

healthwatch
Kent

healthwatch
Medway



**COVID Feedback from Kent
& Medway May 2020**

it starts with
YOU



Covid related public feedback monthly summary report

Background

Throughout May, Healthwatch Kent, Healthwatch Medway and the Kent User Forums have worked together to gather direct feedback from 130 members of the public about their experiences of the Covid 19 pandemic and life under social distancing. We have combined this with anecdotal feedback from 46 organisations who support people from a wide range of communities including those living with mental health, physical disability, sight loss and impairment, carers and those suffering domestic abuse. Together these organisations represented approximately 5,000 people living in Kent and Medway.

69% of public respondents were female, (30% male and 1% not stated), 29% identified as being disabled and 6.9% identified themselves as carers.

15% of respondents told us they were key workers still undertaking duties, 51% said they were staying at home following governments guidelines, 32% told us they were self isolating to protect themselves or a vulnerable member of the family and 3% were self isolating due to symptoms.

A demographic profile of respondents can be found in Appendix 1.

Methodology

Healthwatch Kent and Healthwatch Medway have worked together to run a series of social media adverts promoting an online survey. We've also collected feedback through our freephone Helpline which has been operating throughout the pandemic.

As with any survey, it was important to ensure we had more than one route to gather feedback. It is also vital that we captured the voice of seldom heard communities. Healthwatch staff and volunteers established weekly phone interviews with organisations across Kent & Medway, to understand how their clients and service users were coping and include their own intelligence in our weekly updates.

Every week we have compiled a report detailing the feedback we have heard to provide a snapshot of people's experiences which has been shared directly with decision makers and the numerous **Emergency and Recovery Cells** to ensure they are hearing up-to-date feedback from the people they serve.

This monthly report uses the intelligence from the weekly reports but allows us to delve deeper into the data and analyse the feedback in more detail. To give the data added depth and strength we have triangulated the data by:

- Wherever possible **quantifying** anecdotal comments to give a sense of weighting
- **Analytics** from social media posts to gauge subject areas creating most public interest
- **National** trends from other Healthwatches and Healthwatch England
- **Kent** wide discussions to sense check the snapshot data
- **Desk based** research with other parts of the system, to compare emerging data sets and trends

When reading this report please be aware that:

Week 5 relates to 1st-7th May

Week 6 relates to 8th -14th May

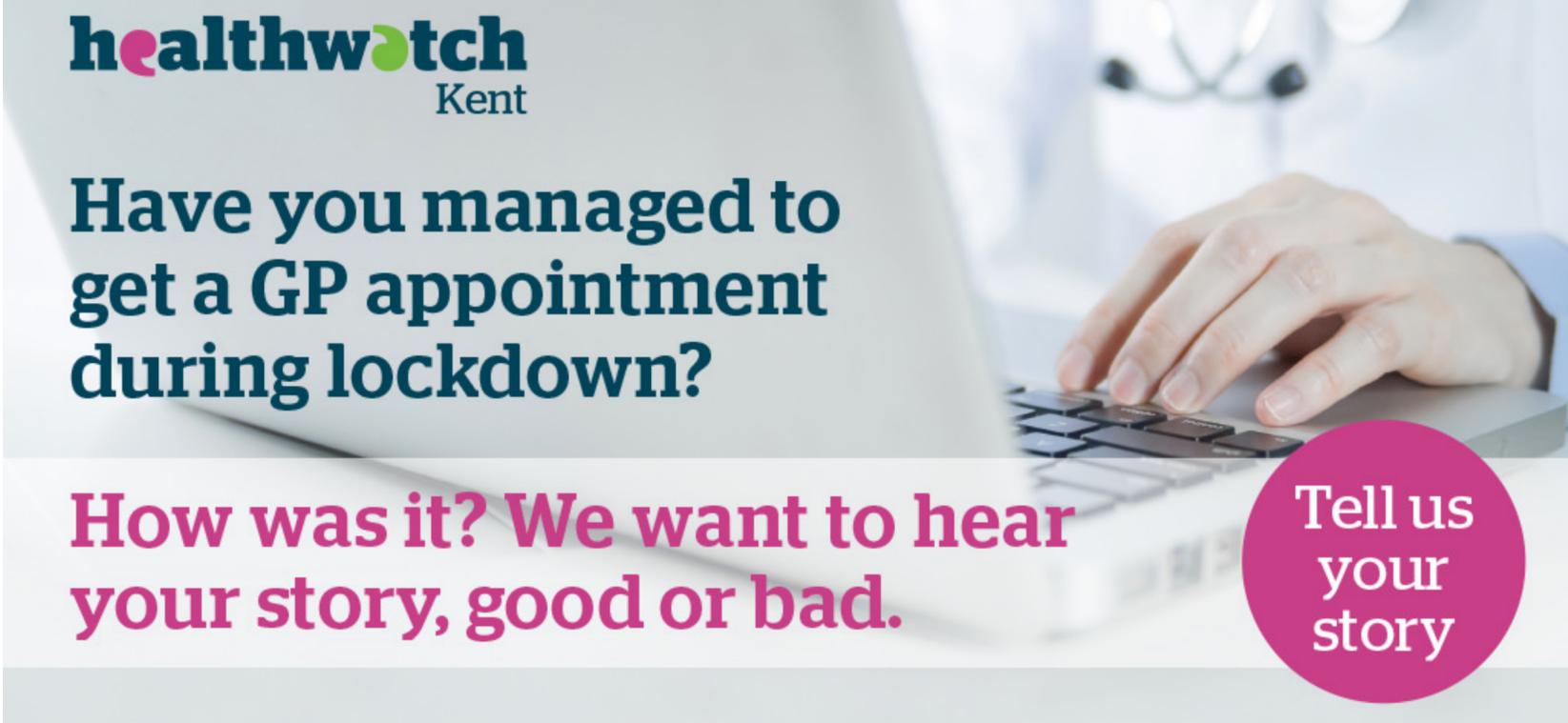
Week 7 relates to 15th-21st May

Week 8 relates to 22nd-28th May (Kent half term week)

This report aims to summarise and reflect the changing experiences of people living and working in Kent and Medway during the Covid 19 pandemic. If you require more detailed reporting on a particular theme, please contact us, This is the second monthly report that we have produced. Our April report can be found on our website www.healthwatchkent.co.uk



healthwatch
Kent



**Have you managed to
get a GP appointment
during lockdown?**

**How was it? We want to hear
your story, good or bad.**

**Tell us
your
story**



Introduction

We have heard a range of issues during May, and we have tried to weight these issues according to how many people have reported being affected by them. Some of this weighting is related to the volumes of people affected as reported by organisations. This had enabled us to look at what issues have increased in volume and what had decreased over the month of May. To help you navigate this report, it has been broken into sections, exploring certain topics.

Section 1 (Page 4) looks at issues related to the impact of lockdown such as:

- Finance concerns
- Confusion about Government guidance and service availability
- Shielding and vulnerability
- Loneliness
- Access to food, unwanted food and school meal vouchers
- Relaxing lockdown and going outside
- End of life, bereavement and funerals

Section 2 (Page 12) looks at issues related to mental health and wellbeing such as:

1. The domestic environment
2. General mental health and wellbeing
3. Secondary mental health services
4. Young peoples' mental health
5. Mental health and wellbeing of staff
6. Domestic abuse
7. Resilience
8. Coping mechanisms

Section 3 (Page 18) looks at issues related to medication and physical health such as:

1. Access to medication
2. Access to GPs
3. Ongoing health treatment
4. Dental Care

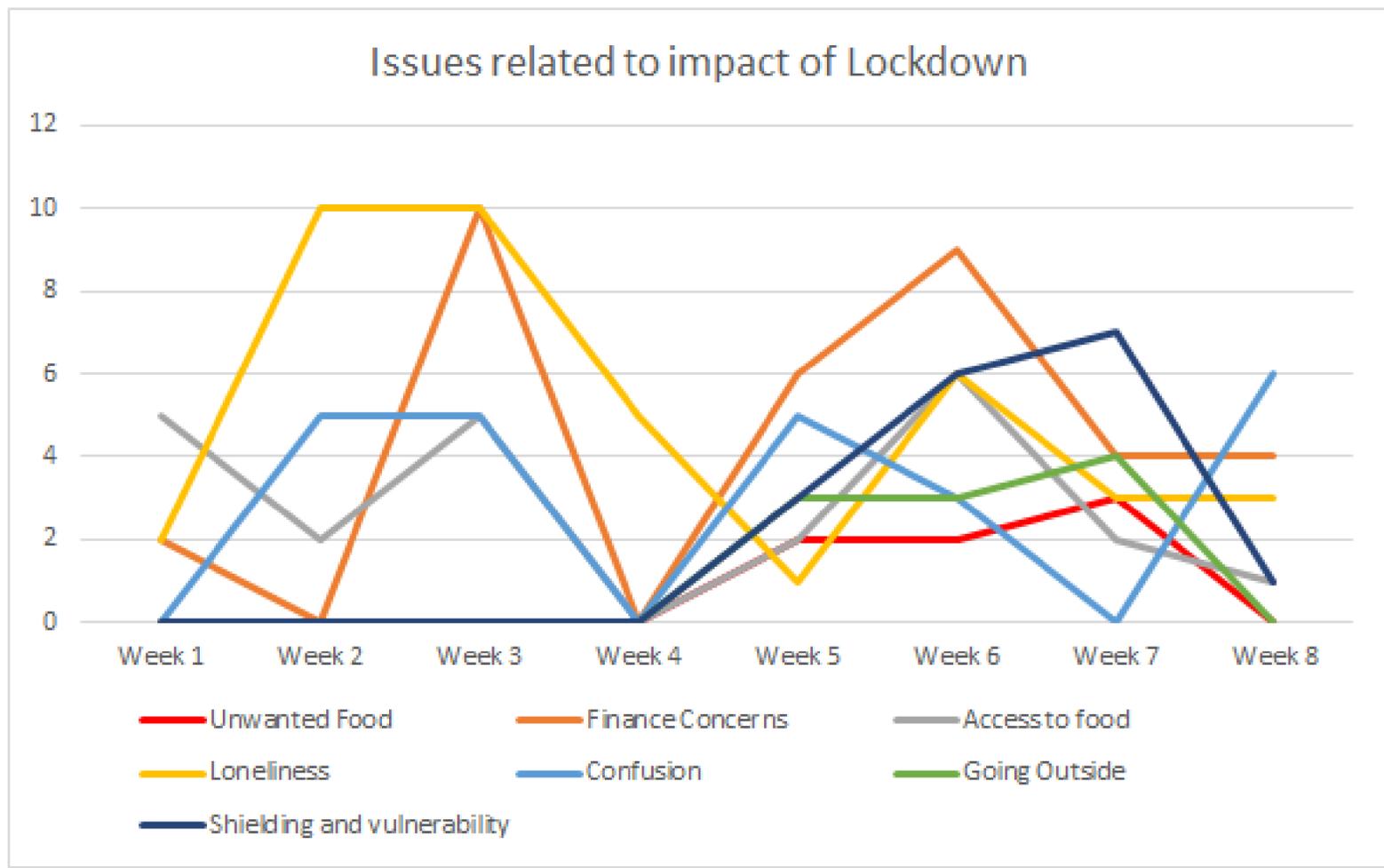
Section 4 (Page 21) looks at issues related to care and support packages such as:

