Britainthinks
Insight & Strategy

March 2021

Patients and public

Phase 2 (February 2021)

Report

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Contents

01 Background and methodology

We are in Phase 2 of an ongoing research study

Phase one	Phase two	Phase three
August - September 2020	*February - March 2021*	*TBC*
• Tele-depths with HCPs • Tele-depths with Patients • Mini-groups with the Public • Survey with the Public	• Tele-depths with Patients • Mini-groups with the Public • Survey with the Public	Expected: • Tele-depths with HCPs • Tele-depths with Patients • Mini-groups with the Public • Survey with the Public

HCPs did not feature in this phase of the research due to pressure on the NHS as a result of fieldwork coinciding with very high Covid-19 case numbers.

Patients were re-recruited from Phase 1 to allow us to monitor their evolving experiences and attitudes with the NHS throughout the Covid-19 pandemic.

Research objectives

- The focus of the Phase 1 research was to understand patient, public and professional views of the NHS during Covid-19 and their priorities for on-going reform, as well as the policies and messages that resonate most with different audiences.
- The specific objectives for Phase 2 were to understand:
  - How patient and public attitudes towards the NHS are continuing to be shaped through the experience of Covid-19 and the changes it has brought about.
  - Where ‘credit’ and ‘blame’ is apportioned when thinking about the NHS’ performance through the pandemic.
  - Experiences of remote appointments, and expectations for their use moving forward.
  - Expectations and priorities for the NHS in the future.

Sample & methodology

12 x tele-depths with patients

- All to have one (but sometimes multiple) long-term conditions, with a mixture of severity of conditions and in-service use.
- The conditions included:*
  - 4 x cancer
  - 9 x long-term health conditions (including COPD, asthma, IBS and Crohn's disease)
  - 2 x elective surgery
  - 3 x mental health conditions

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

6 x mini-groups with the public

- 6x mini-groups with 5x participants in each
  - 4x groups with over 30s,
  - 2x groups with under 30s.
- All participants low-moderate service users.
- Participants from a range of locations across England, with a mixture of urban, suburban and rural areas.
- SEGs of C1C2.

Survey with 2000 members of the public

- Nationally representative survey with n=2104 members of the UK public aged 18+ online.
- The sample covered England, Scotland, Wales, and Northern Ireland.
- Survey fieldwork took place between 26th and 28th February 2021 and was 7 questions long.

02 Key findings

Key findings

1

In line with the Phase 1 findings, patients and public continue to praise the NHS for the pandemic response.

- This is seen as especially impressive in the context of long-term underfunding.

2

The quantitative research shows that experiences of care are good (for example, 90% of those who have accessed secondary care rate the quality of care received as good). However, qualitative research shows that below this headline individual experiences of care are very variable.

- Amongst the patient groups we spoke to, for example, the cancer patients and patients on the surgery waiting lists reported that their care had improved since Phase 1. In contrast, those with mental health conditions and long-term conditions were more likely to report challenges accessing care and poor experiences of interactions with HCPs.

3

Despite some positive experiences of remote appointments, when thinking about how care should be delivered in the future, face-to-face remains the preferred mode. There is a concurrent desire to avoid a 'remote by default' approach.

- Both qualitative and quantitative research suggests that this preference is driven by questions about the ability of HCPs to deliver high quality care remotely: 68% agree that they would prefer F2F because they do not think that their HCP would be able to assess them as effectively remotely.

Key findings

4

When thinking about when remote appointments are appropriate, 4 questions are used to assess suitability:

- *Is this an issue that might require a physical exam / intervention within the appointment?*
- *Does the patient have a condition where non-verbal cues are very important?*
- *Is it a sensitive issue, or is the patient particularly vulnerable?*
- *Does the patient have any characteristics that might make engaging remotely challenging?*
- If the answer to any of these is yes, the view is that face-to-face appointments are more appropriate.

5

Compared to Phase 1 of research, there are signs of increasing optimism and declining pessimism regarding the standard of care provided by the NHS over the next 12 months.

- The proportion of those who feel care will improve has risen from 16% to 27%, whilst those who feel care will get worse has dropped from 41% to 21%.
- However, 4 in 10 feel care will remain the same (43%).

6

Consistent with long-standing perceptions of under-funding, lack of funding is the public's biggest concern over the medium-long term (selected by 39% of respondents).

- However, in the short term, the qualitative research suggests addressing waiting lists is the key priority, with tackling understaffing and addressing the mental health impacts of the pandemic also important.

Similarities and differences between public and patients

	Attitudes towards and experiences of the NHS	*Responsibility for improvement and maintenance of NHS*	*Future of NHS healthcare delivery*
Public	Both groups are aligned in their positive views of the NHS which have continued from Phase 1 of the research. Specific **patient groups** (LTHC and mental health) and **members of the public with higher level of interaction with the NHS** have had more negative experiences, however they don't always correspond to more negative views.	**Patients** and the **public** are also aligned in their views of responsibility: • HCPs: limited to specific patient care. • NHS management: control management of funding and staff. • Government: seen to have the most influence, on direct and indirect factors that impact the NHS.	**Patients** and the **public** continue to support remote appointments within a certain set of circumstances alongside face-to-face appointments going forward.
Patients			However, there is also a growing concern about potential impacts on the quality of care, particularly among **patients.**

03 Attitudes towards the NHS and experiences of healthcare

- Impact of Covid-19 on perceptions and experiences of the NHS
- Patient deep dives

The NHS – and frontline staff in particular – continue to be praised for their pandemic response, which is seen as especially impressive given long-standing concerns about underfunding

What three words would you use to describe the NHS and social care system currently?

> ***"I can't imagine the pressure they're under. They really do need all the recognition they can get because of it.*** *They're putting their lives on the line to save families."*
>
> Female, cancer, Greater Manchester

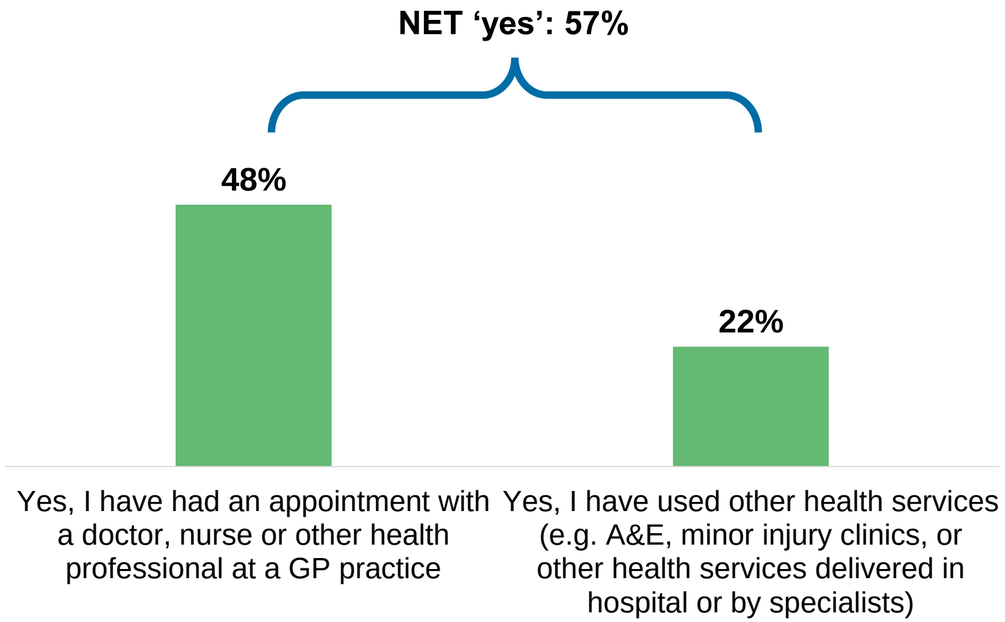
> ***"I trust the NHS and I always trust them to step up to the challenge. I think they've done wonderfully****. But they're always* ***underfunded****."*
>
> Public focus group, 30+, Sussex

