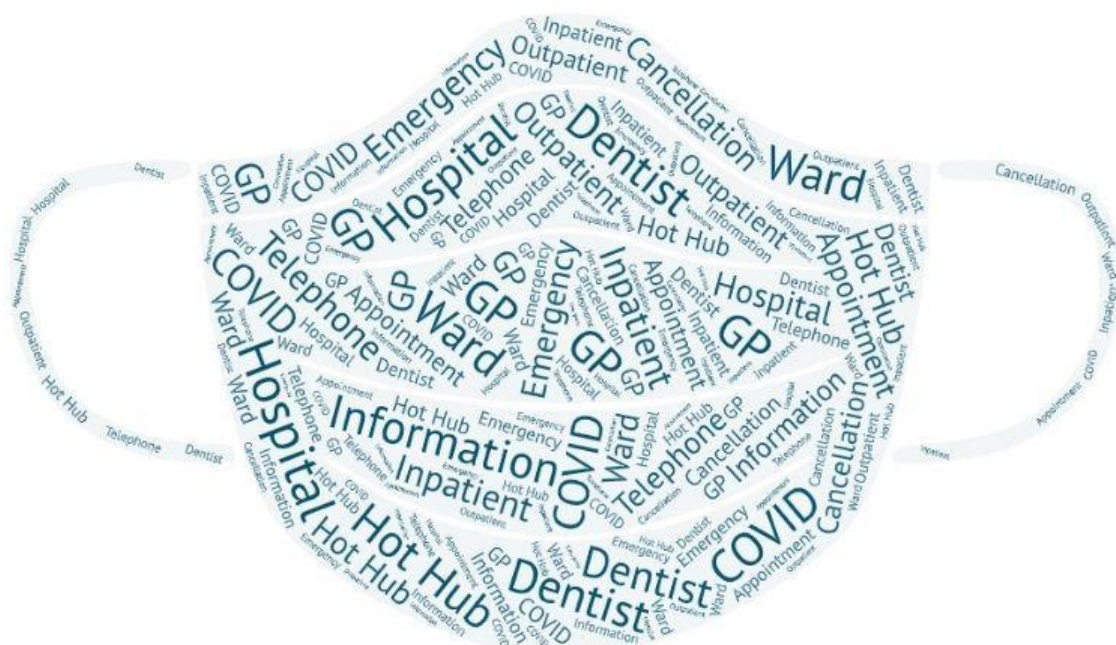


# Lived experiences of using Coventry NHS services

## People's stories and feedback since COVID-19



March 2021

# Summary

This Healthwatch Coventry report is based upon the lived experiences of Coventry people who have needed to use NHS services in recent months. It provides an insight into how the NHS are meeting the needs of the population.

## People told us about:

### **Poor communication and a general lack of effective information provision across a range of services**

From the experiences recorded in this report, it would appear there is more work to be done to make it clear to the public how services have changed and why. This must include multiple communication channels to ensure people who cannot access online information are not disadvantaged.

Some people have been unable to make contact with unwell loved ones in hospital, whilst others have been unable to find out who to contact for urgent health advice or what is happening regarding outpatient care. The resources and capacity services have to support communication have not always kept pace with the level of demand.

### **Frustrations for some around digital/phone appointments**

The move to make more GP appointments available remotely using technology was accelerated by the arrival of the pandemic. Whilst these services are well received by some people, others are clearly frustrated. Further work is needed to ensure access remains fair, and appointments are easy and appropriate for all people.

### **Challenges of access to dentistry**

We found that many of the problems around dentistry that are affecting people in Coventry are similar to those in other areas of the country as described in the Healthwatch England report [Dentistry and the impact of COVID-19](#) published December 2020. A national response is required to address these issues and inequalities.

## What next

We have highlighted areas for development to address what people have said, which should be considered by individual originations providing NHS services in Coventry and, more broadly, in plans across the local NHS system.

# Full report



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# Introduction

Healthwatch Coventry has the role of representing the interests of patients and the public in our local NHS and social care services by gathering views and feedback on services and taking these to those who run and plan services.