1. Care Packages
2. Care Homes
3. Ongoing Care
4. Equipment
5. Discharge
6. PPE
7. PAs
8. Hidden Carers

Section 5 (Page 25) looks at the new issues we have heard this month

1. Education
2. Technology
3. Transport
4. Homelessness and housing

Topic 1 - Issues related to the impact of lockdown



There were seven themes within this topic area:

- Financial concerns
- Confusion about Government guidance and service availability
- Shielding and vulnerability
- Loneliness
- Access to food, unwanted food and school meal vouchers
- Relaxing lockdown and going outside
- End of life, bereavement and funerals

1. Finance Concerns

The greatest number of comments in this section relate to financial concerns which have come from both individuals directly, and also organisations on behalf of their clients. These peaked in week 6 but continue to be a constant theme heading into June and have been more prevalent overall compared with April's data. A family support organisation told us that in week 6, 28% of parents said their financial situation is getting worse and that 8% said they are in financial crisis.

We heard from several organisations how people were trying to work out what financial support would help them most, for example an organisation who supports families with special needs told us that "parents are trying to understand if they will be better off with Universal Credit, or trying to claim for tax credits with Disability Living Allowance".

A large proportion of the feedback we heard involved Universal Credit with some people having difficulties claiming Universal Credit due to not having internet and long waits on the phone line. Other people were unable to get through to the Pension Credit helpline due to phone calls keep getting cut off or are waiting for Universal Credit payments.

Impact of Furlough

People also shared experiences about how the furlough scheme wasn't enough support for them particularly if their earnings were predominantly commissioned based or they were self-employed. There were some reports from organisations on behalf of their clients that employers were either choosing not to, or weren't able to, use the furlough scheme.

One foodbank confirmed it had given out 19 parcels of food in one week to families that had been furloughed and couldn't make ends meet.

Practicalities

We also heard feedback about some of the practicalities around finances including people not being able to sign for cheques and not being able to withdraw money to pay carers for their shopping.

Increased financial need

In week 8 organisations indicated that the number of people they were advising/supporting with financial issues was increasing. A Community Hub told us that "finance concerns are coming through much stronger now".

2. Confusion



7th May 2020



11th May 2020



12th May 2020



21st May 2020



26th May 2020

Feedback about confusion over what could and couldn't be done under social distancing rules remained fairly consistent throughout the month with a dip in week 7.

Confusion about what services were accessible

Some people were unsure about what services they might be able to access and what support was on offer.

"I am currently shielding and have got very confused about my anti-depressants, and stopped taking my medication. I needed to speak with my GP regarding my prescription but I was worried I couldn't contact the surgery and get an appointment because of Covid-19"

For those unsure of what to do, we received positive feedback when they used 111 for guidance:

"After 10 days of illness at home I felt so ill my husband phoned 111. They were very helpful, professional, thorough etc. gave advice on what to do immediately. Eventually I had a call back from a clinician who believed that the symptoms were down to Covid-19. They repeated the advice already given by 111 and advised on the triggers for contacting them should I get worse"

There were still a small number of cases where people were hesitant to access services due to their concern about the current demand they were experiencing. A carers agency told us that they heard from a carer who had a head injury and was not wishing to call 111 as they didn't want to use the NHS at present because they worried about 'being a nuisance'. They were supported to call 111 and assisted with transport to access the A&E after speaking with 111.

Confusion in government guidance

Some people weren't confident about what the government guidance meant for them. This was especially true for those shielding. We saw a spike in comments related to this theme in week 8, potentially linked to the message of further easing of restrictions made on 28th May and in the build up to that announcement.

- "The information being stated from other government and media sources is often confusing and confounding"
- "people are confused about what they can and can't do, and what's correct information as there is so much misinformation going around".

The Kent Autistic Trust told us that a lot of people asked them for clarification on the message from the government. 'Autistic people tend to deal in absolutes so to have a mixed message was confusing and stressful'.

3. Shielding and Vulnerability

In week 6 and 7 we heard growing frustration from those shielding, voicing concerns about the impact of lockdown. They increasingly told us about how they felt forgotten about. This spike may have been a reaction to the easing of restrictions which took place on the 13th May allowing people to spend unlimited time exercising outside and meet up with one other person not from their household providing social distancing was adhered to.

- "Some people are being given more freedom, albeit carefully but nothing is being offered to those that have been stuck in longer"
- "(people who are shielding) see all the news reports of other people heading off to golf and tennis and saying how they are living, meeting others and getting some normality. The government really needs to help those that have had a longer time indoors and as this continues, they feel forgotten"
- "I am shielding but getting angry at the amount of people that think that things are back to normal."

Shielding letters

Throughout April and May we continued to hear feedback about communication with those who were deemed to be most vulnerable. The biggest selection of comments were about the timeliness of receiving confirmation that people should be shielding.

- "We've been in lockdown now for 8 weeks, at the beginning of lockdown I contacted my haematology consultant to see if I was at risk and they said my immune system wasn't compromised so I was at the same risk as anyone else. I didn't get a letter from the Government. Now 8 weeks later, I am told I am on the extremely vulnerable list and should be shielding. Why are they only telling me that now?"
- "My neighbour is in her 60's she works in a care home in XXXXX and has COPD. She only received a letter from her GP at XXXXX surgery three weeks ago to tell her to shield. She had to chase the letter herself, she has now been furloughed"

People not making it onto the vulnerable list

There were a group of people who felt that their conditions and circumstances warranted them being included in the most vulnerable category when they hadn't been. A befriending scheme told us about 4 clients who couldn't get on the Government vulnerable list. 'we tried to help them register but couldn't because they don't have the specific illness listed, not being registered impacts on them getting home food deliveries.'

We also heard from organisations supporting autistic adults, that for many people with autism they have a secondary medical issue, such as asthma. They continue to shield and self-isolate. 'The shielding letters seem to have been sent to the most physically vulnerable, and especially those with breathing issues. Others are still vulnerable but feel that they have been classified as "not ill enough" to have been given a shielding letter'.

In week 8 we began to hear from people who had been removed from the vulnerable list, but often the first they knew of it was when they didn't receive their food parcel. This was supported by a community hub who told us this was their biggest issue in week 8. Healthwatch England also received feedback that people felt the eligibility criteria for food parcels had become unclear.

Social Distancing

Within the feedback we heard a cluster of comments relaying how hard social distancing was to explain or enforce for some people:

- "Each day my husband has forgotten about social distancing and I have to keep on and on explaining why he can't go and talk to neighbours or see family, it is exhausting"
- A family support organisation told us that young people (especially those with ASD/ADHD) and their families are still struggling with social distancing. 'It is difficult to make children adhere to social distancing, especially with ASD. It is even harder when they see that public spaces are full of people NOT observing distancing. It is confusing and harder to make children understand why it is so important.'



4. Loneliness

In April loneliness was the top issue we heard about in this section with organisations starting to report an increase in demand for telephone support and telephone befriending in week 3. In comparison the weight of comments regarding loneliness for May have decreased. An independent living organisation told us in week 7 ‘conversations about feeling lonely have settled down now.’ There is sense that people are still lonely, but there is some adjustment to accepting ‘that’s how it is’.

Despite the downward trend we did continue to hear experiences each week illustrating the impact shielding or isolation is having on people. In the Red Cross publication ‘Life after lockdown: Tackling Loneliness among those left behind’ it reported that a survey in the middle of May, that 41% of people were feeling more lonely since lockdown began.

- “I’ve gone from a busy part time job and looking after grandchildren to being totally alone. I’ve never felt so lost and worried in my life. I’m trying to do more other stuff around this time”
- “My daughter is pregnant with my first grandchild and I’m missing all that. I try and stay positive but it’s harder and harder to do so now, distractions have been over-used. I actually cannot remember the last time I got, or gave, a hug to anyone”
- “I feel like the four walls closed in on me a long time ago and every day feels like a Sunday. Being in lockdown on your own is horrendous, you have no one to share your worries and fears with”
- “I get weepy and frustrated a lot, I hate being cooped up at home. I do try and keep social distancing when I go out, and I try and avoid queues as I hate standing in line”

5. Access to Food

During May feedback about access to food spiked in week 6, as a result of feedback about food vouchers. There was then a downward trend for week 7 and 8. Kent Association for the Blind and the community hubs also saw a similar pattern which seemed to indicate that food distribution via community hubs was established and working well.