> ***"What's holding it together is the doctors and nurses—they're doing that on a legacy of being very undermined and undervalued****."*
>
> Public focus group, under 30s, Sussex

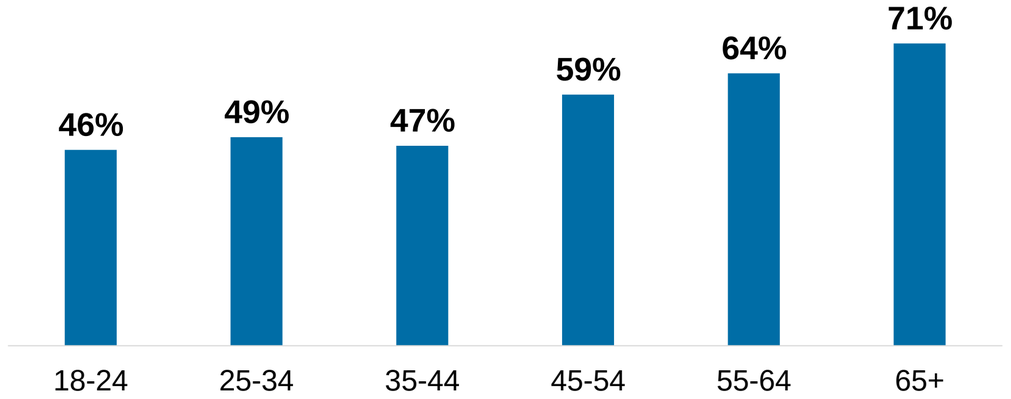
The vaccine roll out is seen as a key success and is a symbol of the NHS's ability to swiftly deliver care to those who need it most.

Over half (57%) of the public have used NHS services since the start of the pandemic in March 2020

Have you used NHS services since the start of the pandemic in March 2020?
Showing % of respondents who selected each option



By age
Showing % of respondents who selected 'NET: yes'



Q. We'd like to understand your experiences of accessing NHS services since the first lockdown in March 2020. Have you used any NHS services since the start of the pandemic in March 2020? Base size: all respondents (n=2104); aged 18-24 (n=239); aged 25-34 (n=382); aged 35-44 (n=344); aged 45-54 (n=374); aged 55-64 (n=332) aged 65+ (n=433)

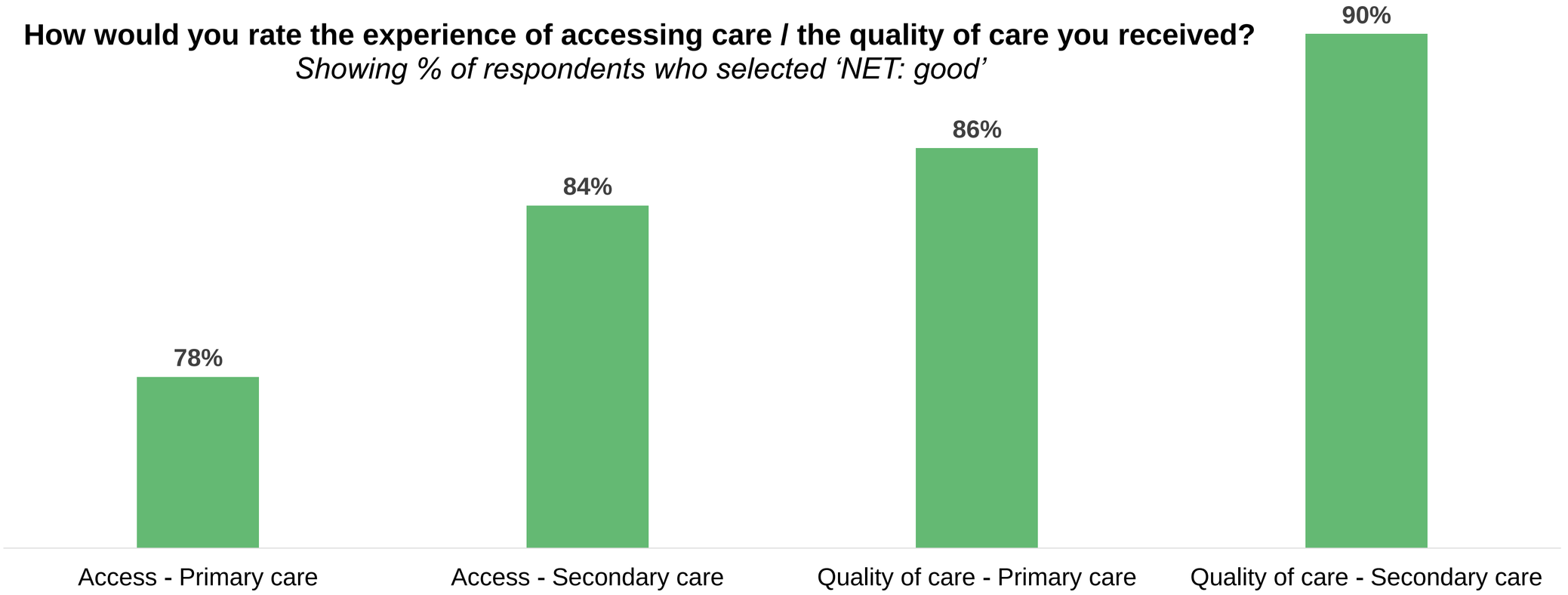
We looked at experiences of care through two lenses:

Access to care

Quality of care

Quantitatively, overall perceptions of access to and quality of care are positive for both primary and secondary care

How would you rate the experience of accessing care / the quality of care you received?
Showing % of respondents who selected 'NET: good'



Q. And thinking about your experience of using [primary/secondary] care, how would you rate the experience of accessing care / the quality of care you received? Base size: respondents (n=2104); who have had a primary care appointment (n=1011); who have had a secondary care appointment (n=471)

However, the qualitative research indicates that under these figures experiences vary considerably, with some patients reporting very challenging experiences

“I was in hospital last week for 4-5 days. ***For 3 days, I was left on a trolley****. I didn’t have a proper bed. The nurses were concerned — they said, ‘You haven’t moaned, you haven’t said anything’. I said ‘How can I? I can see how stressed you are, you’re off your feet, you obviously don’t have beds’.”*

Female, LTHC, East Midlands

Even the most negative experiences of care, however, do not impact overall perceptions of the NHS – instead they are attributed to individual HCPs or unavoidable system pressures.

Access to care

During fieldwork, both audiences expressed a reluctance to access care unless it is absolutely necessary*

For the public, this is largely due to **concerns of contributing to already overburdened health services**, particularly GPs and A&E.