So much has changed as a result of COVID-19. There has been significant change in NHS and social care services and we have been listening to what this has meant for the lived experiences of local people when accessing services.

This report focuses on the period after the first national lockdown ended (June/July 2020 until December 2020). It gathers lived experience related to the ease or difficulty with which people accessed services.

## What information we collected

This information was collected in an unstructured way, using open-ended questions, and across multiple sources. This allowed people to tell us their experiences in their own words.

We have been working differently due to Covid-19 and gathered this information from an online survey and online forms and from those who contacted the Healthwatch Coventry information service.

Collecting information in this way means we didn't put limitations on what services or experiences people told us about. As a result, some services were mentioned by many people (e.g. GPs), whereas others were less commonly referred to (e.g. pharmacies). This report contains a selection of the experiences we were told about.

We have anonymised all the quotes and comments within this report to protect people's identities. Names have been changed.

There is more information about how we collected our information in appendix 1 and demographic information can be found in appendix 2.



# Key issues identified

## Communication

Across the range of stories and experiences people told us about, a common theme that emerged was in relation to poor communication. These issues broadly fell into the following categories:

- Unable to contact the service required - telephone numbers were incorrect or weren't answered
- Unclear information was given by professionals
- Routine appointments were cancelled without explanation of how or when the patient would be contacted to re-start them.

## Providing information

The pandemic caused many changes to the way NHS services are delivered, almost overnight. This rapid change often meant there was a delay in clear and accurate information being made available to people, letting them know how to access key services.

Up to date and accessible information on how and when to access some emergency services, such as the emergency eye clinic or emergency dentistry, was lacking.

## Appointments

Whilst remote appointments are suitable in some instances, there are occasions when people want and need to be seen face-to-face.

People want greater clarity as to who they should contact if there is a problem with their outpatient appointment being cancelled.

## Physical design of facilities

As some facilities and service arrangements were changed to provide care in a COVID-19 safe way, there were times when the facilities were unsuitable for people using them. People were concerned about waiting outside in cold temperatures or the risk of being exposed to the risk of Coronavirus.

Redesigning layouts could disadvantage people with a disability and changes need careful consideration to ensure accessibility for all.

## Staff

In terms of clinical staff, most of the comments we received were positive.

People voiced more frustration with the work of non-clinical staff, such as switchboard operators and receptionists, who were not able to give them the information they needed.

## Specific services

### Dentists

#### Accessing emergency treatment

In common with other local Healthwatch, we heard from people about issues with accessing dental treatment. People have been telling us about their struggles to access emergency dental services. Delays have caused frustration and pain. For example:

*"I needed (not wanted) dental treatment during early lockdown period - I had to suffer and manage pain for 5 weeks due to tooth root moving out of gum. Eventually got it out myself and had another couple of weeks of swollen gum and pain." (July 2020)*

*"Pain and swelling in a tooth. Telephone assessment resulted in antibiotic prescription being sent to my local pharmacist. Next day half my tooth came away. Advised to put in temporary filling myself. I've been doing this since April! Routine appointment for next week has been cancelled (via text message!) Still have had NO assessment of my broken tooth. I have avoided eating on that side since April." (August 2020)*

*"I had an abscess and rang the dentist's number, believing it to be an emergency situation. I received a recorded message saying they were only seeing emergency patients and offering a mobile number to ring. I did so, but it was a dead line!" (June 2020)*

Two of the responses we gathered were about the same dental practice. The experience of the client in August 2020 was negative, with the client being told their problem could not be treated due to a lack of Personal Protective Equipment (PPE). The experience of Donna in November 2020 demonstrates that full PPE was by then available and her appointment was able to go ahead.