However, we did still hear from people experiencing issues around food parcels, aligned to the government’s vulnerable list. For example, in week 6 an Age UK centre told us about a lady who was on the highly vulnerable list and had not received a government food parcel

- “I received my first food parcel from the government last week, 8 weeks into lockdown”

Supermarket slots

The other issue we heard about was people finding it difficult to access a supermarket delivery slot and its importance for people:

- “I can’t get a food delivery slot, I’m too vulnerable to go out, it’s very difficult”
- “I care for someone with motor-neurone disease (MND). We self-registered but it took 5 weeks before we had a call from our carers support organisation. I haven’t been able to register for priority online shopping until week 7 when the MND charity rang up and gave us a supermarket priority number. Before that we were relying on neighbours for milk, a small local veg shop for a veg box and a friend who got us some meat. The supermarket priority number was a godsend as I can now split my shopping with my mother and then drive it over to her and leave on doorstep. Without it I would be forced out to shop, risking my husband and my health”

In week 7 an Age UK centre told us that they noticed a 15% decrease in weekend Meals on Wheels requests and deliveries. They thought this might be because families were now visiting their relatives at the weekends and so taking food, cooked or otherwise, to them. Equally a different Age UK told us that their numbers increased for Meals on Wheels requests during the week as people were gearing up to going back to work and could no longer to take food round to those shielding.

Logistics

There were small clusters of other comments linked to the logistics of going shopping which included Carers being challenged by the “one person per family” rule and being asked for ID to prove they were a Carer. There were also a small number of comments about shopping taking much longer than it did before and carers were worried about the length of time they were leaving their cared for person alone.

Unwanted food

Another issue that started to emerge this month was unwanted food parcels. We had a cluster of comments each week, peaking in week 7, relating to people who were receiving food parcels and didn't need them. Some people had successfully deregistered whereas others thought they had to continue receiving parcels.

Foodbanks also reported seeing a large number of people drop off food they didn't need.

- “I now have food parcels but my diet is very limited (anti-inflammatory) so I have passed the boxes to XXXX food bank so they are not wasted. I don't want to cancel them in case I can't get a supermarket slot”

Lack of flexibility

Many people were very thankful for their food package but for a small number of people the lack of flexibility in its contents caused some problems. An organisation who supports people with sight impairments told us they had seen an increase in reports of digestive issues, because their clients have not been able to access their usual foods. One mum reported that they don't provide baby food.

Free school meals/ food vouchers

A new issue emerging in May was in relation to students who were previously entitled to a free school meal.

- (week 5) 'Initially, vulnerable students were given a food bag made up at College, but the College is shut now so that has stopped. Qualifying students get a food voucher for £30 every 2 weeks but there has been a backlog from the Government to get these vouchers issued so some students have been going without their voucher. The students have been signposted by College staff to places that they might be able to get a free meal'.
- (week 6) An organisation working with vulnerable families told us that one family had been getting school dinner vouchers emailed to them, but the vouchers cannot be used online. The family are not allowed out of the house due to shielding. They emailed the vouchers to the organisation, who went to a supermarket for them and bought the family shopping with the vouchers.
- (week 7) "My son's school told us at the start of lockdown that all children entitled to school meals will still be able to access free meals. During this whole time they have not issued food vouchers. They are making up a packed lunch each day and parents have to collect it on a daily basis. I didn't want to risk leaving the house every day so I declined the packed lunch. It would have been nice if the school had offered us supermarket vouchers instead of a daily trip out. We have just been visiting the supermarket once a week for food. The voucher would have offset the cost of shopping, but it's been a struggle"

6. Relaxing lockdown and going outside

As lockdown restrictions were gradually relaxed there was notable anxiety from people about going outside. Healthwatch England also saw an increase in feedback from the wider network about these issues, particularly the added stress this was causing for autistic people and people with learning disabilities.

- "I was managing to go for a walk once a week early in the morning as it was very quiet, however with the guidelines changing, I do not feel comfortable leaving my house at all now"
- There have been discussions on the group page (of a mental health support organisation) about the fear of going back outside and struggling to leave the house. The anxiety around lockdown rules being relaxed is also being discussed.
- An Age UK centre said 'Elderly clients are more afraid now to return outside, because they feel the risk of infection is greater and most of our clients are in the high risk group.'
- SNAAP told us 'Families are keen to get out now that daily exercise has no limitations, but they are alarmed at how crowded the public spaces have suddenly become'.

7. Bereavement/ EOL/ Funerals

We heard from a cluster of people who had recently experienced a bereavement. They shared with us how the pandemic had compounded the difficult time.

- “Having been bereaved in October, being shut in has been horrendous. No amount of Facetime, phone calls and messaging replaces the hugs and face to face conversations with loved ones and friends. My family live a good distance away, so I am truly alone. It is impossible to clear away the things my husband left behind. I need isolation to come to an end”
- In week 6 a family support organisation was helping a Mum whose husband passed away the previous week. Only the Mum and 2 children will attend the funeral, as the children will not understand social distancing and will try to embrace other attendees. The organisation provided simple stories & books for the children to explain funerals & burials.

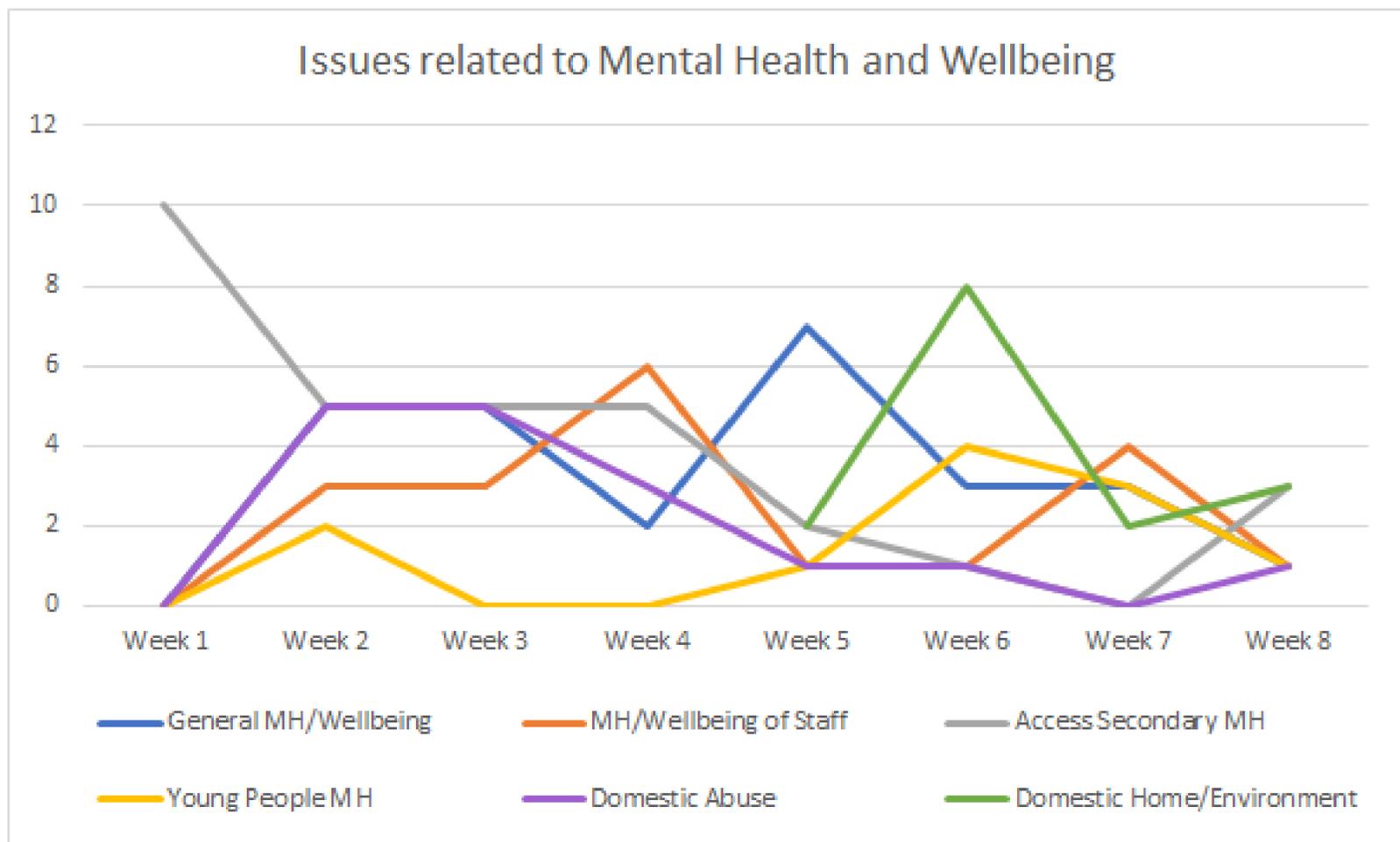
Other comments related to palliative care pathways and how the pandemic was impacting people spending their last months together due to the restrictions put in place.

- We heard about a carer who is concerned that his wife could only have months to live and, as she is being shielded, the chances are she may never get to go out again other than for her palliative care treatment.
- We heard that two people had a family member in hospital and then were moved to a care home. They were not allowed to visit them in the hospital and not allowed to visit them in the care homes. Both Carers feel they will never see their loved one again as they are likely to die in the care homes. One of them is recovering from Covid, another is too unwell to be discharged home.

WHAT HAVE WE DONE WITH THE FEEDBACK?