This is strongest amongst those who only rarely access care, who are more likely to take a ‘grin and bear it’ attitude.

For patients, this is primarily due to **a desire to protect themselves from the risk of catching Covid-19**.

In addition, **a feeling amongst some patients that the NHS is not currently meeting their needs** led to a sense of futility which acts as an additional barrier.

Fieldwork was conducted during the peak of the second wave of the Covid-19 pandemic, which may have led to higher levels of anxiety than might have otherwise been reported.

Despite 78% of those who have accessed primary care reporting positive experiences of access, qualitative research indicates extremely variable experiences

Where experiences of access are positive, patients and the public highlight:

- The use of triage services.
- Feeling able to secure an appointment for issues that are not urgent.
- Reception staff that are easy to reach via the phone and accommodating when an appointment is requested (e.g., offering various time/dates).
- Effective communication.

*"During lockdown, I've been dealing with depression and anxiety. The **NHS acted quickly on my case, especially getting prescriptions and therapy sessions – by the next week I had therapy,** I'm doing it every week now. I have to clap the NHS for that, they've saved me in a way."*

Public focus group, under 30s, Sussex

Where experiences of access are negative, patients and the public highlight:

- Extended waiting times on the phone when trying to book an appointment.
- Inconsistent booking methods (e.g., a mix of online and phone for the same booking).
- Poor communication on current operations and capacity for appointments.

*"I tried to get through so many times – **there are no appointments, you can't get through**, especially on Mondays. You're at the mercy of reception!"*

Public focus group, 30+, East Midlands

Q. And thinking about your experience of using primary care, how would you rate the experience of accessing care? Base size: all respondents (n=2104); who have had a primary care appointment (n=1011)

And with 84% reporting good experiences of accessing secondary care, the qualitative research indicates some improvements here relative to Phase 1 (although variation remains)

Where experiences of access are positive, patients and the public highlight:

- It feeling easier to access care relative to the situation several months ago.
- Clear communication about the processes for accessing care.
- Alternative ways of accessing care (e.g. private facilities paid for by the NHS).

Where experiences of access are negative, patients and the public highlight:

- Secretaries that act as gatekeepers to HCPs but are not easily contactable.
- Closure of specialist facilities, and poor communication regarding their re-opening.
- Delays in referrals, which leave patients feeling they have fallen between the gaps.

In the qualitative research, improvements in access were most likely to be highlighted by those with cancer, or patients on the surgery waiting lists. Negative experiences were more common amongst patients with mental health concerns or long-term health conditions. Some members of the public have also experienced extensive delays in referrals to secondary care (either personally or through a family member) for less serious but persistent health conditions.

Q. And thinking about your experience of using secondary care, how would you rate the experience of accessing care? Base size: all respondents (n=2104); who have had a secondary care appointment (n=471)

Quality of care

Most report good quality care in both primary (86%) and secondary care (90%). However, the qualitative research indicates that perceptions of quality are driven primarily by the interaction with HCPs, and some patients report significant concerns in this regard

Where experiences of access are positive, patients and the public highlight:

- HCPs listening to, and showing understanding of, a patient's concerns and experiences.
- HCPs checking in with patients after appointments (e.g., follow up calls).
- Have a clear account of next steps.

"The NHS and staff are really good. I had to give birth a few months ago, obviously in hospital, and ***they're just really good all the time."***

Public focus group, under 30s, East Midlands

Where experiences of access are negative, patients and the public highlight:

- Failing to show empathy.
- Failing treat a condition seriously.
- Not having the knowledge / skills to address a patient's concerns.
- HCPs being inaccessible or unapproachable before or after appointments.

*"I've spoken to 2 GPs, one is brill, goes above and beyond, the other…****he was very dismissive. He said it's because you're too fat. That happens a lot."***

Female, cancer, Greater Manchester

Q. And thinking about your experience of using [primary/secondary] care, how would you rate the quality of care you received? Base size: all respondents (n=2104); who have had a primary care appointment (n=1011); who have had a secondary care appointment (n=471)

The appointment mode (F2F v. remote) is an important and interconnected secondary consideration shaping perceptions of quality

- **Patients and the public acknowledge that remote appointments can offer tangible benefits** for both HCPs and the public
  - **Time:** For patients (travel and waiting times) as well as for HCPs.
  - **Convenience:** Due to ease of scheduling around work and other commitments.
  - **Reducing the risk of spreading illness:** By removing the need for individuals to leave the house when sick.

> ***"I was happy with my experience**. I was able to describe my issue with no problems, and **they could prescribe me with medication there and then**. It was with a GP I already knew, but to be honest I would trust any doctor to do a good job."*
>
> Male, surgery, Midlands

- And participants across our sample report **positive experiences of remote appointments** where they felt satisfied with the care they received.
  - These were normally simple or routine appointments.
- However, there is concern that, in practice, **remote appointments mean less time with HCPs** – with some participants describing feeling 'rushed off the phone'.
  - And a widely held view that some health concerns are simply not appropriate for the format.

03

Attitudes towards the NHS and experiences of healthcare

- Impact of Covid-19 on perceptions and experiences of the NHS
- Patient deep dives

We conducted deep dives into our four patient types:

- Mental health 
- Long term health conditions 
- Cancer patients 
- Surgery patients 

Summary of experiences

Some improvements in experiences since Phase 1 (August 2020)

Surgery patients

- **All patients that were previously waiting for it have been able to receive surgery,** either through the NHS directly or via private facilities paid for by the NHS.

Cancer patients

- Patients report that **access and quality of care has improved** due to some in-person appointments being made available and HCPs adjusting to new processes.

Some deterioration of experiences since Phase 1 (August 2020)

Long term health conditions

- Lack of access to specialist care has left many patients having to **self-manage without feeling that they have the support required** to do so effectively.

Mental health

- Patients report **significant access and quality of care issues resulting in adverse affects on their health**, further exacerbated by the impact of additional lockdowns.

All patients within our Phase 2 sample who needed surgery have now been able to receive it

Access to care

- **All patients within our Phase 2 sample have been able to have the surgery they need**.
- Surgery has taken place either through private facilities paid for by the NHS or directly with the NHS.

Experiences of care

- **Thinking on the quality of care is dominated by the experience of surgery**, with most pleased with this. Those treated in private hospitals are especially likely to report a good experience, describing excellent facilities and calm atmosphere.
- Experiences of check-ups are varied, depending on whether they have been delivered in person or remotely. **Patients feel remote appointments do not offer the same quality of care**, due to the inability for HCPs to physically examine them.

Patients feel a **huge sense of relief** that they have been able to get the surgery they need. Although all are now either still recovering and undergoing physiotherapy, or require further treatment for other health concerns, they feel more optimistic about their health moving forward.