*"Check-up has been cancelled twice and still not delivered. Emergency investigation resulted in identification of need for root canal treatment but [the] dentist could not provide this due to lack of PPE and I was*



*forced to go private. The practice should be able to get adequate PPE to carry out a full NHS dental service.” (August 2020)*

## Donna's experience of emergency dental treatment



*“I had had toothache off and on for about 6 weeks and after it did not go away and was getting worse I made contact with my NHS dentist to see what service they were able to offer.*

*The first conversation with the receptionist was not promising as she did not know if I could be seen and indicated this was unlikely. I was booked in for a phone triage call with a dentist for a Friday afternoon.*

*On the Friday I waited for the call but it did not come which was a bit frustrating. But then on Sunday afternoon when I was in a shop I received a call from the dentist. As I was not in the best place to have a conversation it was arranged they would phone back on Tuesday afternoon, which they did.*

*I was then given a face-to-face dental appointment to investigate the problem. The practice had put in place lots of measures to be Covid-19 safe and these were explained to me before I went.*

*My appointment was pretty similar to one in normal times and x-rays were taken and decay was identified. I was then booked in for a treatment appointment the following week. This all went smoothly and the dentist and nurse wore PPE and my tooth was filled.” (November 2020)*

## Difficulties accessing routine appointments

Trying to find a dentist that was offering routine or non-emergency appointments to NHS patients was the topic of three responses between August and November 2020:

*“My son's appointment for September was cancelled twice... it was cancelled because it wasn't [an] emergency. The receptionist wasn't helpful at all.”*

*“Being pregnant and trying to sign up to dental care is difficult. As no one will see me for routine check-ups.”*

*“Been unable to find [an] NHS dentist, only seem to be taking on private.”*

One person we spoke to explained how COVID-19 and the restrictions it had placed on dentists resulted in them being charged twice for treatment that should have fallen under the same single payment:

*“Susan had NHS treatment from dentist just before [the first] lockdown. She had a crown fitted at the cost to her of £296. The dentist told her she needed another one and could have it free through NHS charges if done within 2 months. Susan agreed and was waiting for the appointment but lockdown happened and dentists were only treating emergencies. The dental practice were supposed to contact Susan when open but they failed to do so. When Susan phoned them they said because it was over 2 months she would have to pay again.” (September 2020)*

## Hospital care

### Cancelled appointments

As the sample of comments below shows, some patients needing appointments at outpatient clinics have been left frustrated by the appointment booking and cancellation process, and the delays and confusion it has caused. Many of the examples highlight the difficulties people have experienced when they have tried to contact a department to find out more information:

*“Appointments cancelled, staff unavailable to answer queries, no communication for weeks on end, only progress made was after several phone queries, therefore appointment now more than 6 months overdue.” (June 2020)*

*“Discharge after surgery said follow up in 12 weeks. Appointment has been changed three times and is now not till March 2021, nine months later. So not so impressed with this. Appointments should be done in the timescale set by the consultant.” (June 2020)*

*“[Following surgery] Zofia has been in constant pain since the procedure and is unable to walk, look after her child or drive. Her appointment has been brought forward but she still has to wait many weeks and even then it is over the phone.” (November 2020)*

*“Kalima had an appointment in April but this was stopped because of the lockdown. After this Kalima was told that people would call her in June/July, but no one called her, no one sent a letter for treatment... Kalima has kept being told that she would be given an appointment and [is] on waiting list but doesn't receive a call back and isn't getting an appointment.” (October 2020)*



*“In my case I am still waiting for the treatment to commence which has taken 16 months to get this far.” (September 2020)*

*“Freya was given an appointment for endocrinology in February 2020. This was cancelled and she has now been given an appointment for June 2021... Since April 2020 she cannot get any contact with the department to get continuous medication. Her medication was supposed to change in May 2020.” (October 2020)*

*“Abdul was supposed to have a hernia operation last year. He heard nothing until recently he received a phone call to say there was a space for him to have his op on XX [date]. Since that phone call he has not had any more contact to say if was confirmed or still going ahead.” (September 2020)*

*“Diane’s daughter is dependent on growth hormone injections on a regular basis, administered by staff at [the hospital]. However, because of Covid, no one has contacted her to give an appointment... Diane has said she has tried many times to call the hospital but no one is picking up.” (September 2020)*

*“Fatima’s elderly father... has 2 types of cancer... Since the diagnosis he was to have further procedures and these have been cancelled or moved. For example, he was due to have a procedure and just beforehand he was called to say it had been cancelled. However, the surgeon’s secretary phoned to ask why he didn’t attend and it came to light whoever cancelled it did not inform the surgeon.” (October 2020)*

As many of these experiences show, cancelled appointments lead to delays in treatment starting or cause breaks in treatment. It is evident from the people who have contacted us there is an impact people’s emotional wellbeing caused by the uncertainty and confusion.