1. We have shared everything we have heard with the Health and Social Care Recovery Cell. This Cell is developing an impact assessment to explore how Covid has impacted on communities and we are actively involved in this work
2. We will share feedback with Kent County Council to help inform their understanding of how people are experiencing loneliness across Kent. This feedback will shape the Councils work to combat loneliness
3. We have identified a representative from the Department of Work and Pension and have been sharing the patterns in the feedback and the changing needs to inform their work planning.
4. Each week we have been adapting our communications materials to ensure people get the latest up-to-date and accurate information. We have been carefully analysing what topics are of most interest to people and respond to the information that people need most. We also share these insights with NHS and social care communication teams.
5. We have proactively targeted organisations which support particular audiences and communities to ensure we are hearing from a wide range of people including those who are not always heard. For example, we approached Ellenor Hospice to contribute their findings to ensure we could include a better understanding of how Covid has impacted on families who are having palliative care.

Topic 2 - Issues related to Mental Health and Wellbeing



There were 8 themes within this topic area:

1. The domestic environment
2. General mental health and wellbeing
3. Secondary mental health services
4. Young people's mental health
5. Mental health and wellbeing of staff
6. Domestic abuse
7. Resilience
8. Coping mechanisms

1. Domestic Environment

The greatest volume of experiences in May related to the domestic environment. This was a theme we didn't hear about in April. The evidence demonstrates a whole host of contributing factors resulting in a more "charged" home environment. In addition to the financial worries highlighted earlier in this report people also told us about:

Children's behaviour

We heard about families experiencing more challenging behaviours from their children.

Organisations also shared stories of tensions between siblings who no longer had respite when they were at school, leading to increased arguments. Although, this was not the case for all families with some reporting that children were actually happier at home now that they don't have to go to school. In the more extreme cases there were some safeguarding concerns where the child was a potential risk to their parents.

Custody of children

An organisation told us that 27% of single Dads and 19% of single Mums said they had been prevented from seeing their children in direct conflict of court orders. There was concern from the organisation about the long-term damage this might do to the children's relationship with that parent.

Working from home

People commented about the challenge trying to juggle their jobs with supporting their children. "The schools aren't making things easy for parents who still have to work from home. The demand from the school to complete set challenges and schoolwork every day is overwhelming. My kids are finding it difficult to do the work and I'm finding it hard to support them whilst doing my job at the same time"

Integration back into normal life

We heard a cluster of comments from people concerned about how their child would respond to moving back to normality.

Kent Autistic Trust told us that many people with autism will have to "relearn" social skills, something that they have not needed since lockdown started. This was starting to worry parents.

Carers moved in with family members

Carers organisations told us about Carers who had moved in with family members during lockdown. Whilst for many this meant they had access to a support network, for others it caused some stress with carers feeling they were interfering and "picking at what they were doing". A carers organisation told us 'some people are choosing to sit in the car and take their phone calls, as a way of getting some privacy from others in the home'.

As in April, we continued to hear about Carers not being able to get the respite they usually would and "felt trapped in their homes" and in week 7 a Carers organisation told us 'we are getting more reports from people saying they aren't coping because of the stress and anxiety'. An organisation who supports Carers told us how the care workers have become creative with how they are delivering the service. Whereas before Covid they would do one 3 hour visit, they are now doing 3 one hour visits to try and give the carer more frequent breaks.

2. General mental health/wellbeing

General mental health and wellbeing concerns were still prevalent in May highlighting many people's "immediate and natural response to the current situation" described in a report by the Centre for Mental Health this month. In week 5 counsellors at a family support organisation reported higher volume of callers (single parents) reporting stress, anxiety & depression as a result of Covid. Although, after a peak in week 5 there was a gradual decline in people sharing concerns relating to this topic. This may align to the relaxation of lockdown and increased opportunities to socialise which would support the findings of Nobles et al (2020) in their report "The potential impact of Covid 19 on health outcomes and the implications for service solutions".

Many people shared examples of how well supported they felt:

- "Regular calls from my local mental health support organisation has been incredibly reassuring during Covid and I believe they have helped me to remain regulated (I am bipolar). Simply talking through issues, or potential issues, with my mental health worker has enabled me to keep things in perspective and find solutions to potential problems".
- "The continued support has been a life saver. I have been shielding for the past 7 weeks. The phone calls from my local mental health support group have helped, changed my life"

We heard positive feedback about community health and wellbeing navigators who had explained how to access a range of pathways including secondary mental health services, eating disorder services, the local autism directory and general wellbeing advice.

Boredom/lack of stimulation

There was a small amount of feedback relating to boredom which seemed to mainly impact children and older people. An Age UK centre told how it had created activity packs to combat inactivity. A volunteer befriending organisation reported 'people are starting to really struggle with their mental health and cognitive abilities due to lack of stimulation'.

Due to lockdown many "stay and play" groups for young children with special needs have stopped, which we have been told has resulted in 'increased challenging behaviour and parents are feeling stressed and anxious'. KCC have provided a toy fund, and each child who qualifies can spend up to £255 for resources to help them during this time. Staff supporting these families told us that 'families aren't always sure how to spend the money wisely, and many are too exhausted to fill out the form. so we are helping get the best value for the money for each individual family's needs'.

3. Secondary Mental Health

Issues relating to access to secondary mental health services continued on a downward trend from the peak we saw in week 1. However, there were still examples of people not being able to access the support they needed. Some of the feedback we collated indicated difficulties in reaching community mental health teams and the impact of services remaining limited or closed.

Some of the negative feedback concerned the role of primary care in accessing secondary mental health services, either not being able to register with a GP or feeling the GP was not supportive:

“I am currently self-isolating in a bedsit having recently returned from abroad. I am experiencing a deep depression and have some anti-depressants, but they are not working. I do not want to go back to my GP as I feel judged by them which makes me feel useless and worthless”

Suicide & Self Harm

Similar to April, organisations reported a greater number of people presenting with more complex needs than they would usually deal with. In week 5 counsellors at a family support organisation reported higher volume of callers (single parents) and saw an increased percentage of callers who had suicidal thoughts. This is triangulated by a report from SANE on their Covid activity for May where they found that almost a third of the people they spoke to felt actively suicidal.

Impact on other diagnosed conditions

There was feedback pointing to an increased demand on mental health services in the future with one organisation in week 7 indicating that 5 people came forward about their PTSD being triggered by the fear of catching the virus.

There was some conflicting information on people with personality disorders. One organisation that supports this client group told us that self-harm and suicidal thoughts had increased dramatically whereas another group shared there had been a small increase.

Positive impacts

For one person, the pandemic has actually helped their mental health and suicidal ideologies:

- “Lockdown saved me. Before it started I was extremely depressed and suicidal. Just when I thought I couldn't take anymore, human nature intervened. I found myself rallied by the camaraderie of others and the good news stories”

4. Young peoples' mental health

We heard more about young people in May than April. There was evidence of an increase in the complexity of cases that organisations were being exposed to. Nationally there was concern around a growing number of suicides in older children/ teenagers.

Much of the feedback was linked to school whether that be uncertainty about exams, finding it difficult to adjust to being at home or concerns, anxiety and self harm about returning to school.

Feedback in week 6 from additional learning support teachers said that 'some parents are reporting increased "meltdowns" from their young person'.

A carers support organisation told us that young carers have told them that they 'are feeling very anxious and stressed because there's little escape for them. Before lockdown they were going to school, seeing friends and doing other activities, now they feel there's no relief from the pressures they are experiencing'.

Conversely, we heard stories of children being happy at school during lockdown:

'My son is going to school 2 days per week as I am keyworker; he is much happier because he still has the routine of going to school and there are less children. He is also "not getting picked on anymore" because most of the kids are still at not attending'.

5. Mental Health and wellbeing of staff

Throughout April people had raised concerns about their safety at work and general frustration about their organisation's expectations of them. Broadly, those sentiments weren't reflected in May's data. We heard just one instance from a member of hospital staff who had contracted Covid but felt the response from their managers was not sensitive to their needs while they were ill.

However, it was clear that staff's mental health and wellbeing continued to be impacted by the pandemic. Some organisations have told us how they had to secure additional funding to support their staff properly.

More than one organisation told about the impact of losing a member of staff, volunteer or client:

- 'This has had a serious impact on people's mental health and has really brought spirits down. It has made it feel more real.'
- 'This has been very distressing for staff.'

6. Domestic Abuse

We continued to hear sporadic feedback about domestic abuse. Some organisations indicated concern about the increase in calls and the need for them to signposting to support "one caller was referred onto a domestic abuse charity as it was deemed that they were not safe. Another person was safe, and they were referred to an advocacy service"

Another organisation shared their concerns because they hadn't had any calls. They told us that usually 8% of their clients are victims of domestic abuse and they would normally get 2 calls a week. 'Our Helpline has had ZERO calls about domestic abuse. We have tried to contact these clients with no success at all.'

7. Resilience

As in April, we continued in May to hear concerns from services offering wellbeing calls to people. They are worried about the people becoming reliant on this service as well as concerns about people having adjusted to the limits of lockdown.

Organisations reported calls are 'generally longer in duration and they spend more time supporting people with emotional needs'.

Space2BeMe told us that some of the families that they support are concerned about separation anxiety being a problem after lockdown is lifted. 'Being isolated with the family is causing children to exhibit "clinginess", with children not leaving parents alone during the day and even at night some young people are starting to bedshare with parents.'

8. Coping mechanisms

In week 5 and 6 organisations made us aware of lockdown causing people to return to previous coping behaviours. An organisation supporting alcohol recovery told us they received lots of calls from family members in week 6 who were particularly concerned about alcohol use, with stories of people in recovery for alcohol addiction returning to drinking regularly. We also heard that service users who are alcohol dependent had seen their medical treatment paused as it was no longer possible to complete community treatment. 'Some have found this difficult to deal with'.