*"**I ended up being taken to a private hospital for my hip operation, which was paid for by the NHS**. It was a bit of a surprise to me that this happened, but obviously the rooms and things there were good."*

Male, surgery, Greater Manchester

*"After my surgery **it was such a relief** to hear that they have now gotten it all [the cancer]."*

Male, cancer/surgery, Greater Manchester

Case study: Jim*

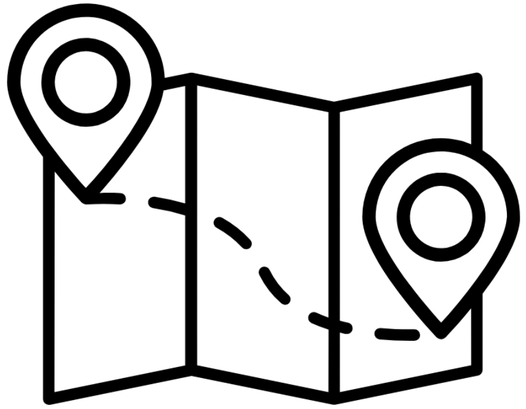
Condition(s): Musculoskeletal, hip replacement

Phase 1

Jim first experienced health issues 8 years ago, which started with pains in his knees but soon extended to his back and hips. He was told he needed hip replacement surgery at the end of 2019 and was put on a waiting list.

When Covid-19 hit, Jim's waiting time was extended. He was understanding of this and still felt confident he would be seen eventually. However, his health issues had a big impact on his mental health due to his inability to participate in his normal active lifestyle.

Furthermore, Jim had a negative experience with the NHS after suffering a fall which impacted his back. Here he received a rushed service and was forced to be treated in a hospital corridor which left him feeling improperly cared for.



"I was on waiting lists from about May/June last year, but then before Christmas the surgeon called me up to check if I was still in pain and I was able to get the surgery in early January. No complaints here."

Phase 2

Since Phase 1 of the research, Jim has been able to get the hip replacement surgery he needed. After receiving a call before Christmas to check it was still needed, his appointment was scheduled for just a few weeks later. It took place at a private facility which was paid for by the NHS. Jim was pleased with the speed and ease of this process.

As Jim is now in recovery from his surgery, his morale is affected by his lack of mobility and independence, and he struggles with physio which he finds difficult. However overall, he is pleased to have finally received the care he needs and is looking forward to getting back to being more physically active again.

**Names have been changed*

Although some cancer patients describe ongoing concerns around their care, many have seen improvements in the past six months

Access to care

- The initial perception of chaos seen within the first six months of the pandemic has died down a little, and **patients report that access to care through both in-person and remote appointments has improved.**

Experiences of care

- Overall cancer patients **continue to prefer in-person appointments** so they can have symptoms examined and further tests where needed.
- **Remote appointments are accepted as necessary for the time being,** and for some offer the additional benefit of not putting them at risk of Covid-19.
- Patients feel that **communications have improved over the last 6 months,** with more regular updates and clearer accounts of next steps.

Although some patients still feel concerned about their care, **most have seen some positive progress leading to slightly higher morale.**

*"**At first it seemed everything was up in the air, improvised**. It was like having multiple letters for appointments, then having them cancelled and transferred to telephone which is disturbing when you have skin cancer."*

Male, cancer, Greater Manchester

*"**In the past six months I have been able to have cat scans and an operation that I needed on my leg**. My personal experiences of care have been great."*

Male, cancer/surgery, Greater Manchester

Case study: Rebecca*

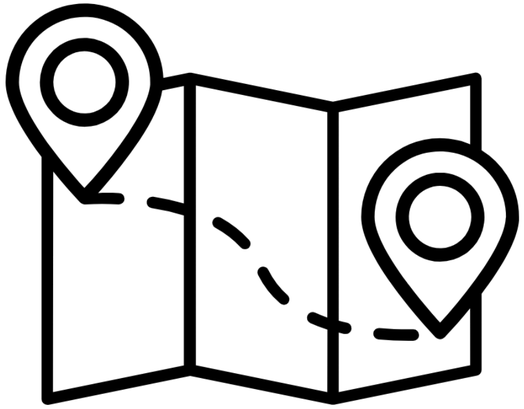
Condition(s): Breast cancer, diabetes, autoimmune inflammatory disorder

Phase 1

Although Rebecca was able to complete some of her cancer treatment before the pandemic hit, the need for in-person care limited her ongoing treatment.

She received an injection every month to regulate her hormones and reduce the risk of her cancer returning but was told these might not continue by a GP receptionist. Rebecca was fearful and angry at having to fight for this treatment.

Many of her appointments were changed to phone calls. Rebecca struggled to communicate her concerns and felt rushed off the phone. During her one in-person appointment, Rebecca was afraid of the infection risk in the hospital as someone near her was turned away due to their high temperature.



"They've been a lot better since when we last spoke… [The oncologists] are lovely, they're brilliant [and my GP] he's been brilliant, he understands everything."

Phase 2

After discovering a new lump on her breast, Rebecca had an in-person appointment. While still nervous about Covid-19 infection risks, Rebecca described the oncologist as helpful. In particular, the doctor was informed about her rarer health conditions, which made communication easier.

She also had more positive experiences with phone consultations. Rebecca described her GP going 'above and beyond', showing attentiveness to her concerns, such as calling back promptly after appointments to share additional thoughts that had occurred to him.

More challenging experiences were seen as being due to specific HCPs – such as a neglectful GP when her usual doctor was unavailable, and a diabetes consultant not accepting promptly returned calls.

**Names have been changed*

Patients with long-term health conditions are continuing to face challenges with the level of care they are receiving

Access to care

- Some **specialist units have not been open** throughout the pandemic, and communication surrounding re-openings and future access have been limited.

Experiences of care

- **Remote appointments have often replaced in-person** but are often seen as insufficient as they cannot include a physical examination.
- **Where in-person appointments have taken place, experiences are often poor** due to patients feeling their HCPs are overwhelmed and don't have the time to give them care.
- **In the absence of consistent support, patients describe struggling to self-manage,** with many feeling they don't have the skills to do so properly.

Patients who have had flare ups or needed more medical support **feel ignored by the NHS system**, and are deeply concerned that their health could decline further due to not getting the specialist care that they need from GPs.

"Normally they would examine you in person, but I was given an appointment over the phone. ***They couldn't check me over. That alone took me 12 weeks to book****."*

Male, LTHC, Greater Manchester

"I had a phone consultation with my GP, but ***they know nothing about the condition that I have.*** *They were kind about it, but I wouldn't say it was a great experience."*

Female, LTHC, East Midlands

Case study: Ellie*

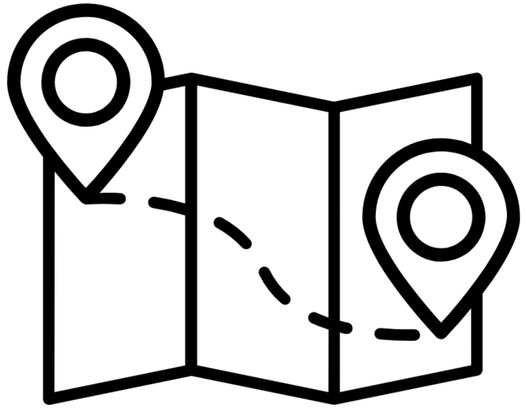
Condition(s): Ehlers Danlos Syndrome

Phase 1

Before the pandemic, Ellie attended a specialist care unit with a consultant, support team and facilities to manage her condition.

At the start of the first lockdown, all her appointments were cancelled, and she did not have access to the facilities vital to managing her condition. Ellie was informed of the 'vulnerable list' as an option to ensure continued access but does not know if this was put in place.

