

Cheshire East Health and Wellbeing Board – Informal Discussion Meeting

Agenda

Date: Monday, 26th July, 2021

Time: 2.00 pm

Venue: Virtual Meeting

NOTE: This Meeting is an informal discussion Meeting. For anyone wishing to watch the discussion live, please click the link below:

[Join live event](#)

or dial in via telephone on 141 020 3321 5200 and enter Conference ID: 769 804 088# when prompted.

1. Election of a Chair and Vice Chair

At the beginning of this, the AGM and first meeting of the Cheshire East Health and Wellbeing Board in 2021/22, to elect a Chair and Vice Chair for the year.

2. Apologies for Absence

To note any apologies for absence.

3. Declarations of Interest

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. Minutes of Previous Meeting (Pages 3 - 8)

To approve the minutes of the meeting held on 23 March 2021.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686549

E-Mail: Karen.Shuker@cheshireeast.gov.uk with any apologies

5. **Public Speaking Time/Open Session**

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

6. **Appointment of Non-Voting Associate Members**

To appoint non-voting associate members to the Board for 2021/22.

7. **Joint Ofsted and Care Quality Commission SEND Revisit (Pages 9 - 30)**

To consider an update on the joint Ofsted and Care Quality Commission SEND revisit.

8. **Child Death Overview Panel Annual Report (Pages 31 - 54)**

To consider the annual report of the Child Death Overview Panel.

9. **Healthwatch Covid-19 Report (October 2020 - March 2021) (Pages 55 - 158)**

To consider the findings of the report of Healthwatch Cheshire East on Covid-19 within the period October 2020 and March 2021.

10. **Cheshire Care Record (Pages 159 - 168)**

To consider an update on the current position of the Cheshire Care Record.

11. **Test, Trace, Contain, Enable Update**

To consider a verbal update on this standing item on the Test, Trace, Contain, Enable Programme.

12. **Cheshire East Place Partnership Update**

To consider a verbal update on this standing item on the Cheshire East Place Partnership.

13. **Cheshire East Integrated Care Partnership Update**

To consider a verbal update on this standing item on the Cheshire East Integrated Care Partnership.

CHESHIRE EAST COUNCIL

Minutes of a virtual meeting of the
Cheshire East Health and Wellbeing Board
held on Tuesday, 23rd March, 2021

PRESENT**Voting Members**

Councillor Sam Corcoran (Chairman), Cheshire East Council
Councillor Kathryn Flavell, Cheshire East Council
Councillor Laura Jeuda, Cheshire East Council
Jill Broomhall, Cheshire East Council
Dr Andrew Wilson (Vice-Chairman), NHS Cheshire CCG
Clare Watson, NHS Cheshire CCG
Louise Barry, Healthwatch Cheshire
Steven Michael, Cheshire East Health and Care Partnership
Dr Patrick Kearns, Cheshire East Integrated Care Partnership
John Wilbraham, Cheshire East Integrated Care Partnership

Non-Voting Members

Lorraine O'Donnell, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Superintendent Peter Crowcroft, Cheshire Constabulary
Chris Hart, Cheshire East Social Action Partnership
Mike Larkin, Cheshire Fire and Rescue
Councillor Jill Rhodes, Cheshire East Council
Ged Rowney, Cheshire East Council

Cheshire East Officers and Others

George Gibson, Healthwatch Cheshire
Professor Rod Thomson, Public Health
Guy Kilminster, Corporate Manager Health Improvement
Laura Rogerson, Children Services
Roisin Beressi, Lead Team Manager
Rachel Graves, Democratic Services Officer

38 APOLOGIES FOR ABSENCE

Apologies were received from Dr Matt Tyrer (Cheshire East Council).

39 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

40 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 26 January 2021 be approved as a correct record.

41 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

42 HEALTHWATCH CHESHIRE SURVEY: HEALTH AND WELLBEING DURING CORONAVIRUS

The Board received a presentation from Louise Barry and George Gibson on the findings of the Healthwatch Cheshire Health and Wellbeing During Coronavirus survey during the period 4 May 2020 to 15 October 2020.

The presentation and report in the agenda detailed the key findings from the survey in areas of healthcare, mental health and wellbeing, and care.

The final results from the survey would be reported to the Board in due course.

RESOLVED:

That the presentation be received and noted.

43 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IMPROVEMENT UPDATE

The Board considered an update on progress against the Cheshire East SEND Written Statement of Action, produced following the Ofsted and CQC inspection in March 2018.

The report set out the progress on the two areas of significant weakness identified by the Ofsted and CQC inspection and set out the key priorities for the next twelve months.

Ofsted had been due to carry out a SEND re-visit before the end of April 2020. However in March 2020 Ofsted had announced that all inspections were suspended due to the Covid pandemic. From autumn 2020 Ofsted and CQC had been carrying out joint interim visits to local areas regarding their SEND arrangements in lieu of SEND inspections or re-visits. It was understood that Ofsted and CQC were likely to re-commence SEND inspections and SEND re-visits from 1 April 2021, dependant on Covid restrictions in place, and preparations were continuing with preparing key documents to evidence progress, carrying out communications and engagement with all stakeholders and ensuring arrangements were in place to respond quickly upon notification of the re-visit.

RESOLVED: That the Health and Wellbeing Board:

1. note the update on the preparations for the SEND re-visit, and
2. note and endorse the contents of the SEND Self-evaluation in Appendix 1 to the report.

44 DELAYING THE REFRESH OF THE CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered the proposal to postpone the Pharmaceutical Needs Assessment for a period of 12 months.

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 required Health and Wellbeing Boards to publish and keep updated a Pharmaceutical Needs Assessment for their area. The current Cheshire East Pharmaceutical Needs Assessment was published in 2018 and was due for renewal in 2021.

The Pharmaceutical Needs Assessment could take six to twelve months to prepare as it went through an extensive engagement and formal consultation process. The current demands placed upon the Public Health Team and the Pharmacy profession dealing with the Covid pandemic meant that the capacity to review the Pharmaceutical Needs Assessment was not available. It was therefore proposed that the current version remain live for the next twelve months and plans be put in place to work on the refresh from June 2021 onwards if the demands of Covid reduced.

RESOLVED:

That the Cheshire East Health and Wellbeing Board agree to the postponement of a revised Pharmaceutical Needs Assessment for a period of 12 months.

45 TERMS OF REFERENCE UPDATE

Consideration was given to the proposed changes to the Health and Wellbeing Board's terms of reference.

Following recent changes to the Council's senior management team and the forthcoming introduction of the new Committee system of governance, changes to the wording of the membership section of the terms of reference were required.

RESOLVED: That the following proposed changes to the Health and Wellbeing Board's Terms of Reference be recommended to the Constitution Committee:

1. the Acting Director of Adult Social Services be included as a core voting member of the Health and Wellbeing Board and the Interim Director of Children's Services as a core non-voting member.
2. the wording in paragraph 5.1 of the terms of reference regarding the nomination of Councillors to sit on the Health and Wellbeing Board be amended to read 'will be determined by Cheshire East Council'.
3. the reference to the Scrutiny Committee be amended in paragraph 4.6 of the terms of reference.

46 TEST, TRACE, CONTAIN, ENABLE' UPDATE

Professor Rod Thomson gave an update on the Test, Track, Contain and Enable system in Cheshire East.

He reported that since the last meeting there had been a reduction in the number of case, with the rate of infections hovering around 52-55 new cases per 100,000 in the last seven days and no new cases had been reported in care homes in the last two weeks.

Schools had reopened and asymptomatic testing of pupils was being carried out at school for the first two weeks and then moving to home testing. So far 25 schools had identified cases of covid, and action had been taken quickly to isolate the affected pupils.

There have also been a few workplace outbreaks with these being initially identified via people being symptomatic. These have been followed up with the Swab Squad going into the workplace and additional testing being provided which had identified further cases. The Public Health Team and Regulatory Services team were working with business to ensure covid secure procedures were in place.

The asymptomatic testing programme had been opened to wider parts of the community to enable workers who must attend work rather than work from home to be able to receive asymptomatic screening. As part of a national pilot the Crewe testing site would switch to a new model, which would allow it to do asymptomatic testing in the morning and symptomatic testing in the afternoon and evening. Also five pharmacies currently provided asymptomatic testing as well.

RESOLVED:

That the verbal update be noted.

47 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

The Board received an update on the Cheshire East Place Partnership from Steven Michael.

The Partnership had been looking at its form and purpose and at its last meeting had reviewed its terms of reference and memorandum of understanding. There was a need for the Partnership to realign its work with that of the Health and Wellbeing Board, and the ICS as it developed and became clearer on how decisions would be made.

Following discussions on the way to take things forward, it had been agreed that a workshop format would be adopted, which would include all partners, to get a collective understanding of where it was thought the Partnership needed to move forward and how it fitted in within Place.

Four key areas to look at had been identified:

1. Future commissioning arrangements
2. Development of the ICS and gaining clarity of what was in/not in its remit
3. Sustainability of acute services, which linked to the development of the ICS
4. Mental health services and how they align with Place

RESOLVED:

That the verbal update be noted.

48 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Board received a verbal update on the on the Integrated Care Partnership.

It was reported that a development session would be held in April to consider the ambitions of the partners for the next 12 months and beyond and would include consideration of how to deliver the recovery programme and move out of the covid pandemic stage back to 'business as usual'.

RESOLVED:

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.15 pm

Councillor S Corcoran (Chairman)

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27 May 2021

Ged Rowney
Interim Director of Children's Services
Cheshire East Council
Westfields
Middlewich Road
Sandbach
Cheshire CW11 1HZ

Clare Watson, Accountable Officer, NHS Cheshire CCG
Gill Betton, Local Area Nominated Officer

Dear Mr Rowney and Mrs Watson

Joint area SEND revisit in Cheshire East

Between 24 and 27 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Cheshire East to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the written statement of action (WSOA) issued on 25 April 2018.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning groups (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 27 September 2018.

The area has made sufficient progress in addressing all of the significant weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Some inspection activities were carried out remotely, others were face to face. Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers. They spoke to leaders, managers and staff who work in education, health and social care about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information

about the performance of the local area, including the area's self-evaluation of their actions in relation to the WSOA. They reviewed performance data and evidence about education, health and care plans (EHC plans) and autism spectrum disorder (ASD) pathways. 720 parents responded to the online survey.

Main findings

- The initial inspection found that:

'the timeliness, process and quality of EHC plans was inadequate'.

Following the initial inspection, leaders recognised that fundamental changes were needed to resolve this endemic weakness. This work did not start in earnest until early 2019. Professionals across health, education and social care testify to the sustained efforts made to improve the EHC process during 2019 and early 2020. However, many parents who responded to the online survey have yet to be convinced that there has been lasting improvement. Parents' negative views have been exacerbated for two main reasons. The first reason is the changes in how professionals have had to work during the COVID-19 (coronavirus) pandemic. The second reason is the local area's lack of effective communication with families about the changes being made.

The timeliness, process and quality of EHC plans have been transformed. Leaders have invested in high-quality training and support for all staff who are involved in the production of EHC plans. Leaders have ensured that these staff are in no doubt about the quality and timeliness of professional advice required. There are robust review systems in place at every stage from the initial request to the final written plan being issued. Any shortcomings are quickly identified and resolved. By early 2020, almost every needs assessment was completed within 20 weeks, compared to less than one in six in 2018.

Co-production is at the heart of every EHC needs assessment. From the very start of the process, professionals work closely with parents and children and young people so that plans accurately reflect children and young peoples' needs and how best these can be met.

The local area is not resting on its laurels. Since 2019, leaders have incrementally raised the quality standards for EHC plans. This means that there are older plans which do not meet the area's current higher quality standards. The local area recognises that these older plans need to be reviewed as a matter of urgency, but this cannot be achieved without further investment. Additional resources have already been put in place. This now means that not only are annual reviews happening within expected timescales, but any required changes to plans and provision are more timely.

Addressing this significant weakness has been, and still is, a journey. But, the significant improvements to EHC planning that have been made since the inspection, cannot be underestimated. Throughout the visit, inspectors heard from parents, children and young people and professionals about the positive impact that these plans have on children and young people's lives.

The local area has made sufficient progress to improve this area of significant weakness.

- The initial inspection found that there was:
'a lack of an effective ASD pathway and unreasonable waiting times'.

At the initial inspection, there was no 0-4 years ASD diagnostic pathway. This is no longer the case. Following a successful pilot in December 2018, the local area launched an effective diagnostic pathway for the youngest children. This means that more children are starting nursery and school with their needs being understood and met. Moreover, families value the pre- and post-diagnosis support and training offered as part of the pathway. This helps parents better understand and support their children's needs.

The last inspection also found that the ASD diagnostic pathways for older children and young people were inconsistent. The local area carried out a comprehensive consultation with key stakeholders, including parents, to decide on a course of action to improve these pathways. Parents and professionals agreed that the best option was to continue to commission existing providers. This was because families preferred to maintain their established relationships with the professionals working for these providers. In order to mitigate inconsistencies, the local area developed and implemented a single autism integrated service specification. This service specification now ensures a more consistent approach. In addition, the establishment of the autism clinical network has helped the different multi-disciplinary teams to put this service specification into practice.

By March 2020, there was a significant reduction to the numbers of children and young people on the ASD diagnostic pathway waiting list. In October 2018, over 200 children and young people were waiting more than 12 weeks for their first assessment appointment. By March 2020, this had reduced to just two. Some parents shared positive views of the diagnostic assessment process with inspectors. However, other parents raised concerns about the time taken from the initial assessment until the final diagnosis. Inspectors found that the assessments sampled were carried out in a timely manner. The local area now provides helpful leaflets for families so that they are better informed about this assessment process and how long it may take.

There is considerable demand for additional pre- and post-diagnosis training and support from third-sector providers to help parents' come to terms with and manage children and young people's ASD needs. This demand, which is beyond the local area's offer, demonstrates that parents do not feel there is enough support for them pre- and post- diagnosis. While these well-regarded providers try to plug this gap in the local area's offer of support and training, there is no guarantee of the sustainability of this model. This is a worry.

The COVID-19 pandemic has had a considerable impact on ASD diagnostic assessment waiting times. Despite the local area's efforts to minimise the disruption to families, waiting lists have grown. However, these waiting times are nowhere near as long as they were in 2018. The local area has plans in place to resolve these issues. In the meantime, the investment in specialist ASD training for school staff means that more children and young people are getting appropriate support day to day.

The local area has made sufficient progress to improve this area of significant weakness.

The area has made sufficient progress in addressing both of the significant weaknesses identified at the initial inspection. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Pippa Jackson Maitland
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Andrea Crosby-Josephs CQC Inspector

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the area



Department of Health
NHS England

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Outcomes of the SEND Re-visit, May 2021



Cheshire East
SEND Partnership



‘Throughout the visit, inspectors heard from parents, children and young people and professionals about the positive impact that plans have on children and young people’s lives’.

Purpose of the Re-visit

To determine whether Cheshire East has made sufficient progress in addressing the areas of significant weakness from the SEND inspection in March 2018, ie:

- **Area 1** - the **timeliness, process and quality** of education, health and care (EHC) plans
- **Area 2** - the **lack of an effective autism spectrum disorder (ASD) pathway** and **unreasonable waiting times**



Inspection Team

- Pippa Jackson Maitland (Lead HMI Inspector)
- Andrea Crosby-Josephs (CQC Inspector)
- Ian Hardman (Quality Assurance Inspector, Ofsted)
- Lee Carey (Quality Assurance Inspector, CQC)
- Dee Angwin (Shadow Inspector who did not take part in the inspection)



Inspection Activity

- Remote and in person over 3 weeks ('onsite' in week 3)
- Met with **SEND children, young people and their families**
- Spoke to **leaders, managers and staff** who work in education, health and social care.
- Looked at a range of information about the performance of the local area, including our **self-evaluation of progress against the WSOA.**
- **Reviewed performance data and evidence** about education, health and care plans (EHC plans) and autism spectrum disorder (ASD) pathways
- Assessed quality of **51 children and young people's cases**
- Analysed **parental survey responses** (720 returned)



We were well prepared

- Documents were ready to load in week one
 - Overview Document
 - One document on each area of weakness
 - Our Parent survey results (We do annually)
 - Covid response document
 - Compliments/Complaints and LGO document
(we added compliments – this was not asked for)
 - PCF were asked to provide an document with their view of progress

Inspectors liked our documents

- enough but not too much.
- impact focused
- Requested list of all children with a plan



Week 2 – Very Busy

They selected 30 cases and we were asked to load EHCP and any other documents we thought were appropriate by Wednesday.

Then On Thursday asked for a further 20 cases by the Friday.

Inspectors identified 18 cases from the 30 to either be in focus groups or individual meeting



The approach in week 3 - on site

- Focus on cases and meeting families and frontline practitioners.
- Mixture of face to face and virtual worked well
- Meet with Senior Leaders re strategy, then middle leaders to check they understood and translated into practice for their teams.
- Meetings with child/YP and the linked professionals to check the above was evident in practice
- Plus range of meeting – PCF, CEIAS, DCO, schools, providers, parent focus groups



Week 3 – Day 3

A number of key lines of enquiry considered in detail

1. How do we evidence co-production.
2. What was our recovery plan for Annual Reviews.
3. How does funding enable the plan to be delivered.
4. How is ASD pathway better than it was in 2018 and what is the lived experience of families.
5. Is there sufficient provision of pre and post autism support.



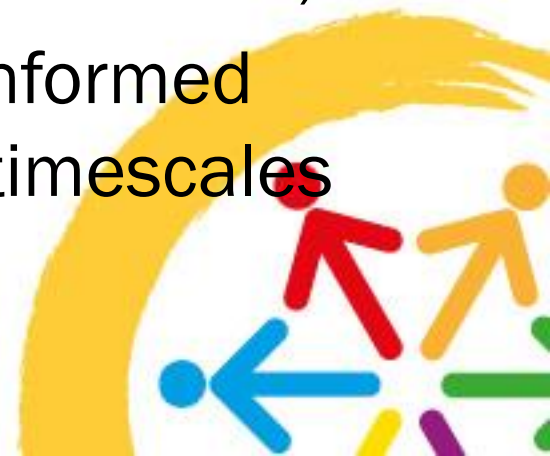
Area 1 - Findings

- Timeliness, process and quality of EHC plans have been transformed.
- Robust review systems in place at every stage.
- Plans accurately **reflect children and young peoples' needs** and how best these can be met.
- Leaders have incrementally **raised the quality standards for EHC plans.**
- **Not all parents have felt the impact** of the changes due to pandemic and communication.
- The **significant improvements** to EHC planning that have been made since the inspection, **cannot be underestimated.**



Area 2 - Findings

- The local area launched an **effective diagnostic pathway for the youngest children.**
- **Families value** the pre- and post-diagnosis **support and training offered** (need to sustain).
- **Single autism integrated service** specification now ensures a more **consistent approach.**
- **Significant reduction** to the numbers on the **ASD diagnostic pathway waiting list** (pre-pandemic)
- **Helpful leaflets for families** - better informed about the assessment process and timescales



Inspectors also said...

- The **area has made sufficient progress** in addressing all of the significant weaknesses identified at the initial inspection.
- The **timeliness, process and quality of EHC plans** have been **transformed**.
- **Co-production** is at the heart of every EHC needs assessment.
- The local area is **not resting on its laurels**.



Next Steps

Implement our new SEND Strategy (2021-24) including:

- Improving **communication and coproduction** with families
- **Access to provision and support**
- Improving the timeliness and quality of the **Annual Reviews** of EHC Plans ensuring ongoing capacity.



...and Celebrate our Achievements!



‘children are starting nursery and school with their needs being understood and met’

‘timeliness, process and quality of EHCPs...transformed’

‘co-production at the heart of every EHC needs assessment’

‘significant improvements....cannot be underestimated’

Questions?



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Pan-Cheshire Child Death Overview Panel

Annual Report

1st April 2019 – 31st March 2020

Forward

Independent Chair of Pan-Cheshire CDOP p2

Section 1:

Executive Summary

Achievements during 2019-20 p3

Summary of key points and themes p3

Update of action plan p4

Priorities for 2020-21 p5

Update on last year's recommendations p5

Recommendations p5

Section 2:

Overview and Processes:

Panel Meetings p7

Processes/ Networks/ Reviews and Sub-groups p8

Funding p10

Issues Identified p10

CDOP Priorities 2020-21 p11

Section 3:

Data and Analysis p12

Mike Leaf
Independent Chair
Pan-Cheshire CDOP
September 2020

Forward from the Independent CDOP Chair

This is my fourth report as Independent Chair for the Pan-Cheshire CDOP, which follows implementation of new Safeguarding and Child Death Review (CDR) processes, and the first year in which the National Child Mortality Database (NCMD) has reported on its first set of data which the CDOP has contributed to, and features as a significant part of this annual report. The report aims to not only reflect the cases the panel has considered throughout 2019/20, but also the achievements of the partnership, future priorities for action, and issues related to the implementing the child death review processes.

A Memorandum of Understanding between CDOP and the statutory partners for child death review (Local Authorities and Clinical Commissioning Groups) has been agreed, and clarifies the respective expectations of each partner for effective delivery and oversight of effective child death review system. As Chair, it will be my responsibility to ensure that CDOP provides oversight and assurance of the child deaths review processes, to the statutory partners.

I would like to thank all the Panel members, for their continued commitment and hard work, and in particular, to Anne McKenzie for the hard work that goes on behind the scenes to ensure that the Panel runs smoothly, and keeps pace with the changing landscape.

Mike Leaf

Independent Chair

Pan-Cheshire CDOP

September, 2020

Section 1: Executive Summary

There is a statutory requirement for the statutory partners to *make arrangements to carry out child death reviews. These arrangements should result in the establishment of a Child Death Overview Panel (CDOP), or equivalent, to review the deaths of all children normally resident in the relevant local authority area, and if they consider it appropriate the deaths in that area of non-resident children.*

Responsibility for reviewing child deaths no longer sits with local safeguarding arrangements and sits with the following:

Halton Borough Council

Warrington Borough Council

Cheshire East Borough Council

Cheshire West and Chester Council

Eastern Cheshire Clinical Commissioning Group (CCG)

South Cheshire CCG

Vale Royal CCG

West Cheshire CCG

Halton CCG

Warrington CCG

It has been agreed that Pan-Cheshire CDOP will:

- provide oversight and assurance of the new Child Death Review processes and ensure that it meets the required statutory standards.
- review all infant and child deaths under 18 years of age. This includes neonates where a death certificate has been issued, irrespective of gestational age.
- identify and highlight any modifiable factors, and bring these to the attention of strategic partners, including Health and Wellbeing Boards, Multi-Agency Safeguarding Arrangements and Community Safety Partnerships where necessary in order to inform their preventative planning and commissioning arrangements.

The purpose of this Annual Report is to:

- Clarify and outline the processes adopted by the Pan-Cheshire CDOP
- Assure the Child Death Review Partners and stakeholders that there is an effective inter-agency system for reviewing child deaths across Cheshire, which meets national guidance
- Provide an overview of information on trends and patterns in child deaths reviewed across Cheshire during the last reporting year (2019-20)
- Highlight issues arising from the child deaths reviewed
- Report on achievements and progress from last year's annual report
- Make recommendations to agencies and professionals involved in children's health, wellbeing and safeguarding across Cheshire

Achievements and impact during 2019-20

- ✓ Managed and modified oversight of the Child Death Review processes

- ✓ Embedded eCDOP software processes for collecting and sharing information and intelligence on child deaths
- ✓ Engaged with other CDOPs across the NW and nationally, and sharing good practice
- ✓ CDOP Study/ Development day delivered
- ✓ ICON¹¹ – CDOP has supported the Implementation of the ICON Programme throughout Pan Cheshire. This is an evidenced programme that is has been designed by to reduce Abusive Infant Head Trauma through primary prevention interventions, population based awareness, raising public health interventions and secondary prevention interventions. Several key members of the CDR Panel have been key members of the Steering Group and have been involved in the co-ordination and implementation.
- ✓ Developed a Self Assessment Framework and Risk Register to identify gaps in the CDR process, inform action plans going forward and provide assurance of the CDR processes to partners
- ✓ Provided support and guidance to statutory partners in assuring NHS England on the implementation of the new Child Death Review processes by producing standard formats
- ✓ Developed and agreed a Memorandum of Understanding between CDOP and its statutory partners which sets out the relationship between them and clarifies its role in assurance of CDR processes.
- ✓ Circulated good practice, learning and tools across Merseyside
- ✓ Challenged and sought assurance from providers on elements of inadequate care / deviation from protocols arising from case reviews at panel, to assure quality
- ✓ Provided support and guidance to local providers on new processes
- ✓ Established effective working processes between CDOP and the North West Neonatal Operational Delivery Network (NWNODN) to ensure that CDOP receives reviews o neonatal deaths in a timely and structured format. This also included the opportunity to challenge some of their assessments.
- ✓ Ensured that exceptional care is recognised by writing to providers where care has gone beyond that which might be expected.
- ✓ Updated Sudden Unexpected Death protocol

Summary of key points and themes:

Of those deaths reviewed [2018-19 percentage in square brackets]:

- 44.4% of the deaths occurred before the child reached 28 days (20 deaths)[46.9%]
- 64.4% of the deaths occurred before the child reached one year of age (29 deaths)[67.3%]
- 11.1% of the deaths occurred in Children aged 1 year to 4 year (5 deaths) [8.2%]
- 6.6% of the deaths occurred in Children aged 5 years to 9 years (3 deaths) [10.2%]
- 11.1% of the deaths occurred in Children aged 10 years to 14 years (5 deaths)[8.2%]
- 6.6% of the deaths occurred in Children aged 15 years to 17 years (3 deaths) [6.1%]
- 51% of the deaths were male (23 deaths) [77.5%]
- 24.4% were Perinatal/Neonatal events (11 Deaths) [46.9%]
- 38% of deaths reviewed had 'modifiable factors' (17 deaths) [45%]
- 40% deaths were classified as 'unexpected' [39%]

¹ **ICON** - Infant crying is normal; C –Comforting methods can help; O – It's OK to walk away; N – Never, ever shake a baby

- 37.7% of cases reviewed had modifiable factors. Of these, 64.7% were linked to deaths under one year of age.