## Difficulties with phone contact

Some people have told us they struggle to reach the hospital by phone.

*“Nibal is trying unsuccessfully to get ongoing appointments in the Podiatry department... have tried on numerous occasions to get an appointment but no one is picking up the phone.” (September 2020)*

The examples below highlight the problems relatives have had when trying to call to ask after a patient who has been admitted.

*“Get through to the switchboard but when they transfer to admissions no one picks up the phone. Tried on numerous occasions.” (September 2020)*

*“AJ called to say his sister has been in hospital for 2 months and he is finding it hard to get through to anyone on the phone to see how she is. No one is answering.” (July 2020)*

*“Peter’s relative has been admitted to hospital... Peter has been calling the switchboard but cannot get through.” (October 2020)*

Both Jon and Alex’s experiences below show the difficulties some people faced when trying to access urgent treatment and advice from the emergency eye clinic. Both individuals have difficulties contacting the department by phone.

*“Jon was advised to go to the eye hospital and did so. He was told that the eye A&E is only taking telephone appointments for triage. Jon understood this and since he was already in the hospital grounds he started phoning numbers. He carried on phoning for half an hour but no answer; he said he heard the phone being picked up and put down again. Cut off every time. Jon spoke to the lady at the desk about it and eventually got through but told that he couldn’t be seen as needed to go to local hospital, but no information was given at any point that this was the case.” (September 2020)*

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## Alex’s experience of the emergency eye clinic



*“I’d had sore eyes for a while and had used drops suggested by my local pharmacist but this had not helped. So I rang my GP practice and had a phone appointment with a GP. The GP was at first unsure what to do and asked me questions about what my eyes looked like, which were hard to answer. They then consulted with colleagues and then phoned me back to say I should contact the Emergency Eye Department and they should see me based on my symptoms and gave me three phone numbers for the department.*

*I rang the first phone number in the list and it did not ring, it just cut off. The other two phone numbers were engaged and had no queuing system or any information for the caller. I cycled between trying each number for around 45 minutes until one was answered.*

*The person I spoke to was professional and asked questions to try to understand my symptoms. They said I could not be seen face to face as they were only seeing emergencies, such as loss of vision.*

*The person spent quite lot of time listing different opticians around Coventry I could go to. I was not sure what this was for so I asked and it*

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*seemed this was to have an eye test. I then asked specific questions about what I could do to relieve the pain and discharge from my eyes and was given the names of products I could buy. I bought them later that day.*

*So by the end of the phone conversation I had some useful information but it felt I had worked quite hard to ask questions in order to get this information. I could not keep up with information about opticians and would not have been able to accurately record this during the phone call.” (October 2020)*

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## Good experiences of outpatient appointments

We were told about some positive experiences of the referral and appointment booking process of various outpatients departments, including these examples:

*“I emailed [the outpatient department] on a Friday afternoon to make my own appointment, I received an email on Monday to attend on Wednesday. This was really quick as although it was fairly urgent it wasn’t an emergency.” (November 2020)*

*“Appointment made via GP; I arrived, as required, 10 minutes early & I was seen immediately.” (November 2020)*

*“Yesterday I had the misfortune to have an eye test at the opticians, be diagnosed with eye damage and be referred to the eye clinic at [the hospital]. I was treated amazingly quickly. From a 2pm opticians appointment I was referred, admitted, treated, and discharged by 6pm.” (December 2020)*

## Locations for care

Due to the nature of Coronavirus and how the virus can spread from person to person through close contact, especially in indoor environments, many NHS services have changed the way in which people attend face-to-face appointments. In some instances, the locations where they have been asked to wait or be seen for treatment has caused problems for people.