Ellie's symptoms worsened, leading to her dislocating her hip trying to get out of a chair. She could not reach her consultant directly, and her GP surgery has minimal knowledge of her condition. She felt uncertain about managing her condition and felt ignored by the NHS.



"[I've had] remote physio by telephone and one video call – a complete waste of time, biggest waste of time I have ever had in a physio. They don't understand how joints move, I still have a problem 5 months on. My experience was terrible."

Phase 2

Ellie's health has continued to decline due to restricted access to care. The specialist care unit she relies on to manage her condition remains closed, with no clear information on when this will change.

Ellie has had virtual appointments but did not find these helpful. Due to the rarity of her condition, her GPs have not been able to fully support her, while physiotherapy has been ineffective over phone and video calls.

These issues have been compounded by additional complications: winter weather further limiting Ellie's movement, and becoming ill with Covid-19 resulting in fatigue. She feels her Ehlers Danlos has relapsed to the level it was prior to receiving any treatment.

**Names have been changed*

Many patients with mental health concerns are reporting declining wellbeing due to the pressures of Covid-19 and difficulties accessing care

Access to care

- Whilst patients report that routine care is happening, they report **significant challenges accessing crisis care** (e.g. requests for support not being followed up on).

Experiences of care

- **Digital delivery of services are not felt to be sufficient in helping patients manage the additional pressures of Covid-19:**
  - Patients say they feel pressure to present as 'doing well' even when they are struggling, and are more easily able to conceal issues in a virtual environment.

All patients in our sample report **declining wellbeing** as a result of a lack of high-quality care in response to the additional pressure of the Covid-19 pandemic and lockdowns.

'A phone call is better than having nothing at all… but I feel that's all I have. ***I'd choose in person – just simply because I feel a person's body language, facial expression, tone of voice all connects to what they are saying."***

Female, mental health, East Midlands

"My experience of hitting a crisis point, ***the care wasn't really there if I'm honest.*** *You call a crisis team and that was poor in itself and then when it got back to the service I'm with they didn't do much about it either****, I was left alone."***

Female, mental health, East Midlands

Case study: Rita*

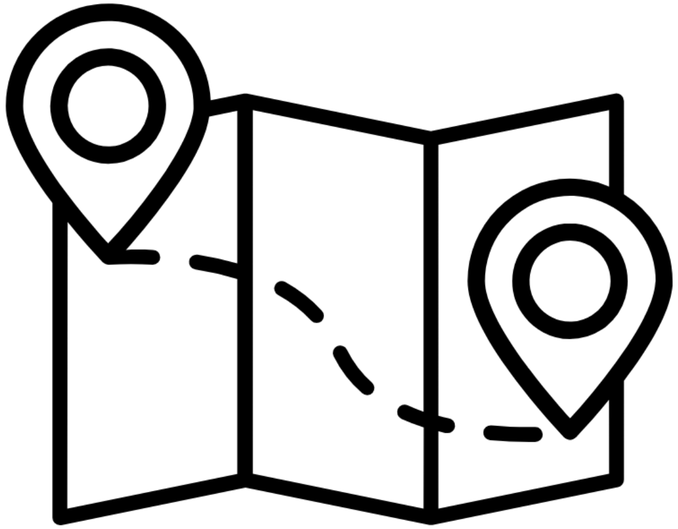
Condition(s): Anxiety, depression, and borderline personality disorder

Phase 1

Rita was first diagnosed with mental health conditions in late 2019. Her conditions significantly affect her day-to-day life. Pre-Covid-19, in addition to family support, Rita also had a care coordinator available 9-5 on weekdays – and access to the crisis team outside of those hours.

Rita was hospitalised for her conditions prior to the pandemic, and discharged during the first lockdown. This was a particular challenge: not only did she feel anxiety going outside due to Covid, but her crisis team could not visit in-person.

Virtual appointments were difficult for Rita to manage. While phone calls felt too formal to speak openly, video calls created pressure to present as 'well' – even if this was not true.



"To actually see a doctor – that's gotten incredibly hard… I was referred to a new psychiatric doctor in July, and it's now February and I've not spoken to them at all."

Phase 2

Rita's mental health has continued to deteriorate because of the pandemic. The worry of catching Covid-19 has added to existing anxiety about going outdoors and seeing people, and the ongoing lockdown has limited her access to a broader support network of family and friends. This has resulted in an overall feeling of mental exhaustion and loneliness.

Rita also feels that it has been increasingly difficult for her to access care, with many of her appointments being delayed. Although some regular appointments have been beneficial, she felt let down by crisis support – both in terms of experiences during calls (where support was seen as poor) and in the lack of follow-up care, which made her feel she had simply been 'left alone' .

**Names have been changed*

04 Responsibility for the improvement and maintenance of the NHS post Covid-19 and beyond

There is a deep reluctance to criticise the NHS's response efforts throughout the pandemic: there is a strong view that the pandemic is unprecedented, and that no response would have been perfect

*"**I am sure that everybody is doing their best**. …Nobody has been through this before. It's hard to do. Doctors and nurses must be so tired."*

Female, LTHC, Greater Manchester

*"The NHS seem to be doing well at looking at Covid-19 patients but not everybody else, but **how can we really criticise? It's basically like being in a war zone for them**."*

Male, surgery, Greater Manchester

This perspective exists across both patients and the public, and is normally seen amongst those who are less politically engaged and often slightly older in age.

However, when thinking about the NHS, there are three groups that are seen to shape the effectiveness of its response, each with different areas of influence

HCPs	NHS management	Government
• Have the **biggest responsibility for delivering good patient care (**e.g., during each appointment, or long-term care for a specific patient). • Not generally seen to have responsibility for the wider system.	• **Responsible for the organisation, management and running of NHS services** at a trust and national level. • Can therefore have an indirect impact on patient experience. • Understood not to make funding decisions.	• Responsible for setting the context in which the NHS operates, largely through **funding decisions.** • Also responsible for **wider political issues** that can impact the NHS.

Influence on patient care → *Influence on system as a whole*

Ultimately, there is recognition that responsibility for both successes and failures are shared to some degree by these groups

The rollout of the vaccine is seen as a collaborative success. Whilst the Government is praised for a quick approval process, frontline staff and the NHS are given credit for actual distribution.

*"**The vaccine roll out is going quite well**. It is better than other countries."*

Public focus group, 30+, Greater London

Conversely, the Nightingale hospitals are often seen as an example of mismanagement by the NHS and the Government, diverting time and effort away from frontline care for services that ultimately weren't used.

*"The **Government built the Nightingale, that's gone to waste** now. They weren't able to find the people to staff it."*

Female, mental health, East Midlands

But in practice, ‘blame’ for perceived failures or problems is largely attributed to the Government

NHS SPECIFIC: Perceptions that historic underfunding and investment in the NHS may have led to the NHS not having the resources to adequately handle Covid-19.

+

PANDEMIC MANAGEMENT: Perceptions that issues with Covid-19 response may have lead to higher case rates e.g., not closing borders; Eat Out To Help Out.