Distribution percentages remain consistent for most age groups, whilst there has been a marked reduction in the number of perinatal/ neonatal deaths.

A modifiable factor is one *which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths*. Modifiable factors identified for Cheshire during 2019/20 (in order of prevalence) include [last year's %]. As some cases will have more than one modifiable factor, the total percentages can add up to more than 100%:

- Mental health issues (parent or child) (17.8% of all deaths [29%])
- Alcohol / substance misuse (parent/child) (13.3% of all deaths [19%])
- Smoking by the mother/ parent/ or carer during pregnancy or in the first few years of a child's life (19.2% of all deaths under one)
- High maternal body mass index (BMI) (15.4% of all deaths under one)
- Domestic Violence
- Unsafe sleeping (11.5% of all deaths under one)
- Child Abuse or Neglect
- Housing overcrowding
- Failure by parents to access services when child had long term symptoms

Update on priorities 2019-20

- ✓ Undertake a self-assessment against the standards identified in the new operational guidance, and identify corrective actions to ensure compliance;
A self-assessment framework against the standards set out in the operational guidance was established. CDOP has made an initial assessment of where there are gaps with compliance, and has developed an action plan to address these. CDOP is monitoring the processes through regular business meetings which has representation from the statutory partners.
- ✓ Develop and agree a MOU between the Statutory Partners (LAs/CCGs) to clarify roles and expectations;
A MOU was developed through active consultation with agreement from all statutory partners. The MOU included the terms of reference for CDOP, including the responsibility of providing oversight of the child death review processes across Cheshire.
- ✓ Agree future funding formula for CDOP and broader Child Death Review processes.
Discussions have taken place to clarify funding contributions of partners.
- ✓ Implement the eCDOP programme across Cheshire, to improve processes and minimise additional administrative burdens;
eCDOP was commissioned by partners to support the increased reporting expectations of the National Child Mortality Database.
- ✓ Undertake an audit of Learning Disability cases to determine the percentage of cases that did not meet the agreed protocol;
An audit of all Learning Disability cases was undertaken. In all the cases reviewed, all complied with the established protocol, including the LeDeR programme of the outcome of the review.
- ✓ Analyse the data on Adverse Childhood Experiences (ACEs) and report on the findings next year.
A review of the information on ACEs is contained in this report, although further analysis of this data is recommended.
- ✓ Establish a formal business meeting, separate to the review meetings. (This will not be additional time but will provide opportunities for process development and oversight.)

A business meeting has now been established with a slightly different membership from CDOP review panels, to ensure that appropriate strategic oversight of the CDR processes are maintained.

- ✓ Support the Multi agency ICON programme designed to reduce baby-shaking & Safe sleep campaign which was developed to support practitioners to deliver the right messages to parents and carers.

These programmes have been amalgamated and integrated across Cheshire led by the NHS.

Update on recommendations for Local Safeguarding Partners in the annual report 2018-19 (*in italics*)
Local Safeguarding Partners were asked to:

1. Support the commissioning and implementation of the eCDOP administrative software
eCDOP was commissioned by partners to support the increased reporting expectations of the National Child Mortality Database.
2. Ensure that the new Safeguarding arrangements maintain strong links with the child death review processes as they evolve, and in particular, ensure full involvement of the relevant partners

The MOU makes clear that CDOP would consider what if any action should be taken in relation to any modifiable factors identified, and make recommendations to Local Safeguarding Partnership, Health and Wellbeing Boards and other relevant Strategic Partnerships.

Priorities for 2020-21:

- ✓ Agree future funding formula for CDOP and broader Child Death Review processes including funding for training and development and streamline the arrangements.
- ✓ Through the monitoring of the self-assessment framework and risk register, ensure that any elements of non-compliance are managed or escalated to appropriate partners.
- ✓ Ensure that CDOP receives the necessary documentation from Child Death Review meetings.
- ✓ Improve the scores on the notification and reporting fields highlighted by the National Child Mortality Database [NCMD] report.
- ✓ Advocate with other CDOPs for NCMD to produce national comparative data to facilitate better benchmarking, help set standards and help drive CDOP performance in terms of "completeness" and "timeliness" of child death reviews in the country.
- ✓ Determine how often were parents are invited to contribute to child death review meetings, how often was parental input received, and how often was outcome of CDRM fed back to families.
- ✓ Strengthen the governance relationship with the local Health and Wellbeing Boards.
- ✓ Review any Evaluation/outcome reports of ICON implementation
- ✓ CDOP response to the recent report *A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (July 2020):*
<https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death>
- ✓ Support the review of the CDOP Nurse specialist role in relation to developing Cheshire CCG arrangements
- ✓ Ensure CDOP has a formal set of accounts

Recommendations for Local Strategic Partners

Local Strategic Partners are asked to:

1. Note the contents of this report
2. Children's Safeguarding and Health and Wellbeing partners should clarify and monitor interagency initiatives are required to reduce the prevalence of modifiable factors identified in the under one population including:
 - Safe sleeping
 - Risk factors for reducing premature births including:
 - High BMI (including healthy diet and physical activity)
 - High blood pressure (linked to high BMI)
 - Smoking
 - Alcohol use
 - Substance misuse
 - Domestic violence
 - Mental health
 - Diabetes (often linked to BMI)
 - Lack of physical activity

Mike Leaf
Independent Chair
Pan-Cheshire CDOP
September, 2020

Overview and Processes

CDOP Panel Meetings

CDOP Membership

Pan-Cheshire CDOP's core membership comprised of:

- Independent Chair
- CDOP Coordinator
- Designated Nurse for Safeguarding Children (Warrington and Halton)
- CDOP Nurses x 3 (Cheshire East, Cheshire West and Warrington/Halton)
- Specialist Midwife
- Public Health
- Coroner's officer
- Designated Doctor for Child deaths x 3 (Cheshire East, Cheshire West, Warrington/Halton)
- Police Representative from PPU Directorate
- Local Authority Head of Service, Safeguarding and Quality Assurance Unit
- Local Authority Service Manager, Children's Social Care
- Education Representative from Safeguarding in Education Team.
- Local Safeguarding Children Partnership
- Co-opted Advisory Member (Paediatrician/Deputy Coroner)
- North West Ambulance Service (where needed in cases of unexpected deaths)

The Pan-Cheshire CDOP has permanent representatives drawn from the key professionals who have an interest in children's health and safeguarding, and statutory partners. Members are not there to represent their individual organisations, but to represent a professional perspective/ insight to the cases presented. In addition to the specific roles identified below, all members of CCDOP are expected to:

- Ensure that they are fully prepared to contribute at each meeting by reading through the papers, and consulting colleagues where necessary beforehand.
- Ensure that there is a suitable alternative replacement to attend if it is not possible to attend
- Take away action points to their specific geography, agency or professional groups, and ensure that the action is undertaken within the required timescales

Frequency of Meetings

The panel currently meet on a quarterly basis and for a whole day. It has been agreed that this frequency will remain unless there was a significant number of cases to review. The business meeting will follow the panel meeting. At the time of writing, virtual meetings are in place as a result of the Covid 19 pandemic.

Agency Representation at Panel Meetings

The Pan-Cheshire CDOP met on five occasions between April 2019 and March 2020. Attendance is monitored on a regular basis to ensure quoracy and effective representation. On occasions there are times where professional demands must take priority. Representation has been consistent throughout the year.

Table 1: Agency representation

Sector	Role
Chair	Independent CDOP Chair
Health	Designated Doctor CE
	Designated Doctor CWAC
	Cheshire East Specialist CDOP Nurse
	Cheshire West Specialist CDOP Nurse
	Warrington Designated Nurse Safeguarding
	Designated Nurse Halton CCG
	Supervisor of Midwives CWAC
	Warrington Safeguarding Nurse
Local Authority	Coroner Officer
	Cheshire East Head of Service – Children’s Safeguarding
	Public Health Consultant (Cheshire W. and Chester)
	Local Authority Safeguarding Children Partnership Business Manager for Warrington Borough Council
Police	Public Protection Unit

Processes/ Networks/ Reviews and Sub-groups

Notification Process

The notification process via paediatric liaison and hospital/hospice staff functions well. By cross-referencing with the annual NHS England return (regarding notifications from Registrars to NHS England), CDOP is confident that it is notified of all child deaths. When Cheshire child deaths occur out of area, CDOP is often notified by Cheshire agencies, as well as by the CDOP contact in the respective area where the death occurred. This demonstrates effective communication between local organisations and CDOP.

SUDiC Guidance

The Pan-Cheshire SUDiC guidance has been updated and widely circulated, and aligned to the new Statutory and Operational Child Death Review Guidance.

Links to Coroners and Registrars

Within Cheshire there is an excellent working relationship with the Coroners offices, with senior coroner’s officer representation, and any specific investigatory work being undertaken e.g. a *review of fatal self-harm in children and adolescents (previous)*.

Deaths of Children Living Outside Cheshire

Whilst CDOP is responsible for the review of child deaths resident in Cheshire, there is an expectation that it should receive notification of child deaths for children who live out of area, but have died within the boundary. As Cheshire borders Wales, where there is a different process for reviewing child deaths, the numbers of these children may be significant. CDOPs across the country should routinely notify the CDOP where the child died, and visa versa. Any deviations from this process are followed up. In the future, some deaths may be reviewed of non-resident children where there is local learning to be uncovered, but this will be discussed with the CDOP of the child’s residency. This

will be done on a case by case basis. Professionals have a responsibility to notify the CDOP administrator if they learn of the death abroad of either a child or an infant born to a mother who normally resides in the Cheshire area so that the death may be verified, SUDIC procedures implemented and a JAR initiated.

Communicating with Parents, Families and Carers

Leaflets and a letter are made available to any parent following the death of a child. A new NHS England leaflet has been produced for use locally. [*"When a Child Dies"*](#) provides a detailed explanation of many of the processes associated with a child's death. Parents are invited to contribute any comments to the review of their child's death, and CDOP will monitor this.

Deaths involving other reviews and investigations

Child deaths are considered at panel once all relevant investigations and reports have been completed. These include any Children's Safeguarding Practice Review, Coroners enquiry, Healthcare Safety Investigation Board review, criminal enquiry, or internal review. This approach is consistent with that undertaken across the North-West and much of England, and will continue under the new local and national procedures. This may, on occasions, result in a delay between notification and review completion and CDOP will continue to monitor this process and any delays. This explains why there is often a difference between the number of death notifications, and the number of reviewed cases. In 2019/20 however, they were the same.

Regional/ National Links/ Updates:

North-West meetings

Pan-Cheshire CDOP continues to be represented at the north-west CDOP meetings. A common dataset was agreed for all North-West annual reports to allow for the compilation of an overview report covering the area. A North-West CDOP report is produced annually, although falls out of sequence from local CDOP annual reports.

National Network

Some Cheshire CDOP members form part of the national network group which advises on issues of national interest, including the transfer of the CDOP responsibilities to the Department of Health. Panel members attend the national event and feed back to panel.

Issues Identified

Missing Data

There has been an improvement on the details provided on the forms, but the failure to provide consistent information can create issues. For example, the lack of details of the father/significant male/other parent in the family, is particularly relevant in relation to necessary checks regarding domestic violence. This forms part of an ongoing dialogue with representatives and remains under scrutiny. These processes will be strengthened with the new child death review processes as there is a legal responsibility for organisations to provide information. CDOP will continue to monitor and remind partners of this obligation. Where the panel have insufficient information to make a decision, further details are sought, and the case postponed.

National annual statistical data

All data from CDOPs in England is now incorporated into the National Child Mortality Database which receives timely information from all areas. NCMD produces quarterly reports, together with an annual report for each CDOP. This report forms the basis of the Pan-Cheshire CDOP report contained in Appendix I.

Priorities for 2020-21:

- ✓ Agree future funding formula for CDOP and broader Child Death Review processes including funding for training and development.
- ✓ Through the monitoring of the self-assessment framework and risk register, ensure that any elements of non-compliance are managed or escalated to appropriate partners.
- ✓ Ensure that CDOP receives the necessary documentation from Child Death Review meetings.
- ✓ Improve the scores on the notification and reporting fields highlighted by the NCMD report.
- ✓ Advocate with other CDOPs for NCMD to produce national comparative data to facilitate better benchmarking, help set standards and help drive CDOP performance in terms of "completeness" and "timeliness" of child death reviews in the country.
- ✓ Determine how often were parents are invited to contribute to child death review meetings, how often was parental input received, and how often was outcome of CDRM fed back to families.
- ✓ Strengthen the governance relationship with the local Health and Wellbeing Boards.
- ✓ Review any Evaluation/outcome reports of ICON implementation
- ✓ CDOP response to the recent report *A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (July 2020)*:
<https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death>
- ✓ Support the review of the CDOP Nurse specialist role in relation to developing Cheshire CCG arrangements
- ✓ Ensure CDOP has a formal set of accounts

Section 3: Data and Analysis

It should be noted that it is often difficult to make clear conclusions from analysing data from a relatively small number of cases reviewed each year. The learning from each individual case is noted at each CDOP meeting, with the appropriate action taken at that time. Where reviews have already been undertaken e.g. hospital mortality reviews, action has usually already been taken. Cheshire's figures are amalgamated with other CDOP data across the NW to provide opportunities for identifying more reliable trends. Notified deaths are categorised according to place of residency using postcodes.

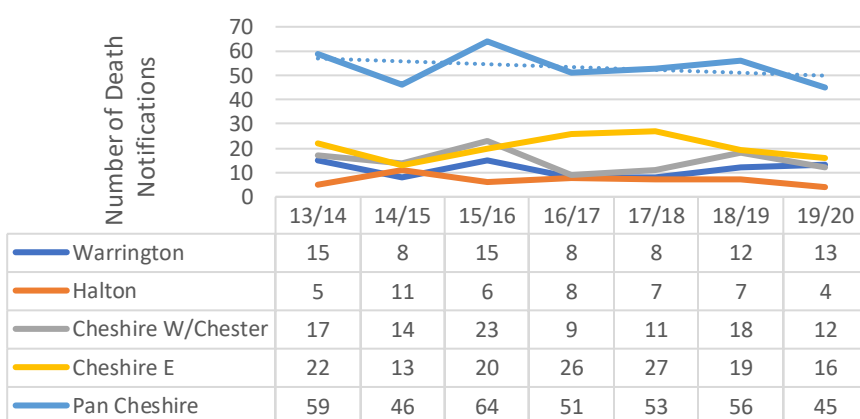
This section differs from previous years in that the first part (a) describes Cheshire trends over several years, followed by (b) the narrative to accompany the National Child Mortality Database (NCMD) data contained in Appendix I, which is its first annual data output.

(a) Trends

When dealing with relatively small numbers, there can be wide fluctuations year on year. By considering numbers over time, one can look at trends in the figures.

Child death notifications over time

Figure 1: No of death notifications by year



Encouragingly, Figure 1 shows a slight continuing downward trend in child death notifications per year for Cheshire (see trend line). The mean average number of notifications over the last 5 years is 53.8, which is slightly below the recommended lower limit of 60 deaths per year by NHSE.

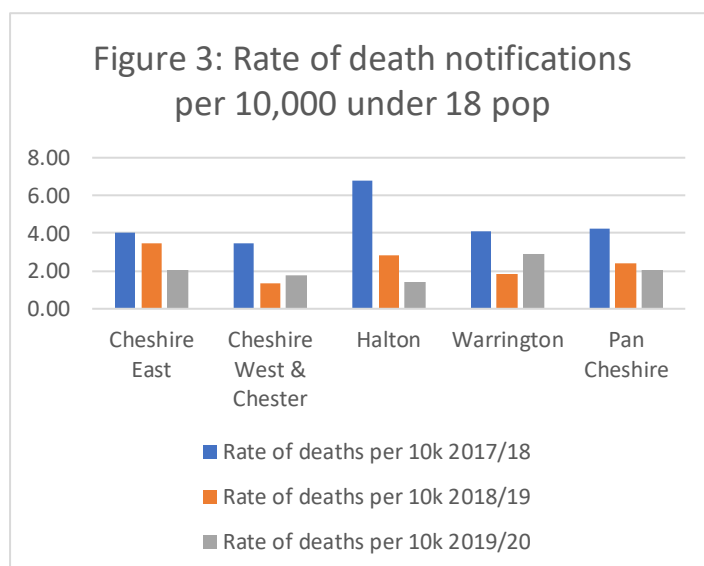
Child Population

The child population estimates in each of the four Local Authority areas are detailed in the following Figure 2.

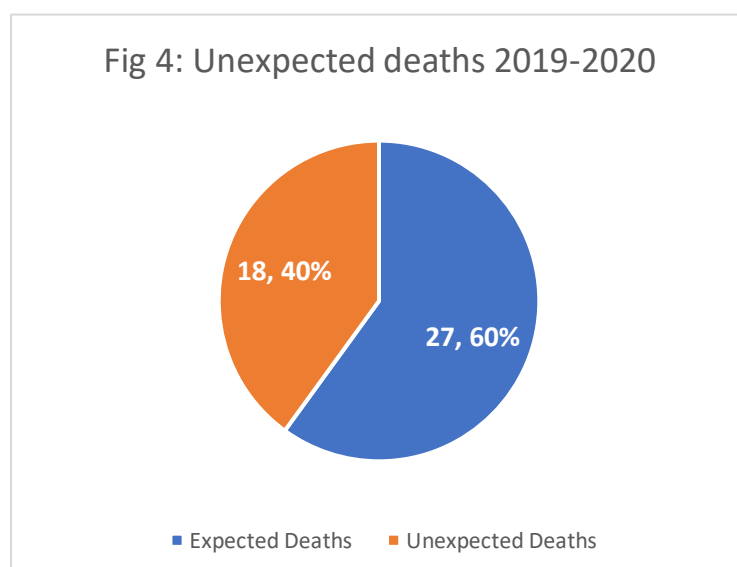
Figure 2: Child Populations by local authority

LSCB area	Child population size* (0-17 years)
Cheshire East	77,290
Cheshire West & Chester	68,656
Halton	28,770
Warrington	44,391
Pan Cheshire	219,107

* Source: ONS mid-Year Population Estimates, 2019



Local child populations are useful when comparing local areas. Normally, one would expect to see the numbers of deaths in each geography, to be proportionate to the number of under 18-year olds living in each, but there may be differences according to deprivation levels. Figure 3 shows the rate of deaths per 10,000 under 18 population over the last 3 years, and highlights a gradual reduction in the rate amongst all areas. The most current ONS Mid-year estimate was used for each year. Warrington is slightly higher than the Pan-Cheshire rate 2019-20, but the overall trend for Cheshire is downwards.



Expected / Unexpected deaths

An expected death refers to *a death that could reasonably been foreseen by clinicians for a period of at least 24 hours before it occurred*. An unexpected death is then defined as *the death of an infant or child which was not anticipated as a significant possibility 24 hours before the death or, where there was an unexpected collapse or incident precipitating the events that led to that death*. During 2019-20, 18 (40%) deaths were classified as 'unexpected' (Fig 4).

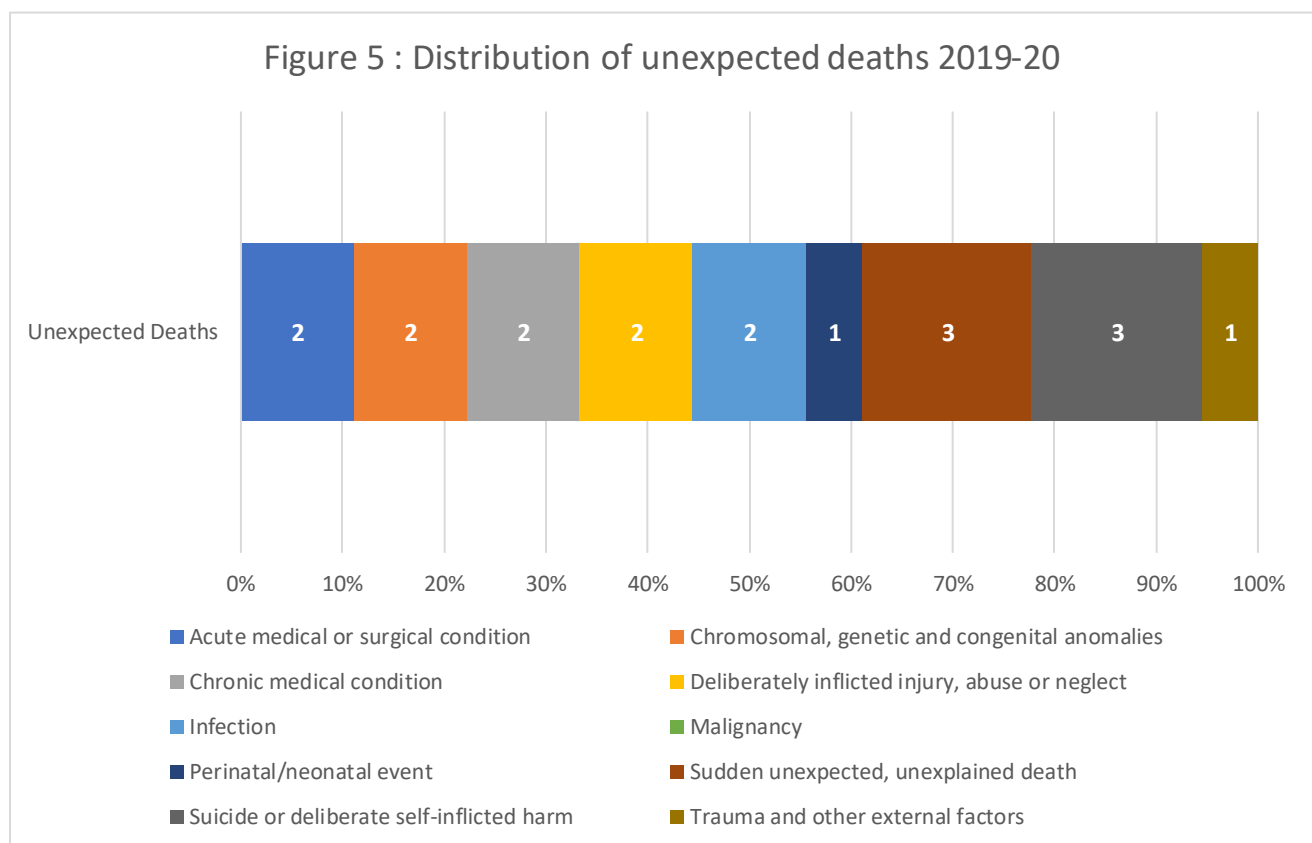


Fig 6 shows the distribution of unexpected deaths by category of death.

(b) National Child Mortality Database (NCMD) data (Appendix I)

The following narrative describes the various elements contained in Appendix I which is the first report from the NCMD.

Deaths and Case Completions (Table A; Tables 1-4 – Appendix I)

There was a total of 45 deaths notified during the last year, and 45 cases closed (completed by Pan-Cheshire CDOP). 76 deaths were registered with NCMD during the last delivery year, some outstanding from the previous year. At 31st March 2020, 31 cases were ongoing. **Table 2** highlights the breakdown of closed and open cases by local authority area. The number of closed/ open cases by age group is covered in **Table 3** which broadly reflects the expected distribution of deaths by age, with the majority occurring under the age of one year old. **Table 4** provides a breakdown of cases completed by local authority areas. The proportion of cases completed broadly follows the split of local authority under 18 populations.

Deaths by gender (Table 5)

From April 2019 – March 2020 of the 45 child deaths reviewed by the CDOP, 22 were male or 49% (77.5% previous year) and 23 or 51% were female (22.5% previous year).

Completed reviews by primary category of death and by age (Tables 6-7)

The majority of all deaths (51%) had a cause associated with chromosomal, genetic, congenital anomaly or as a result perinatal/neonatal event (**Table 6**), and 55% of all deaths occurring under the age of one year (**Table 7**). There were 2 instances where death was attributed to deliberately inflicted injury, abuse or neglect.

Completed reviews by place of death and onset of illness/incident (Tables 8-9)

As one might expect, most deaths (64%) occur with a hospital (**Table 8**) and of those who died in hospital, 86% (25) died in the perinatal/neonatal/maternity/labour units. Interestingly, one child died whilst at school. **Table 9** provides the breakdown of where the onset of illness or incident occurred.

Ethnic groups and category of death (Tables 10-11)

91% (41) of those children who died were categorised as white, and fewer than 5 children from other ethnic inheritance. 3 Asian/ Asian British (**Table 10**). **Table 11** shows the primary category of death by ethnicity. There are no specific patterns in relation to ethnicity.

