
	Solihull		4	9
W&C	Birmingham		1	1
	Solihull			
Not stated	Birmingham		25	31
	Solihull		9	10
	Total		49	68

Abbreviations: see Table 1.

^v Respondent's free-text experiences were categorised as being either positive or negative by Healthwatch Birmingham and Healthwatch Solihull researchers.

Table 3: Number of experiences shared about availability of GP appointments.

Area	Negative	Positive	Total
Birmingham	45	7	52
Solihull	14	6	20
Total	59	13	72

Table 4: Number of experiences shared about telephone queues when booking appointments.

Area	Negative	Positive	Total
Birmingham	46	5	51
Solihull	12	1	13
Total	58	6	64

Table 5: Number of experiences shared about GP telephone call-backs.

Area	Negative	Positive	Total
Birmingham	9	4	13
Solihull	4	1	5
Total	13	5	18

Table 6: Number of experiences shared about telephone consultations.

Area	Negative	Positive	Total
Birmingham	25	10	35
Solihull	11	3	14
Total	36	13	49

Table 7: Number of experiences shared about accessing in-person appointments.

Area	Negative	Positive	Total
Birmingham	13	4	17
Solihull	5	1	6
Total	18	5	23

Table 8: Number of experiences shared about primary care dentists.

Area	Negative	Positive	Total
Birmingham	5	7	12
Solihull	2	2	4
Total	7	9	16

Table 9: Number of experiences shared about availability of dental appointments.

Area	Negative	Positive	Total
Birmingham	4	5	9
Solihull	1	1	2
Total	5	6	11

Table 10: Number of experiences shared about mental health services.

Area	Negative	Positive	Neither	Mixed	Total
Birmingham	9	4	18	2	33
Solihull	20	5	16	1	42
Total	29	9	34	3	75

References

1. Institute for Government (2021) Timeline of UK coronavirus lockdowns, March 2020 to March 2021. At www.instituteforgovernment.org.uk/sites/default/files/timeline-lockdown-web.pdf
2. Healthwatch Solihull (2021) People's experiences of accessing GP services via technology. At healthwatchsolihull.org.uk/wp-content/uploads/2021/06/HWS-GP-Access-June-2021.pdf
3. House of Commons Health and Social Care Committee (2021) Workforce burnout and resilience in the NHS and social care: Second Report of Session 2021-22. HC 22. At committees.parliament.uk/publications/6158/documents/68766/default/
4. Healthwatch Birmingham (2020) Health Inequalities: Somali people's experiences of health and social care services in Birmingham. At www.healthwatch.co.uk/reports-library/health-inequalities-somali-peoples-experiences-health-and-social-care-services
5. UHB (2021) Report on University Hospitals Birmingham NHS Foundation Trust's Performance
6. During the Covid-19 Pandemic and Recovery of Services. At Document.ashx (cmis.uk.com)
7. BMA (August 2021) Pressure points in the NHS. At www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs
8. Dobbs, T., Gibson, J. A. G., Fowler, Abbott, T. E. at al. (2021) Surgical activity in England and Wales during the COVID-19 pandemic: a nationwide observational cohort study. British Journal of Anaesthesia 127(2):196-204. At www.sciencedirect.com/science/article/pii/S0007091221002737
9. NHS England Monthly Outpatient Referrals Data. At www.england.nhs.uk/statistics/statistical-work-areas/outpatient-referrals/mrr-data/
10. Collinson, P. (2020) Covid drives more people in UK to fund own operations. The Guardian 10 October 2020. At www.theguardian.com/money/2020/oct/10/covid-uk-fund-own-operations-private-for-knee-hip-cataract-operations-pay
11. BMJ (2021) The NHS needs a comprehensive plan for recovery. At www.bmj.com/content/373/bmj.n1555#ref-4
12. Dobbs et al. (2021) (op. cit.)
13. NHS Digital (April 2021) Appointments in general practice March 2021. At digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2021
14. Duncan, L. J. and Chen, K. F. D. (2021) Public perception of NHS general practice during the first six months of the COVID-19 pandemic in England. F1000Research 2021, 10:279. AT <https://f1000research.com/articles/10-279>
15. <https://www.health.org.uk/news-and-comment/charts-and-infographics/how-has-the-covid-19-pandemic-impacted-primary-care>
16. Healthwatch Solihull (2021) op. cit. At healthwatchsolihull.org.uk/wp-content/uploads/2021/06/HWS-GP-Access-June-2021.pdf
17. Ibid.
18. Parker, R. F., Figures, E. L., Paddison, C. A. M., Matheson, I. D. M. J et al. (2021) Inequalities in general practice remote consultations: a systematic review, BJGP Open 5(3). At <https://bjgpopen.org/content/5/3/BJGPO.2021.0040/tab-article-info>
19. Healthwatch England (2021) GP access during Covid-19: A review of our evidence April 2019-December 2020. At www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final_0.pdf
20. Healthwatch England (2021) What people have told us about NHS dentistry: A review of our evidence January to March 2021. At www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210524%20Dentistry%20during%20COVID-19%20Insight%20Briefing.pdf

21. YouGov (2020) The impact of coronavirus on mental health and relationships. At yougov.co.uk/topics/lifestyle/articles-reports/2021/02/04/yougov-2020-personality-study-impact-covid-19
22. YouGov (2021) #MentalHealthAwarenessWeek: What are the biggest barriers to seeking treatment? At yougov.co.uk/topics/health/articles-reports/2021/05/14/mentalhealthawareness-week-what-are-biggest-barrier
23. Mind (2020) The mental health emergency: How has the coronavirus pandemic impacted our mental health? At www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf
24. DHSC (2021) Mental health recovery plan backed by £500 million. Press Release 27 March 2021. At www.gov.uk/government/news/mental-health-recovery-plan-backed-by-500-million
25. Carers UK (2020) Carers Week 2020: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak. At www.carersuk.org/news-and-campaigns/news/carers-week-4-5-million-become-unpaid-carers-in-a-matter-of-weeks
26. Ibid.
27. Healthwatch England (2021) Health and Social Care Committee Report: our response. At www.healthwatch.co.uk/response/2021-05-17/health-and-social-care-committee-report-our-response
28. BMJ (2021) op. cit. At www.bmj.com/content/373/bmj.n1555
29. BMJ (2021) Growing backlog of planned surgery due to Covid-19. At www.bmj.com/content/372/bmj.n339

About us

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham and Healthwatch Solihull listen to and gather public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Lines, our online Feedback Centres, and through our community engagement activity led by staff and volunteers.

You can read more about the work of Healthwatch Birmingham here:
<https://healthwatchbirmingham.co.uk/about-us/>

You can read more about the work of Healthwatch Solihull here:
<https://healthwatchsolihull.org.uk/>

healthwatch

Birmingham






Healthwatch Birmingham
PO Box 16875
Birmingham, B16 6TN

-  www.healthwatchbirmingham.co.uk
 -  0800 652 5278
 -  info@healthwatchbirmingham.co.uk
 -  @HWBrum
 -  facebook.com/HealthwatchBirmingham
-

healthwatch

Solihull

Healthwatch Solihull,
Enterprise Centre, 1 Hedingham Grove,
Chelmonds Cross, Chelmsley Wood,
Solihull, B37 7TP

-  www.healthwatchsolihull.org.uk
-  0808 196 3912
-  enquiries@healthwatchsolihull.org.uk
-  @HealthwatchSol
-  facebook.com/HealthwatchSolihull