As in the case of Clare, who went to A&E on the advice of her GP, the arrangements for waiting to be seen were unsuitable, particularly given this was in November when outdoor temperatures are lower:

*“Clare was sent to A&E by her GP at 6pm. She waited 30 minutes to be seen. At triage she was told her child had shingles and she would need to wait in isolation to see a doctor. However, they didn't have anywhere for them to wait. So they asked her to wait outside. She asked how long the wait would be and was told about three hours. She explained she had come straight from a GP appointment so wasn't properly prepared. She decided at that point to go home and come back the next day better prepared.” (November 2020)*

The experience described below was one person's experience of attending a 'Hot Hub'. These hubs are designed to provide GP services to people who have tested positive for COVID-19 or are displaying symptoms of COVID-19. In this instance, the person using the Hot Hub had to rely on a neighbour providing a lift. This meant the person did not have a car to wait in when told to wait outside the building.

*“Although you have an appointment booked, when you arrive in a very dark car park full of wheelie bins you have to ring a number and then you have to wait outside. They only let one patient in at a time for safety/infection control reasons. When you go in you are seen and then, if as I did, you need a prescription, you are asked to wait outside again. The doctor explains they will be cleaning the examination room thoroughly before they write your prescription. For me this meant another 30 minutes wait in a cold, dark car park by myself feeling by now really very unwell.” (November 2020)*

Similarly, this person's experience of attending an outpatient's clinic at the hospital also involved waiting outside until their appointment time.

*“I had to wait outside at my appointment time for a nurse to come out to temperature check me and ask health questions. It was ok but fortunately it wasn't cold or raining... A weatherproof area should be available to health screen and temperature check people.” (July 2020)*

In this example, we heard from one woman who wanted help to make a complaint as her mother had been placed on a COVID positive ward due to a lack of beds being available in non-COVID wards:

*“Anita took her mother to A&E as she has an abscess... When she was being assessed Anita went home to collect some clothes for her mother. When she got back to the hospital she was told her mother was put on to Ward XX which is a Covid positive ward. Her mother did not have Covid and the ward was declared an AMBER ward. Anita asked why she was put there and was told it was where there was a bed.” (September 2020)*

One man, who was discharged from inpatient services a day earlier than was originally agreed, ended up having to wait outside the hospital building whilst he waited for transport home:

*“The clinical team had a meeting with him... and said he should be discharged on [date] and so he arranged for someone to collect him... However, as soon as the team left the ward he was told he was being discharged immediately. When he questioned it he was threatened with security. He was made to leave and had to sit outside of the hospital until he could get someone to pick him up.” (September 2020)*

In this instance, changes to the hospital layout and restrictions on patients bringing a relative or friend for support to an appointment meant an elderly patient had difficulty attending for treatment:

*“Haseem’s father is elderly and has to go to the hospital for injections in his eyes. The gate they normally go through is beside the eye department and when you go through it is directly there. However, Haseem tried to take his father through the gate today and was told he could not use that entrance to keep it Covid free and to use the main entrance. That is quite a distance away so when they got to that entrance Haseem was not allowed to enter with his father and his father was left to find his way all through the hospital on his own with his poor eyesight.” (August 2020)*

## GP services

We received mixed responses from people telling us about their experiences of GP services. These broadly fell into the following categories:

- Making an appointment - how easy or difficult it was to make, how to book the appointment (e.g. telephone or online)
- How an appointment was delivered (e.g. telephone or face-to-face)
- Frustration at the limited availability of face-to-face appointments

### Making an appointment

*“Easy to get an appointment.” (September 2020)*

*“Flu jab [was] very easy to arrange.” (October 2020)*

*“No online appointments for flu jab, they expected everyone to phone in. What a waste of time. Reinstate GP nurse appointment booking online.” (September 2020)*

*“Very difficult to get an appointment.” (August 2020)*

*“My only gripe would be the length of the pre-recorded message the GP surgery plays at the beginning of every call. And there are very set times mentioned for when you’re meant to call about certain things, which is a*

*bit off-putting and not very patient-friendly. As a result, I prefer to use the Patient Access app whenever possible.” (October 2020)*

## How the appointment was delivered

*“Received phone calls back in April and May, then face to face in July.” (July 2020)*