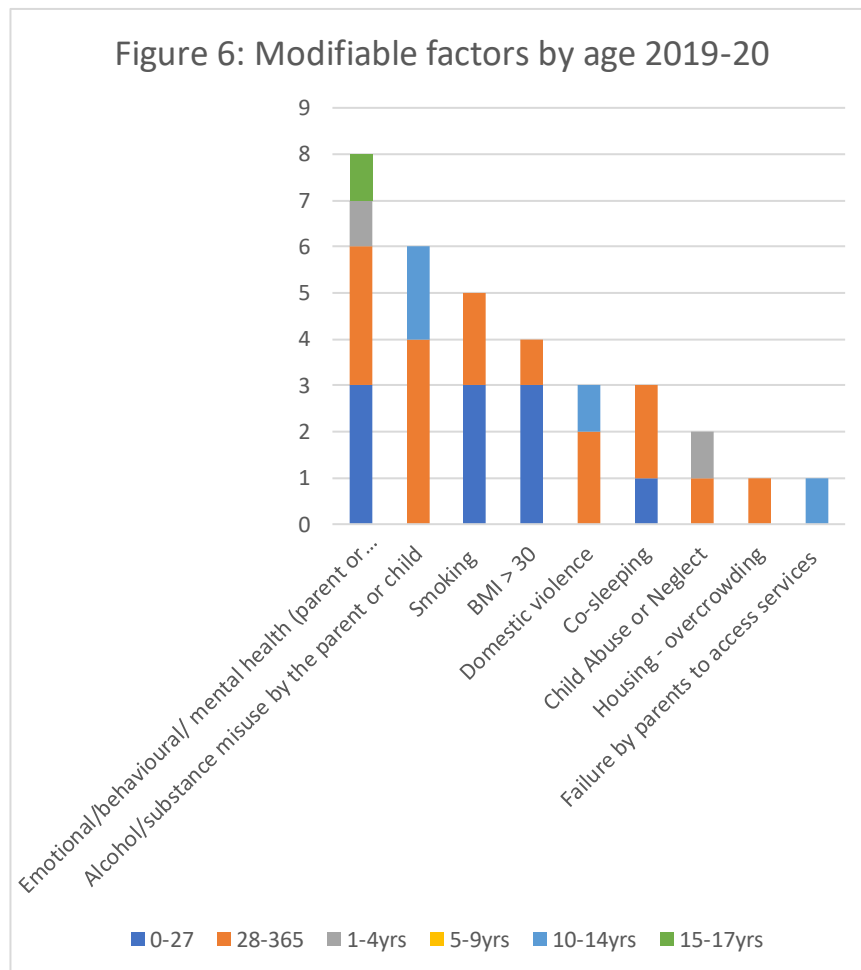
Deaths reviewed by CDOP with modifiable factors (Tables 12-15)

A modifiable factor is one *which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths.*

It can be seen that from **Table 12**, 37.7% of cases reviewed (17) had identifiable modifiable factors, which is higher than the national average of 30%.

Of these (11), 64.7% were linked to deaths under one year of age (**Table 14**). For the categories including deliberate self-inflicted injury, abuse or neglect; sudden unexpected, unexplained death; or suicide or deliberate self-inflicted harm, modifiable factors were identified in all cases reviewed (**Table 13**). No modifiable factors were identified in the 4 non-white children (**Table 15**).

Fig 6 gives a breakdown of the modifiable factors identified by age (in order of prevalence) [last year's %]:



- Mental health issues (parent or child) (17.8% of all deaths [29%])
- Alcohol / substance misuse (parent/child) (13.3% of all deaths [19%])
- Smoking by the mother/ parent/ or carer during pregnancy or in the first few years of a child's life (19.2% of all deaths under one)
- High maternal body mass index (BMI) (15.4% of all deaths under one)
- Domestic Violence
- Unsafe sleeping (11.5% of all deaths under one)
- Child Abuse or Neglect
- Housing overcrowding
- Failure by parents to access services when child had long term symptoms

The highest annual number of deaths occur neonatally (under 28 days), often as a result of complications through prematurity. Smoking, alcohol consumption, high maternal BMI, and domestic abuse all are known to increase the risk of prematurity and low birth weight, resulting in an increased level of vulnerability and risk of early infant death. It is important that all parts of the health and social care system reinforce messages that reduce risk of prematurity and low birth weight, especially during pregnancy.

Death notifications (Tables 16 – 20)

CDOP can be notified of the death of a child by any organisation or an individual. CDOP may receive several notifications for the same child, but where this occurs, it will be classified as a single notification. A breakdown of notifications by Local Authority area is provided in **Table 16** which broadly correlates to the relevant under 18 populations in each area.

Table 17 shows the number of Joint Agency Responses (JARs) undertaken. A JAR is a coordinated multi-agency response which is triggered if a child's death:

- is or could be due to external causes;
- is sudden and there is no immediately apparent cause (including SUDI/C);
- occurs in custody, or where the child was detained under the Mental Health Act;
- where the initial circumstances raise any suspicions that the death may not have been natural; or
- in the case of a stillbirth where no healthcare professional was in attendance.

In Cheshire, 49% of death notifications did not indicate whether a JAR had been undertaken or not. The reasons for this will be explored by CDOP Business group to ensure that this figure is improved. This may partly be down to the person completing the form at the time, not knowing whether a JAR had been instigated, but this should be corrected further into the process once SUDC processes are activated.

Table 18 shows death notifications by month/age, where it can be seen that the highest number of notifications occurred in April and August followed by May and October. This Table will become more useful when we can see trends from year to year and national comparisons. Notifications by age group feature in **Table 19** which clearly indicates that the majority of deaths occur in the first year of life (64%) compared to 63% nationally. Deaths in childhood occur during the first year of a child's life, and are strongly influenced by pre-term delivery and low birth weight; with risk factors including maternal age, smoking and disadvantaged circumstances ([Wolfe and Macfarlan, 2015](#)). Indeed, it can be seen from the same table and **Table 19** that Cheshire is similar to national proportions in relation to notifications by age.

Table 20 shows death notifications by place of death.

Data completeness- Notifications and Completed Reviews (Tables 21-24)

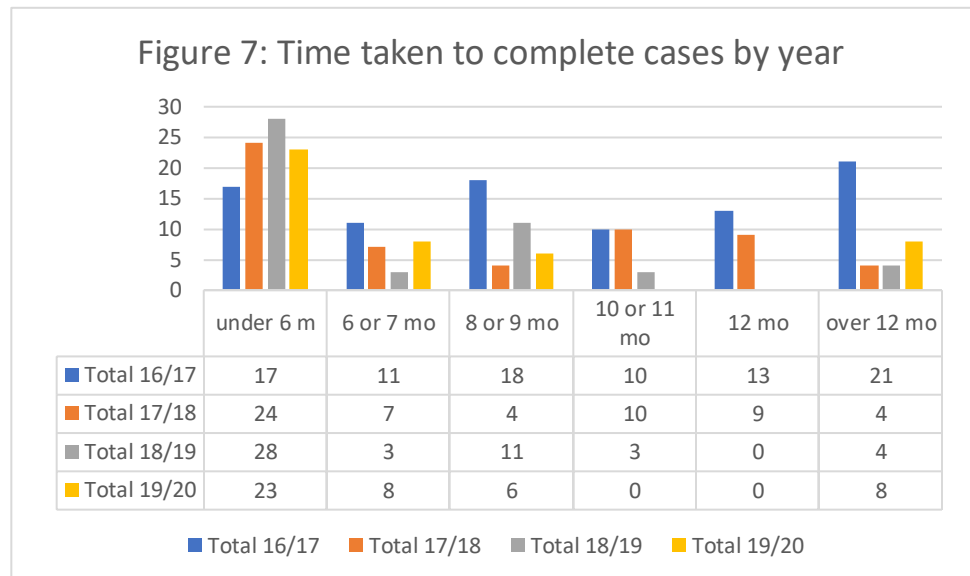
The NCMD Report is a national repository for data from all CDOPs across England, and consequently provided an opportunity to provide comparative data. Clearly, there will be longer term benefits each year new data is gathered. In the first report, there has been an attempt to established national standards for completion of certain information. Reliable comparisons can only be made if all CDOPs collect and provide the same information. **Tables 21, 22 and 23** highlight that in the first year of collecting information, Pan-Cheshire CDOP has under-reported on:

- ✓ Specified hospitals
- ✓ Joint Agency Responses
- ✓ Notification details
- ✓ Investigations by the coroner
- ✓ Cases discussed with the medical examiner

✓ Cases known to social care

CDOP has added these to its priority list for the next year to ensure an improvement next year through regular monitoring

Cheshire CDOP tends to take significantly less time to bring cases to panel from initial notification compared to national figures (198 days compared to 274 **Table 25**). (Figure 7 provides a breakdown of the time taken to complete the reviews over the last 4 years. It shows that during 2019/20, 51.1% of reviews were completed within 6 months and



there has been a gradual but significant decline in the number of reviews taking more than six months to complete. CDOP is confident that unnecessary delays in the process are being kept to a minimum. Some of these delays have been introduced as a result of the link to the North West Neonatal Operational Delivery Network (NWNODN), as CDOP now waits for neonate reviews from the network, before considering them at panel.

Category of Child Death

The CDOP panel is required to record each death against 1 of 10 nationally-set categories as follows:

Category 1: Deliberately inflicted injury, abuse or neglect (0)

Category 2: Suicide or deliberate self-inflicted harm (1)

Category 3: Trauma and other external factors (4)

Category 4: Malignancy (2)

Category 5: Acute medical or surgical condition (3)

Category 6: Chronic medical condition (2)

Category 7: Chromosomal, genetic and congenital anomalies (11)

Category 8: Perinatal/neonatal event (20)

Category 9: Infection (4)

Category 10: Sudden unexpected, unexplained death (2)

Acknowledgements

As noted in the foreword much of the business of the CDOP is dependent on the continued support of panel members and the administrative support. I would like to take this opportunity to thank the panel members for their continued support and especially Anne McKenzie who ensures the panel runs smoothly.

Mike Leaf

Glossary of Terms

Term	Meaning
Child	A person aged 0-18 th birthday
Expected death	A death that could have been reasonably predicted 24 hours before the death occurred or 24 hours before the immediate events leading to the death occurred
Infant	Aged less than 1 year of age
Modifiable factors	Factors associated with a death which by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths
Neonatal period	From birth until 28 days of life
Perinatal period	From viable gestation (around 23 weeks of pregnancy) until 7 days following birth
Unexpected death	A death that could not have been reasonably foreseen 24 hours before it occurs – or where there was an unexpected collapse or precipitating events leading to the death

Abbreviations

CDOP – Child Death Overview Panel

SUDI – Sudden Unexplained Death in Infants

LSCB – Local Safeguarding Children Board

Appendix I



NCMD Monitoring Report for CDOPs

Pan Cheshire CDOP

Report created on: 19/05/2020

This report contains confidential information which is intended for use by the CDOP named above for monitoring and data quality purposes. **This report must not be shared with anyone who does not have a role within the CDOP.** All data presented within this report is unvalidated and therefore should be interpreted with caution. Only data which has been submitted to NCMD is included within this report and therefore may not be representative of all child deaths within the area.

Produced by National Child Mortality Database Programme Team. If you have any queries please contact ncmd-programme@bristol.ac.uk



Completed Reviews - Overview 1

Data on this page relates to cases marked as finalised with a CDOP meeting date between 1st April 2019 and 31st March 2020



Total number of cases entered:	76
Total number of cases ongoing:	31
Total number of cases completed:	45
Number of deaths during 19/20:	45

Completed CDOP reviews by primary category of death

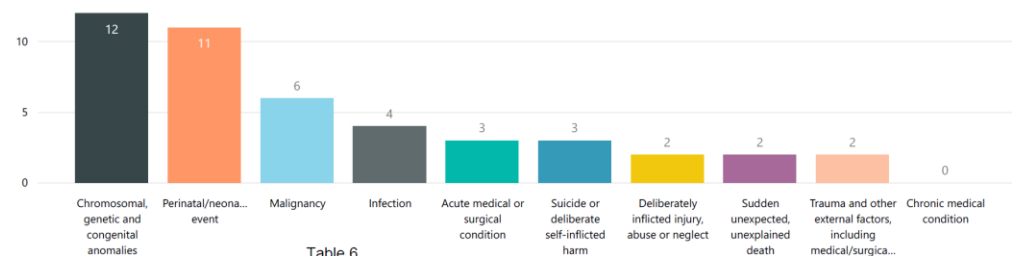


Table 6

Completed CDOP Reviews by LSCB

LSCB name	Cases
Cheshire East	16
Chester and Cheshire West	12
Halton	4
Warrington	13
Total	45

Table 4

Completed CDOP reviews by age group

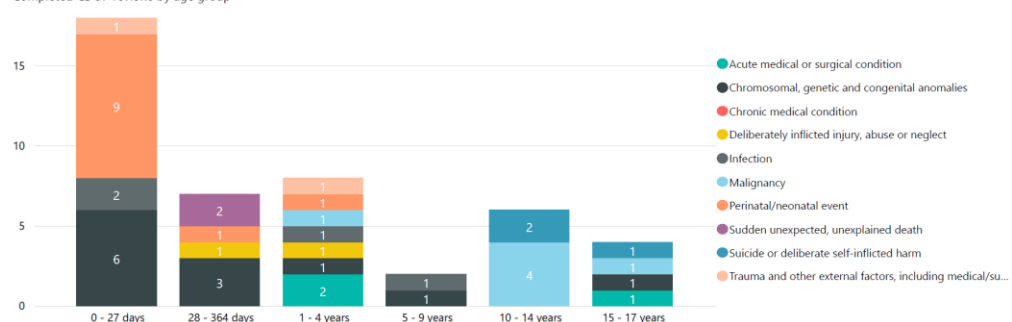


Table 7

Completed CDOP reviews by gender

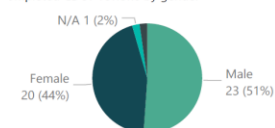


Table 5

in Cheshire

Completed Reviews - Overview 2

Data on this page relates to cases marked as finalised with a CDOP meeting date between 1st April 2019 and 31st March 2020



Total number of cases entered:	76
Total number of cases ongoing:	31
Total number of cases completed:	45
Number of deaths during 19/20:	45

Completed CDOP reviews by place of onset of illness/incident

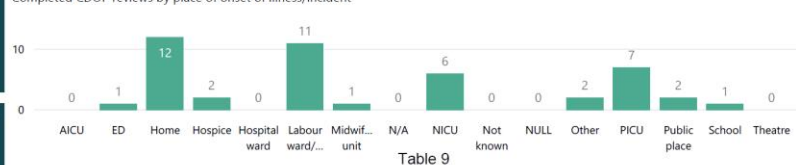


Table 9

Completed CDOP reviews by ethnic group and age group

Ethnic Group	0 - 27 days	28 - 364 days	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
White	17	6	7	2	5	4	41
Unknown	0	0	0	0	0	0	0
Other	0	1	0	0	0	0	1
Mixed	0	0	0	0	0	0	0
Black or Black British	0	0	0	0	0	0	0
Asian or Asian British	1	0	1	0	1	0	3
Total	18	7	8	2	6	4	45

Table 10

Completed CDOP reviews by ethnic group and primary category of death

Ethnic Group	Acute medical or surgical condition	Chromosomal, genetic and congenital anomalies	Chronic medical condition	Deliberately inflicted injury, abuse or neglect	Infection	Malignancy	Perinatal/neonatal event	Sudden unexpected, unexplained death	Suicide or deliberate self-inflicted harm	Trauma and other external factors, including medical/surgical complications/error	Total
White	3	11	0	2	4	4	10	2	3	2	41
Unknown	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	0	0	0	0	0	0	0	1
Mixed	0	0	0	0	0	0	0	0	0	0	0
Black or Black British	0	0	0	0	0	0	0	0	0	0	0
Asian or Asian British	0	0	0	0	0	2	1	0	0	0	3
Total	3	12	0	2	4	6	11	2	3	2	45

Table 11

Completed CDOP reviews by place of death

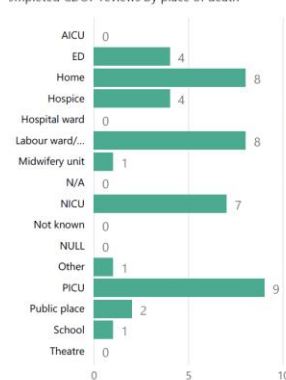
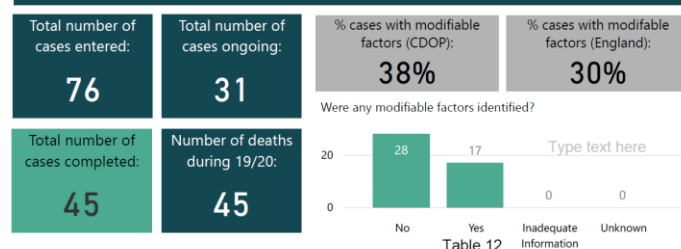


Table 8

in Cheshire

Completed Reviews - Modifiable Factors

Data on this page relates to cases marked as finalised with a CDOP meeting date between 1st April 2019 and 31st March 2020



% of cases where modifiable factors were identified by age group

Age group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
0 - 27 days	18	6	33%
28 - 364 days	7	5	71%
1 - 4 years	8	2	25%
5 - 9 years	2	0	0%
10 - 14 years	6	3	50%
15 - 17 years	4	1	25%
Total	45	17	38%

Table 14

% of cases where modifiable factors were identified by ethnic group

Ethnic Group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
Asian or Asian British	3	0	0%
Black or Black British	0	0	0%
Mixed	0	0	0%
Other	1	0	0%
Unknown	0	0	0%
White	41	17	41%
Total	45	17	38%

Table 15

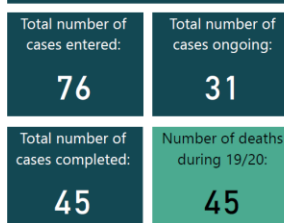
% of cases where modifiable factors were identified by category of death

Primary category of death (CDOP)	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
Acute medical or surgical condition	3	1	33%
Chromosomal, genetic and congenital anomalies	12	1	8%
Chronic medical condition	0	0	0%
Deliberately inflicted injury, abuse or neglect	2	2	100%
Infection	4	1	25%
Malignancy	6	1	17%
Perinatal/neonatal event	11	5	45%
Sudden unexpected, unexplained death	2	2	100%
Suicide or deliberate self-inflicted harm	3	3	100%
Trauma and other external factors, including medical/surgical complications/error	2	1	50%
Total	45	17	38%

Table 13

Notifications during 2019/20

Data on this page relates to cases with a date of death between 1st April 2019 and 31st March 2020



Death notifications by month

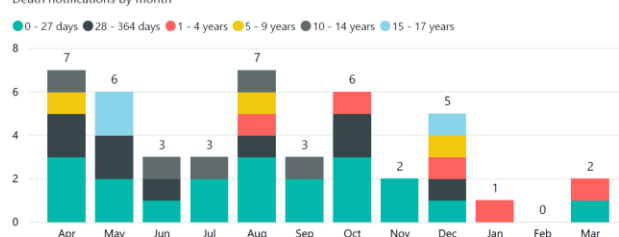


Table 18

Death notifications by place of death

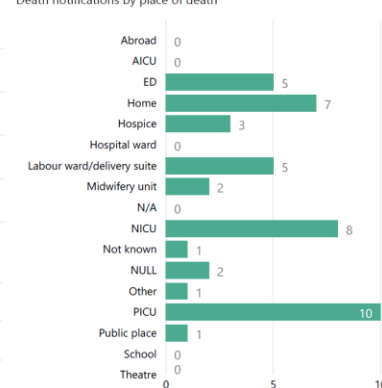


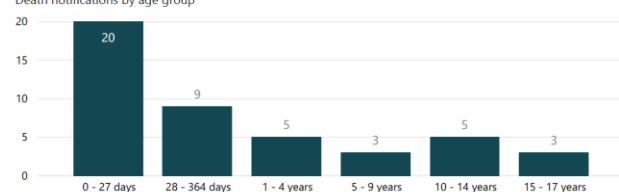
Table 20

Death notifications by LSCB

LSCB name	Cases
Cheshire East	16
Cheshire and Cheshire West	11
Halton	4
Warrington	14
Total	45

Table 16

Death notifications by age group



% of death notifications by age group - CDOP



% of death notifications by age group - National (England)



Table 19

Is there to be a Joint Agency Response?

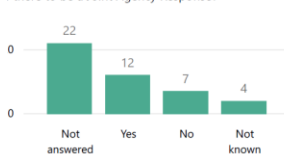


Table 17

Data Completeness - 2019/20 Notifications

Data on this page relates to cases with a date of death between 1st April 2019 and 31st March 2020



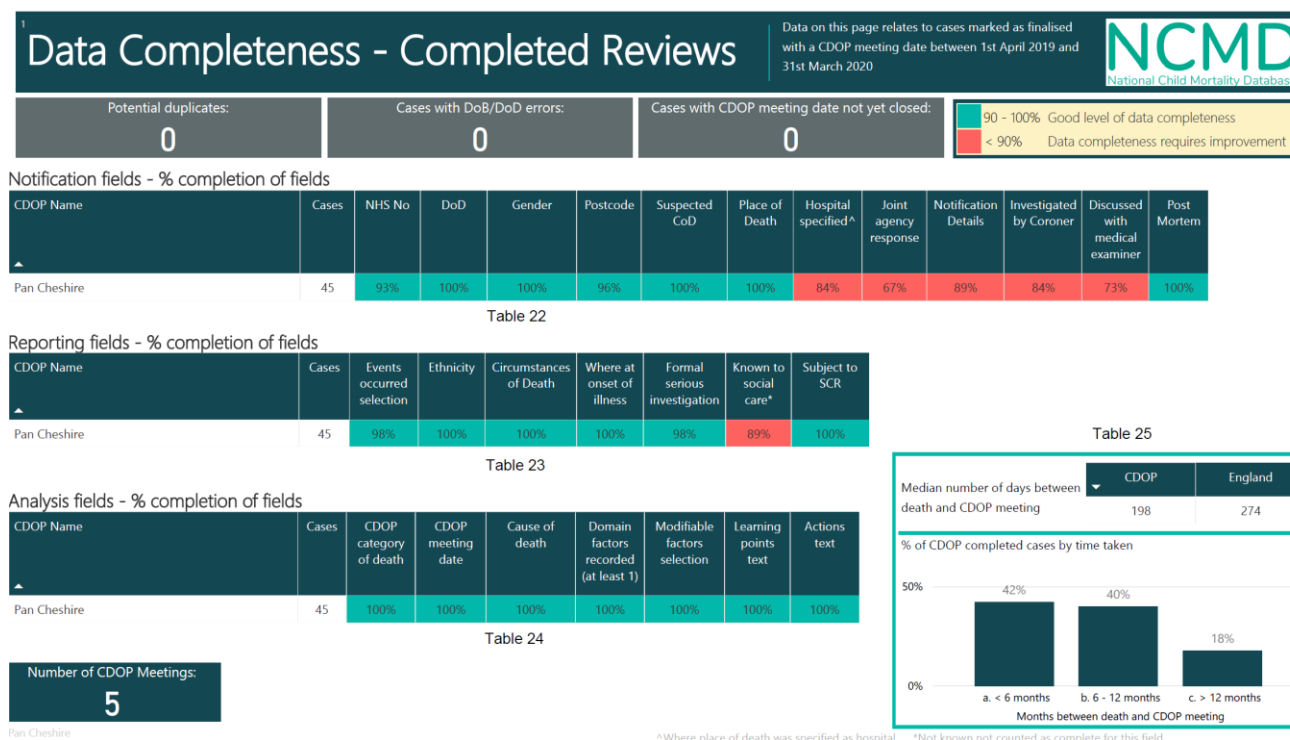
Potential duplicates:	0	Cases with DoB/DoD errors:	0	Cases with CDOP meeting date not yet closed:	0
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90 - 100% Good level of data completeness
< 90% Data completeness requires improvement

Notification fields - % completion of fields (2019/20 notifications)

CDOP Name	Cases	NHS No	DoD	Gender	Postcode	Suspected CoD	Place of Death	Hospital specified^	Joint agency response	Notification Details
Pan Cheshire	45	91%	100%	91%	91%	100%	96%	84%	51%	67%

Table 21



Appendix II: Classification of Death

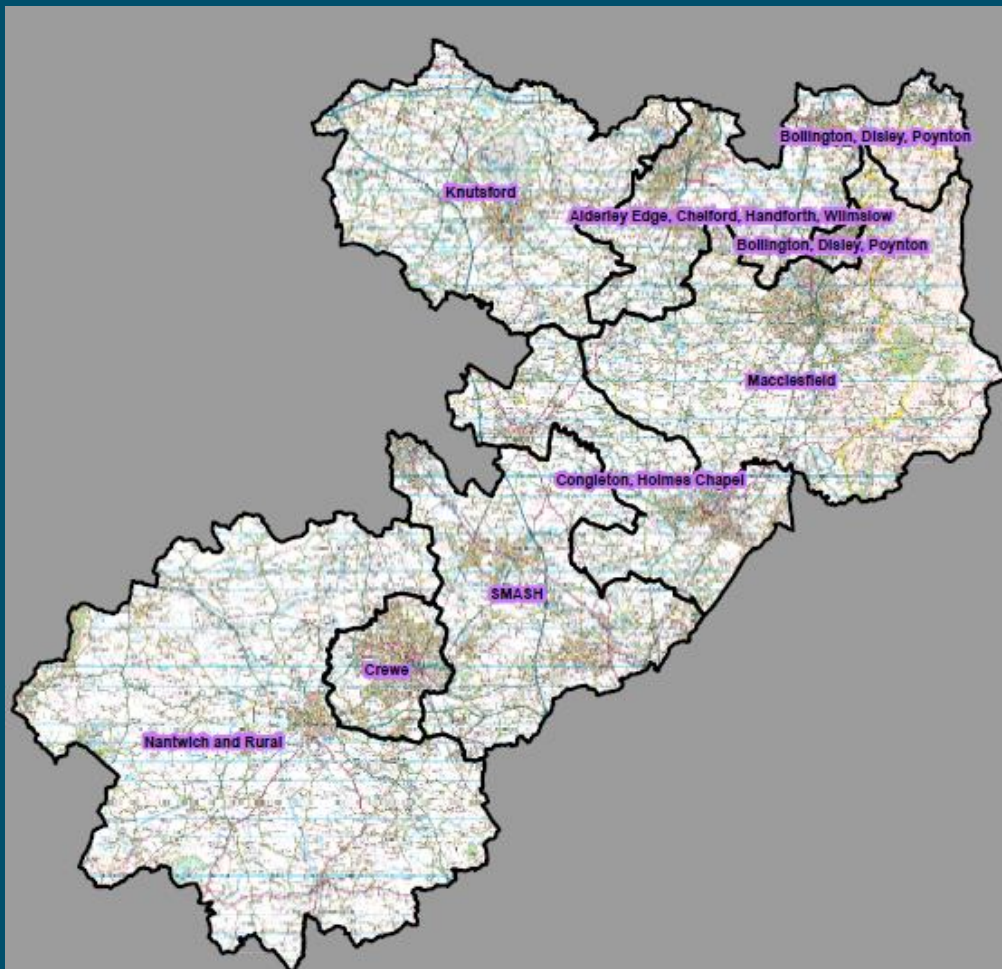
This classification is hierarchical: where more than one category could reasonably be applied, the highest up the list should be marked.