There have been a number of innovations within this area of work:

- The alcohol pathway has been reviewed along with the re-auditing of clients to begin linking them up with clinicians ready to commence clinical treatment again
- Redesign the detox aftercare day programme, by making it digital and the need for the right level of aftercare. Normally aftercare planning would involve other community services as much as possible, with the service user attending a group each day. Currently those services are not available.

A mental health group told us that gambling addiction has become problematic as people are stuck at home with nothing to do and only the internet to provide entertainment.

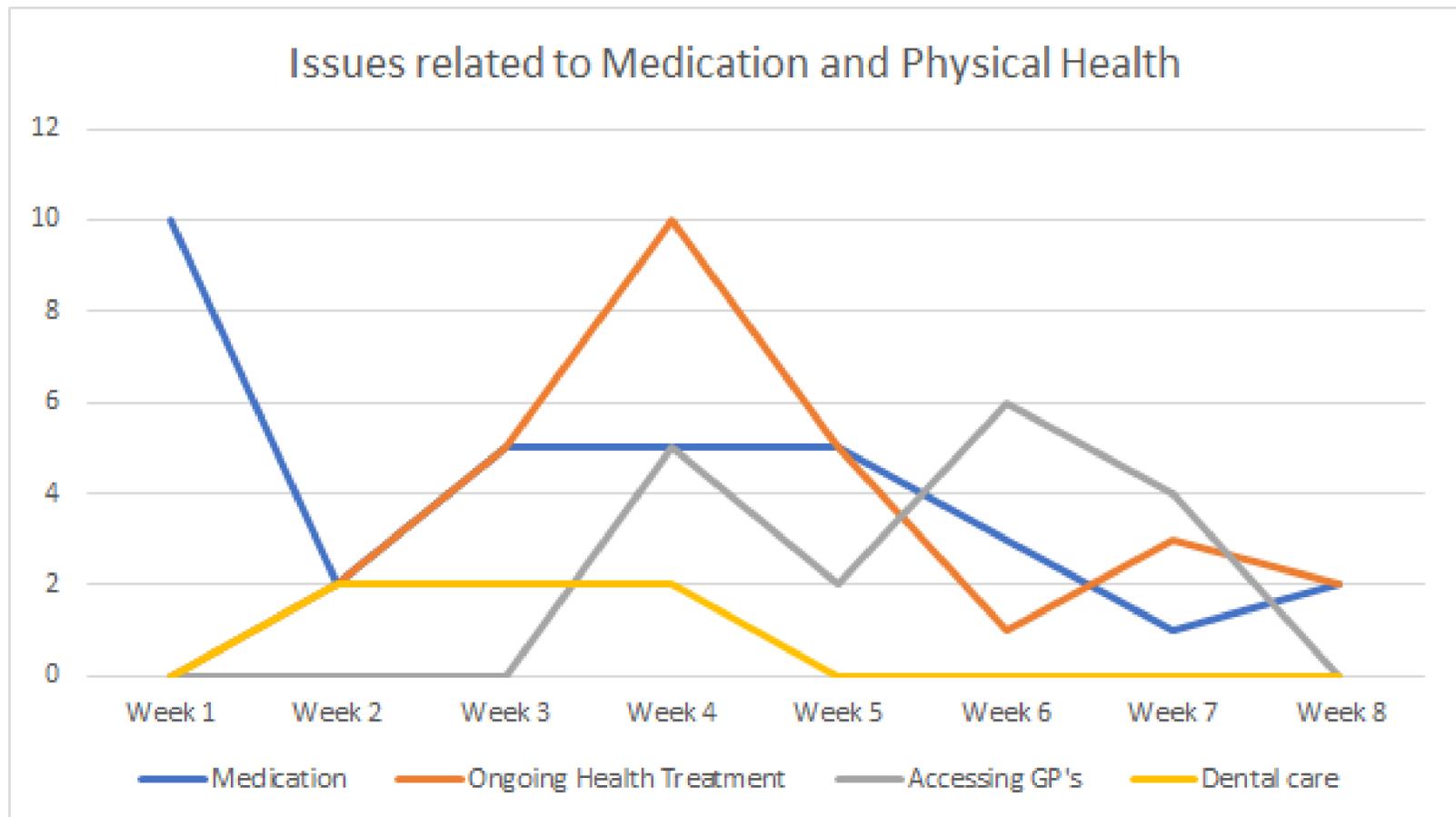
"The most successful thing I have done to help myself is to start on antidepressants once lockdown was announced. These were prescribed to help me sleep but have not only helped there but have also caused my days to pass in a rather pleasant haze".

WHAT HAVE WE DONE WITH THE FEEDBACK?

1. We have shared everything we have heard with the Health and Social Care Recovery and ensured the feedback has been included in the mental health impact assessment from this Cell which is looking at how Covid has impacted on peoples' mental health
2. We have been sharing insights into the mental health Covid meeting facilitated by Mental Health User Voice
3. We organised and facilitated a cross sector discussion about Covid, specifically to discuss the impact on staff and their wellbeing and to ensure training and support packages are shared across sectors in Kent. We had 25 people join this session.



Topic 3 - Issues related to Medication and Physical Health



There were 4 themes within this topic area:

1. Access to medication
2. Access to GPs
3. Ongoing health treatment
4. Dental care

1. Access to medication

In weeks 5-8 we heard a decline in feedback about access to medication compared to April, with the lowest amount of feedback received in week 8. In week 5 we heard similar feedback about problems people were having accessing medication that we had been told about throughout April, queuing to get into pharmacies and then medication being unavailable; challenges of being in rural areas and not being able to get prescriptions from GP surgeries.

Later, in May we heard more positive feedback about medications and some of the adaptations GPs and pharmacists had made during the pandemic.

- “My monthly prescriptions have been extended so I have less outings”
- Forward Trust said ‘the pharmacies have been brilliant on the whole. They have regular face to face contact with the service users and allowed us to drop off safe storage boxes, Naloxone, and mobile phones for them to give to service users collecting medication.’
- ‘My child had an ear infection and I phoned the surgery. We were able to collect antibiotics with ease. It was a really good service; the ear infection is sorted’
- “I filled a form online, then received a call back and had an online consultation. I got a prescription made out”

2. Access to GPs

We continued in May to hear mixed experiences about accessing GP services. The negative experiences peaked in week 6 and there were clearly some people who had difficulties getting the support they needed:

- “4 weeks ago, the GP refused to see me. Due to Covid-19 I felt this was understandable. This week I still experiencing chest problems. I took a Covid 19 test which was negative. I rang my surgery in XXXXX again but they still refused to see me. They said if I am still ill in one week they will refer me to hospital”
- “I can’t get through on the telephone to book an appointment in the short time they allow us to call and make appointments. I used to go there at 8am to make one but due to Covid this is no longer possible. I’m just suffering and self-medicating”
- “The phone was not answered, online appointments are not available, I was not happy getting a text message telling me the surgery was locked”
- “I ring them up and say what's wrong. They then tell you the doctor will call you back and when they do, they tell you they aren't seeing anyone. On the news people say you must see your doctor. I give up”

However, in weeks 7 and 8 comments about difficulties in accessing GP services declined and positive comments outweighed any negatives shared.

- “The GP telephone system at XXXXX was quick and efficient when wanting some advice for ongoing medical condition and reporting online for continued problems was also great”
- “I rang the doctors at XXXXX. The doctor rang back about 10 minutes later. After talking over the phone, I was seeing them at the surgery within 20 minutes”
- “I can get a phone consultation only. They are very good at my surgery and call back on time. Our doctors are great. I would have liked a video consultation. The receptionist could have done with some training as they were unnecessarily frightening patients”
- “My husband had a minor accident and I was anxious as I thought it looked dodgy. We decided to get advice about whether it was important enough to get checked as everything was up in the air with Covid 19. The GP Practice made an appt for him to see their nurse, which was excellent; he has had an appointment weekly since then for dressings to prevent it becoming ulcerated”
- “My doctor has phoned me 3 times since I had a stay in hospital, and has been very good”

An addiction support agency told us that GPs have been good, the only negative being that occasionally some have insisted on written consent before they will provide the service with a GP summary for the service user, which is problematic when working with a service user remotely as consent is given verbally.

3. Ongoing health treatment

There has been a steady stream of people sharing feedback about interruption to their ongoing medical needs. This has included:

- People not being able to access injections and physio/rehab to help with pain management and their mobility, which has had a particular impact on people with disabilities.
- Planned operations cancelled and implications on the pain people were experiencing as well as affecting people mentally.

“I will be honest that I sometimes feel that the longer the lockdown, the greater the risk of my essential surgery being cancelled. The operation is what keeps me going so the uncertainty affects my stress levels”

- Worries about postponement to some cancer surgery and what impact that would have on people by the time their surgery was rescheduled.
- Impact of delays on planned treatment programmes ‘She was in the middle of a 6-month course of chemotherapy treatment but this has been interrupted due to Covid-19 so she is now only getting 1 element out of the 3 she should’.

Despite the clear challenges that some people told us about, others have shared positive stories of how efforts were being made to continue support and treatment during the pandemic.

- “I went to the hospital for my regular blood test. The staff met me in the car park and escorted me inside where they took my temperature and sterilised my hands. After the blood test, I sterilised again before leaving. It all worked really well, and I felt very safe. Thank you”
- “My GP has been able to continue with my treatment during the present situation”
- “I had to have my regular three weekly appointments. There's been no snags so far”
- ‘Our helpline team spoke to a client who is grateful that she is receiving counselling from the Cancer team to help her through this difficult time’

4. Dental care

We received no comments relating to Covid impacting on dentistry throughout week 5-week 8. However, at a national level Healthwatch England collated feedback about people not being sure about how they would access dental treatment. The Healthwatch network also provided feedback about maternity exemption certificates. The issue being that by the time non-urgent dental care would be available some people’s exemption certificates would no longer be valid. From the analytics from our website we saw that people were still interested in Dental advice and updates; we had over 100 views to our website about emergency dental services. We can tell they spent time reading the update about dental services in detail.