*“Had to wait 16 days for telephone appointment. I find it difficult to understand why you have to wait 2 weeks to talk to a GP on the phone when they are not seeing patients... Perhaps if they explained the reasons it might help.” (October 2020)*

*“I needed to measure my blood pressure in order to request a repeat prescription. I tried to find a pharmacy that would do this but this proved difficult so I called the surgery and asked if I can make an appointment to use their blood pressure machine. Lovely receptionist who said I could just turn up, ring the bell and would be assisted. Went down there and it was straight-forward...” (December 2020)*

*“Had to wait outside for over an hour past my appointment time to be seen.” (September 2020)*

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## Isla's experience of accessing GP services remotely



*I have a long-term condition which my GP and I are still trying to find the right treatment for. This has involved a bit of trial and error with medication. I felt the one I was using was not working after a few months of taking it, so I felt an appointment was warranted to discuss alternatives.*

*I made the appointment online using the Patient Access app. This is preferable for me as the phone lines are often busy and I prefer doing things online rather than calling people, if possible. I was able to get an appointment for just over a week's time at 8.20am. I could have had an appointment sooner if I did not specify which GP I wanted to see but I prefer to speak to the same one... This was clearly identified as a telephone appointment on the app and I was asked to check my contact details were correct.*

*When I have attended in-person appointments, I often have to wait 40+ minutes in the waiting room. With the telephone appointment, the call came through at 8.30am so this was a significant reduction in waiting time. We discussed my thoughts on medication and the GP agreed to prescribe a new one. She organised for this to go directly to*



*the pharmacy. She also sought my consent to text me some links to information leaflets, which arrived promptly.*

*Unfortunately, the medication she prescribed does not appear to be stocked by any pharmacy within a reasonable distance of my home address... I rang multiple pharmacies and all said they did not stock it.*

*In the end, I rang my GP surgery and the receptionist passed a message to my GP about the issue. The receptionist offered to get the GP to call me to discuss alternatives but I explained I would be unavailable to take calls and, as we had discussed a few alternatives previously, I trusted the GP to pick one of those instead. The GP sent me a text the same day to confirm she'd changed the prescription and sent it to the pharmacy. Luckily, this one they stocked!*

*This was my first experience of having a GP appointment solely conducted via telephone... I was not offered the option of a video call (I would have said no anyhow but I think it's interesting it wasn't offered). As I have a good relationship with my GP and it was to discuss an on-going condition, I didn't feel 'short changed' by it being a remote appointment, and we achieved the same outcome we would have if it had been in-person. (October 2020)*

## Non face-to-face appointments

*"I wanted to see my GP but was consistently offered phone appointments at which I was given antibiotics and steroids... They had sent me for a Covid test which was negative but still wouldn't see me in person." (November 2020)*

*"GPs are not seeing anyone because of Covid-19, why is that? Pharmacies are open, nurses and hospital doctors are working, the doctors of walk-in centres and 111 are working, so why not GPs? I bet they are still getting paid the same. They can't examine you over the phone..." (July 2020)*

*"[I am] a carer of my disabled son, [who has] multiple conditions following a stroke. Our GP practice is totally ignorant of the situation and his complex needs. They are managed by a computer and we cannot get to see a regular GP face-to-face. A complete change and take over by strangers is so difficult." (August 2020)*

*"It bothers me that now I can order prescriptions online I am no longer having my yearly medicals." (October 2020)*

*“My GP... would not see me because I had a cough despite having a clear Covid test.” (November 2020)*

## Positive feedback

We received some positive remarks about clinical staff (e.g. doctors, nurses, pharmacists, etc.) when treatment has been delivered. In this section we have included direct quotes only.