Category	Name & description of category	Tick box below
1	Deliberately inflicted injury, abuse or neglect This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.	<input type="checkbox"/>
2	Suicide or deliberate self-inflicted harm This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.	<input type="checkbox"/>
3	Trauma and other external factors This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Excludes Deliberately inflicted injury, abuse or neglect. (category 1).	<input type="checkbox"/>
4	Malignancy Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.	<input type="checkbox"/>

5	Acute medical or surgical condition For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.	<input type="checkbox"/>
6	Chronic medical condition For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. Includes cerebral palsy with clear post-perinatal cause.	<input type="checkbox"/>
7	Chromosomal, genetic and congenital anomalies Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.	<input type="checkbox"/>
8	Perinatal/neonatal event Death ultimately related to perinatal events, eg sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral palsy without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week).	<input type="checkbox"/>
9	Infection Any primary infection (ie, not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.	<input type="checkbox"/>
10	Sudden unexpected, unexplained death Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden Unexpected Death in Epilepsy (category 5).	<input type="checkbox"/>

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**Public Views on Health and Care during the Coronavirus
(COVID-19) Pandemic in the Care Communities of
Cheshire East
October 2020 – March 2021**



Introduction

Since the beginning of May 2020, we have been asking Cheshire residents to tell us about their personal experiences during the Coronavirus (COVID-19) pandemic. People shared their views and concerns on a wide range of topics, including health, care, mental health, wellbeing, and wider concerns both now and for the future.

Our initial reports based upon our findings from the *Healthwatch Cheshire Health and Wellbeing During Coronavirus* survey were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our survey from local people across Cheshire East. This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.

Across Cheshire, we received 2,430 responses between May 2020 and 23rd March 2021 (1,077 from Cheshire East), which equates to over 9,000 individual comments. This report focuses on the responses from people in Cheshire East since October 2020, and compares how they relate to our previous reports covering May to October 2020. This report breaks down the information to a local level, which allows Care Communities to better understand the views and needs of their local population. There are 8 Care Communities in Cheshire East, which aim to bring together people living, working or involved in an area to improve the health and wellbeing of local residents:

- Alderley Edge, Chelford, Handforth and Wilmslow
- Bollington, Disley and Poynton
- Congleton and Holmes Chapel
- Crewe
- Knutsford
- Macclesfield
- Nantwich, Wrenbury or Audlem
- Sandbach, Middlewich, Alsager, Scholar Green and Haslington.

The findings of this survey help to provide up to date information to partners including Local Authorities, NHS Cheshire Clinical Commissioning Group (CCG), Hospital Trusts, voluntary sector organisations, the Care Quality Commission and Healthwatch England.

What is Healthwatch?

Healthwatch Cheshire, consisting of Healthwatch Cheshire East and Healthwatch Cheshire West, is an independent consumer champion for health and care across Cheshire East and Cheshire West and Chester, forming part of the national network of local Healthwatch across England. Our role is to make sure that those who run health and care services understand and act on what really matters to local people.

Healthwatch Cheshire East and Healthwatch Cheshire West undertake continuous engagement activities with the public to hear about concerns and compliments regarding health and care services. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in

order to improve the services people use. We also share people's views locally with Healthwatch England who strive to ensure that the government put people at the heart of care nationally.

Overview of Findings

The following provides an overview of the main themes and trends in Cheshire East, before providing the key findings broken down by each of the 8 Care Communities.

Healthcare



The main theme running through our survey findings is one of people generally satisfied with the healthcare services they are receiving. However, the comments view service changes as better than having services withdrawn as a result of Coronavirus, and do not suggest that current service delivery is preferable to how it was before the pandemic. In most cases, people do not seem to be overly negative or critical about the changes to services, and there is a broad acknowledgement that the situation is difficult to manage and that services are doing the best that they can for people.

- Nearly half of all respondents have reported not feeling comfortable either making, travelling to, or attending appointments, or feel that they would be overburdening healthcare services if they did. (Note this is any medical appointment including GPs, Outpatients, etc.) This was particularly prominent from May-October 2020. However, since October 2020 there are some signs that people are beginning to feel comfortable accessing healthcare again.
- The majority of people are happy to have GP video/telephone appointments dependent on what is it about, but there is still strong sentiment that face-to-face appointments are beneficial. This has been relatively consistent since the beginning of our survey in May 2020.
- As time has gone on, there has been an increased uptake of face-to-face appointments but people have been nervous about attending them. Post-appointment however, many people have noted feeling positive about their experience and safety.
- Issues with prescriptions and medication, particularly with the repeat prescription process have been occurring throughout the pandemic, but as time has gone on these have become less common.
- Between October 2020 and March 2021, people continued to tell us that they were still experiencing disruptions to their hospital treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

COVID-19 Vaccinations

Feedback regarding the COVID-19 vaccination process has largely been positive about the vaccination process, volunteers and staff. Some people also had queries as to booking arrangements, priority groups, and when they could access their vaccine.

- *“Civic Hall. Very well organised and quick.”*
- *“Poynton Civic Hall and it was very well organised.”*
- *“Nantwich Civic Hall - I received no invitation but when my husband went for his, the practice representative said I'd been missed and asked if I could come straightaway. I did and the process from then on was very efficient except I received none of the background paperwork of course. I'm hoping I don't get missed for the second one.”*
- *“I had my first vaccination against Covid in January and my second is in April. As an NHS Volunteer I went along to Macclesfield Hospital on the Sunday evening with other volunteers and NHS staff to the lecture theatre at the hospital. Very safe, very few people, done exactly on time, not uncomfortable, left after 15 mins. Only side effects a heavy arm overnight and a very short-lived headache (literally half an hour).”*
- *“Nantwich Civic Centre - very well organised and a comfortable experience.”*
- *“Both my parents have had the vaccine. One in Nantwich and one in Warrington. No issues, all was very quick and organised.”*
- *“Poynton Civic Centre - It was well organised, timely, and swift. I did not get an appointment for the second vaccine which is eagerly awaited.”*
- *“I have at the old MMU site in Crewe. So smooth and reassuring. No queuing and they were able to make allowances for my son and his mental health needs. Where I go, he has to go too, as I am a single parent carer.”*
- *“Congleton Town Hall - very well managed. A good experience.”*
- *“Eagle Bridge Centre - really well organised and managed. Staff very helpful and informative.”*
- *“Leighton Hospital under the staff programme - I work in Adult Social Care. It was straightforward and well managed.”*
- *“Andrews Pharmacy, Kennedy Avenue, Macclesfield. Excellent experience! Very Covid secure. Wonderful volunteers directing you throughout the process - and having a laugh at the same time!”*
- *“Alsager Pharmacy. Well organised. Very professional.”*
- *“13 Club in Alsager (next to Merepark Medical Centre). Very efficient. Had to queue but officials ensured that the queues were kept in appointment time order. On the whole a really efficient experience.”*
- *“Leighton Hospital. Everything ran like clockwork. Made the appointment at 8am, was done by 8pm.”*
- *“Macclesfield Hospital, very organised, quick and pleasant staff.”*
- *“Myself and my husband have received the vaccine at Leighton hospital and not only are the staff very professional, polite and courteous, there was no reason to feel unsafe at the appointment. They knew from my QR code that we are shielding and did everything they could to keep us at a great a distance as possible from other patients which was not an easy task for them but one which they seemed only too happy to help with. I hold all the staff in great regard.”*

Mental Health and Wellbeing

- In the most part people generally felt that they were coping well. However, respondents also talked about the stress and anxiety they felt, confusion over national guidance and missing family and friends. As time has gone on, people's anxiety has increased and there has been a greater sense of people feeling 'fed up' since October 2020.
- Stress and confusion over national guidance, along with increased scepticism the longer the pandemic has continued about media reporting and scaremongering.
- Between October and March 2020, people have been conveying that they want to be able to go out and enjoy freedoms, with sentiment that there was no longer a need for such strong restrictions.
- Most people are seeking support from family and friends, but people have also been looking to technology, community organisations and mental health providers. Some people told us they didn't know how to access support or who to access it from. A small amount of people who sought support for their mental health found this online or via an app. This has remained relatively consistent throughout the lifetime of our survey since May 2020.
- There has been some positive feedback about better access to mental health support than has been noted in the past, even dating back to pre-pandemic.
- Positive aspects involved exercise, and technology keeping in touch with friends and family. This has remained consistent since May 2020.
- People's top future concerns include: the observance of social distancing, the mental and physical health of themselves and others, and being able to care for loved ones.



Care



In our previous report covering the period of May to October 2020, people told us that changes to Care services were mainly related to postponements or delays in implementation of care packages or assessment. People also told us about visits from Carers and Personal Assistants being stopped or reduced, leaving people with difficulties in shopping and cleaning and having to rely more upon friends and family for caring support.

Between October 2020 and March 2021, 30 people across Cheshire East provided responses specifically to the Care section of the survey. Below is a sample of their responses and the richness of views, experience and individual stories they provide. In addition, during December 2020 and January 2021, Healthwatch conducted a separate survey to capture the experiences of residents of care homes and their friends and families, the results of which will be published in a separate report.

Experiences of care during the coronavirus pandemic

We asked people to tell us if their experiences of care had been affected by the coronavirus pandemic. Several people told us that their care had not changed, others told us about forming support bubbles with family members, and others mentioned different carers coming to support them. Below are some of the comments received from people living in sheltered accommodation, supported living, receiving assistance at home from a care worker, receiving support from a personal assistant, and people receiving care at home from family or friends:

- *“My friend has firmed a ‘bubble’ with me and comes over from Wilmslow - she helps with bedding, cleaning, cutting food, jobs I cannot do. My cleaners stopped coming as one of them was shielding and I am self-isolating.”*
- *“It hasn’t been affected.”*
- *“District nurse does my leg dressings twice a week and has not turned up several times (not only in snow).”*
- *“Unfortunately, as my daughter has children, we could not set up a safe bubble so myself and my husband have struggled on as best we can. It’s absolutely not easy but it is the safest way.”*
- *“Mum has carers once a day, she understands the need for PPE but can’t hear them speaking to her as she relies on watching their lips.”*
- *“No effect on us, care has continued ok.”*
- *“Recently there have been lots of different carers coming in to look after me. I don’t know their names and can’t always understand what they say to me. Obviously wearing masks keeps me safer but I can’t hear them as well or see their faces so many look the same in their uniforms but don’t know me. They have a digital system to track meeting my needs but this needs to be more frequently reviewed and this is left to my daughter to organise because I don’t remember what I need to ask them to do and things get missed when I don’t ask or don’t feel up to asking. Sometime I need encouraging to keep on top of things.”*
- *“I think under obvious difficult circumstances, they were really good in looking after my mum.”*

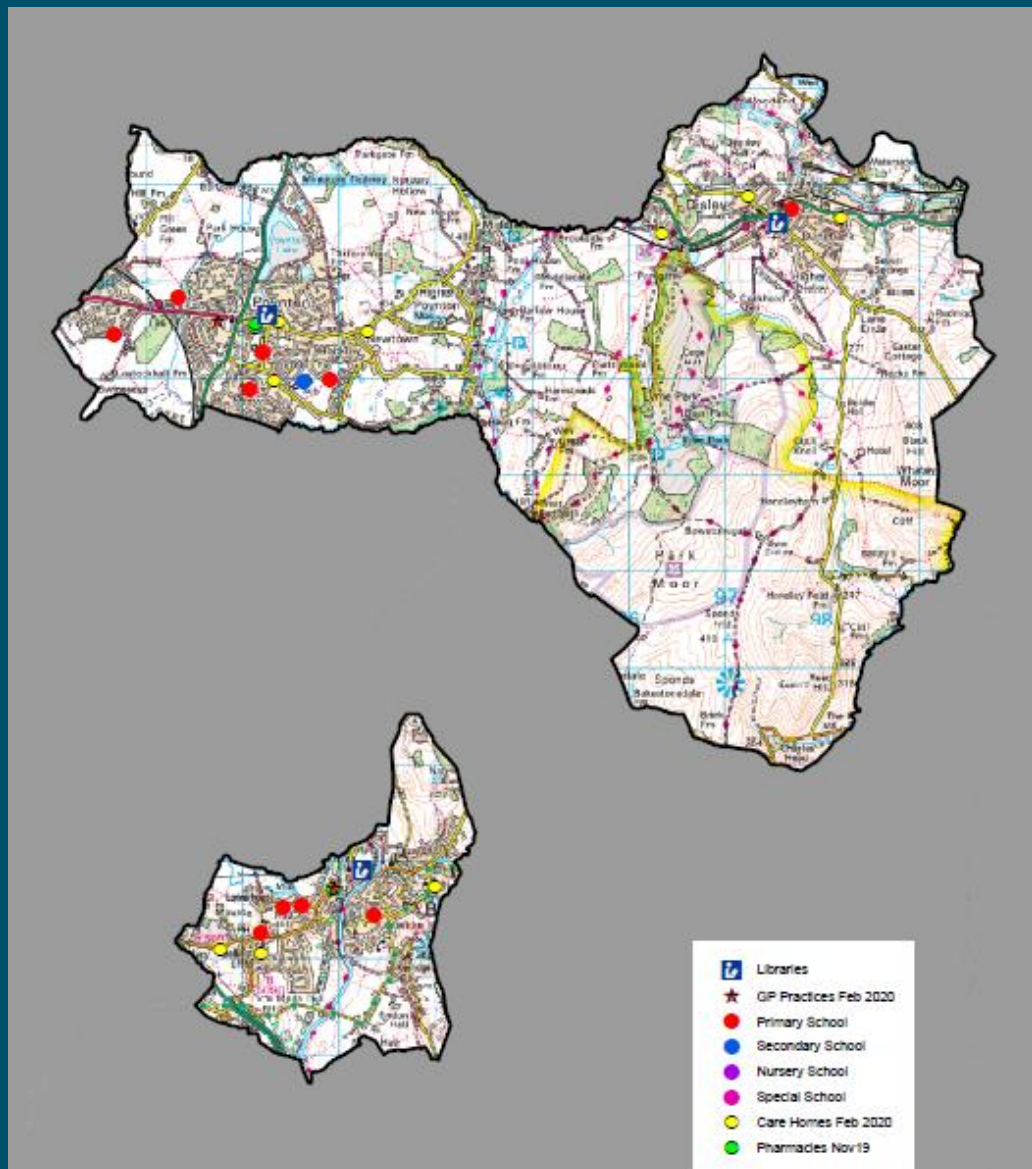
- *"It's been very hard as I wasn't able to rely on anyone other than my immediate family. I am a carer for my disabled daughter. I was going through cancer treatment and had respite lined up for her so I could rest. That respite was cancelled and we had to fend for ourselves. My husband is a key worker and I had to home school, go through treatment and also work."*
- *"Not been affected. He is my husband and provides my 24hr care."*
- *"Lost my PA who was too worried about Covid to carry on her work. I'm vulnerable, decided to just cope alone."*
- *"Don't get them, my son does shopping, etc. and daughter makes appointments; we have formed a bubble so they can continue to help me."*
- *"Cannot go into the care for activities from the sheltered housing. Communal areas are not open."*
- *"Fewer, harder to access."*
- *"No in house visits due to infection control."*
- *"Has been very good."*
- *"My PA was under so much stress working with the elderly, she started drinking and became unfit to support me."*
- *"Had to stop PAs from working in first lockdown. Now on fewer hours because there's nothing to do apart from walks and can't walk all day! No cinema or gym or social clubs."*

Comments were also received about the communication of updates about COVID-19, guidelines, and changes to care:

- *"I try to keep on top of updates. We received the shielding letters from the government and when appropriate either a call, text or letter from any departments involved with our care."*
- *"I don't always remember what I'm told and get confused at times. My daughter is the best person to inform as she coordinates things for me. I still like to be asked my opinion about things though and have enough mental capacity to speak up for myself too."*
- *"Receive occasional letters from Government but not all changes are notified."*
- *"Communication has always been brilliant. Emails; phone calls and letters as well as face-to-face."*
- *"Haven't been informed the services I was using are now available, I assume they aren't."*
- *"I received a letter offering help with groceries but had my son doing that, so my daughter responded telling them that and then I received a letter in August I believe, saying I could go out to work (at 79!) etc if I needed to but was better for me if I did not. I think that is the only communication I have had."*
- *I belong to the Parkinson group in Bollington Leisure Centre, Near Macclesfield and it's a very proactive committee and we all enjoy the different choices we can select in relation to exercise, dance, swimming etc. We have 3 hrs of the Centre just for us which is wonderful.*
- *"I feel all those that support me have kept me updated with changes or have been happy to explain as much as they can when I have called."*

The following breaks down the findings from our survey by each of the 8 Care Communities in Cheshire East, which are organised as appendices.

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Bollington, Disley and Poynton October 2020 – March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 76 residents of Bollington, Disley and Poynton to our Health, Care and Wellbeing survey. This report covers the 22 responses specifically from October to March 2021.

How do you currently feel about accessing services?

Between May and October 2020 half of people who answered this question told us they didn't feel comfortable travelling to or attending appointments or they felt like they would be overburdening the NHS. Half of people said they did feel comfortable attending appointments. Between October and March 2021 people told us they were becoming more comfortable with attending appointments.



People not feeling
comfortable
travelling or
attending
appointments

- *"All providers we have accessed have been clear and efficient and we have felt safe"*
- *"Had severe toothache but dentists were closed. Was triaged over the phone and given anti biotics for an infection. That worked and a few days later the dentist rang to see how I was."*
- *"I have discussed issues with my doctors on three or four occasions using "Ask MY GP". In all cases the question was answered very quickly. It does not work, unfortunately, at the weekend."*
- *"I would like advice on a problem which may not be associated with my current health concerns. I feel I should wait until I see my consultant early next year in order not to overburden the NHS."*
- *"Except at the weekend the "Ask My GP" service works well."*
- *"The GP surgery have sent a message out saying they are very busy and to practice self care so I feel I can't bother them"*
- *"I feel that I should put up with my problems and let others who need the service more than me have access. Also, feel that GPs would roll their eyes if I contacted them over routine stuff. Contraception/smear tests etc and that they wouldn't want to be exposed unnecessarily to patients who aren't seriously ill."*
- *"I feel comfortable about going to the dentist and have an appointment for a checkup next week. I last went to the dentist just before the start of the pandemic. I am less comfortable about visiting a GP and extremely wary of visiting a hospital."*
- *"The computer system to access appointments and repeat prescriptions doesn't work for me, despite staff resetting my record and numerous changes of passwords it doesn't work, I have to ring and deliver repeat prescription in person. I really object to health services being withdrawn from Disley. The reason given is accessibility; the sites in Bollington and Poynton are no more accessible. There is little to no transport from Disley so a lot of older residents have trouble attending appointments. It appears that as soon as Middlewood Partnership came into being health services were withdrawn from Disley."*
- *"I only have a mobility scooter as means of transport so it is difficult in snow."*
- *"I have had to contact my local GP which resulted in a hospital appointment. I had problems attending as the hospital insisted that someone came with me as sedation would be used. I live on my own and the person who was my social bubble felt uncomfortable about attending hospital with me - understandably! This caused some delay with my treatment."*
- *"In the current situation, there is, I feel, a natural apprehension about going into a closed building and seeing people in quite close proximity. However, my experience has been excellent. I have a regular injection at my health centre. I have been seen quickly and efficiently. I have had two hospital visits for diagnostic tests in Manchester, something I was not keen on, given the number of people who might be there but again, all went well. My follow on clinic appointment was by telephone which was done on time and was perfectly satisfactory. I have also had ophthalmology visits and surgery. Although I paid to have these and had to go to a private clinic as the private ward at the Eye Hospital seems to have mainly closed, the arrangements were again excellent."*

Opinions of video or phone appointments

Respondents from May to March told us about how they feel about these kinds of appointments happening in the future for GP and hospital appointments. Of these responses between May and October most people were happy for GP appointments by phone or video. Some said they wouldn't like to have this type of appointment for hospitals. Between October and March people told us they were becoming more comfortable with these types of appointments for certain issues.

People happy
accessing video
or phone
appointments

- *"Hard of hearing Disabled Difficult using computer"*
- *"For appointments that don't need physical examinations or tests it's much more efficient for all parties involved"*
- *"If I am able to describe my issues and I don't need a physical examination that I would be happy to have a video/phone appointment."*
- *"Hospital and "others" may not be possible by video e.g. X rays."*
- *"Face to face appointments will always be preferable to a phone call to discuss all concerns."*
- *"Safer than going to a hospital, but not possible for scans etc."*
- *"Some health problems need to be seen by the doctor and to take blood pressure/pulse etc"*
- *"The phone consultations have worked ok, didn't sort out an eye issue but went to optician in the end, in hindsight should have done that to begin with."*
- *"I had an ear infection last summer and this was dealt with very efficiently by telephone. I consulted a pharmacist in Boots who advised me to dial 111. Within 2 hours I was collecting a prescription for antibiotics after a very detailed telephone consultation. The ear infection cleared up in a few days and I have had no further problems. Service was first class. Obviously, it is sometimes necessary to have a face-to-face consultation with a GP or hospital doctor but an initial telephone consultation is quicker, easier and more cost effective. However, I have concerns about telephone consultations for vulnerable people. My 87-year-old mother died as a result of developing sepsis after misdiagnosis by her own GP in a telephone consultation."*
- *"Although absolutely fine in certain circumstances, there are situations where you need to see someone for tests, procedures or for certain health conditions. I do find that it is helpful before a phone call if I make a note of things I want to ask or say to make sure these are covered as it is easy to forget when in an unfamiliar situation. The same goes for having any background documentation to hand."*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. People told us that overall they felt safe accessing these types of appointments as people were following guidance. Some also found that their waiting time for appointments were quicker.

People feeling
safe accessing
face-to-face
medical
appointments

- *“Absolutely fine, things seem much more on time possibly because of gaps left between each appointment so there has been much less hanging around in waiting rooms and the quality of care has still been excellent.”*
- *“Ok. no different than usual, although the waiting area at MDGH was a bit nerve-racking because of people coughing.”*
- *“Much the same as usually except they were wearing masks and you didn’t have to wait so long in the waiting room”*
- *“Good”*
- *“I felt safe”*
- *“Fine. The GP’s surgery felt very Covid secure with all staff wearing appropriate PPE. There was only one other person in the waiting area with all chairs well-spaced out.”*
- *“They went well on the whole. On one occasion misdirection to the wrong waiting area by a hospital receptionist meant I had to wait longer than I should have done. It is worth noting that masks do muffle voices, so it is worth speaking up and asking for someone to repeat something if you are not sure what was said.”*

Have you had any issues with prescriptions or medication?

From October, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. People from Bollington, Disley and Poynton had mixed experiences with their prescriptions and medications.

Mixed
experiences
accessing
prescriptions
and medication

- *“Prescriptions were taking some time to access earlier in the year. However, since the introduction of notification by text for collection, this has improved greatly.”*
- *“All prescriptions ordered on line and collected from the chemist after a “medication ready” text.”*
- *“Great service on ask my GP”*
- *“Can’t access repeat prescriptions via my GP.”*
- *“Doctor has once or twice forgotten to release prescription on patient access”*
- *“In the early days of lockdown, an online pharmacy did not fulfil my prescription on time. I was down to one day's supply. The GP was reluctant to re-issue another because they had already issued one. I really had to put my foot down with the local branch of the pharmacy to get them to sort it out by speaking to the GP.”*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

Disruptions to
hospital-based
treatment
including
cancellations
and waits

- *“Feet casts for biomechanics postponed, various gastrology tests postponed - have been informed that when they restart the wait may be then be up to a year. Urology was postponed but classed as urgent so is happening this week.”*
- *“Usual tests not happening i.e. lung function test, eye appointments. Due to covid I presume”*
- *“Not managed at all. I should have had an annual heart scan for a severe aortic regurgitation, but nothing has happened.”*
- *“My out patient's appointment for March 2021 has recently been cancelled. I will be informed of a new appointment when available.”*
- *“I should have a heart scan each year for severe Aortic Regurgitation but have not had any appointment with the cardio department at all.”*
- *“My diabetic retinal photograph has been postponed until further notice. My DEXA scan at the MRI has been rescheduled for 6 months later. My Osteoporosis treatment was delayed my several months”*
- *“Still waiting on receiving appointment, now over year wait.”*
- *“I was supposed to have a video call re renal condition and this has been postponed twice now.”*
- *“One procedure had to be delayed because of problems with me having to have someone attend with me. I live alone and the person in my social bubble felt uncomfortable about coming in to hospital. The hospital offered no support with this issue and I had to sort it out myself.”*
- *“Delays to my osteoporosis appointment were fulfilled about 6 months late. I was initially asked to delay my B12 injection at the GP but symptoms meant I had to ask again, and I was then seen pretty quickly. My eye check-up was delayed though my consultant said he had reviewed my notes and felt on balance it was wiser to defer because of the Covid infection risk. About 3 months later, he then moved the venue to a small clinic which was well organised, and saw me there”*
- *“The appointment in April 2020 was cancelled and I had a telephone call in October with a consultant who I had met face-to-face previously. I have had no routine appointment at the dentist and when I needed attention, I received it but I had to wait 6 weeks.”*

Have you recently or currently accessed support for your mental health and wellbeing?



Between May and October 2020 people told us they accessed support for their mental health through family and friends and from online apps and websites. Between October and March 2021 people from Bollington, Disley and Poynton were still accessing support from friends and family but also started to seek support from mental health providers. Some people felt they couldn't access support because they didn't know how or who to get support from.

People receiving support from friends and family as well as mental health providers

- *“Every mind matters has lots of helpful tips and advice as does action for happiness, I found both helpful.”*
- *“My sole friend who I have known since I was 12 had his wife die last February and I was trying to help him, then my Allan died and we did help each other, but recently he has started to deteriorate rapidly and also with lockdown I can’t even risk visiting him.”*
- *“Who wants to support a 77-year-old gay guy with no family? All these things assume you’ve got 10 kids and 25 grand kids to help you.”*
- *“I have to pay privately to see a counsellor because any through my doctor or voluntary doesn’t last more than about 12 weeks and I need much longer and consistent care.”*
- *“Good phone appointments, but took months to start receiving them due to long waiting list for CBT.”*
- *“I don’t know how and also scared to and also school holidays.”*

How Coronavirus has affected people’s mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people’s mental health stayed relatively steady. Some people from Bollington, Disley and Poynton talked about how their mental health had started to improve as the pandemic continued, whilst others said that their resilience had started to deteriorate.