Increased pressure on the NHS

“For so long now, it’s been crippled by underfunding, procurement problems, systems forced upon it by the ideology of outsourcing and privatisation. ***It’s made the work they do much harder****.”*

Public focus group, 30+, Sussex

“The Government should have closed the borders, left that too late. PPE wasn’t available *– they paid middle-men for PPE then it had faults.”*

Public focus group, 30+, Greater London

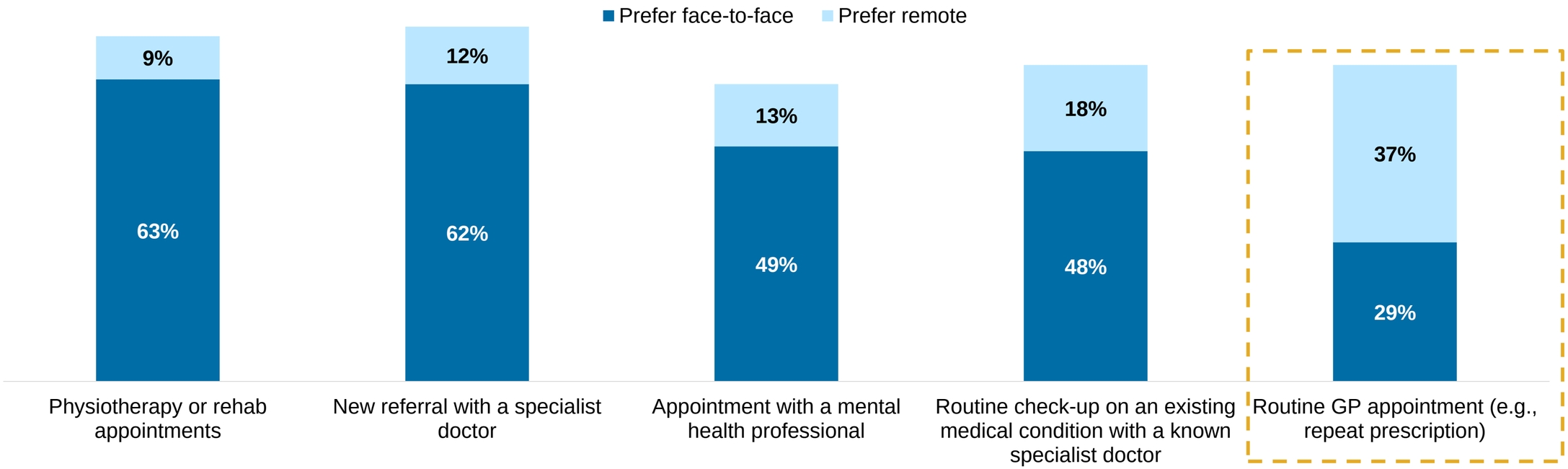
05 Future of the NHS

- Delivery of care
- Long term priorities

Face-to-face remains the preferred mode for receiving care. Routine GP appointments are the only occasion where more would prefer a remote appointment

How would you feel about the following continuing to be delivered remotely?

Showing % of respondents who selected 'NET: prefer face–to-face' and 'NET: prefer remote'

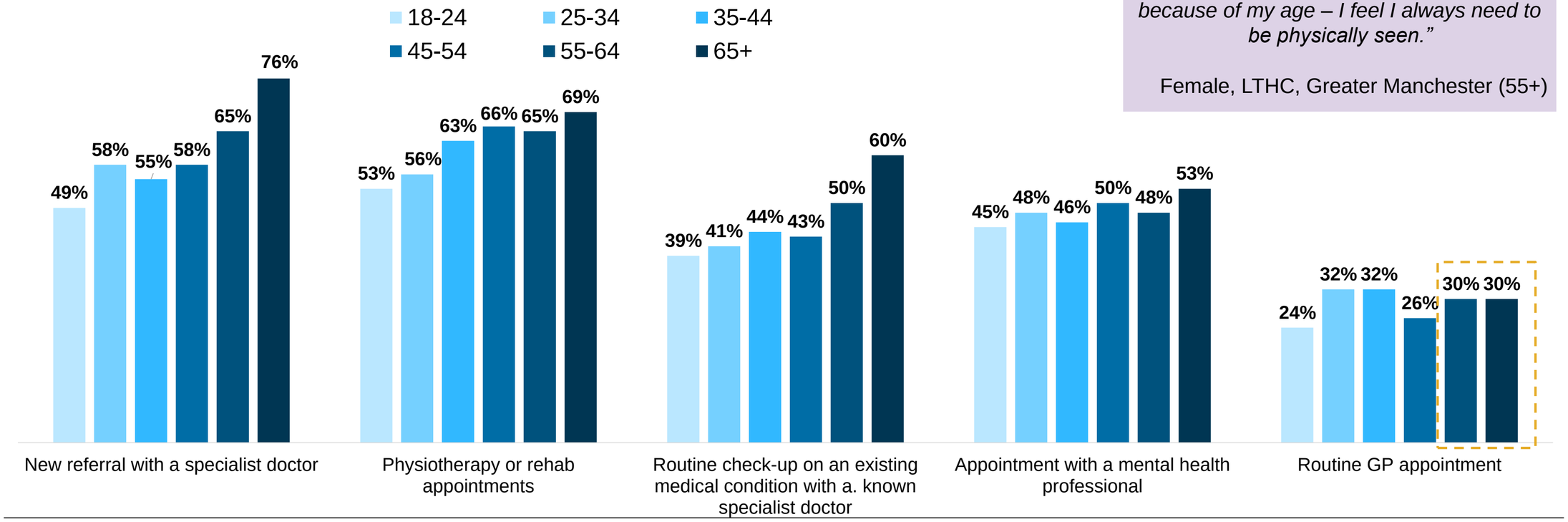


Q. Thinking about after Coronavirus, how would you feel about the following services continuing to be delivered remotely? Base size: all respondents (n=2104)

This preference is most consistently seen amongst those aged 55+, although even this audience are no more likely than others to say they would prefer a F2F routine GP appointment

How would you feel about the following continuing to be delivered remotely?

Showing % of respondents who selected 'NET: prefer face–to-face'



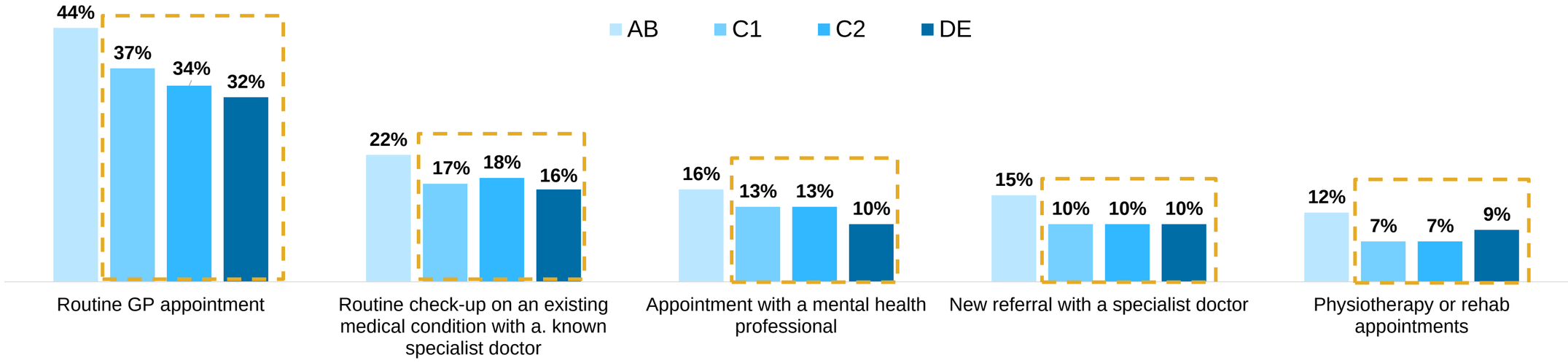
"I would always want to be seen face to face because of my age – I feel I always need to be physically seen."