*“Was taken great care of whilst having treatment during COVID. Both doctors and nurses were amazing despite all the pressure they’re under.” (December 2020)*

*“The nursing staff and optical surgeons were very kind and supportive and I wanted to pass on my thanks; this was the NHS working at its very best when we are all aware how under pressure the system is.” (December 2020)*

*“I needed additional support due to another health condition which they were very supportive with.” (July 2020)*

*“Consultants and nurses [were] fabulous.” (August 2020)*

*“[My husband was] admitted through A&E, seen by a consultant, who was amazing... Definitely felt well looked after.” (June 2020)*

*“My GP has been my rock, always there for me. Sometimes just to listen but very patient and understanding. Just to know he is there has been a real comfort to me.” (August 2020)*

*“I then asked the pharmacist at X for help and she directed me to X who were very helpful, conducted a diagnosis over the phone and gave me a prescription for antibiotics... I am very grateful to them.” (June 2020)*

## Conclusions

The lived experiences of Coventry people who have needed to use NHS services in recent months provide an insight into how services are meeting the needs of the population.

Two of the key issues we identified were the poor communication and lack of information provided. These issues occurred across a range of services. The delays, frustration and worry these issues cause is evident. Some people were unable to make contact with unwell loved ones in hospital because of telecommunication issues whilst others were unable to find out who to speak to for urgent health advice.

From the experiences recorded in this report, it would appear there is more work to be done to make it clear to the public how services have changed and why. This must include multiple communication channels so people who cannot access online information are not disadvantaged.

The move to make more GP appointments available remotely using technology was accelerated by the arrival of the pandemic. Whilst these services are well received by some people, further work is needed to ensure access remains fair, and remote appointments are easy and appropriate.

Many of the problems around dentistry that are affecting people in Coventry are also affecting people throughout the UK. There are similarities in the problems we have been told about and those described in the Healthwatch England report published December 2020<sup>1</sup>. A national response is required to address these issues and inequalities.

## What next?

We have listened to what people have told us about their experiences and what they would like to happen. As there are indications of themes, we ask that individual NHS services and local NHS plans consider and address the following:

### Better phone systems

Many services have switched to phone and so there is increased demand on phone systems and those answering the phone. However, it seems that as yet phone systems and resources have not necessarily kept pace with this development leaving people frustrated by the response they get.

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<sup>1</sup> Healthwatch England (2020) *What people are telling us: A Summary*; Available at: [www.healthwatch.co.uk/report/2020-12-09/what-are-people-telling-us-july-september-2020](http://www.healthwatch.co.uk/report/2020-12-09/what-are-people-telling-us-july-september-2020)

NHS services such as GP practices and hospital outpatient departments should:

- check their phone systems are working (phone lines connect)
- review any messages to make sure these are helpful
- implement phone systems which provide call queuing and information about this
- answer phones within a reasonable timeframe so consideration needs to be given to whether enough staff have been allocated to the task
- have a facility to leave a voicemail or transfer to an alternative department should be offered where possible if the call can't be answered in a reasonable timeframe. Or alternatively, consider whether there is capacity for a caller to select a 'call back' option if a phone line is often busy. This would prevent people from waiting in long call queues.

## How an appointment is delivered

### GPs

People are experiencing differences between GP practices in terms of accessing appointments. Some have positive experiences of new ways of accessing appointments but others are having issues accessing the service. More work is needed to ensure patients have access to the right type of appointment and that people know they should have a face-to-face appointment if another type of appointment won't work for clinical reasons, or because the patient would not find a remote appointment possible.

### Video appointments

We have not heard of much direct experience of people having video calls for consultations, instead we hear about phone appointments. Video appointments would be helpful when the healthcare practitioner needs to see physical symptoms, rather than relying on people describing these themselves or trying to take pictures.

### Outpatient appointment communication

Outpatient appointment cancellation letters should clearly explain to patients who to call if the patient needs to discuss the cancellation with the department. Details for the Patient Advice and Liaison Service (PALS) could be included within letters so people know who else they can contact for advice.

## Keeping people informed of changes

More work is needed by NHS services to ensure that:

- Any changes to how services are delivered are publicised well to people in Coventry.

- Contact information is kept up-to-date and offers more than one way for people to contact a service wherever possible.
- Information online, in print, on telephone menus, and in physical locations makes it clear how to get emergency treatment.

## Layout/design of care locations

The following factors should be addressed:

- Whether new layouts put in place for COVID-19 are suitable for people with disabilities who may be using the service.
- Consider patient waiting areas - if outdoors, these should provide adequate shelter and be well-lit.
- Whether there is enough signage for people to find their way around.