On the whole people’s mental health remaining relatively steady

- *“As a family we are in stable jobs and have all been well during the pandemic so have been lucky that our physical and mental wellbeing have been fine.”*
- *“The good news on the proposed Coronavirus vaccine which may be available earlier than expected is a real boost.”*
- *“I already suffer from severe anxiety and depression and am on anti-depressants. It’s very difficult to judge as I’m very up and down”*
- *“In tier 4 now, Xmas and new year not the same. Missing friends and family plus the weather is awful and I’m not getting out for walks and exercise as much. Too cold to keep the kids out for any length of time.”*
- *“I have self-medicated with previously prescribed medication and I started to have my grandchildren here for home schooling.”*
- *“I am lucky that I have no financial or work worries. I am trying to keep busy and take exercise every day. I have found this lockdown quite isolating as I live on my own. In lockdown one everyone was out in their gardens and I would see my neighbours every day. I can now go 2 or three days and not see anyone.”*
- *“The nights are getting shorter so there is more natural light. I am getting out a little more but in a very limited way. I am still sad over the loss of a relative to Covid.”*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing.

A common theme between May and October 2020 was people wanting to see any family or friends and better access to services to improve their physical and mental wellbeing. Between October to March 2021, people told us that family and friends and being able to go outdoors and exercise safely would help their physical and mental wellbeing. The outdoors element appears to have become more important to people as the weather worsened and the days became shorter.

People wanting to
see friends and
family, and
exercise safely
outdoors

- *“PE with Joe Wicks helped a lot. Working from home and having a child at home who was remote learning, it gave us structure to the day. It meant that we started the day with exercise as it was something we did together before he started his work and I carried on with mine.”*
- *“Exercise and getting out in the fresh air.”*
- *“Being able to visit my children, friends and family. Being able to access the coast.”*
- *“It would be good if outdoor sports facilities were available. I also would like to be able to meet up with a small group of friends to go walking. Throughout the summer six of us (2 couples and 2 singles) did a walk every Sunday, alternating between Disley, Bollington and Poynton. This is currently not allowed and impacts badly on the mental health of the two single people in particular. We had tea and cake in the garden afterwards. It was the highlight of our week. Risk was minimised by keeping to the same bubble and maintaining social distancing and careful management of tea and cake as well. A bit depressing that this is not allowed. All the people in our bubble were retired or working from home so low risk as mixing with very few people. Unfortunately not everyone is as careful and sensible. We are very fussy about who we have contact with.”*
- *“To be able to relax with others and enjoy the company of others while often enjoying an activity or making a contribution to other people’s lives too.”*

What are your current concerns about the future impact of the COVID-19 pandemic?

Over the course of the pandemic people have remained concerned about other people not maintaining social distancing rules, making people feeling anxious to leave the house. Between October and March 2021 people’s main concerns changed to not being able to visit or care for family members or friends, with worry about the mental and physical health of friends and family.

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You can contact us on:

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- **Email:** info@healthwatchcheshire.org.uk
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

Tartan Rug

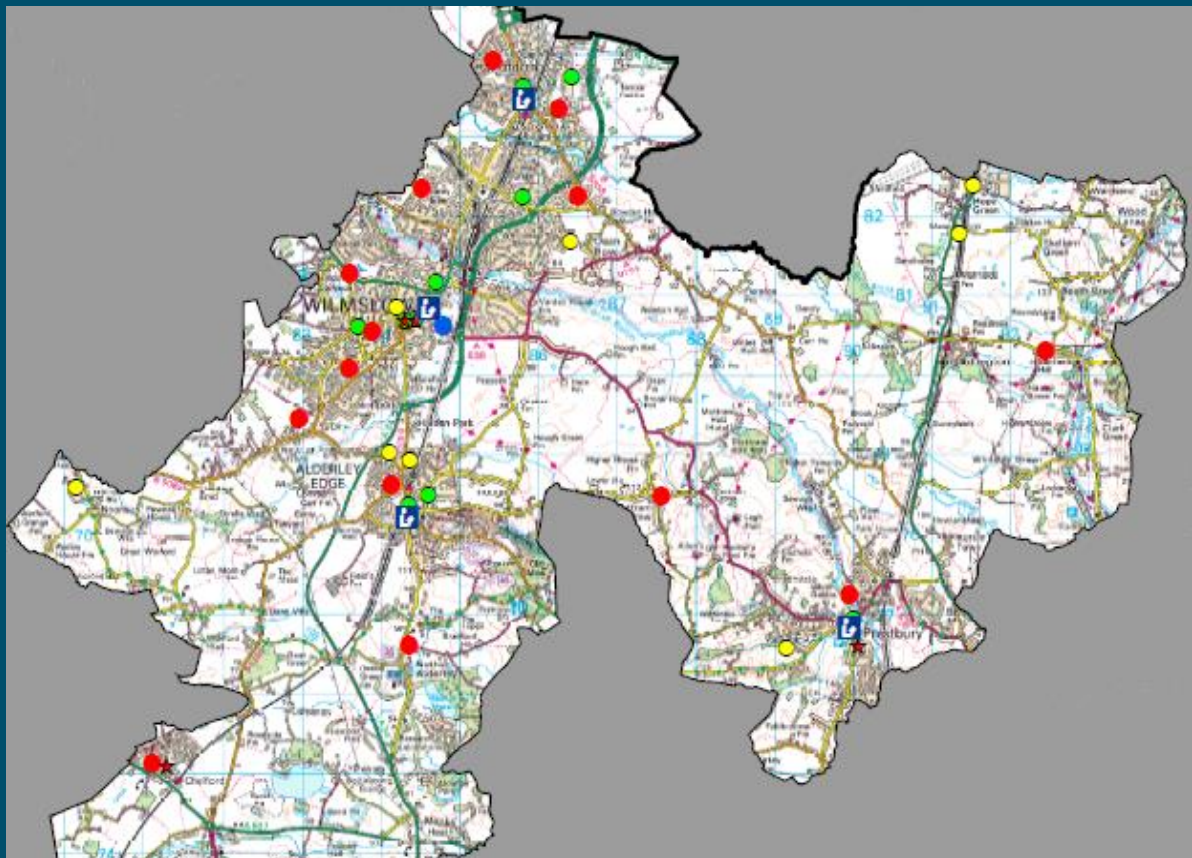
This is the Tartan Rug for the Bollington, Disley and Poynton Care Community (Cheshire East Council, November 2017). The health profile or ‘tartan rug’ shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Poynton						NHS Eastern Cheshire	Cheshire East LA	England	
		Bollington	Poynton West and Adlington	Poynton East and Pott Shrigley	Disley				
1	Total population	number	8342	8461	7697	4372	196525	375392	54786327
2	BME population	%	1.6	2.3	1.4	2.1	3.7	3.3	14.6
3	Proficiency in English	%	0.1	0.1	0.1	0.1	0.3	0.6	1.7
4	Population under 16	%	17.3	17.2	14.8	14.7	17.3	17.6	19
5	Population aged 65 and over	%	21.7	26.4	31.4	25.3	23.2	21.9	17.7
6	Pensioners living alone	%	33.5	26.1	24.9	27.3	29.7	30.0	31.5
7	Older people with low income	%	9.7	6.6	6.9	6.5	N/A	10.2	16.2
8	People with low income	%	7.4	4.9	5.3	6.2	N/A	9.4	14.6
9	Children in poverty	%	9.1	4.4	5.7	6.2	N/A	12.4	19.9
10	Long term unemployment	rate					1.1	1.6	3.7
11	Fertility rate	rate	58.3	50.4	52.7	63.4	75.2	60.8	63.2
12	Low birth weight	%	2.3	2.0	2.6	2.7	2.5	2.2	2.8
13	Deliveries to teenage mothers	%	0.0	0.0	0.0		0.6	1.0	1.1
14	A&E attendances age 0-4	rate	400.2	416.5	351.1	422.1	403.3	385.6	551.6
15	Admissions for injury age 0-4	rate	213.5	129.7	147.3	146.8	166.7	168.1	138.8
16	Emergency admissions age 0-4	rate	206.3	204.3	149.7	202.4	208.9	213.8	149.2
17	Child development at age 5	%	63.8	72.1	73.1	67.2	64.3	61.8	60.4
18	GCSE achievement	%	66.2	75.8	73.5	69.0	64.3	62.2	56.6
19	Excess weight age 4-5	%	18.7	19.3	18.2	18.5	17.9	19.1	22.2
20	Excess weight age 10-11	%	19.3	28.6	25.5	26.5	26.2	29.1	33.6

21	Smokers age 11-15	%	3.6	3.0	3.3	3.0	N/A	3.2	3.1	Lifestyle
22	Smokers age 16-17	%	16.1	13.5	12.5	13.9	N/A	15.2	14.8	
23	Healthy eating (adults)	%	33.6	36.2	36.7	35.6	33.6	31.4	28.7	
24	Obese adults	%	20.0	19.6	20.5	20.5	20.0	21.5	24.1	
25	Binge drinking (adults)	%	28.3	21.1	20.5	25.0	22.4	22.3	20	
26	Admissions for alcohol	SAR	86.0	74.0	70.3	68.3	86.7	90.4	100	
27	Self-reported bad health	%	4.6	4.3	4.8	4.4	4.6	4.9	5.5	Illness
28	Self-reported illness	%	17.1	17.0	18.4	17.3	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	74.7	70.4	61.8	57.5	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	106.0	90.0	111.4	117.7	91.0	94.9	100	
31	Emergency admissions stroke	SAR	79.0	79.2	86.7	69.6	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	72.3	58.0	52.6	79.1	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	88.8	91.7	84.8	94.9	94.0	97.9	100	
34	Emergency admissions all causes	SAR	85.6	86.5	86.1	90.0	91.7	102.3	100	
35	New cases -breast cancer	SIR	96.4	122.9	82.2	108.9	105.3	103.1	100	Cancer
36	New cases -bowel cancer	SIR	55.3	97.9	114.2	113.9	104.0	101.7	100	
37	New cases -lung cancer	SIR	107.2	52.7	50.8	68.4	79.3	87.0	100	
38	New cases -prostate cancer	SIR	61.1	139.5	103.6	101.3	95.0	100.5	100	
39	All new cancer cases	SIR	84.8	95.5	88.8	91.6	95.3	99.1	100	
40	Cancer deaths under 75	SMR	69.6	66.5	70.1	66.2	79.9	88.3	100	Death
41	Heart deaths under 75	SMR	88.6	37.8	59.9	45.1	78.7	91.1	100	
42	All deaths under 75	SMR	73.8	59.0	64.6	65.6	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	103.5	92.9	83.8	62.1	89.3	95.8	100	
44	All deaths all ages	SMR	90.3	88.4	97.6	79.9	89.9	93.9	100	
45	Female Life Expectancy	years	84.8	85.0	83.8	84.0	84.1	83.5	83.1	
46	Male Life Expectancy	years	81.5	81.7	80.9	83.3	81.0	80.3	79.4	

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Chelford, Handforth, Alderley Edge and Wilmslow

October 2020 – March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 53 residents of Chelford, Handforth, Alderley Edge and Wilmslow to our Health, Care and Wellbeing survey. This report covers the 16 responses specifically from October to March 2021.

How do you feel about accessing services?

Between May and October 2020, people across Chelford, Handforth, Alderley Edge and Wilmslow (CHAW) told us that on the whole they didn't feel comfortable making, travelling to or attending appointments, or they felt they would be overburdening the NHS. This feeling continued to be expressed to us across October to March 2021. However, people told us that sometimes it was necessary to access the services and using phone or video appointments was a better process than it was before COVID-19.

People not
wanting to
overburden the
NHS

- *"Precautions are in place at GP and hospital - no choice about going if you need treatment."*
- *"I have found accessing advice and consultations online or by phone easier than pre-COVID-19. I am hesitant about accessing face-to-face care and understand why clinicians need to minimise appointments of this nature especially to avoid people meeting in waiting areas."*
- *"GP and hospital are doing all they can to keep safe"*
- *"I feel that asking for help is sometimes necessary so have done so but do feel guilty about overburdening the service. The assistance I have had however has been the same as during normal times."*
- *"Phone sessions are not a replacement for face-to-face appointment. The whole booking process is negative and you are made to feel that you should not be asking for an appointment or bothering the medical centre."*

Opinions of video or phone appointments

Between May and October 2020 people told us they were happy accessing video or phone appointments for certain GP or hospital appointments, if they could have the right to choose. Between October and March 2021 people who had accessed these appointments had found them to be more accessible as they could find a time that suited them. However, people told us that it was hard for them to talk to doctors about physical issues that were worsening, and they felt that they might not have been given the right solution for the issues.

People found
video or phone
appointments
more accessible
than face-to-face

- *“Very convenient and quick if face-to-face isn’t essential.”*
- *“Less unproductive waiting time. Less judgemental. Easier to get at a time that suits”*
- *“Some things do not need face to face appointments. Video/phone appointments save using transport.”*
- *“I am a cancer patient and haven’t been able to see an oncologist face-to-face or even by video - totally unacceptable. Ditto - why have GPs been allowed to do everything by telephone - they should at least do it by video.”*
- *“Hospital appointment lasted about 10 seconds and I didn’t get a chance to say much. Was unable to show the doctor a worsening in my arthritis.”*
- *“preference is face-to-face.”*
- *“It is hard for the doctor to see you and your body language, physical symptoms, etc so then it's harder to feel that you have been given correct solutions. I have not been invited for my annual blood tests, etc.”*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. People from CHAW who had accessed face-to-face appointments, most told us how they felt safe and that they were well cared for.

People feeling safe
and well cared for
during face-to-face
medical
appointments

- “No problem. Flu vaccine was done efficiently. Hospital appointments all kept to time too.”
- “Waiting outside ok as weather ok. Staff looked nervous and stressed. Hospital appointments seemed very relaxed - mixing of gowns and communal areas no signage and no hand washing or gel services for patients- and if you did use / ask to use in hospital- you were looked at as if you were stupid. Much better cross infection control in GP and GDP practices than the hospital. Less waiting time in GP and GDP practices. Hospital appointment at Macclesfield seemed very disorganised - 1 hour late of appointment time and they didn’t seem to know why I was there. The tests I was promised weren’t performed.”
- “Ophthalmology appts at Macclesfield Hospital excellent. Essential Podiatry appts at Plant Podiatry in Wilmslow excellent. Eventual tooth extraction at Willows Dentistry in Handforth excellent.”
- “Fine. Just a flu jab at the Handforth Medical Centre. Well organised, on time and covid safe.”
- “It was fine. Felt very safe and well cared for.”
- “At GP and Hospital and son at CAMHS. They needed to be face-to-face. It was fine.”
- “No issues, felt safe and comfortable at all appointments.”

Have you had any issues with prescriptions or medication?

From October, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. We found more people trying to access prescriptions throughout the period from October to March 2021. Most people who answered this question had not had any issues with their prescriptions. Comments relating to prescriptions included:

Most people not
experiencing
issues with
prescriptions

- “Registered with NHS app to renew prescriptions online - worked perfectly.”
- “Picked up and sorted quickly and offered flu jab at pharmacy on picking up inhaler.”
- “Unavailability of Docusate. Otherwise, fine.”
- “The chemist ran out of medicine”
- “Not getting the right prescription, not on time, not enough of my drugs”
- “Running out due to the length repeat prescriptions have taken while refusing to accept prescriptions for renewal earlier than current batch was due to run out. Then pharmacy not stocking adequately and both parties blaming each other with no solution. Had to get in touch with hospital to get a solution.”

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?


Between May and October 2020 people frequently experienced disruptions to their treatment, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

Disruptions to
hospital-based
treatment
including
cancellations
and waits

- *“Seemed like a long wait for access to scanning service.”*
- *“I am awaiting lung function tests with no indication of when or if they will be performed. Other tests have been quick and efficient but the tests I am awaiting are important for assessing risk at work and without a diagnosis treatment can’t move forward.”*
- *“They just aren’t happening and most of my treatments are on hold.”*
- *“Outpatients appointments have been managed by phone.”*
- *“As a cancer patient I have not had a physical examination since last February nor a face-to-face appointment - it’s totally unacceptable - why is the virus more important than a cancer which is much more likely to kill you.”*
- *“As well as it could have been given the circumstances.”*
- *“Missed a face to face appointment and was given a telephone appointment that was woefully inadequate and didn’t address any issues I had with no follow up given.”*
- *“Had a productive phone call appointment which resulted in changed meds, but no bloods still taken since 2019.”*

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020 people told us they generally weren't accessing support for their mental health but if they were it was through friends and family. Between October and March 2021 people from CHAW were still accessing the support from friends and family but also started to seek support from online or through apps.



People starting
to seek mental
health support
online or
through apps

- *"It was manageable but I feel I am likely to require further help soon if work pressures and financial issues don't ease."*
- *"I have been on a waiting list at my cancer hospital (Christie Manchester) since last June."*
- *"Fine, I prefer face-to-face but Zoom ok if can't do it."*

How Coronavirus has affected people's mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people's mental health stayed relatively steady. Some people from CHAW talked about how their mental health had started to worsen as the pandemic continued, and that their resilience had started to deteriorate.



People's
resilience
starting to
deteriorate

- "A week isn't a long time to see a difference. There's been a difference longer term."
- "Stress at work. Work in health care"
- "Promising news about Coronavirus vaccines, but still a long way to go and too many people wanting to push boundaries. Everything over-politicised!"
- "Relaxation of COVID rules regarding the Christmas holiday period as this will definitely lead to an increase in COVID cases and subsequent deaths. I fully understand why this is being done as some people will flout the rules anyway if the short period wasn't allowed."
- "Feel very isolated."
- "I have had 3 different cancers in the last two years and feel completely abandoned and am not being actively treated."
- "I'm not in a bad way, it's only mild grumbles, but I am getting bored and fed up at quite how long this is all dragging out. I've been especially down in the past week at how slowly the covid vaccinations seem to be happening."
- "Lack of support, lack of info."
- "Am able to get out for exercise and have a supportive family about me."
- "I have been fortunate enough not to really suffer with my mental health, have been kept busy working from home and caring for an elderly relative."
- "I am resilient and not fearful."

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing

A common theme between May and October 2020 was people wanting to see family or friends to improve their physical and mental wellbeing. Between October to March 2021, people told us that family and friends and being able to go outdoors and exercise safely would help their physical and mental wellbeing. The outdoors element appears to have become more important to people as the weather worsened and the days became shorter.

People wanting
to see friends
and family, and
exercise safely
outdoors

- *"Being able to meet family and friends and go swimming."*
- *"Some people are very lonely and need regular contact e.g. phone calls and more entertaining TV!"*
- *"Subsidised gym usage - when the gyms can be opened of course for things like racquet sports and swimming. This is in covid or not. Also, far less moaning in the media about how it's all the governments fault - but I don't think you can do much about that."*
- *"Family doctors - the same doctor every time and a doctor who works full time"*
- *"The ability to get out and about and would love to be able to meet friends."*
- *"Being able to meet with friends and family safely"*
- *"Subsidised gym memberships."*

What are your current concerns about the future impact of the COVID-19 pandemic?

Over the course of the pandemic people have expressed concern about others not maintaining social distancing rules, making people feeling anxious to leave the house, as well as concerns about money and the economy. Between October and March 2021 people's concerns changed to be more focused on unhappiness at not being able to visit or care for family members or friends, with concerns about the mental and physical health of loved ones.

- *"Not getting treatment for my cancer"*

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Tartan Rug

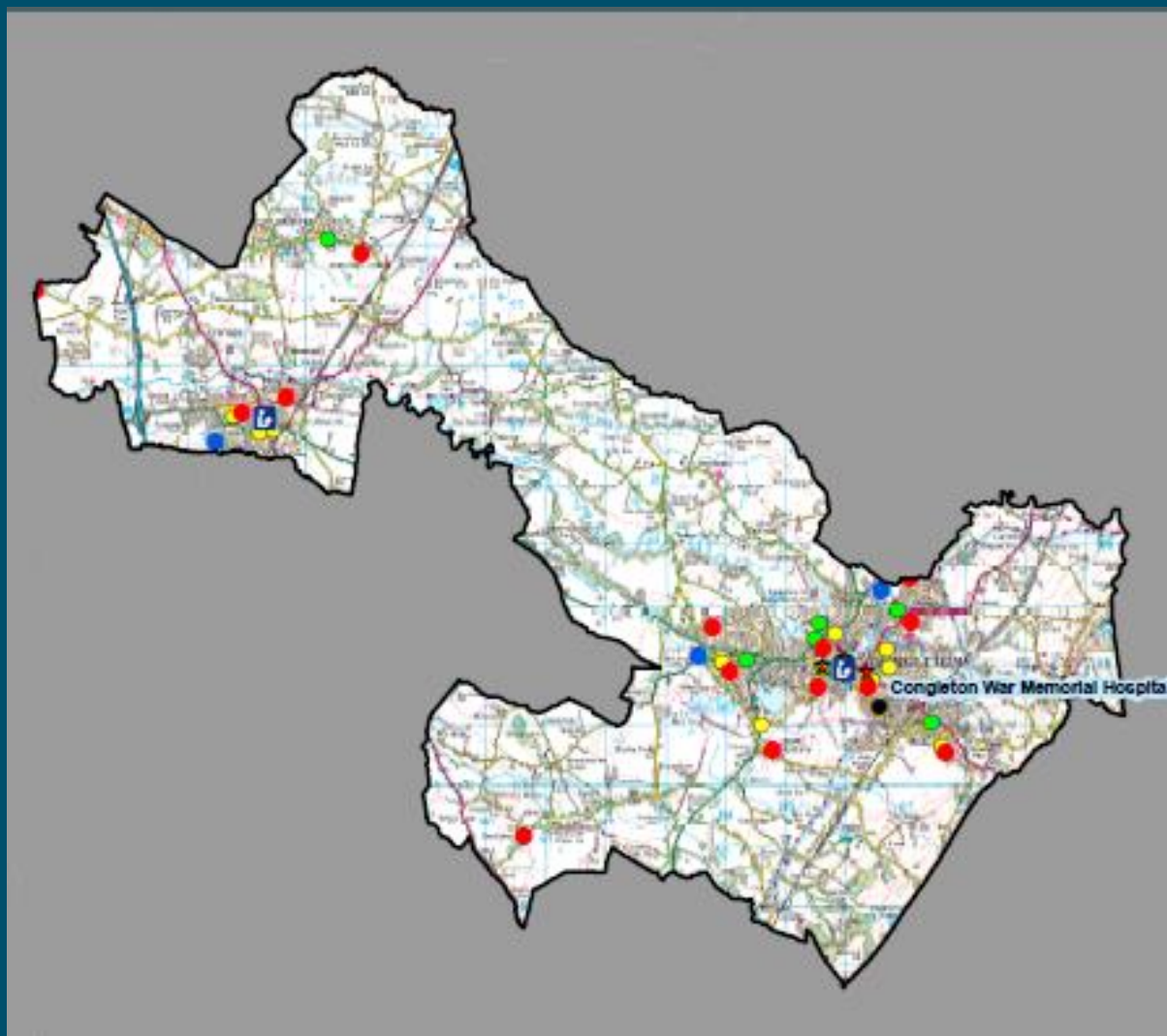
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			Wilmslow											
			Chelford	Wilmslow West and Chorley	Wilmslow Lacey Green	Handforth	Wilmslow Dean Row	Wilmslow East	Alderley Edge	Prestbury				
1	Total population	number	3864	10134	4946	9377	4588	4441	4893	4349	196525	375392	54786327	Population
2	BME population	%	2.5	3.8	6.6	8.4	11.9	8.6	6.0	3.7	3.7	3.3	14.6	
3	Proficiency in English	%	0.1	0.4	0.5	0.3	0.6	0.6	0.3	0.1	0.3	0.6	1.7	
4	Population under 16	%	14.7	21.0	18.0	18.7	17.7	17.5	16.3	15.2	17.3	17.6	19	
5	Population aged 65 and over	%	28.3	20.4	19.4	20.1	15.9	26.2	25.4	31.4	23.2	21.9	17.7	
6	Pensioners living alone	%	27.9	31.5	28.6	39.6	22.5	30.2	34.0	24.0	29.7	30.0	31.5	
7	Older people with low income	%	7.5	7.4	15.2	18.0	5.8	2.5	7.9	3.3	N/A	10.2	16.2	Income
8	People with low income	%	6.2	4.3	12.3	16.5	4.2	2.2	5.2	2.9	N/A	9.4	14.6	
9	Children in poverty	%	4.8	3.9	16.0	20.7	4.3	1.9	4.0	3.4	N/A	12.4	19.9	
10	Long term unemployment	rate									1.1	1.6	3.7	Young People
11	Fertility rate	rate	56.2	73.5	58.1	68.8	56.4	59.3	56.6	48.6	75.2	60.8	63.2	
12	Low birth weight	%	2.4	1.8	2.7	3.0	3.0	2.1	3.3		2.5	2.2	2.8	
13	Deliveries to teenage mothers	%	0.0	0.0	0.0			0.0	0.0	0.0	0.6	1.0	1.1	
14	A&E attendances age 0-4	rate	391.2	377.3	423.6	474.5	445.1	380.4	377.0	379.8	403.3	385.6	551.6	
15	Admissions for injury age 0-4	rate	174.5	189.1	149.8	192.9	156.6	199.3	203.6	143.9	166.7	168.1	138.8	
16	Emergency admissions age 0-4	rate	188.0	174.9	166.3	210.7	178.2	169.6	195.2	141.9	208.9	213.8	149.2	
17	Child development at age 5	%	63.5	80.4	67.7	59.7	65.7	79.2	69.5	72.5	64.3	61.8	60.4	
18	GCSE achievement	%	72.3	74.5	56.6	52.2	51.9	73.0	73.7	80.9	64.3	62.2	56.6	
19	Excess weight age 4-5	%	16.6	12.5	13.9	18.1	15.6	11.9	20.5	20.2	17.9	19.1	22.2	
20	Excess weight age 10-11	%	22.4	17.8	23.7	29.3	25.6	19.2	22.4	16.3	26.2	29.1	33.6	