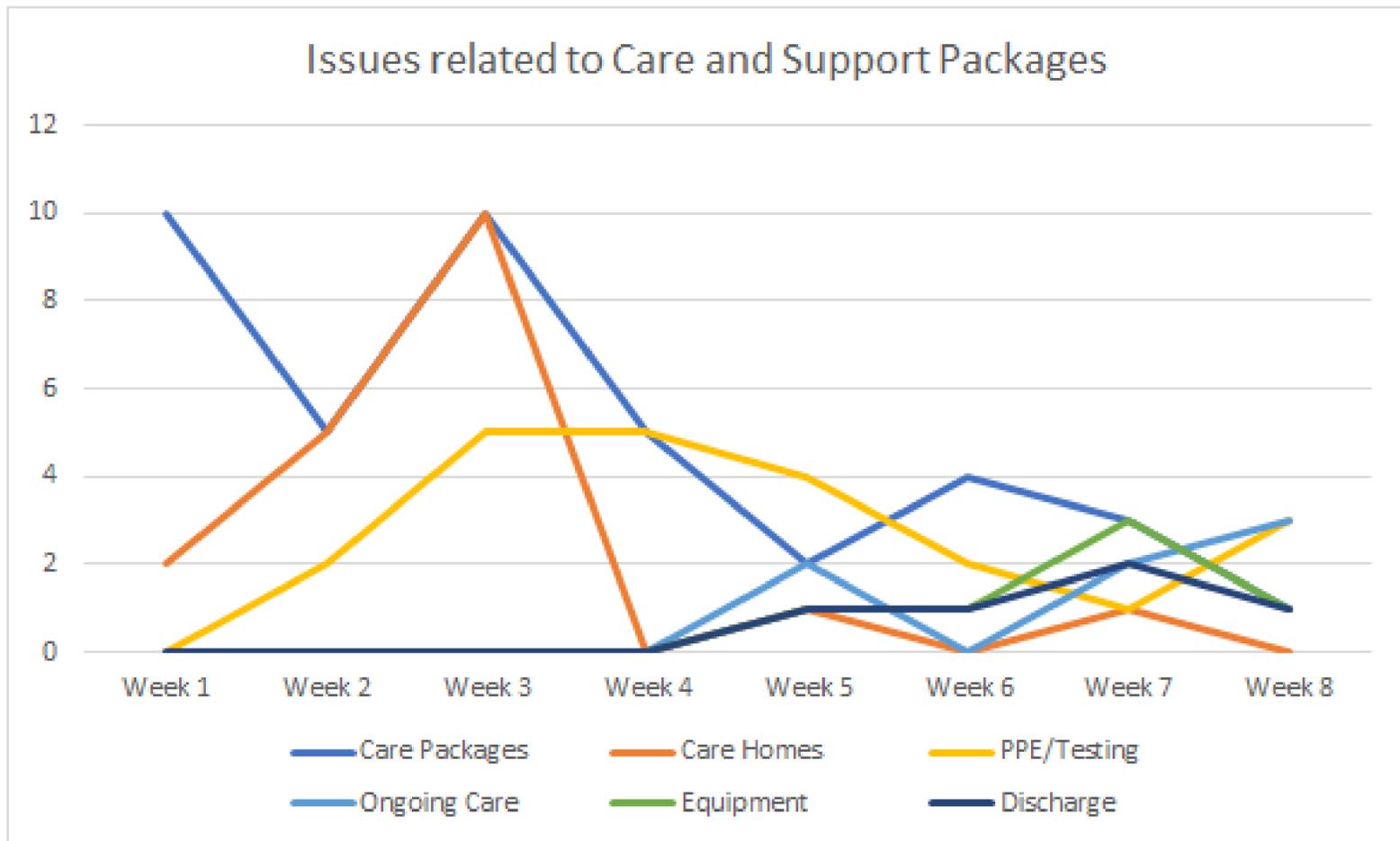
WHAT HAVE WE DONE WITH THE FEEDBACK?

1. We continue to work closely with the Local Pharmaceutical Committee and ensure they hear the feedback about medication issues into recovery cell discussions.
2. Prior to Covid, we were already looking at issues around access to GPs, and this will now be revised to review the benefits and concerns around digital access and online consultations.
3. Healthwatch will be working with stakeholders to understand the impact of Covid19 on waiting times for preventative and planned health care across the county. We have requested details of their action plans to address and mitigate further impact.
4. We shared all Cancer related stories with the Kent Oncology Centre to assist in their future planning and improving care in Oncology.

How is COVID-19 affecting you and your family life. Tell us your story so we can make emergency changes to services.



Topic 4 - Issues related to Care and Support Packages



There were 8 themes within this topic area:

1. Care Packages
2. Care Homes
3. Ongoing care
4. Equipment and adaptations
5. Discharge from hospital
6. PPE
7. PAs
8. Hidden Carers

1. Care packages

Feedback about people's concerns around care packages reduced in May, but there were still stories of carers who cancelled their packages of care because of concerns about having people in the house or being told by family members, not to let people in. Two organisations told us that care companies were telling clients that if too many people were entering the house then they would cancel the care service.

By week 6 and 7 we were hearing experiences that indicated this situation was beginning to reverse. Predominantly, the reasons for reinstating care packages was because Carers weren't coping anymore but we also heard about people returning to work and therefore needing to restart the support for their cared-for.

There were a small number of comments that highlighted not all clients were receiving full personal care because of staffing issues caused by the pandemic. Age UK told us of clients unable to get care needs assessment as they weren't deemed urgent enough.

2. Care homes

Despite the media coverage around care homes, people shared much less with us in May than they had in April. The comments we did hear were mainly around a lack of confidence that their loved ones would be safe.

We did hear about the impact on people who were waiting for care home places, which were currently on hold, 'the carer has to be alert all day which she is finding exhausting'.

3. Ongoing Care

The most frequently raised concerns were around podiatry and chiropody. One Age UK reported receiving 10 calls from Community Wardens and local residents in week 6 with concerns over toenail cutting and not being able to find alternatives. Guidance from Chiropodist regulatory bodies stipulated that low risk clients were not to be seen in their home under lockdown conditions. As lockdown continued the risk of foot conditions becoming more problematic was increased due to the restrictions of accessing chiropody care. We heard that 'clients were unable to wear their normal footwear, and that their mobility was poor as their feet were sore and nails were long'. This is supported by evidence from the wider Healthwatch network in other areas.

Bathing was another issue that was frequently raised in May. We heard from a number of Age UK centres that clients had been unable to wash since their last visit to centres in March. We were told that many people were struggling with itchy skin and felt generally uncomfortable because they were unable to wash. With poor mobility, many clients struggled to attempt to wash themselves, and we heard of one client who fell in the shower when she tried to have a wash. Families expressed their concerns to Age UK centres and told them that their regular personal care companies did not have enough staff to spend on organising bathing & showering.

There have also been some positive stories of adaption and innovation:

- We heard about a 94 year old who lives alone, who was distressed as they had managed to empty a Hoover bag but then could not replace it. The organisation sent round a handyman to help the client. She left the Hoover outside and the handyman was able to reattach the bag.
- An organisation that supports elderly people are working in partnership with their local fire service; the firefighters are delivering hot meals each day, they are also using this opportunity as a welfare check. They make sure they speak to each person and if they think someone isn't looking as well as they used to then they report to the organisation, which is followed up with a phone call.

4. Equipment

In May evidence started to emerge about the availability and accessibility of equipment supplies being affected and the impact that was having on people.

- Kent Association for the Blind raised issues about Cane tips, magnifiers and lamps as well as difficulties in repairing / replacing glasses, all vital equipment for people, in week 5.
- Hearing aid batteries, as local suppliers are not open
- Life-line pendants, an increase in demand as people feel vulnerable in their homes.
- Incontinence pads, people leaving hospital with a few days supply and then a 2 week waiting period for assessment and ordering, leaving people without pads.
- Equipment for children with special needs
- Delays in assessments for adaptations for the home to help carers look after a loved one after discharge from hospital, sometime resulting in the person being readmitted to hospital to remain safe, or delay to their discharge.

Organisations started to raise concerns about an indication of increasing demand, as they see clients become more sedentary and associated deterioration in mobility. Those with physical disabilities told us how exercise and access to physio had reduced and consequently resulted in decreased mobility.

5. Discharge from hospital

In each of the weeks there was a small amount of feedback relating to discharge from hospital. There were some concerns about inappropriate discharge from hospital due to relaxation of discharge assessment regulations and/or not having appropriate equipment or wrap around services to support clients when they returned home. A carers organisation told us they were aware of 64 discharges from hospital and in 5 cases it had been an inappropriate discharge from ward to home.

In week 8 an organisation supporting Carers shared feedback that they felt the discharge to assess model creates a lag for getting the help people require i.e. secondary services such as district nurses. They told us this caused three safeguarding issues in one week, whereby the patient needed to return to hospital to remain safe. They felt that this is an issue they are seeing more of as the weeks progress.

6. PPE/Testing

May saw less feedback than April concerning PPE and testing. We did hear from a small number of people wanting to know how best they protect themselves with PPE in regard to a carer entering their home and one person reported not admitting a volunteer carer to their home due to the lack of appropriate PPE.

Much of the feedback around PPE was in regard to the financial implications PPE was placing on individuals and organisations. Organisation reported 'costs of PPE have increased dramatically'

A few comments highlighted issues of masks exacerbating health conditions e.g. asthma or making it difficult for people to communicate.