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# Appendices

## Appendix 1 - How we collected our information

COVID-19 has suspended all face-to-face engagement work Healthwatch Coventry would usually undertake. This means we have gathered most of our information online, through surveys, feedback forms and emails. This may have excluded people who are not able to use a computer or have access to a device that allows them to use the internet.

The experiences contained in this report have been collected in several ways:

- We have an Information Line which is open to the public to find out information and ask questions about NHS and social care services. We keep a log of these calls and emails and use this information to identify key issues. Between July 2020 and December 2020 we received a total of 197 calls and emails in this way. A selection have been used within this report.
- Some of our information comes from people living in Coventry who have visited the Healthwatch England website and filled in a feedback form. Between July 2020 and December 2020 we received 43 responses this way. Some direct quotes from people filling in this form have been used in this report.
- In December 2020, we launched an online pilot survey to directly collect people's experiences of using or trying to use NHS services since the end of the first COVID-19 lockdown. People could fill in the survey as many times as they liked so they could tell us about more than one experience. We received 20 responses in total.

The information we have collected has been from people who have contacted Healthwatch. This means we have only gathered data from people who have initiated contact with us and are aware of Healthwatch.



## Appendix 2 - Demographic information

When carrying out research, it is good practice to collect some information about people's characteristics such as their age or what ethnic group they identify with. These are called 'demographics' and they help us to know if we have heard from a wide range of people who may have different needs and backgrounds.

The information that we used to write this report was collected from different sources. Because of this, we have incomplete demographic information. When people call our Information Line, we do not routinely collect information on their age, gender, ethnicity or whether they have a disability. This means we do not have demographic information for the 197 calls and emails.

We have complete demographic data for the 43 responses from the Healthwatch England feedback form and for the 20 responses we received for our pilot survey. These results are shown below.

### Gender

Of the 63 responses, 75% (47) were from women, 17% (11) were from men and 8% (5) were from individuals who declined to answer. People were also offered the option to select non-binary, transgender, self-describe and 'other' but we did not receive any responses for these options.

### Ethnicity

We asked people to select their ethnic group from a comprehensive list. Below is a table listing the ethnic groups respondents told us they identify with. In the right hand column we have indicated how many responses we received from each ethnic group. Of those for who we have ethnic monitoring data (not including the 197 Information Line contacts) 87% were from people who identified as White British.

Ethnic Group	Number of Responses
White: British/English/Welsh/Scottish/Northern Irish	55
White: Irish	2
White: Any other White background	4
Prefer not to say	2

### Age

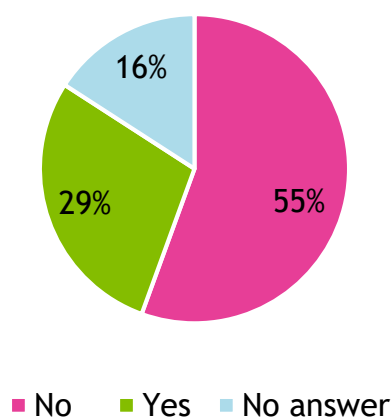
Both the pilot survey and the Healthwatch England form collected information about people's ages. However, different age brackets were used for the answers which makes it difficult to report the results. What we can see is that 54% (34)

of people were aged 64 years and under, whilst 41% (26) were aged 65 years and over. 3 people did not answer the question.

## Disability

29% (18) of responses were received from people who identify as having a disability. 55% (35) said they did not have a disability and 16% (10) did not answer.

Do you consider yourself to be disabled?



## Carers

We asked people whether they have caring responsibilities for another adult as an unpaid/family carer. 28% (17) said yes, 69% (43) said no, and 3% (2) did not answer the question.

# healthwatch Coventry



[yoursay@healthwatchcoventry.co.uk](mailto:yoursay@healthwatchcoventry.co.uk)



[www.healthwatchcoventry.co.uk](http://www.healthwatchcoventry.co.uk)

@HealthwatchCov



024 7622 0381

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