Female, LTHC, Greater Manchester (55+)

Q. Thinking about after Coronavirus, how would you feel about the following services continuing to be delivered remotely? Base size: all respondents (n=2104); aged 18-24 (n=239); aged 25-34 (n=382); aged 35-44 (n=344); aged 45-54 (n=374); aged 55-64 (n=332) aged 65+ (n=433)

Respondents from lower SEGs are less likely than SEG AB to say they prefer remote appointments

How would you feel about the following continuing to be delivered remotely?
Showing % of respondents who selected 'NET: prefer remote'



Within the survey there was no difference between SEGs in terms of rationale for not preferring remote appointments. A possible differentiating factor between groups could be level of confidence (both in using video conferencing and communicating with HCPs generally) but this research cannot confirm this hypothesis.

Q. Thinking about after Coronavirus, how would you feel about the following services continuing to be delivered remotely? Base size: all respondents (n=2104); AB SEG (n=581); C1 SEG (n=573); C2 SEG (n=480); DE SEG (n=470)

Both the qualitative and quantitative research suggests the general preference for face-to-face is driven by questions about the ability of HCPs to deliver high quality care remotely

68% agree ‘I don't think the healthcare professional would be able to assess my condition as effectively through a remote appointment’.

40% agree 'I don't feel that I would get the same level of attention on a remote appointment’.

19% agree 'I don't feel confident in explaining my condition in a remote appointment’.

Qualitative research indicates that these concerns are greatest for appointments that:

- Require a physical examination e.g., physiotherapy.
- Are dependent on non-verbal cues e.g., mental health.
- Are on a sensitive issue e.g., sexual health, or a new referral to secondary care.

Q. Thinking of the times when you would prefer a face-to-face appointment, which of the following best describes why would have that preference? Base size: all respondents (n=2104) that indicated a preference for face-to-face (n=1639)

Practical concerns are less common, but still play a role for some

4% agree ‘my internet access isn’t reliable enough for a remote appointment’ and 3% agree ‘I have a pay as you go phone and can’t afford the data costs of a remote appointment’.

7% agree they ‘lack privacy to make calls’. Those aged 18-24 are significantly more likely to agree (14%).

7% agree ‘I don’t feel confident using the technology needed for a remote appointment’. Those aged 65+ are significantly more likely to agree (11%).

Please note this data is from a survey which took place online, which means it does not include or represent those who are digitally excluded.

Q. Thinking of the times when you would prefer a face-to-face appointment, which of the following best describes why would have that preference? Base size: all respondents (n=2104) that indicated a preference for face-to-face (n=1639)

Taken together, this research points to desire to avoid a ‘remote by default’ future

- Overall, both patients and the public are comfortable with the continued delivery of remote appointments, particularly in the short-term context of Covid-19.
- However, there remains a desire for face-to-face appointments to be reinstated when it is safe to do so due to the various issues associated with their usage.

“I would like to hope it means they could get more appointments done in a day. ***I think it would be a good option - it shouldn’t replace physical****, but it’s a good option.”*

Male, LTHC, London

“I had a telephone appointment and was called in, I should have just gone in, we went over the same thing. ***It would have been so much easier if I just went in to begin with.”***

Male, LTHC, Sussex

And the qualitative research points to 4 key questions that patients and the public use to assess the suitability of remote appointments:

1

Is this an issue that might require a physical exam / intervention within the appointment?

- If it is likely that the HCP will need to physically examine the patient, take blood or watch them complete tasks (e.g. physiotherapy) face-to-face is seen as much more effective.
- If a remote approach is taken, the view is that there will probably need to be a follow-up appointment, eliminating the time-saving benefit of remote.

2

Does the patient have a condition where non-verbal cues are very important?

- If so, face-to-face is seen to be a better, more reliable quality of care as HCPs are thought to be more likely to be able to identify these cues.
- This is felt to be especially important in the case of patients with mental health conditions.

3

Is it a sensitive issue, or could the patient be in a particularly sensitive mindset?

- For example, sexual health or mental health, or the initial referral for a patient to secondary care, where they may be experiencing greater levels of nervousness and fear. Again, if so, it is thought to be better to start in person, so the patient can build up a rapport with the HCP (particularly if they are meeting for the first time) and feel comfortable sharing.

4

Does the prospective patient have any personal characteristics that might make it harder for them to engage remotely?

- For example, do they know how to use the technology required? Do they have reliable internet access and can they afford the data costs if it is an online appointment? Do they have somewhere private to take the appointment? If the answer to any of these questions is no, face-to-face is thought to be more appropriate.

05 Future of the NHS

- Delivery of care
- Long term priorities

In line with Phase 1 findings, the qualitative research shows how the pandemic has shone a light on long-standing issues within the NHS, and demonstrated the value of its work

*"**NHS staff are underfunded, underpaid and overworked**, and for years **they have been taken advantage of** with people coming into A&E for needless things."*

Public focus group, 30+, East Midlands

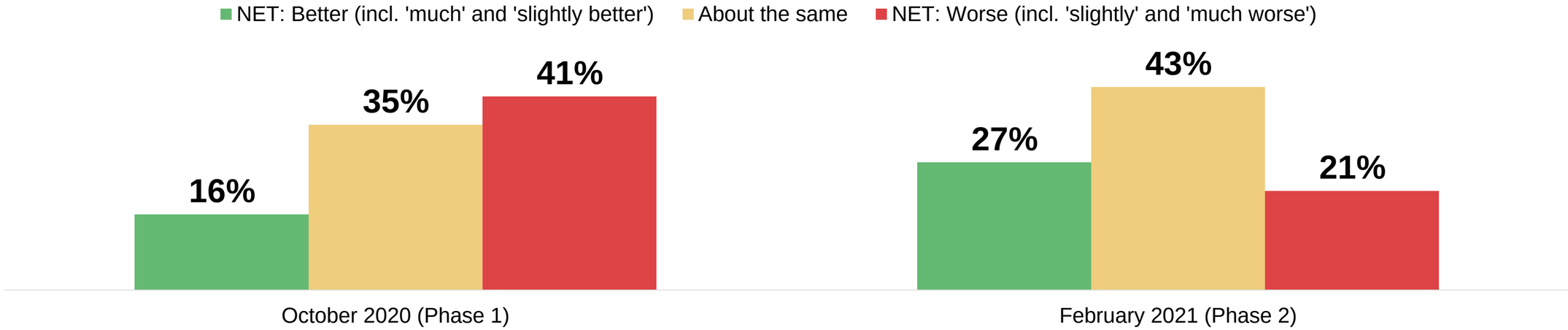
*"The NHS was in a terrible state of disrepair, it's only the goodwill of the staff that's ensured this pandemic hasn't been a great deal worse. Services have already been cut to the bone. **Covid-19 might save the NHS – as people will realise how important it is**."*

Public focus group, 30+, Sussex

In this second phase of research, there some signs of declining pessimism and increasing optimism. However, 4 in 10 feel NHS care will remain the same moving forward*

Do you think the general standard of care provided by the NHS over the next 12 months will get better / worse / stay the same?