We heard this story from a member of the public:

“My Mum was in the hospital, we spoke to someone in the Integrated Discharge Team to ask whether a virus test would be carried out before Mum was discharged. The information she conveyed, was that the test would be carried out only if Mum manifested symptoms. No doctor or nurse informed us that a test had been carried out. She was discharged to a care home. The family visited, we went into her room in a paper mask, plastic gloves & apron. The assumption we made was that these were precautions for her protection, the staff and residents. We had been with her for over an hour cuddling her, holding her hand. We were taken to another room so that we could see her notes. That’s when we found out that Mum had contracted Covid-19. Our Mum died 10.50 pm that day. At no time was anyone in our family informed that Mum had contracted the virus. Not the hospital or the care home. The Infection Department at the hospital rang to inform us that our Mum had tested positive for Covid-19 5 days after her death”

7. Personal Assistants

A couple of people have highlighted that there are recruitment issues for Personal Assistants and that this is resulting in problems getting support. PAs have become unavailable due to childcare commitments or they were self-isolating.

8. Hidden Carers

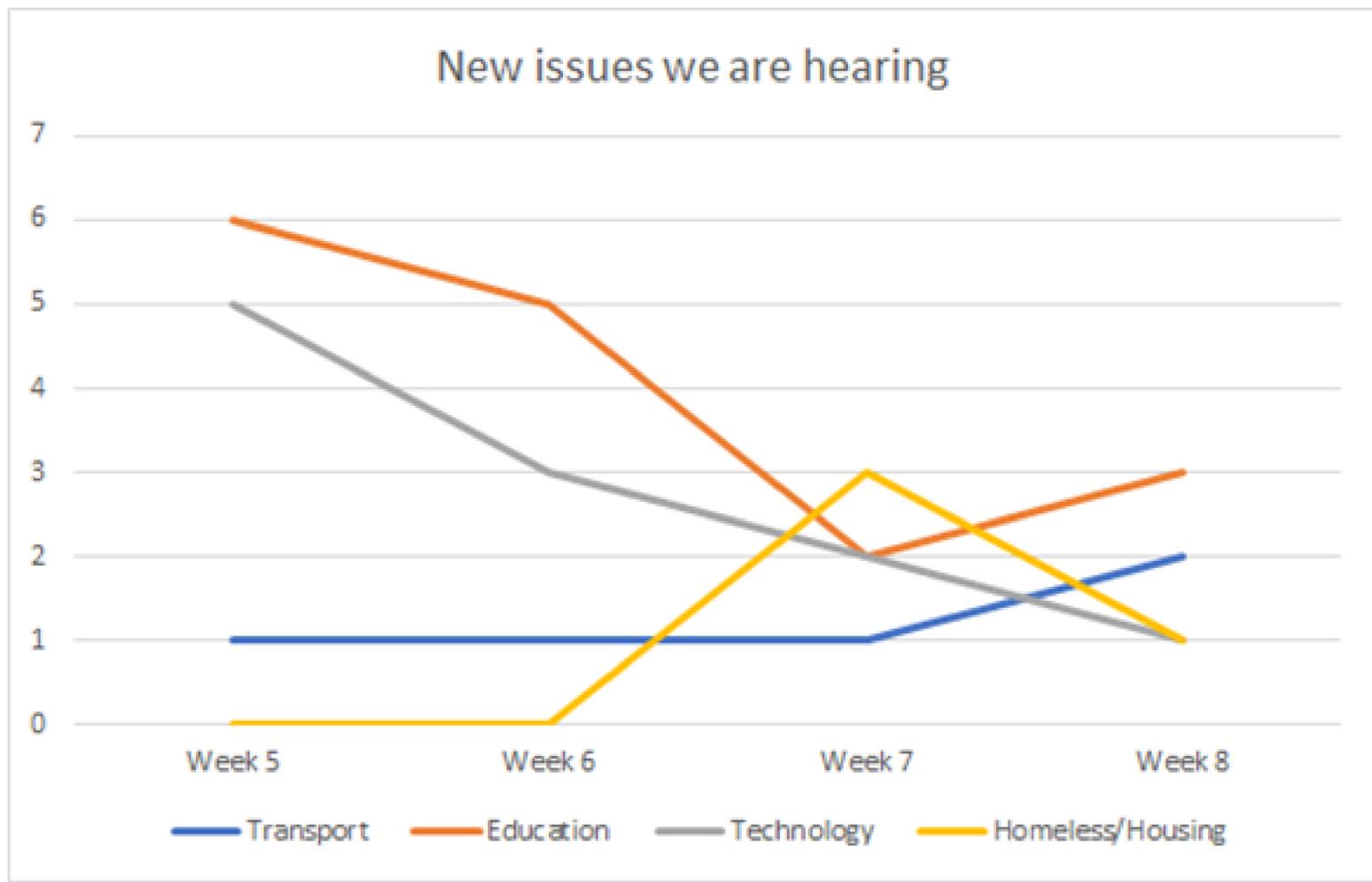
Throughout May there was growing evidence of the role “hidden carers” have been playing in supporting people. Some people have been unable to offer the level of support they previously did, and others have found themselves offering care support where previously they didn’t.

- ‘family members who normally help them out cannot do so now as they won’t visit anymore due to worries at passing on infection’.
- We are now seeing calls from people who were relying on their neighbour for food, but don't want to ask anymore and the neighbour hasn't offered’.
- ‘We have had 3 new carer referrals where they have moved in to care for a relative; one recovering from Covid and 2 are both caring for a parent with Dementia who is alone and not coping’

WHAT HAVE WE DONE WITH THE FEEDBACK?

1. Healthwatch Kent is currently undertaking a project looking at the impact of Covid on Care Homes. We have spoken to 50% of Care Homes in Kent about how they are coping and what lessons have been learnt. The report and the findings will be published in July
2. KAB are working with Specsavers to define when ‘urgent’ appointments will apply and raise awareness of the needs of their clients.
3. Healthwatch Kent is working with the commissioned carers organisations to reach out to hidden carers and encourage them to seek support.
4. We have shared the insights around equipment demand with KCC to inform their planning and commissioning arrangements.

Topic 5 - New issues we are hearing



In May there were 4 clear new themes that we heard about:

1. Education and schooling
2. Using technology to access services
3. Transport
4. Homelessness and housing

1. Education/schooling

We have heard a significant volume of feedback about education and schooling in May. Feedback has been from across the spectrum of school ages, but with a clear grouping of feedback about children with special educational needs. The volume of feedback around education has steadily increased and we are already seeing consistently high levels throughout June.

Schoolwork

We have heard that schools have adopted a mixture of approaches, some set a daily work plan, others weekly. Some require parents to submit their children's work daily, others make no contact with the children. Parents report feeling ill prepared and under pressure to meet the school's expectations.

- 'The demand from the school to complete set challenges and schoolwork every day is overwhelming. My kids are finding it difficult to do the work and I'm finding it hard to support them whilst doing my job at the same time'
- One college told us 'Some of the parents have no laptop, or access to the work set by schools, many families don't have a printer'. Parents contacted schools and asked for printed copies. For the schools that remained open, they printed a lot of work and delivered it to families. For schools that were not remaining open, they told families to not bother doing work, despite sending them a list of things to complete at home at the start of lockdown'.
- We heard from an autism support group that one mum they spoke to has 5 kids that go to 4 different schools, and some of them have special needs. "She just can't divide her time to each of her children to help with schoolwork".
- We heard from one college who told us that parents are struggling to get their young person to engage with any kind of work; 'we are reassuring parents that they don't have to push schoolwork on their child, their wellbeing is the priority at the moment, instead try simple tasks such as taking a walk, writing a diary entry instead of focusing on academic challenges.'

Adjusting to more time at home

Many families who have children with special needs reported that their child's behaviour was unsettled initially, but gradually new routines made home life easier.

- 'students with autism like their routine, and college is their "learning place" and home is their "private place". Many students are finding it difficult to take part in online (Zoom) classes with teachers because they are learning at home, and there is a lot of confusing emotions that they are dealing with. Home is seen as the safe place for many students and they feel as if teachers are invading this safe space by doing online lessons.'

Supporting parents

We heard from a further education establishment who found that they are supporting a lot of parents at the moment. 'Many parents are struggling with life at home, coping with their young person's moods, behaviours, habits etc. The college is reassuring parents that they don't have to push schoolwork on their child, especially if maths or English is making them stressed. Some parents have been furloughed and are now spending more time with their child than they normally would and the tension in the house is evident, and also with siblings'.

Supporting students

At the beginning of May the issues that concerned students were around the impact of transitioning and exams.

- 'There has been no opportunity to transition some of the more vulnerable students (those with Autistic Spectrum Disorder) who would be moving onto a new course or progressing within their course. We cannot plan out their timetable, get students to meet their new teachers, new classrooms or discuss coursework. This puts students with ASD in a situation that many are not comfortable with, as they like to have things planned, or have a clear routine.'
- 'Students have started to lose their focus and are struggling to see the point of continuing coursework if they won't have to sit exams'
- 'Students and parents are anxious about predicted grades, particularly GCSE Maths & English. There is a worry that in years to come, employers might judge interviewees on their grade received for GCSE Maths in the year 2020, as opposed to someone who gained their qualification in a different year. Employers might have a preference for someone who gained a qualification from a "real" exam rather than a "Covid Qualification"
- 'Students have expressed uncertainty around college starting back, and have worries about what will happen to their exam results and will they have to do harder/more challenging work when they come back in September to "make up" for their work this year'.

By the end of May, the guidelines had changed, and schools were allowed to welcome children in Reception, Year 1 & Year 6. This generated a lot of response from parents and guardians;

- An organisation supporting families told us that they received feedback from 18 families regarding schools reopening, many of the calls were around their hesitancy to return on June 1st, with families feeling that it's too soon
- A family support organisation took a call from a family who were concerned because their child is self-harming at the thought of returning to school
- 'Parents are worried about the proposed return to school. Even parents who don't have children in the returning year groups (R/1/6) are worried that soon they will have to face the decision of allowing children to go back'.
- Organisations told us that it was difficult for many parents to make this decision, they are questioning what is right/wrong, is it safe/not safe enough for them. They are having to decide how important it is to have a break from home schooling or encouraging their children to see friends again.