21	Smokers age 11-15	%	2.3	3.0	3.1	4.3	2.3	3.0	3.0	2.8	N/A	3.2	3.1	Lifestyle
22	Smokers age 16-17	%	14.4	13.0	15.4	16.8	11.5	12.0	14.0	12.9	N/A	15.2	14.8	
23	Healthy eating (adults)	%	37.9	39.3	35.9	29.6	32.1	40.2	38.2	40.8	33.6	31.4	28.7	
24	Obese adults	%	18.5	16.1	19.0	21.0	20.1	15.7	17.2	16.5	20.0	21.5	24.1	
25	Binge drinking (adults)	%	20.1	20.7	22.7	21.9	22.9	20.7	19.4	16.6	22.4	22.3	20	
26	Admissions for alcohol	SAR	74.4	65.2	70.1	112.5	86.7	67.5	73.8	57.9	86.7	90.4	100	Illness
27	Self-reported bad health	%	3.8	2.9	6.0	6.3	2.6	2.3	5.0	3.2	4.6	4.9	5.5	
28	Self-reported illness	%	14.8	13.2	19.0	19.8	11.6	13.5	17.4	14.9	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	77.1	42.9	50.2	140.5	84.9	39.5	81.1	27.2	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	77.7	63.3	97.4	92.3	100.1	60.8	58.0	53.2	91.0	94.9	100	
31	Emergency admissions stroke	SAR	89.6	83.0	91.5	108.0	94.4	89.2	77.4	86.1	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	46.5	40.9	47.6	104.7	79.2	31.9	51.9	31.3	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	96.8	84.8	88.8	83.3	81.6	95.7	98.3	127.7	94.0	97.9	100	
34	Emergency admissions all causes	SAR	81.4	74.0	85.5	112.0	97.2	74.2	73.4	70.3	91.7	102.3	100	Cancer
35	New cases -breast cancer	SIR	101.7	98.2	98.5	132.2	112.4	101.0	106.4	95.3	105.3	103.1	100	
36	New cases -bowel cancer	SIR	104.6	91.3	129.2	138.1	143.5	94.5	102.9	133.8	104.0	101.7	100	
37	New cases -lung cancer	SIR	63.9	53.5	87.0	142.9	119.6	51.4	50.3	43.2	79.3	87.0	100	
38	New cases -prostate cancer	SIR	105.8	102.3	102.5	76.3	90.9	96.1	99.2	124.2	95.0	100.5	100	
39	All new cancer cases	SIR	92.7	91.1	94.3	108.2	99.3	93.2	88.5	89.2	95.3	99.1	100	Death
40	Cancer deaths under 75	SMR	61.8	70.6	97.6	86.9	77.9	46.2	74.0	60.7	79.9	88.3	100	
41	Heart deaths under 75	SMR	81.0	82.3	142.5	121.9	41.7	55.3	59.8	69.0	78.7	91.1	100	
42	All deaths under 75	SMR	68.0	64.1	110.1	101.6	64.5	49.0	71.8	52.6	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	44.2	76.0	137.8	94.4	102.6	46.9	96.1	51.7	89.3	95.8	100	
44	All deaths all ages	SMR	70.6	70.2	122.0	92.3	99.2	55.2	95.1	63.7	89.9	93.9	100	
45	Female Life Expectancy	years	83.6	87.8	81.4	83.5	83.8	89.6	83.7	87.3	84.1	83.5	83.1	
46	Male Life Expectancy	years	85.3	82.4	78.8	79.8	81.4	84.7	82.1	84.1	81.0	80.3	79.4	

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Congleton and Holmes Chapel

October 2020 – March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 96 residents of Congleton and Holmes Chapel (CHOC) to our Health, Care and Wellbeing survey. This report covers the 36 responses specifically from October to March 2021.

How do you currently feel about accessing services?

From May to October 2020, people from CHOC told us that they were comfortable making or attending appointments. As time went on people were more comfortable accessing appointments but had a perception that they didn't want to overburden the NHS. Similarly, between October and March 2021, most people were comfortable accessing appointments but still had the same thought process that they didn't want to overburden services.

People comfortable
accessing
appointments but
wary of
overburdening the
NHS

- *"GP Practice poor service generally. Little confidence in the service. They do not treat service users with respect. The quality of service is poor."*
- *"Difficult to get through on the phone to doctors."*
- *"I was off long term sick aft a virus caused a balance problem, whilst I have not really need led to access my GP's services, I was on a rehabilitation programme with Withington Hospital and was due an appointment that never happened."*
- *"The health centre may be good at medicine but they are poor at communicating. The need for quality of communication should be view from the eyes of the communicant not the communicator."*
- *"I have attended Christie Hospital for treatment on a regular basis. I have consulted and visited my GP. I have had my Covid-19 injection."*
- *"GP Surgery been fabulous, had full check- up for asthma, blood pressure, thyroid with Nurse, very pleasant experience in both attending the surgery and Congleton War Memorial Hospital for blood tests. Plenty of signage, hand sanitisers, social distancing and staff to help if necessary."*

Opinions of video or phone appointments

In our previous report covering May to October 2020, over one-third of respondents previously had a telephone or video appointment. Between October and March 2021, this had increased to over two-thirds of people from CHOC who had had an appointment in this way. People told us these types of appointments were a lot easier to access around their day-to-day life and they found them safer for themselves and vulnerable family members. Some people though told us that a face-to-face appointment is sometimes essential depending on the health concern.

People happy
accessing video or
phone
appointments due
to convenience

- *"Less risk of virus transmission."*
- *"Need to see doctor face-to-face difficult to explain problem on phone."*
- *"Some appointments are straightforward others are better face-to-face."*
- *"Keeps everyone safe. Only need face-to-face when essential."*
- *"The use of video and phone appointments is appropriate in some circumstances, I feel comfortable that I would be able to say if I needed an in person appointment."*
- *"I would prefer them to see the problem as I am not medically qualified and may omit important information."*
- *"Do not feel that this gives the same confidence that everything has been considered."*
- *"Sometimes you don't need a face-to-face appointment - maybe just an assurance from a GP."*
- *"It's would be more convenient for some appointments and certainly if just getting feedback on results - would maybe not so personnel and maybe wouldn't ask the more interesting follow-up questions."*
- *"Some appointments could be easily dealt with via video. Would prefer video than phone to allow for better views explanations."*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. People who had accessed this type of appointment told us they had had a different experience where appointments were quicker; however, they felt safe during their appointment and felt everything was well run.

People feeling
safe accessing
face-to-face
medical
appointments

- *“Very short - Told me that they could only deal with one issue at the appointment. I ended up raising the issue with the senior partner and got an apology.”*
- *“Very different. Use a different entrance, reception staff were very short and terse. GP wore PPE then forgot to order the tests that we planned such as blood test and x-ray. Other staff then sorted this out - 2 weeks later.”*
- *“Felt very safe.”*
- *“Great, very quick appointment for a flu jab.”*
- *“With doctor. Was quick check up on leg swelling. Felt quite safe, as very few people in waiting room.”*
- *“Yes - GP surgery - fine. Yes - Macclesfield Hospital Orthopaedics - fine apart from lack of chairs. A&E at Macclesfield Hospital - awful. No covid awareness, wandering people and patients. Waited in children’s waiting room with my child-not enough chairs, no toys and randomly alarms kept going off (but no-one there!).”*
- *“Brilliant. I have had appointments for myself, and two of my children, including routine appointments, emergency appointments and home visits. All professionals have applied an appropriate approach and treatment plan to ensure that the support required was achieved.”*
-

Have you had any issues with prescriptions or medication?

From October 2020, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. We found more people trying to access prescriptions throughout this time. Two-thirds of those people who responded had no issues receiving their prescriptions or medication. Comments relating to prescriptions included:

People have had
positive experiences
of accessing their
prescription and
medication from
their pharmacy

- *“Can't really access the pharmacy easily... Because the main entrance to the surgery is no entry due to covid restrictions to access the pharmacy you have to ring a bell fitted to a staff fire exit and wait in the open. It can be up to 10 minutes before someone answers and opens what is a solid door. There is no cover when it is raining and the service is slow.”*
- *“I feel the dispensary the Health Centre have been amazing given the circumstances in which they were working and the behaviour (witnessed) of some patients towards them.”*
- *“Order repeat prescriptions online, they are taking a little longer but that's understandable. Would be better to be able to order more than one inhaler at a time.”*
- *“Difficulty getting some medication on repeat - I hadn't been informed it had been taken off repeat. After trying to order it from pharmacy, who contacted GP to request, and then after hearing nothing for a few weeks, I then chased this up, to be informed the medication (that I have been continuously taking at this lower dose since summer 2020), had been taken off repeat. Was told I had to have appointment with pharmacist from GP surgery to check if I wanted to continue medication.”*
- *“Order them online. My pharmacy delivers, Excellent service.”*
- *“In summer 2020, there was a problem with the supply of my son's immunosuppressive drug in liquid form. I could not access it via any local pharmacy. I was able to source it at the Children's hospital in Manchester and they allowed me to use their pharmacy to obtain what was needed.”*
- *“I am allergic to medication containing paraffin and although I have told them this, I have been prescribed medication that contains this.”*
- *“GP Surgery provide excellent service - I phone Tesco superstore and ask for a repeat and they do the rest and text me when meds are ready.”*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled. Between January and March 2021 people's delayed or cancelled appointments were still waiting to be rescheduled.

Disruptions to
hospital-based
treatment
including
cancellations
and waits

- “Cancelled orthopaedic appt the day before- consultant. No reason given.”
- “Still awaiting follow up appointment for rehabilitation programme with Withington. In July I eventually decided to give up work because of ongoing effects of illness.”
- “During re-referral process to local CMHT, waited several months for appointment with psychiatrist. Had this appointment early August 2020, during another episode of mental ill health. I was informed I had been booked in for a follow-up appointment with the psychiatrist in Nov 2020. I was informed by CMHT on day of appointment that the appointment had been cancelled. Alternative appointment with psychiatrist not been offered/rescheduled since then. Although this seems that be quite usual for this CMHT, rather than Covid-related disruption.”
- “I’m on the online Patients Know Best and I get appointments online. The only problem is that there is insufficient information about the appointment - is it a telephone appointment or a face-to-face.”
- “Follow up services are very very slow.”
- “Appointments being cancelled or postponed.”
- “March appointment was cancelled. October appointment was changed, but went ahead.”

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020 people told us they accessed support for their mental health through family and friends and a small number of people told us they accessed support online. As we moved from the summer months between May and September 2020 to October and March 2021, we found more people telling us that they haven’t needed to access support, but where they do, they continue to look towards their family and friends.




People receiving
support from
friends and
family

- *“Frequent phone calls raise spirits and ability. To go walking but lack confidence at present, to walk alone, after knee operation.”*
- *“Family and support from friends have been invaluable.”*
- *“I’m managing this on my own, working hard on seeing the positives.”*
- *“The services, including the Health Visitor team and the Smile Charity, have been fantastic, they have kept in touch and amended their working arrangements to ensure that people that need support, have still been able to access it.”*
- *“From my daughter who I couldn’t do without.”*

How Coronavirus has affected people’s mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people’s mental health stayed relatively steady. Between October and March 2021, it appears people’s resilience with their mental health was starting to deteriorate and more people were starting to feel more isolated and anxious about the pandemic due to its continued longevity.



Anxiety and
isolation
increasing as
pandemic
continues

- *“Concern about the new virus situation. Concerns of risk as I am a teacher in a secondary school. Anxious about how closing of swimming pools has affected my 92-year-old father. He swam every day. He is now depressed and has started not to get dressed. His mobility is already being negatively affected.”*
- *“Feel trapped, can’t socialise, lonely.”*
- *“Due to my illness, I have been home since July 2019 and was just starting to go out when lockdown started. Lockdown in the summer was not so bad as we have a garden but second lockdown, tier 3, tier 4, they’re all much the same to me has been hard, as it has for many people. I try to stay positive but sometimes it’s hard.”*
- *“Keeping positive in spite of the media negativity.”*
- *“Pandemic information and requirements have been handled in such a way as to be totally confusing as to what requirements apply to any given individual. The fact that we have four national or regional leaders each wanting to put their own input into identical policies and requirements which are then continuously broadcast by the media is confusing to the elder population.”*
- *“I have excellent support from my daughter. Over the past month, it has improved a little because the weather has improved and I am able to get out into my garden instead of spending most of my time indoors.”*
- *“Mental Health is fine and has been through lockdowns, bit anxious at times.”*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing.

A common theme between May and October 2020 was people wanting clearer information. However, between October and March 2021 different themes emerge, with people wanting to be able to go outside safely and exercise more. Others were missing seeing family or friends.

People wanting to see friends and family, and exercise safely outdoors

- *"Walking has been a really good way to help in the fresh air."*
- *"Being able to see friends from another town."*
- *"Access to swimming safely."*
- *"Timely access to appropriate specialist mental health service (secondary care), being kept informed (or even consulted) about treatment pathways and treatment plans."*
- *"As I am disabled and cannot walk far, my only exercise, other than walking around my home, has been swimming. Over the past year I have rarely been able to. Opening swimming pools would help me immensely."*
- *"Going out for exercise and meeting people."*
- *"Offer of virtual group activities."*
- *"Having more things to do as a group but keeping a distance."*

What are your current concerns about the future impact of the COVID-19 pandemic?

In the early part of the pandemic people have been concerned about the education system and how this would affect their family. Between October and March 2021, people became concerned about their own physical and mental health and not being able to take care of friends and family members.

Concerns about mental and physical health

- *"Keeping safe."*
- *"School closures."*
- *"Being able to visit members of my family. Being able to holiday abroad."*

Healthwatch Cheshire continues to provide up to date information to partners and publish further reports on our websites. You can read our reports on what people across Cheshire have told us about their experiences by visiting our website:

www.healthwatchcheshire.org.uk

You can contact us on:

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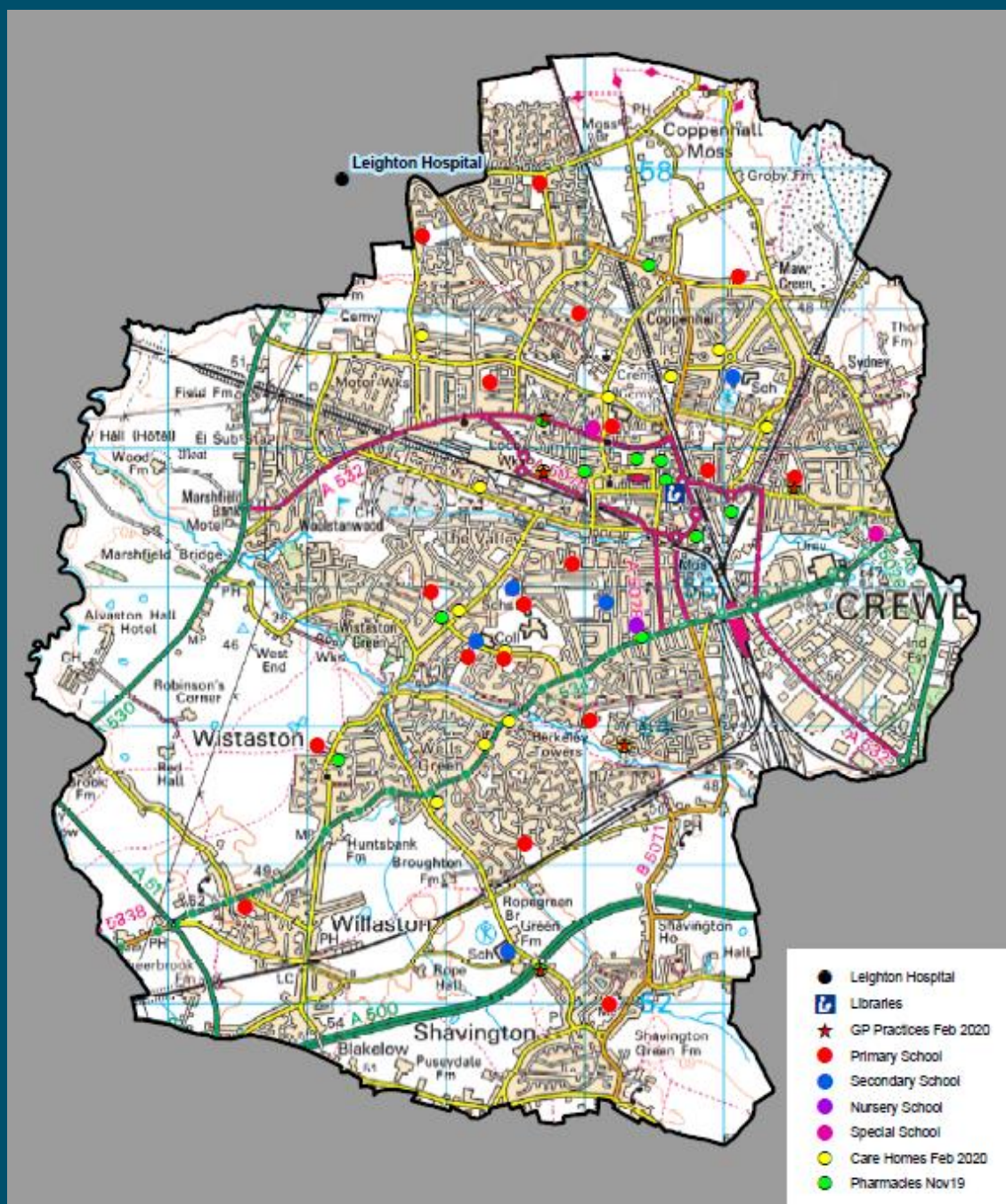
Tartan Rug

This is the Tartan Rug for the Congleton and Holmes Chapel Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

		Congleton			NHS Eastern Cheshire	Cheshire East LA	England	
		Congleton West	Congleton East	Dane Valley				
1	Total population	number	13157	13674	9268	196525	375392	54786327
2	BME population	%	2.3	1.7	1.9	3.7	3.3	14.6
3	Proficiency in English	%	0.2	0.1	0.1	0.3	0.6	1.7
4	Population under 16	%	16.1	18.7	16.3	17.3	17.6	19
5	Population aged 65 and over	%	25.6	21.9	28.8	23.2	21.9	17.7
6	Pensioners living alone	%	30.5	25.6	27.1	29.7	30.0	31.5
7	Older people with low income	%	12.3	12.2	6.2	N/A	10.2	16.2
8	People with low income	%	9.1	12.1	4.5	N/A	9.4	14.6
9	Children in poverty	%	8.9	17.4	4.4	N/A	12.4	19.9
10	Long term unemployment	rate				1.1	1.6	3.7
11	Fertility rate	rate	59.3	69.2	47.2	75.2	60.8	63.2
12	Low birth weight	%	2.2	2.2	1.7	2.5	2.2	2.8
13	Deliveries to teenage mothers	%		1.3	0.0	0.6	1.0	1.1
14	A&E attendances age 0-4	rate	394.6	423.3	301.6	403.3	385.6	551.6
15	Admissions for injury age 0-4	rate	189.4	181.3	124.1	166.7	168.1	138.8
16	Emergency admissions age 0-4	rate	220.0	203.5	192.6	208.9	213.8	149.2
17	Child development at age 5	%	53.0	57.7	68.4	64.3	61.8	60.4
18	GCSE achievement	%	64.6	56.5	69.5	64.3	62.2	56.6

19	Excess weight age 4-5	%	18.7	18.6	18.6	17.9	19.1	22.2	Lifestyle
20	Excess weight age 10-11	%	31.1	31.3	24.8	26.2	29.1	33.6	
21	Smokers age 11-15	%	2.7	3.0	4.7	N/A	3.2	3.1	
22	Smokers age 16-17	%	15.4	15.9	21.1	N/A	15.2	14.8	
23	Healthy eating (adults)	%	30.2	29.5	37.0	33.6	31.4	28.7	
24	Obese adults	%	23.2	23.6	19.0	20.0	21.5	24.1	
25	Binge drinking (adults)	%	22.3	20.0	21.4	22.4	22.3	20	
26	Admissions for alcohol	SAR	87.5	94.3	61.1	86.7	90.4	100	
27	Self-reported bad health	%	5.6	5.0	3.7	4.6	4.9	5.5	Illness
28	Self-reported illness	%	19.6	18.1	15.0	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	116.3	149.6	63.4	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	106.0	102.0	77.0	91.0	94.9	100	
31	Emergency admissions stroke	SAR	104.7	104.5	77.1	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	62.7	86.8	40.7	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	86.8	123.2	75.8	94.0	97.9	100	
34	Emergency admissions all causes	SAR	90.6	98.6	78.6	91.7	102.3	100	
35	New cases -breast cancer	SIR	100.4	84.3	105.4	105.3	103.1	100	Cancer
36	New cases -bowel cancer	SIR	108.3	98.0	100.6	104.0	101.7	100	
37	New cases -lung cancer	SIR	100.7	94.7	61.6	79.3	87.0	100	
38	New cases -prostate cancer	SIR	94.5	99.4	89.6	95.0	100.5	100	
39	All new cancer cases	SIR	99.5	96.5	87.6	95.3	99.1	100	
40	Cancer deaths under 75	SMR	100.8	88.8	65.4	79.9	88.3	100	Death
41	Heart deaths under 75	SMR	103.7	91.9	54.6	78.7	91.1	100	
42	All deaths under 75	SMR	105.3	91.2	63.6	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	103.4	115.0	69.8	89.3	95.8	100	
44	All deaths all ages	SMR	100.2	99.2	71.6	89.9	93.9	100	
45	Female Life Expectancy	years	83.2	83.2	86.5	84.1	83.5	83.1	
46	Male Life Expectancy	years	78.9	80.4	83.4	81.0	80.3	79.4	

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Crewe



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 268 residents of Crewe to our Health, Care and Wellbeing survey. This report covers the 80 responses specifically from October to March 2021.

How do you currently feel about accessing services?

From May to October 2020, people from Crewe told us that they didn't feel comfortable making, travelling to or attending appointments, or they felt they would be overburdening the NHS. Between October and December 2020, similarly we were told that people still didn't feel comfortable making, travelling to or attending appointments, or felt they would be overburdening the NHS. People told us that when they have tried to access appointments, they have found it hard to book them. Between January and March 2021, there was a sentiment of people feeling more comfortable with the idea of going to appointments. However, due to more people accessing the services, there was a feeling of discomfort around attending in person. People generally felt more comfortable with appointments over the phone.

Continued
concerns about
accessing
appointments in
person

- *"I am trying to resolve anything I can at home. Visited doctors for flu jab and whilst it was brilliantly run, I felt vulnerable."*
- *"I have had contact with GP, audiology and gynaecology services and have been very impressed with the service and the personnel."*
- *"I am happy to attend face-to-face appointments but have found great difficulty in accessing them when needed (including when I believe it necessary as opposed to a telephone appointment)."*
- *"Reluctant to contact GP over minor issues."*
- *"I now think twice about using healthcare and only use it when I can't think of anything else. When I did use it, I felt comfortable."*
- *"Have missed some routine appointments through cancellations of services, but understand why, though it is frustrating not knowing when they might be reinstated."*
- *"I have failed to arrange a flu jab this year as they cannot give an appointment more than 2 weeks in advance and the 2 weeks are full up - I just get told to ring back in 2 weeks. As a frontline worker, we used to get this in the workplace, but as I live out of the borough I work for, I have to arrange myself and have been unable to the extent I may not get one this year."*
- *"I didn't answer either way about attending appointments as it depends on where the appointment is. I have had to access hospital and doctors premises and feel safe enough to do so until recently. The last time I visited the hospital there appeared to be an excessive amount of people there. I, as someone who shields, didn't feel comfortable."*
- *"I prefer that my doctor actually rings me now almost immediately as opposed to prior to Covid. I'm finding this so much more efficient and helpful."*

Opinions of video or phone appointments

Consistently throughout our survey, people have told us they would be happy accessing video or phone GP or hospital appointments for particular issues due to convenience. However, most people expressed that they would like to be able to access face-to-face appointments if they felt it was necessary.

People happy
accessing video or
phone
appointments,
depending upon
what it was for

- *“Some appointments require face-to-face, so telephone appointments are not always the best outcome.”*
- *“For triage I am happy for a telephone conversation however I feel the GP may hide behind this option. Physio was great as initial call over the phone, 1 face-to-face due to pain in and now on phone calls. I feel I am not as committed to doing the exercises as no face-to-face but am trying to push myself. Hospitals I would be wary of using phone appointments for as you normally only go to hospital appointments for important checks.”*
- *“Lack of privacy, feeling like you have to tell a receptionist everything before you are deemed “worthy” of being “allowed” to get through to a proper doctor, fear of them wanting you to send photos that may be intimate and not having good technology to do so. I struggle to hear on the phone but have no access to services by email, you are just expected to call. I also cannot lipread if people are wearing masks.”*
- *“It is easier on doctor and their surgery and saves me travelling to surgery. Only doing face-to-face when absolutely necessary.”*
- *“There are some appointments that can easily be dealt with via the phone or video link although I feel patients should be able to request a face-to-face appointment if they prefer this method.”*
- *“Quicker, less travel, less waiting.”*
- *“If I felt that advice was all I needed, then a phone call is fine.”*
- *“In my circumstances I find it insane that I have not been able to have a doctor examine me for 10 months. I think for some things it is fine, but it’s surely impossible to diagnose unknown things over the phone.”*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. People who had accessed this type of appointment told us they had felt worries beforehand but felt safe during their appointment and felt everything was well run.