Showing % of respondents who selected each option

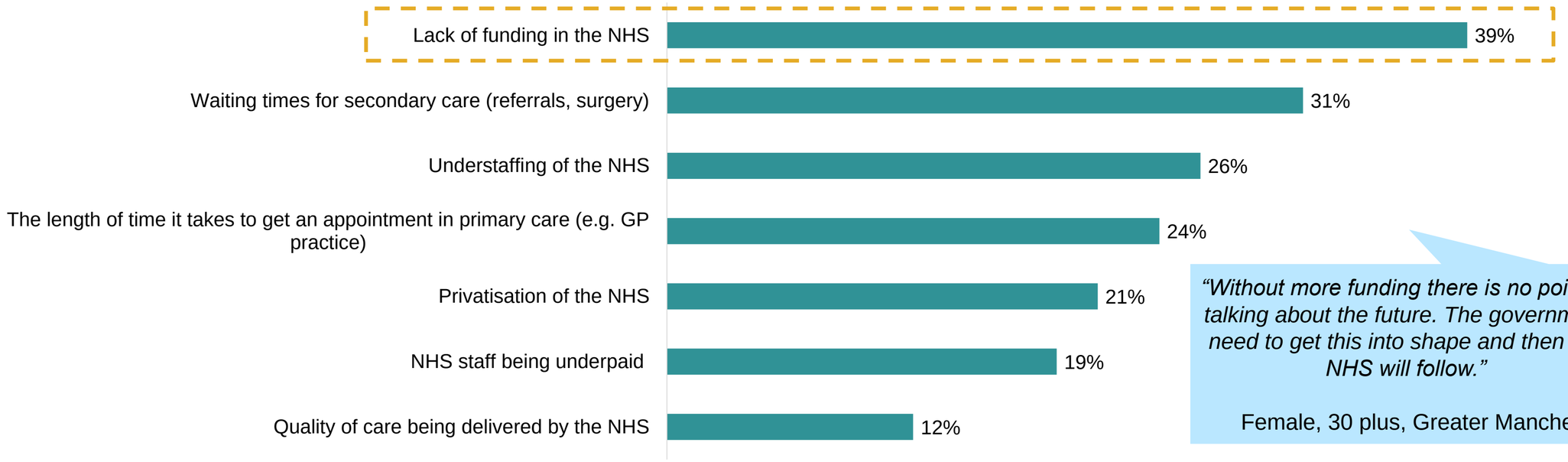


Please note that changes to the survey in Phase 2 relative to Phase 1 mean that the comparison should be seen as indicative only.

Q. Thinking about the future, do you think the general standard of care provided by the NHS over the next 12 months will get...? October 2020 Phase 1 base: all respondents (n=2,098); February 2021 Phase 2 base: all respondents (n=2104)

Consistent with long-standing public perceptions, lack of funding is the public's biggest concern for the NHS over the medium term

And thinking about the next two or three years, what are your biggest concerns in the NHS?
Showing % of respondents who selected each option



"Without more funding there is no point in talking about the future. The government need to get this into shape and then the NHS will follow."

Female, 30 plus, Greater Manchester

Funding was also consistently highlighted as a key issue within the qualitative research, with participants feeling the government should urgently take action in this area.

Q. And thinking about the next two or three years, what are your biggest concerns in the NHS? Select up to two. Base: All respondents (n=2104); aged 18-24 (n=239); aged 25-34 (n=382); aged 35-44 (n=344); aged 45-54 (n=374); aged 55-64 (n=332) aged 65+ (n=433)

In the short term, however, the qualitative research suggests that the public and patients want to see urgent action taken to address waiting lists

- Both the public and patients raise concern that the ongoing focus on Covid-19 being at the expense of other health concerns. Addressing this concern is likely to be increasingly important as the immediate pressures of the pandemic are seen to recede

> *"**Some people aren't receiving the treatment they need** – they are just on waiting lists. It also seems the big things have been dealt with well, but the smaller things have been pushed aside. For example, I've been waiting a year to get my ears syringed."*
>
> Male, surgery, Midlands

Some patients believe the focus should specifically be on individuals with long-term conditions to ensure they have timely access to treatment moving forward.

Whilst addressing staffing issues and the mental health impact of the pandemic are also highlighted as essential

Understaffing of HCPs	Mental health implications of lockdown
Highlighted as an issue for 26% of the public: Covid-19 has highlighted staff shortages and **raised concerns about further recruitment and retention** given the high level of stresses associated with the profession currently.	In addition to the impact on those with pre-existing conditions, there is also **widespread concern about those who may have developed undiagnosed mental health conditions as a result of lockdown**.

Q. And thinking about the next two or three years, what are your biggest concerns in the NHS? Select up to two. Base: All respondents (n=2104); aged 18-24 (n=239); aged 25-34 (n=382); aged 35-44 (n=344); aged 45-54 (n=374); aged 55-64 (n=332) aged 65+ (n=433)

06 Key findings

Key findings

1

In line with the Phase 1 findings, patients and public continue to praise the NHS for the pandemic response.

- This is seen as especially impressive in the context of long-term underfunding.

2

The quantitative research shows that experiences of care are good (for example, 90% of those who have accessed secondary care rate the quality of care received as good). However, qualitative research shows that below this headline individual experiences of care are very variable.

- Amongst the patient groups we spoke to, for example, the cancer patients and patients on the surgery waiting lists reported that their care had improved since Phase 1. In contrast, those with mental health conditions and long-term conditions were more likely to report challenges accessing care and poor experiences of interactions with HCPs.

3

Despite some positive experiences of remote appointments, when thinking about how care should be delivered in the future, face-to-face remains the preferred mode. There is a concurrent desire to avoid a 'remote by default' approach.

- Both qualitative and quantitative research suggests that this preference is driven by questions about the ability of HCPs to deliver high quality care remotely: 68% agree that they would prefer F2F because they do not think that their HCP would be able to assess them as effectively remotely.

Key findings

4

When thinking about when remote appointments are appropriate, 4 questions are used to assess suitability:

- *Is this an issue that might require a physical exam / intervention within the appointment?*
- *Does the patient have a condition where non-verbal cues are very important?*
- *Is it a sensitive issue, or is the patient particularly vulnerable?*
- *Does the patient have any characteristics that might make engaging remotely challenging?*
- If the answer to any of these is yes, the view is that face-to-face appointments are more appropriate.

5

Compared to Phase 1 of research, there are signs of increasing optimism and declining pessimism regarding the standard of care provided by the NHS over the next 12 months.

- The proportion of those who feel care will improve has risen from 16% to 27%, whilst those who feel care will get worse has dropped from 41% to 21%.
- However, 4 in 10 feel care will remain the same (43%).

6

Consistent with long-standing perceptions of under-funding, lack of funding is the public's biggest concern over the medium-long term (selected by 39% of respondents).

- However, in the short term, the qualitative research suggests addressing waiting lists is the key priority, with tackling understaffing and addressing the mental health impacts of the pandemic also important.

Britainthinks
Insight & Strategy

Thank you

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