2.Using Technology to Access Services

Clearly, the use of technology has enabled services to adapt and continue to deliver treatment, care and support throughout the pandemic whilst not needing to be in the same physical space and the end recipient. From Facebook groups, to online assessments there have been a range of adaptations. We have had feedback that it isn't just the technology, e.g. tablet, that was a barrier for some people accessing services, it was also the ongoing costs of broadband or data. One organisation has told us how it has overcome this barrier, by clients being provided with a phone at a safe location and being able to use that phone to undertake assessments and discussions with clinicians via WhatsApp.

During May, there were lots of positive examples of people embracing this technology and the support it allowed them to access.

- ‘A mental health organisation that I use has kept me up to date with what services I can access during lockdown. I am really happy that a lot of them are running their usual services online or by telephone. I go to a group at XXXXX which I am now doing by Zoom so I feel like a lot of my usual support is still available”
- “The continued support has been a life saver. I have been shielding for the past 7 weeks. The phone calls from my local mental health support group have helped, changed my life”
- “Without the charity I wouldn’t still be here, they have been my lifeline. They don’t shout about it, but they sorted food and offered remote physio”

There are also those services that despite having some online or phone contact with people, it has not been able to meet all their client's needs:

- “I was meant to have an appointment with my psychiatrist at XXXXX which was changed to a phone call. It was all fine, but I had to wait until we can do face to face appointments to have the personality disorder assessment to have a diagnosis. I'm glad I had a phone call appointment instead of my appointment just being moved”
- A befriending service told us that only 2 people from a wider pool of 160 clients have an email address. ‘The rest are not online at all and don’t want to be online. This means they can't get access to Government information or get online shopping which has caused lots of problems’
- 'I don't like following online exercise videos from the physio as I find it too stressful. I shall re-refer myself after lockdown”
- “I have been communicating with my regular contact for my mental health issues and been doing this primarily via phone (unsurprisingly). It's worked pretty well overall and I have no objective complaints or criticism. One thing I will note is that I prefer the experience of going to my local centre, to meet and talk with my contact in person, as I feel much more proactive, productive, and better about the whole experience as a result’

3. Transport

In weeks 5-8 we had feedback about transport related issues. These included:

- Concerns about school transport for children with disabilities and special needs. The transport provider is happy to take the kids to school, but they have no social distancing procedure or policy in place.
- An independent living organisation told us that people are finding public transport very difficult, it took a client 4.5 hours to do a 20-minute journey. The bus was only allowing 4 people on a bus at a time, so they are having to wait for hours despite having a disability.
- Blue Badge Renewals. Feedback from a number of organisations has highlighted people are being told to allow 10 weeks to get a renewal, and KCC is directing people to do this online. But many people don’t have the facility to do this, and without ability to access support from community organisations to assist. An Age UK centre have contacted the Blue Badge Team but they are not allowing extra time and telling elderly people they will lose their badge if they do not get the form returned.

4.Housing/Homelessness

At the end of May, week 7 and 8, we started to hear a small amount of housing / homelessness related feedback:

- People being furloughed having difficulty in pay rent in privately rented housing.
- Mental health social worker 'motoring along' assisting in making accommodation suitable for someone.
- Care workers not being able to access their clients in sheltered accommodation as the warden has refused them entry due to Covid-19.
- 'I was referred to a Community Navigator with XXXXX. I have left my partner and am currently homeless and going through the courts and the navigator gave me some very helpful advice about my housing and about my child. I am hoping to have my child back with me soon and to have somewhere to live"

The Government set up a COVID-19 Rough Sleeping Taskforce during the pandemic and an initial £3.2 million was given to councils at the beginning of the pandemic so they could take immediate action to support rough sleepers off the streets. The Government also committed to work collaboratively with councils, health providers and charities to offer emergency accommodation.

One person told us:

- "I am currently supporting homeless long-term street sleepers with a long history of mental health issues to get lodgings. I got people rehoused in licenced rooms (in multi-tenancy units) but during the pandemic the government said that everybody had to be housed. One person has been served a notice to quit. I got in touch with a homeless charity who said landlords can't evict them and to get hold of the council. I got hold of the rough sleeper liaison officer at the council, but she said that unless he has acute mental health issues there is nothing that can be done. Under the licenses people can be evicted - all the hostels where the homeless are usually accommodated are closed. it is very frustrating trying to help people and get them settled then this happens"

WHAT HAVE WE DONE WITH THE FEEDBACK?

1. We are now sharing feedback related to education directly with KCC to inform their decision making
2. We have proactively targeted organisations that support people with housing and homelessness to ensure we are able to provide a steady stream of feedback for this community.
3. We have spoken to G4S, the patient transport provider for Kent and Medway, to understand how they have been affected by Covid and how this might impact patients.



Appendix 1

Ethnicity	
English / Welsh / Scottish / Irish	91.6%
Any other White background	
White & Asian	2.8%
Any Other Mixed / multiple ethnic	2.8%
African	
Prefer not to say	2.8%

Age	
16-24	6.9%
25-34	11.1%
35-44	19.4%
45-54	23.6%
55- 64	22.2%
65-74	9.7%
75- 84	2.8%
85+	1.4%
Not say	2.8%

CT1	Canterbury (south and city centre)	17
CT2	Canterbury (north), Harbledown, Rough Common, Sturry, Fordwich, Blean, Tyler Hill, Broad Oak, Westbere	
CT3	Wingham, Hersden	
CT4	Canterbury (east and south west), Chartham, Bridge, Nackington, Lower Hardres, Patixbourne, Bekesbourne, Chartham Hatch, Part of Harbledown and Rough Common	
CT5	Whitstable, Seasalter, Tankerton, Chestfield, Swalecliffe, Yorklets	
CT6	Herne Bay, Herne, Broomfield, Greenhill, Eddington, Beltinge Reculver	
CT7	Birchington-on-Sea, St Nicholas-at-Wade, Sarre, Acol	
CT8	Westgate-on-Sea	
CT9	Margate, Cliftonville, Burchington	
CT10	Broadstairs, St Peters, Thanet	6
CT11	Ramsgate	
CT12	Northwood, Minster-in-Thamet, Cliffsend, Monkton, Manston	
CT13	Sandwich, Eastry, Woodnesborough, Great Stonar, Richborough	
CT14	Deal, Walmer, Kingsdown, Ringwould, Sholden, Great Mongeham, Worth, Ripple, Tilmanstone, Betteshanger	
CT15	Alkham, Lydden, Eythorne, St Margaret's at Cliffe, Elvington	
CT16	Whitfield, Temple Ewell	
CT17	Dover (west), Tower Hamlets, River	2
CT18	Hawkinge, Lyminge, Etchinghill, Capel-le-Ferne, Densole, Newington	
CT19	Folkestone (north), Cheriton	
CT20	Folkestone (south), Sandgate	
CT21	Hythe, Saltwood, Lympne, Postling, Newingreen, West Hythe, Westenhanger	2
DA1	Dartford, Crayford, Barnes Cray	
DA2	Dartford (east), Stone, Wilmington, Bean, Hawley, Darent	
DA3	Longfield, Hartley, New Ash Green, New Barn, Fawkham	



Appendix 1

DA5	Bexley, Bexley Village, Blendon , Albany Park, Joyden's Wood	
DA6	Bexleyheath, Upton	
DA7	Bexleyheath (north), Barnehurst	
DA8	Erith, Northumberland Heath, Slade Green	
DA9	Greenhithe, Stone	
DA10	Swanscombe, Ebbsfleet	
DA11	Gravesend (west), Northfleet, Gravesham	6
DA12	Gravesend (east), Chalk, Shorne, Cobham	
ME1	Rochester, Burham , Woldham	
ME3	Rural, Hoo Peninsula , Higham	
ME5	Walderslade , Blue Bell Hill, Lordswood Luton	
ME7	Gillingham, Rainham, Hempstead, Bredhurst	
ME8	Rainham, Twydall , Parkwood, Hempstead, Wigmore	
ME9	Sittingbourne, Teynham , Iwade and Rural	
ME10	Sittingbourne, Kemsley , Milton Regis, Swale	5
ME11	Queenborough, Rushenden	
ME12	Isle of Sheppey, Minster, Sheerness, Eastchurch	
ME13	Faversham, Boughton under Blean , Selling and rural area	
ME14	Maidstone, Bearsted , Grove Green	11
ME17	Hollingbourne , Hucking , Harrietsham , Lenham , Boughton Monchelsea , Linton, Coxheath , Chart Sutton, East Sutton, Langley, Kingswood, Sutton Valence	
TN3	Tunbridge Wells Langton Green , Groombridge , Frant , Speldhurst , Lamberhurst	4
TN4	Royal Tunbridge Wells, Rusthall , Southborough	
TN8	Crockham Hill , Edenbridge	
TN9	Tonbridge	
TN10	Tonbridge	2
TN12	Paddock Wood, Staplehurst, Brenchley , Horsmonden , Marden, East Peckham	
TN13	Sevenoaks	2
TN15	Kemsing , Ightham , Plaxtol , Wrotham, Sevenoaks Weald	
TN17	Cranbrook, Goudhurst, Benenden, Frittenden	
TN23	Ashford (town centre), Kingsnorth, Singleton	2
TN24	Willesborough , Kennington, Boughton Aluph , Goat Lees	
TN25	Challock , Wye, Stowting	
TN26	Bethersden , Hamstreet , Shadoxhurst , Woodchurch	
TN27	Headcorn , Biddenden	
TN28	New Romney, Greatstone-on-Sea , Littlestone-on-Sea	
TN29	Lydd	
TN30	Tenterden, Wittersham	