People worried
beforehand but
feeling safe
accessing face-
to-face medical
appointments

- *“Physio, well run. Still felt vulnerable but the place did all they could to reduce the risks.”*
- *“Annual mammogram check-up. This was fine but wasn’t at the peak of the pandemic.”*
- *“Just a blood test. Absolutely no worries as all staff wear PPE, everything is sanitised and I wear a mask and wash my hands regularly.”*
- *“Only the dentist for myself and daughter and they were fantastic, apart from making us wait outside in the rain / cold on several occasions and despite knowing of my hearing problems they failed to lower their masks on occasions meaning I could not hear when they were speaking to me or giving me important information.”*
- *“This followed a telephone consultation. I felt safe and well treated. Felt guilty that I was causing trouble by needing someone to examine me but they reassured me that I was doing the right thing.”*
- *“It was fine. Nothing to worry about. Everyone was masked up and very friendly and reassuring.”*
- *“It was at Crewe Leighton Hospital A&E. Everything was done properly with masks and gloves and gowns and social distancing. I felt very safe.”*
- *“Dentist- very good. Organised, socially distanced. Felt safe and staff were kind and helpful.”*

Have you had any issues with prescriptions or medication?

From October 2020, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. We found more people trying to access prescriptions throughout this time. Two-thirds of those people who responded had no issues receiving their prescriptions or medication. Comments relating to prescriptions included:

People have had positive experiences of accessing their prescription and medication from their pharmacy

- *"I very nearly ran out of medication, I called up to renew my prescription (contraceptive) I had to wait weeks for an appointment, this could have been completed by phone."*
- *"Unable to get in touch with surgery to request prescription on a number of occasions. Often needed to call 150-200 times before getting through to someone."*
- *"Problems with my GP Practice delaying in issuing prescriptions for myself and my husband."*
- *"Prescription was supposed to be sent to pharmacy but was lost in busy system, quickly resolved however."*
- *"It takes a very long time for me to get my fluoxetine."*
- *"Sometimes queues in initial lockdown but all ok now."*
- *"Have only needed a repeat Prescription and this is ordered via app and delivered by post."*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment and routine appointments, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled. Between January and March 2021 people's delayed or cancelled appointments were beginning to take place.

Disruptions to
hospital-based
treatment
including
cancellations and
waits

- “Longer getting an appointment with ENT due to COVID.”
- “Audiology appointment cancelled and rescheduled later without any prompting from myself.”
- “Appointment at Cardiology in March was postponed until June.”
- “My son’s appointments with Paediatrician has been delayed. I don’t know what I can get it rescheduled.”
- “Day case procedure for steroid injection into my foot delayed by 6 months - had to have one done privately instead. There could have been better communication re delays to waiting list at Leighton.”
- “Referred to pain management/exercise programme before lockdown and have not heard anything about this since and when it might take place.”
- “1 appointment cancelled, only just rearranged 10 months later but with stupid rules. 2 appointments for investigation / diagnostics and braces not even made yet despite referral in August. 1 appointment was made for tooth extractions at Warrington Hospital despite saying we couldn’t get there, it was then changed to Halton where we also couldn’t get to - they expected my teenage daughter to travel by herself and attend the appointment, just as they were going into tier 3 and were apparently “overwhelmed” with Covid - again we told them we wanted local. Finally got referred to a fantastic dentist in Crewe who sorted it and was really efficient.”
- “Appointment was made when facilities became available.”
- “Have now been offered an outpatient appointment. The Physio appointment I should have had following an outpatient Gynae appointment in December 2019 never materialised. Was offered a phone one but didn’t see the benefit of it.”

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020, two-thirds of respondents to this question told us they were not currently accessing support for their mental health. Of those who were, they looked towards support from friends and family. As we moved from the summer months between May and September 2020 to October and March 2021, we found more people accessing support from other sources, such as within the community, online or with a mental health provider.



People starting
to seek mental
health support
from within the
community

- *"Depends on what's going on as to whether I've used an app or just spoken to face-to-face."*
- *"The silver cloud app has helped a bit"*
- *"For me having a video call every week was great, I would have preferred person-to-person but I am grateful to receive support because so many aren't."*
- *"My local Community Supermarket Chance Changing Lives teamed up with another local support group Motherwell and I have very gratefully been receiving counselling for the last 7 weeks which is helping me."*
- *"Just chatting to friends and family improves my mental health."*
- *"Mixed but there are a lot of apps out there to try."*
- *"Support from a Long Covid Support Group online."*

How Coronavirus has affected people's mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people's mental health stayed relatively steady. Between October and March 2021, it appears people's resilience with their mental health was starting to deteriorate and more people were starting to feel more isolated and anxious about the pandemic due to its continued longevity.

Anxiety and isolation increasing as pandemic continues

- *"Lockdown is a bit depressing but you just get on with it don't you. Do your bit to protect others like wearing your mask correctly, washing hands and keeping distance."*
- *"I am struggling with anxiety especially health anxiety. Work is also very stressful."*
- *"Fluctuates - good days and bad days. Feel isolated from colleagues, unable to switch off, distant from family and friends, cannot access usual leisure activities, disruption to routine."*
- *"Uncertainty of what's going on and having to constantly reassure my family and people I care for."*
- *"I feel better once settled into any restriction/ tier/ lockdown changes."*
- *"I feel that I and my employer are taking all necessary precautions during this time so I don't feel anxious."*
- *"I have been working from home since March as a result of the pandemic, and do feel isolated as I worked in a busy office with a busy team, and enjoyed the interaction with my colleagues. However, I do feel a bit isolated as I don't see anybody during the day until my children come home from school and my wife returns from the hospital where she works."*
- *"I think that not being able to have the help I would normally receive, I have to care for my husband 24/7 and I am also disabled and not in too good a shape health wise, plus the winter period keeping me from my garden, I have been struggling a lot more during this last phase/wave. The one thing that is constant throughout is that nobody has been in touch or asked if we needed any help with anything and I wouldn't have a clue who to contact so we just get on with it regardless."*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing

A common theme between May and October 2020 was people wanted better access to services. However, between October and December 2020, different themes emerge, people wanted more clear information from the government and health and care services, and more support from community services. In January 2021, after the coronavirus vaccine was began to be rolled out, people started looking towards the warmer months and telling us that exercise and moving back to normality would help.

People wanting clearer information, and to be able to exercise safely outdoors

- *“Keeping exercise facilities open so I can see people regularly at a distance. Five-minute conversation can mean the difference to a day.”*
- *“Keeping in touch with friends and family by phone and social media. I shield myself as much as possible due to range of health conditions so have been unable to visit some family in care homes due to this and difficulties with transport.”*
- *“To continue speaking to friends and family and set myself tasks to achieve every day and carry on making crafts.”*
- *“I think what I’m doing already is helping me. I do three Joe Wicks exercise routines a week plus at least one 30-mile bike ride. Also helping members of our local U3A with IT problems either over the phone or using remote access help keep me occupied.”*
- *“Better access to areas of natural beauty to exercise and walk. More ways to connect online socially.”*
- *“Getting back to work providing care for people traumatised by pandemic necessary restrictions, and their own caring experiences. Getting shot of brain fog and fatigue.”*
- *“To be honest I don’t know. I used to like swimming a little which helped both mentally and physically. I craft a little when I’m able to.”*

What are your current concerns about the future impact of the COVID-19 pandemic?

Over the course of the pandemic people were concerned about others not maintaining social distancing rules, making people feeling anxious to leave the house. Between October and March 2021, people’s main concerns centred on not being able to visit or care for family members or friends. As restrictions have continued, we have noticed more negative sentiment towards the extent of the pandemic, suggesting either the increase of misinformation or lack of interest towards government guidance.

Concerns about
not being able
to care for
family or
friends

- *“Becoming poorly and hospital not being able to help.”*
- *“I am clinically extremely vulnerable, the roll out of the vaccine is key to me to be able to do the same things the healthy population can do. I think the CEV community could have been higher up the vaccine priority list.”*
- *“Being totally isolated from shops and services due to all the mask wearing insistence and refusals to recognise exemptions - this causes isolation when you cannot hear someone and anxiety if someone decides they can demand to know personal medical info on why someone is exempt or suggests they wear a badge / lanyard like in Nazi Germany.”*
- *“Keeping Covid free, having to think is my trip to the shop or out is worth the risk.”*
- *“Being able to socialise again and attend concerts/football games.”*

Healthwatch Cheshire continues to provide up to date information to partners and publish further reports on our websites. You can read our reports on what people across Cheshire have told us about their experiences by visiting our website:

www.healthwatchcheshire.org.uk

You can contact us on:

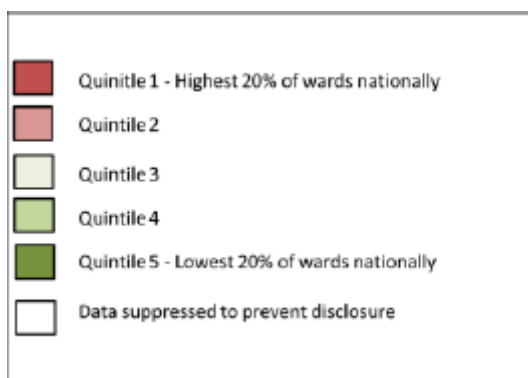
- **Tel:** 0300 323 0006
- **Email:** info@healthwatchcheshire.org.uk
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
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Tartan Rug

This is the Tartan Rug for the Crewe Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

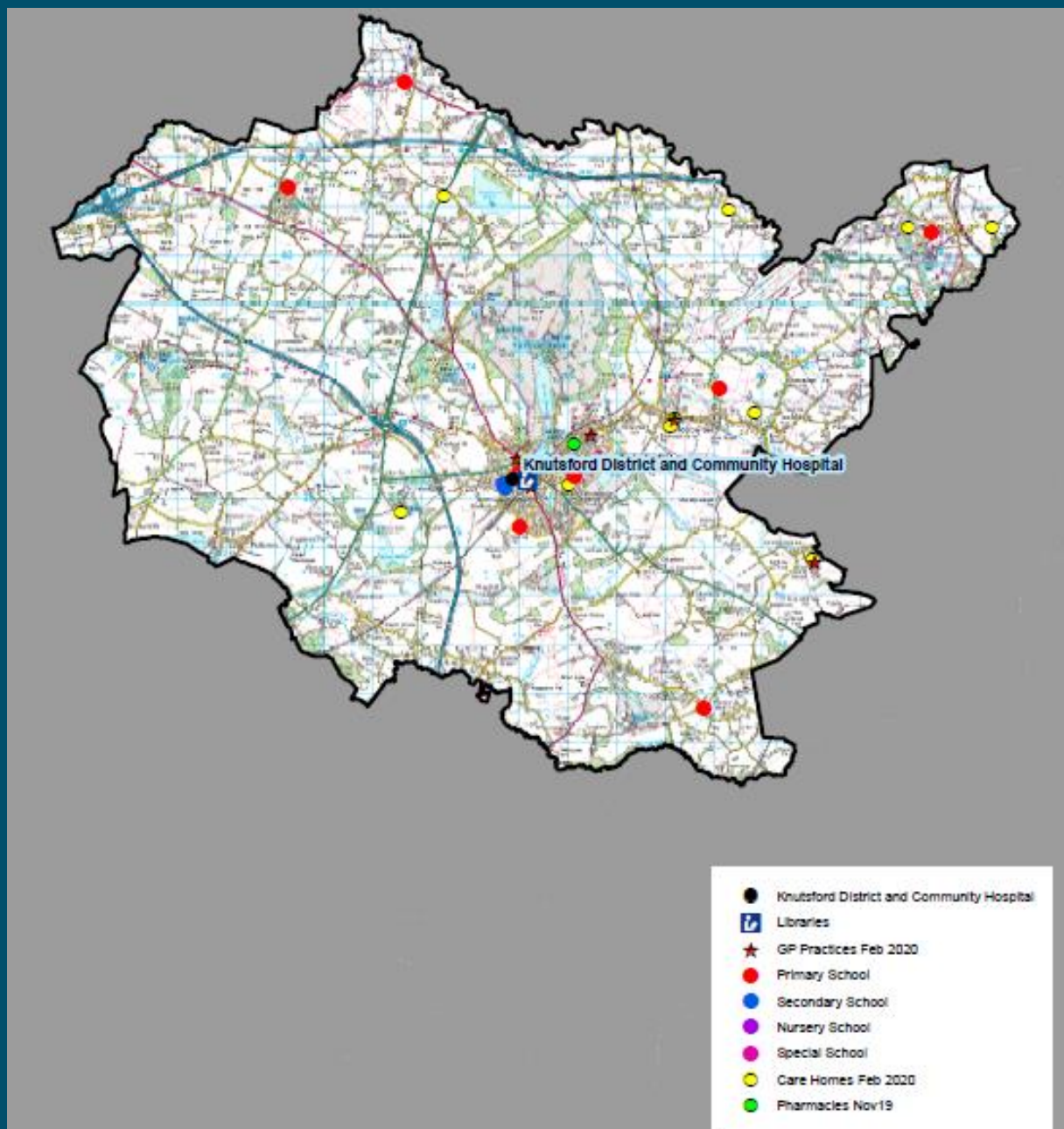
			Crewe													
			Wybunbury	Shavington	Willaston and Rope	Willaston	Crewe South	Crewe West	Crewe Central	Crewe St Barnabas	Crewe North	Crewe East	Leighton	NHS South Cheshire	Cheshire East LA	England
1	Total population	number	4626	3790	4688	8931	11941	10798	6178	5844	4788	15432	5365	178867	375392	54786327
2	BME population	%	1.2	1.7	1.6	1.9	8.5	4.4	7.3	4.1	3.3	3.7	3.9	2.9	3.3	14.6
3	Proficiency in English	%	0.1	0.2	0.2	0.3	4.9	2.1	5.3	2.5	1.6	1.0	0.7	0.9	0.6	1.7
4	Population under 16	%	15.8	13.4	15.4	14.7	19.8	20.5	23.4	26.5	21.0	18.4	21.7	17.9	17.6	19
5	Population aged 65 and over	%	24.9	28.9	24.2	26.2	12.2	15.7	10.3	12.9	18.2	18.4	8.5	20.4	21.9	17.7
6	Pensioners living alone	%	22.6	31.5	24.4	26.5	35.6	34.3	46.4	39.4	32.7	33.6	15.7	30.4	30.0	31.5
7	Older people with low income	%	8.3	6.8	5.3	7.5	17.7	15.4	27.5	30.6	13.5	15.0	5.6	N/A	10.2	16.2
8	People with low income	%	6.8	5.0	4.1	6.2	16.9	15.7	24.1	28.8	18.9	15.3	4.0	N/A	9.4	14.6
9	Children in poverty	%	8.0	5.2	4.5	7.4	23.4	23.4	32.4	36.6	31.6	26.0	5.5	N/A	12.4	19.9
10	Long term unemployment	rate												2.1	1.6	3.7
11	Fertility rate	rate	46.6	53.5	46.1	48.1	67.4	61.8	89.5	81.9	73.0	58.1	57.7	68.2	60.8	63.2
12	Low birth weight	%	1.0	2.2	1.8	1.7	2.3	2.4	2.7	1.4	2.5	2.5	2.1	2.1	2.2	2.8
13	Deliveries to teenage mothers	%	1.2			3.1	1.7	2.2	2.3	3.0	2.4	3.8		1.4	1.0	1.1
14	A&E attendances age 0-4	rate	251.5	298.2	305.3	345.2	364.4	394.9	414.4	423.1	406.0	435.4	361.4	357.2	385.6	551.6
15	Admissions for injury age 0-4	rate	132.1	114.3	134.6	180.7	171.0	209.3	231.6	247.9	213.3	184.5	128.5	162.2	168.1	138.8
16	Emergency admissions age 0-4	rate	138.5	188.0	203.7	226.0	221.6	222.7	217.7	223.5	212.3	253.0	201.5	216.6	213.8	149.2
17	Child development at age 5	%	59.1	61.5	61.6	57.2	50.7	56.7	52.8	54.0	48.1	50.6	46.6	59.2	61.8	60.4
18	GCSE achievement	%	77.5	53.5	66.1	64.5	49.7	45.6	41.0	31.7	48.1	49.4	67.0	60.2	62.2	56.6
19	Excess weight age 4-5	%	18.5	14.2	13.0	17.0	18.7	20.7	21.1	23.4	21.1	22.0	16.4	20.2	19.1	22.2
20	Excess weight age 10-11	%	29.7	22.0	21.4	27.1	35.0	35.5	39.1	39.2	39.7	34.5	32.1	31.9	29.1	33.6
21	Smokers age 11-15	%	3.3	3.2	2.6	2.8	4.2	3.8	8.0	4.4	4.2	3.3	2.9	N/A	3.2	3.1
22	Smokers age 16-17	%	15.9	13.4	12.9	12.6	17.6	16.7	24.3	23.2	16.1	16.0	12.1	N/A	15.2	14.8
23	Healthy eating (adults)	%	34.4	31.9	32.3	29.1	25.0	24.3	22.5	20.7	23.6	24.0	28.2	28.8	31.4	28.7
24	Obese adults	%	21.1	23.7	22.3	23.0	24.9	25.5	27.1	27.4	26.8	25.8	24.7	23.2	21.5	24.1

25	Binge drinking (adults)	%	20.6	23.0	21.2	19.5	26.7	24.5	24.2	23.1	23.0	21.8	23.2	22.2	22.3	20	Lifestyle
26	Admissions for alcohol	SAR	61.0	70.9	64.9	70.9	130.3	119.7	147.0	131.8	129.3	122.1	76.1	94.7	90.4	100	
27	Self-reported bad health	%	4.4	5.4	3.6	4.6	5.0	6.9	6.7	7.9	6.2	6.0	2.3	5.2	4.9	5.5	Illness
28	Self-reported illness	%	16.1	20.8	16.4	18.2	15.6	19.5	19.0	19.1	19.2	19.9	9.9	17.9	17.5	17.6	
29	Hospital stays for self-harm	SAR	46.9	79.3	64.4	65.1	162.6	137.9	132.5	142.8	107.1	131.6	72.8	99.9	104.9	100	Illness
30	Emergency admissions heart attack	SAR	93.5	87.8	80.7	84.4	119.0	121.2	146.6	133.5	138.0	128.9	97.7	99.7	94.9	100	
31	Emergency admissions stroke	SAR	77.5	82.5	76.9	85.7	117.9	125.5	121.1	111.0	109.2	113.2	108.7	96.1	91.7	100	Illness
32	Emergency admissions respiratory	SAR	49.2	40.1	38.2	66.4	139.7	199.6	189.4	183.9	139.5	183.1	87.9	91.5	80.2	100	
33	Emergency admissions hip fracture	SAR	96.0	95.6	80.5	77.9	145.5	113.1	138.9	121.3	125.0	98.1	99.6	103.1	97.9	100	Illness
34	Emergency admissions all causes	SAR	86.7	100.7	94.5	102.6	132.8	141.9	152.4	155.7	141.4	141.1	112.7	114.8	102.3	100	
35	New cases -breast cancer	SIR	102.3	81.8	95.0	101.7	120.7	90.3	75.9	90.8	74.0	105.9	84.6	100.4	103.1	100	Cancer
36	New cases -bowel cancer	SIR	90.1	92.6	103.7	104.4	98.9	115.9	99.7	86.1	97.2	92.6	163.3	98.9	101.7	100	
37	New cases -lung cancer	SIR	70.2	101.4	80.8	78.9	109.5	131.3	170.9	141.0	154.7	146.7	76.5	96.6	87.0	100	Cancer
38	New cases -prostate cancer	SIR	105.7	108.9	122.9	120.6	117.4	83.9	102.3	80.0	115.3	98.2	125.7	107.3	100.5	100	
39	All new cancer cases	SIR	97.2	107.9	105.7	106.3	104.8	106.4	105.5	97.1	108.1	111.0	115.1	103.7	99.1	100	Cancer
40	Cancer deaths under 75	SMR	82.3	108.1	81.0	75.8	139.7	111.0	137.7	114.5	155.6	125.2	78.7	98.3	88.3	100	
41	Heart deaths under 75	SMR	104.0	113.4	85.5	118.0	157.2	117.5	207.3	124.3	180.3	144.4	73.2	105.7	91.1	100	Death
42	All deaths under 75	SMR	86.7	95.8	65.7	87.9	142.6	127.9	185.7	154.5	139.1	133.8	72.2	100.2	89.9	100	
43	Deaths from respiratory disease	SMR	99.3	79.4	88.0	76.3	117.3	117.9	203.9	183.8	126.3	132.6	87.4	104.6	95.8	100	Death
44	All deaths all ages	SMR	94.0	83.0	76.1	83.1	114.1	122.9	181.1	117.4	106.6	115.8	102.8	99.2	93.9	100	
45	Female Life Expectancy	years	83.6	86.5	87.1	85.5	80.2	80.0	77.3	81.2	82.0	81.0	81.4	82.8	83.5	83.1	Death
46	Male Life Expectancy	years	81.6	80.1	83.4	80.4	78.2	77.2	72.8	74.6	77.3	76.7	82.0	79.5	80.3	79.4	



Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Knutsford

October 2020 – March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 54 residents of Knutsford to our Health, Care and Wellbeing survey. This report covers the 18 responses specifically from October to March 2021.

How do you feel about accessing services?

From May to October 2020, people from Knutsford told us that they didn't feel comfortable making, travelling to or attending appointments, or they felt they would be overburdening the NHS. Between October and March 2021, people told us they were becoming more comfortable with attending appointments but were more cautious about overburdening the NHS.

People growing more comfortable making appointments but don't want to overburden the NHS

- *"Have Emphysema, cannot afford to be infected with Covid."*
- *"GP appointments are extremely difficult to access and restricted."*
- *"I have mental health problems which I feel have been ignored."*
- *"It hasn't been particularly clear what services are still available at my GP, or how to contact them for appointments etc."*
- *"The GPs generally are small-minded and limited on time and only offer telephone appointments. If you have a diagnosis and want to go through different routes, they get shirty about it and pull support. They are often rude or patronising. One of my relatives turned up to an in-person appointment by accident after months of being fobbed off and finally got a diagnosis for something which could have killed them. You have very narrow definitions of health and the healthcare system is a chronic management system for illness rather than wellness."*
- *"I have waited longer than usual for appointments due to staff being busy with Covid. My rheumatologist had to cancel appointments due to this."*
- *"I have a slipped disc and twice had to go to A&E. However, I have asthma and at huge risk."*
- *"Worried I will be infected if I go to a hospital."*
- *"Had a phone/video consultation with my doctor, set my mind at rest, no further action required. I intend to go for my mammogram at the end of January."*

Opinions of video or phone appointments

Respondents from May 2020 to March 2021 told us how they feel about these kinds of appointments happening in the future for GP and hospital appointments. Of these responses, between May and October 2020 most people were happy for GP appointments to be conducted by phone or video. Between October and March 2021, this sentiment continued with people telling us they were becoming even more comfortable with these types of appointments for certain issues.

Comfortable
with video or
phone
appointments

- *“Do not want to become infected with Covid.”*
- *“My hospital appointments were follow-ups to cancer treatment, and I would have preferred to see and talk to the oncologist/radiotherapy team. However, a person-to-person emergency appointment was arranged within a week with the cancer surgeon - very impressive. I also attended a follow-up breast screening as normal in May. I think more GP appointments should be on video calls; unfortunately, my practice only offers telephone follow-up - though these have been very efficient, it is not easy for diagnosis.”*
- *“Telephone appointments are very convenient, and can be much quicker/ easier than face to face, especially for hospital appointments. However, there are certain issues or times you need to be seen face to face to be assessed properly.”*
- *“I find it’s easier for the doctors/physios to tell you bad news by phone. There is no possibility of treatment due to Covid.”*
- *“It’s quite easy and often more convenient to discuss things from home rather than visit surgery. Hard to do a mammogram over the phone though!”*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. People told us that overall they felt safe accessing these types of appointments because people were aware of restrictions and followed guidance.

People feeling
safe accessing
face-to-face
medical
appointments

- *“As normal. No issues. safety was paramount, and areas very sparsely occupied in Leighton Hospital.”*
- *“I’ve had appointments for regular treatment at the hospital, and also for blood tests. The hospital was well organised, waiting/ treatment areas well-spaced out, staff taking appropriate protection etc. Generally felt safe and secure.”*
- *“I felt as comfortable as you can at present. Did not feel I was been rushed at all.”*
- *“Private sector - helpful, warm and welcoming. NHS - in comparison - cold, unhelpful and pointless.”*
- *“OK but different due to social distancing and PPE.”*
- *“The skin doctor kept 6 ft away from me so must have had good eyesight. Meeting was very brief. The doctors in A&E were more compassionate but sent me away with painkillers giving me no hope of an operation fir my very painful slipped disc due to Covid.”*
- *“Difficult to obtain!”*
- *“It was ok, apart from a bit of unnecessary bureaucracy at one hospital (Altrincham insisting on disposable mask instead of my 3-layer fabric one).”*
- *“Doctor very efficient and Covid aware.”*

Have you had any issues with prescriptions or medication?

From October 2020, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. People from Knutsford told us that on the whole they didn’t have any major issues with prescriptions between October and March 2021. Comments relating to prescriptions included:

People have had no real issues accessing their prescription and medication from their pharmacy

- *“Medication missing from prescription”*
- *“Had a couple of issues with getting my prescription from my GP to my stoma care supplier, as they have had difficulty getting hold of them on the phone. I have also found it hard to get through to them by phone, and they are not open for walk-in queries.”*
- *“Cream for my eczema - first lot was terrible it cooked the skin so much I was shivering and just didn’t agree with me. So I had to contact FTC again and he called me in and gave new prescription and put me on the list for light therapy.”*
- *“Lack of or not in place when advised.”*
- *“Regular monthly meds - no problems.”*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment and routine appointments, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

Disruptions to hospital-based treatment including cancellations and waits

- *"I was informed I was being discharged by OT, told to ring when the virus is over. I stopped Hand Therapy myself mid-February because I could already see the dangers of contracting Covid."*
- *"Only in so far as above, these were by telephone, not face-to-face. But ongoing chemotherapy infusion went ahead as planned in June (Leighton) - very surprised and impressed by this."*
- *"All appointments switched to virtual, but still gone ahead and all other treatment gone ahead as planned."*
- *"Physio stopped having to pay for private treatment."*
- *"Still waiting for new appointment slot."*
- *"Hand Therapy was stopped. Occupational Therapy the same."*
- *"I had been having 6 months reviews with the eye specialist - these have stopped."*
- *"Appointment was delayed for 6 months."*
- *"Badly - I had to wait 6 weeks for an urgent MRI scan."*

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020, people in Knutsford told us they have been accessing support for their mental health through family and friends. This has remained unchanged between October and March 2021, although most people said that they haven't tried to access support.



People aren't trying to access support for their mental health

How Coronavirus has affected people's mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people's mental health stayed relatively steady. Between October and March 2021, it appears people's resilience with their mental health was starting to deteriorate during the winter months due to the continued longevity of the pandemic.

People's
mental health
getting
slightly worse

- *"Isolated for months, can't drive because of my hand injury caused by an ill fitted plaster cast on my broken arm and uninjured hand, my mother and my birth mother died, very poor internet, no family."*
- *"No real pressures for me; retired and OK financially."*
- *"Staying at home not been able to see friends and family."*
- *"Work is very busy in the run up to Christmas, working from home is hard, and then the latest Covid restrictions have been a further blow."*
- *"Nothing wrong with my mental health other than do not have enough work or money coming in. That's not actually a mental health issue - my brain is not faulty at this point. The government is and is breaking people without giving adequate support."*
- *"Due to physical health, I feel that time is being wasted due to being in lockdown and unable to visit family or do usual things. I have deteriorated considerably over the past 9 months and do not seem to be getting any answers."*
- *"Isolation, poor internet, can't drive at the moment, stuck living in an isolated place."*
- *"I got very distressed with my skin and slipped disc. I felt I had been abandoned by the NHS. However, feel a bit better as I've been given anti-depression tablets."*
- *"Worried for the future."*
- *"Supporting elderly parent with dementia, working full time and providing child care support for grandchild. There are lots like me and the elderly care is very difficult, lots of phone calls, etc."*
- *"It's harder to deal with minor crises without the support of friends. Not being able to talk face-to-face with supportive friends. No access to pool and exercise classes."*
- *"I exercise outside each day."*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing

A common theme between May and October 2020 was people wanting clearer information. Between October and March 2021, people told us that seeing family and friends, and being able to go outdoors and exercise safely would help their physical and mental wellbeing.

People wanting
to see family
and friends, and
exercise safely
outdoors

- *"I have started running which has helped. If the GPs were more accessible this would help."*
- *"Being able to mix with people more. I'm working from home full time and it's very isolating, particularly during the week."*
- *"Yoga classes being fully open, being able to meet with people I like and not being kept to prison conditions by the idiots in government who keep lying and making up stuff. This pandemic could have been sorted out a lot better if they hadn't used care homes to send infectious people to and also if they would list the symptoms properly and give proper support to people to have enough income. I have no spare income at all and I can't even afford anything for my daughter other than a pair of socks this year. My physical and mental wellbeing would improve if Johnson and Hancock were to resign or get fired and SAGE was also fired and independent scientists were put in place instead without vested interests. I don't feel safe walking alone in my area and as my parents are vulnerable, I try to not see other people."*
- *"Better internet, public transport, local services. To be able to move from isolation to a town."*
- *"Being able to use the pool to swim away my worries."*
- *"The OneYou scheme is excellent."*
- *"Exercising outside for 3 hours per day."*
- *"Councillors, family and friends."*

What are your current concerns about the future impact of the COVID-19 pandemic?

Over the course of the pandemic people were concerned about others not maintaining social distancing rules, making people feeling anxious to leave the house, along with economic concerns. Between October and March 2021 people have been raising more concerns about not being able to visit or care for family members or friends, as well as worries over their own mental health.

Concerns about not being able to care for family or friends

- *"That we will never get rid of this virus when people are flying in not quarantining, when now people are also going to mix at Christmas which seems like short-term gain, leading to long term lockdowns."*
- *"Keeping safe from COVID-19 generally."*
- *"Keeping the generation and people who don't get very sick from Covid19 safe from stupid policies that only protect those who are vulnerable who are the few without taking account the many who are fine with it and whose lives are being destroyed thanks to policies that harm them financially and socially and emotionally. I have not seen my boyfriend since January 2020 and have no savings left of any kind. My daughter gets treated like she is in prison at university with room sweeps and is now at home despite paying for halls and a meant-to-be in person course. I want refunds."*
- *"At times very difficult to get food delivered."*
- *"I'm fortunate, I have open spaces and don't work but others have more pressures than I do."*

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You can contact us on:

- **Tel:** 0300 323 0006
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- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

Tartan Rug

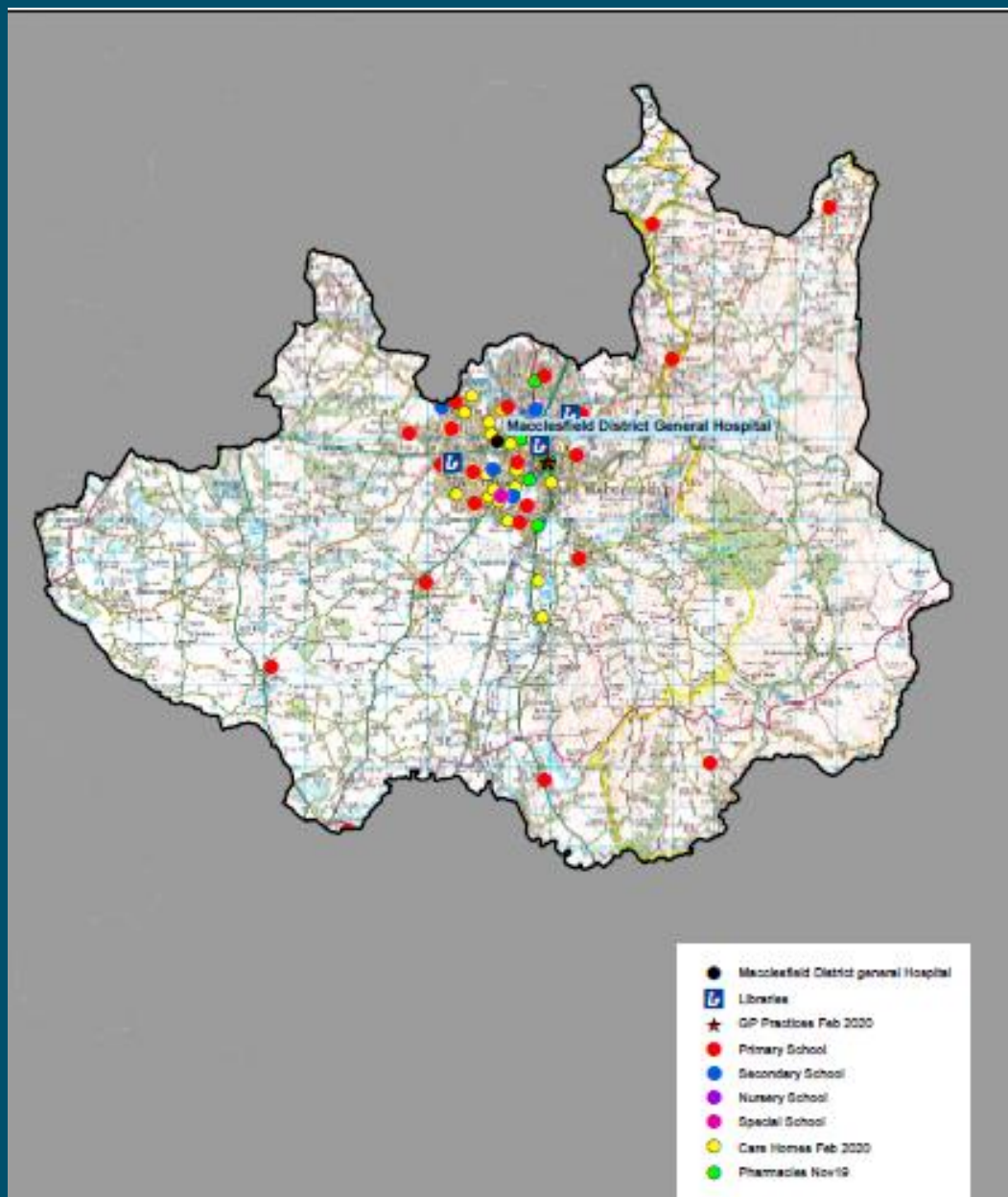
This is the Tartan Rug for the Knutsford Care Community (Cheshire East Council, November 2017). The health profile or ‘tartan rug’ shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

			Knutsford			NHS Eastern Cheshire	Cheshire East LA	England	
			Knutsford	High Legh	Mobberley				
1	Total population	number	13216	4391	4678	196525	375392	54786327	Population
2	BME population	%	3.5	3.2	2.5	3.7	3.3	14.6	
3	Proficiency in English	%	0.2	0.2	0.5	0.3	0.6	1.7	
4	Population under 16	%	19.3	16.3	14.3	17.3	17.6	19	
5	Population aged 65 and over	%	24.1	26.1	29.5	23.2	21.9	17.7	
6	Pensioners living alone	%	32.6	21.7	23.7	29.7	30.0	31.5	
7	Older people with low income	%	10.5	7.5	6.5	N/A	10.2	16.2	Income
8	People with low income	%	9.3	5.2	4.6	N/A	9.4	14.6	
9	Children in poverty	%	11.2	4.4	4.1	N/A	12.4	19.9	
10	Long term unemployment	rate				1.1	1.6	3.7	
11	Fertility rate	rate	77.2	73.6	69.0	75.2	60.8	63.2	Young People
12	Low birth weight	%	1.4	1.6	1.8	2.5	2.2	2.8	
13	Deliveries to teenage mothers	%	0.0	0.0	0.0	0.6	1.0	1.1	
14	A&E attendances age 0-4	rate	327.6	402.7	399.8	403.3	385.6	551.6	
15	Admissions for injury age 0-4	rate	182.8	151.0	157.0	166.7	168.1	138.8	
16	Emergency admissions age 0-4	rate	171.3	182.1	183.6	208.9	213.8	149.2	
17	Child development at age 5	%	64.0	60.2	61.3	64.3	61.8	60.4	
18	GCSE achievement	%	66.1	71.1	71.5	64.3	62.2	56.6	
19	Excess weight age 4-5	%	12.8	15.0	15.5	17.9	19.1	22.2	
20	Excess weight age 10-11	%	24.5	22.5	22.5	26.2	29.1	33.6	

21	Smokers age 11-15	%	4.2	2.9	2.5	N/A	3.2	3.1	Lifestyle
22	Smokers age 16-17	%	15.5	15.3	14.7	N/A	15.2	14.8	
23	Healthy eating (adults)	%	34.5	37.7	37.7	33.6	31.4	28.7	
24	Obese adults	%	17.9	19.9	19.5	20.0	21.5	24.1	
25	Binge drinking (adults)	%	20.9	20.8	20.6	22.4	22.3	20	
26	Admissions for alcohol	SAR	78.4	75.0	74.8	86.7	90.4	100	
27	Self-reported bad health	%	4.4	4.7	5.8	4.6	4.9	5.5	Illness
28	Self-reported illness	%	17.2	15.7	21.5	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	69.0	72.8	74.1	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	90.9	100.4	93.1	91.0	94.9	100	
31	Emergency admissions stroke	SAR	81.5	104.4	99.5	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	67.6	40.5	42.4	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	77.5	94.8	95.6	94.0	97.9	100	
34	Emergency admissions all causes	SAR	82.6	90.4	87.5	91.7	102.3	100	
35	New cases -breast cancer	SIR	117.1	96.6	98.3	105.3	103.1	100	Cancer
36	New cases -bowel cancer	SIR	125.6	106.5	105.9	104.0	101.7	100	
37	New cases -lung cancer	SIR	92.6	78.8	74.1	79.3	87.0	100	
38	New cases -prostate cancer	SIR	104.9	112.6	110.6	95.0	100.5	100	
39	All new cancer cases	SIR	104.2	97.3	95.8	95.3	99.1	100	
40	Cancer deaths under 75	SMR	77.6	67.4	88.6	79.9	88.3	100	Death
41	Heart deaths under 75	SMR	94.4	30.2	72.3	78.7	91.1	100	
42	All deaths under 75	SMR	75.9	63.7	97.0	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	75.8	56.7	95.4	89.3	95.8	100	
44	All deaths all ages	SMR	73.8	113.2	109.8	89.9	93.9	100	
45	Female Life Expectancy	years	86.6	82.7	81.1	84.1	83.5	83.1	
46	Male Life Expectancy	years	82.1	81.7	78.4	81.0	80.3	79.4	

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Macclesfield

October 2020 - March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 164 residents of Macclesfield to our Health, Care and Wellbeing survey. This report covers the 56 responses specifically from October to March 2021.

How do you feel about accessing services?

From May to October 2020, people from Macclesfield told us that they didn't feel comfortable making, travelling to or attending appointments, or they felt they would be overburdening the NHS. Between October and March 2021, people told us they were becoming more comfortable with attending appointments but were more cautious about overburdening the NHS.

People growing more comfortable making appointments but don't want to overburden the NHS

- *"I feel the NHS has enough on its plate at the moment. If I had an urgent need then I would make use of services."*
- *"I feel low in the queue of need. I've accessed but feel vaguely guilty. It's difficult to talk on the phone."*
- *"The online services are incredibly complicated when ordered a repeat prescription for example. My H is being shielded and yet I'm forced to enter a pharmacy once a month to get my prescription. Trying to organise a post prescription service is also difficult as they are requesting certificates I do not have. I used to receive three months' supply - I never hoard my medication - the new system is causing huge unnecessary distress and anxiety - especially when my H needed surgery and we all had to self-isolate as a family."*
- *"I have been able to access health appointments with my GP although they have been over the phone rather than face-to-face."*
- *"Support appointments have been vastly delayed."*
- *"Unfortunately, I have had 3 health issues over the last 12 months but have held off reporting them as I was aware they all needed hospital input."*

Opinions of video or phone appointments

Respondents from May 2020 to March 2021 told us about how they feel about these kinds of appointments happening in the future for GP and hospital appointments. Of these responses, between May and October 2020 most people were happy for GP appointments to be conducted by phone or video. Between October and March 2021, there was a mix of comments, relating to the need for some appointments to be face-to-face, particularly when a physical exam is required. However, many also talked about how video and phone appointments save time and feel safer.

Comfortable
with video or
phone
appointments

- *"Quicker, less stressful, no need to leave the house."*
- *"Waste of time. You take up an appointment to have a video call only to be asked to attend another appointment in person - absolute waste of time and resources."*
- *"Things get missed, the experience is much narrower and more impersonal. Feels adequate just about, but not positive."*
- *"OK to make initial appointment, but there is no replacement for a face-to-face meeting. Get a grip everybody this is not the Black Death!"*
- *"Certain appointments are quick and easily sorted but others do need to be seen by a GP and can't be done over video chat."*
- *"Where a physical diagnosis is required, I'd be happy to go in as PPE is used. But happy to use a telephone/video call for all others."*
- *"A more efficient and safer method for some issues, but would like to be able to get an in-person appointment if I or the doctor think it necessary."*
- *"Convenient, quick, no travelling."*
- *"Saves time and lowers risk of infection. Safer. Also, I have received email messages. Convenience plus do not have to travel. It's faster."*
- *"Do need face-to-face with GP and hospital on some occasions as I don't feel a diagnosis can be 100% accurate over the phone."*
- *"I am happy to talk to any services and then take their advice forward."*
- *"Normal needed tests aren't performed for myself it was asthma and blood pressure."*
- *"Why not?!"*
- *"Not always necessary to attend. Things can be discussed via phone."*
- *"Happy to use it unless I need to be examined."*
- *"Takes less time for both the health care professional and patient including driving to appointments, parking, and sitting in waiting rooms. Appointments I have had this year have been very well managed by the consultant and therapist."*

Have you had any issues with prescriptions or medication?

From October 2020, we asked a standalone question in relation to prescriptions as over the summer months around one-third of people were telling us about issues they had accessing prescriptions and medication. People from Macclesfield told us that on the whole they didn't have any major issues with prescriptions between October and March 2021. Comments relating to prescriptions included:

People have had no real issues accessing their prescription and medication from their pharmacy

- *"The digital repeat prescription change has been a nightmare... My H is shielded but I've been forced to visit the pharmacy once a month because nine months' supply of my medication is there. When my H was due surgery, the entire family had to self-isolate for two weeks before his surgery and two weeks after, which meant my monthly visit to the pharmacy was thrown out... The pharmacy said I needed to get GP permission and the GP said the pharmacy had the medication. After four months it was eventually fixed, but we're living in incredibly stressful times and this fiddling around with prescriptions just added more anxiety into our lives and was absolutely unnecessary."*
- *"At first yes until my surgery gave me access to online prescription ordering system then it has been ok."*
- *"Pharmacy were terrible: lost prescriptions, denied they had the request. Queuing time was appalling. Changed to another pharmacy and no problems."*
- *"More than happy with the service and advice I get from the Pharmacy. The way prescriptions are dealt with suits, everyone."*
- *"My prescriptions are done electronically anyway through GP surgery except for medication from the hospital. For this, I email my GI nurse and she arranges my prescription so it is ready to be picked up from the hospital pharmacy."*
- *"I have been able to collect my repeat prescription from the pharmacy throughout."*
- *"No problems. I am on Clozapine for my mental health needs and have a blood test every four weeks. Kidney problems ably monitored by consultant at Stepping Hill Hospital."*
- *"I have been extremely well supported by my practice and my local pharmacy who have delivered all my meds."*
- *"I use the pharmacy as first port of call for advice."*
- *"Hospital pharmacy has been delivering prescriptions to minimise contact with people in the hospital."*
- *"Not being issued with enough pills to last the prescription. Prescription drugs are issued every four weeks (28 days) bearing there is only ONE month in the year containing 28 days that is February. Consequently, you will obviously run out of some drugs you will be 1 or 2 short most months can be quite distressing."*
- *"I get all my prescriptions delivered via the GP and Pharmacy and it works like clockwork. When I had an infection the antibiotics got to me the same day. When I had vertigo, though, the medication came the following day meaning I had to use out of date tablets I had stored at home. But it's mostly worked excellently."*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment and routine appointments, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

Disruptions to
hospital-based
treatment
including
cancellations and
waits

- *"Haven't had a diabetes appointment for 6-months (were quarterly)."*
- *"No dental support whatsoever."*
- *"Not very. I was sent a letter postponing my appointment no further contact has been made."*
- *"Postponed."*
- *"Appointment carried out over the phone."*
- *"Booking-in system machines crashed due to so much use in such a short space of time so had an endless queue to report at the reception desk which nearly made us late for our appointment."*
- *"Delays of 6 months for one appointment."*
- *"I had a phone appointment with Stepping Hill Hospital, it was supposed to be a video appointment but it didn't work on my phone. The consultant said that my next appointment should be face to face, around October, but I haven't had this appointment yet, and it's now December."*
- *"Long delayed appointment caused condition to advance. When appointment happened, the professional didn't seem to know who I was when I had seen him twice before. Next appointment was face to face I was discharged; I was grateful because he was rubbish."*
- *"I am trying to get an orthopaedic appointment at the moment. None are available and all I can do is to keep mailing my request."*
- *"Cancelled dermatology appointment to get results of biopsy for probable bcc; two-week pathway for endoscopy not met still waiting 4 weeks late."*
- *"It was done much later than due date and via the phone."*
- *"Due a 6-month check-up from Manchester Royal infirmary in July. I received a letter in June advising there were no face-to-face hepatology appointments - all had been cancelled and I would be contacted for a telephone appointment. I've heard nothing since June."*
- *"Appointments cancelled and/or rearranged by letter. I am still awaiting a first appointment from a referral made in November 2019, postponed from August 2020 to March 2021."*

How Coronavirus has affected people's mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people's mental health stayed relatively steady. Between October and March 2021, it appears people's resilience with their mental health was starting to deteriorate during the winter months due to the continued longevity of the pandemic.



People's
mental health
getting slightly
worse

- "Family problems. Unexplained pain. Suffering from Vertigo. This pandemic seems endless. I need to be able to go out, go to the theatre, meet my family, cuddle my grandchildren, etc."
- "Deep winter lockdown has been depressing and my mood has been fluctuating a bit, but my wife and I have it good compared with many others. The announcement of 22/2 re the route out of lockdown has felt like a step forward, along with the milder weather and lighter days."
- "My Parkinson's has worsened one of these is my speech as well as slurring, I hesitate and can't find the right words or phrase. My mobility has also taken a turn for the worse I'm finding it increasingly."
- "More lockdown; more cancelled travel arrangements. Now unable to attend the funeral of a close relative in Leicester."
- "My wife keeps me sane, but if I had more mental health problems, I'm not sure Cheshire East is not the best place for help."
- "Sudden new Tier rules and the change to the Christmas arrangements have made me a bit miserable and sad."
- "Waiting lists are long so delayed help. Helplines not able to manage my mental health only on a short-term basis."
- "Generally quiet life with only occasional visits to friends and family (who live a distance away). Missing the opportunity to visit those far away, and to meet up with people locally, of course, but on a day-to-day basis life is fine. I do not mind working from home. I can talk to my son in the USA on WhatsApp although it is a source of concern that it is going to be a long time before we can visit or he can visit. I can see what some friends are doing on social media and we can phone each other. No major issues. I, my husband and son have all been fine and nobody we know well has had COVID-19 so no serious worries on people's health or recovery."

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020, people in Macclesfield told us they have been accessing support for their mental health through family and friends. Between October and March 2021, people also talked about using other methods of support through apps, Talking Therapies, and existing appointments if they have happened.

People turning
to family and
friends for
support

- *"As a family, we talk openly about our feelings regarding Covid. Both my daughters work for global pharmaceutical companies. One in rare infectious diseases for over ten years, so I do understand a huge amount about how a virus may operate and spread and about the various vaccines being developed around the world. I am a glass half full personality rather than a glass half empty - and am determined not to worry or panic until I have something to panic about."*
- *"I can only say two very close friends' sons have not received the mental health support they need. One has tried to commit suicide; one should be sectioned for second time. I therefore have no confidence at all I would get the help I needed if my depression deteriorated."*
- *"I am improving."*
- *"I was able to access support through my employer however this was only an allocated amount so I also paid privately due to the long wait for NHS services at this time."*
- *"From my regular GP, it's difficult to get an appointment with a GP at the moment. The waiting list is over 4 weeks."*
- *"Good. I was already on the list pre-covid and my appointments came up this year. It was by phone so probably not the same as face to face but it seemed to work."*
- *"I'm currently seeking help and support through Talking Therapies. I have a wonderful counsellor who I get on with and we are working together to solve my issues. I also belong to a mental health group on Facebook."*
- *"My son is a GP but I don't want to discuss health issues with him, especially a vaginal prolapse."*
- *"Good. App provided free via employers. Already personally subscribed to Headspace, a mindfulness app."*
- *"Spoken to husband who is a pillar of support for both me and our daughter."*
- *"I have had the Headspace app for some time - not for an urgent need, just for general wellbeing. Work has also provided access to an on-line support system and occasionally when stressed due to work I have accessed that - soothing music, suggested exercises (for the mind) etc."*
- *"Private psychotherapist."*
- *"Feel lucky to have good relationships."*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing


There have been similar themes emerging throughout the pandemic since our survey began in May 2020, as people have responded to the survey throughout the pandemic. People have been turning to friends and family to help with their wellbeing, and also relied on exercise and being able to access gyms or leisure centres.

People
turning to
friends,
family, and
exercise

- *"My daughter receiving the mental health support from medical professions."*
- *"It would help me enormously if I could throw rotten eggs at Johnson, Whitty and Vallance while they are spewing out there lies and fear mongering."*
- *"Less pressure at work and much clearer and timely guidance from the government about pandemic changes."*
- *"Regular telephone calls to the elderly and vulnerable to check they are ok."*
- *"I walk daily. Helps so much."*
- *"I go to the gym, and we go walking when weather permits."*
- *"Exercise, going out for a walk."*
- *"Leisure centres open."*
- *"Physical exercise helps me tremendously."*
- *"Walking the dog more and having better weather to do so."*
- *"Exercise and eating well."*
- *"It will be more enjoyable when we can once again travel to National Trust properties and see different views on daily walks."*
- *"Feeling like it was safe to go back to the gym, which I used to go to regularly for running. Had a pain in my Achilles tendon which stopped me running outside over the summer. Can still do exercises in the living room though."*
- *"Regular exercise."*
- *"Going outside and enjoying nature."*
- *"My faith and prayer life."*
- *"I restarted cycling in mid-July. Just finished part of a life coaching course with a private life coacher. Both have done wonders for my mental health."*
- *"Being able to mix more freely with my family."*
- *"Someone to talk to long-term not just on a helpline."*
- *"Not feeling so isolated."*
- *"Being able to form a support bubble with family/friends. More consideration from the government of the impact of the restrictions on people's mental health, especially the constant changes and uncertainty, as well as the length of time people have been isolated from friends and family. I feel that at this time, for me and many others, the cure is worse than the disease in terms of how the pandemic is being handled."*
- *"Talking to others."*

What are your current concerns about the future impact of the COVID-19 pandemic?

Throughout the pandemic since our survey started in May 2020, people have been raising concerns about not being able to visit or care for family members or friends, as well as worries over their own mental and physical health.



Concerns about
not being able to
see family or
friends, and their
mental and
physical health

- *“Extra caring responsibilities due to COVID, nobody else can help me.”*
- *“Having more holidays cancelled.”*
- *“You haven't mentioned the way government is manipulating the population to conform. How the government is making up new laws literally on the hoof. How the government (and its lackies like local authorities etc.) are helping in this tawdry exercise.”*
- *“The virus doesn't worry me at all, the hysterical over-reaction does. And I was hoping to complete this survey to mention health issues that are bothering me but your questions are worded in a way that I cannot. I'm in pain, my teeth need attention, I cannot see a dentist or get a filling.”*
- *“What will happen to my son if I get Covid and I am in hospital.”*
- *“Doing the school run and looking after a great grandchild and keeping safe.”*

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Tartan Rug

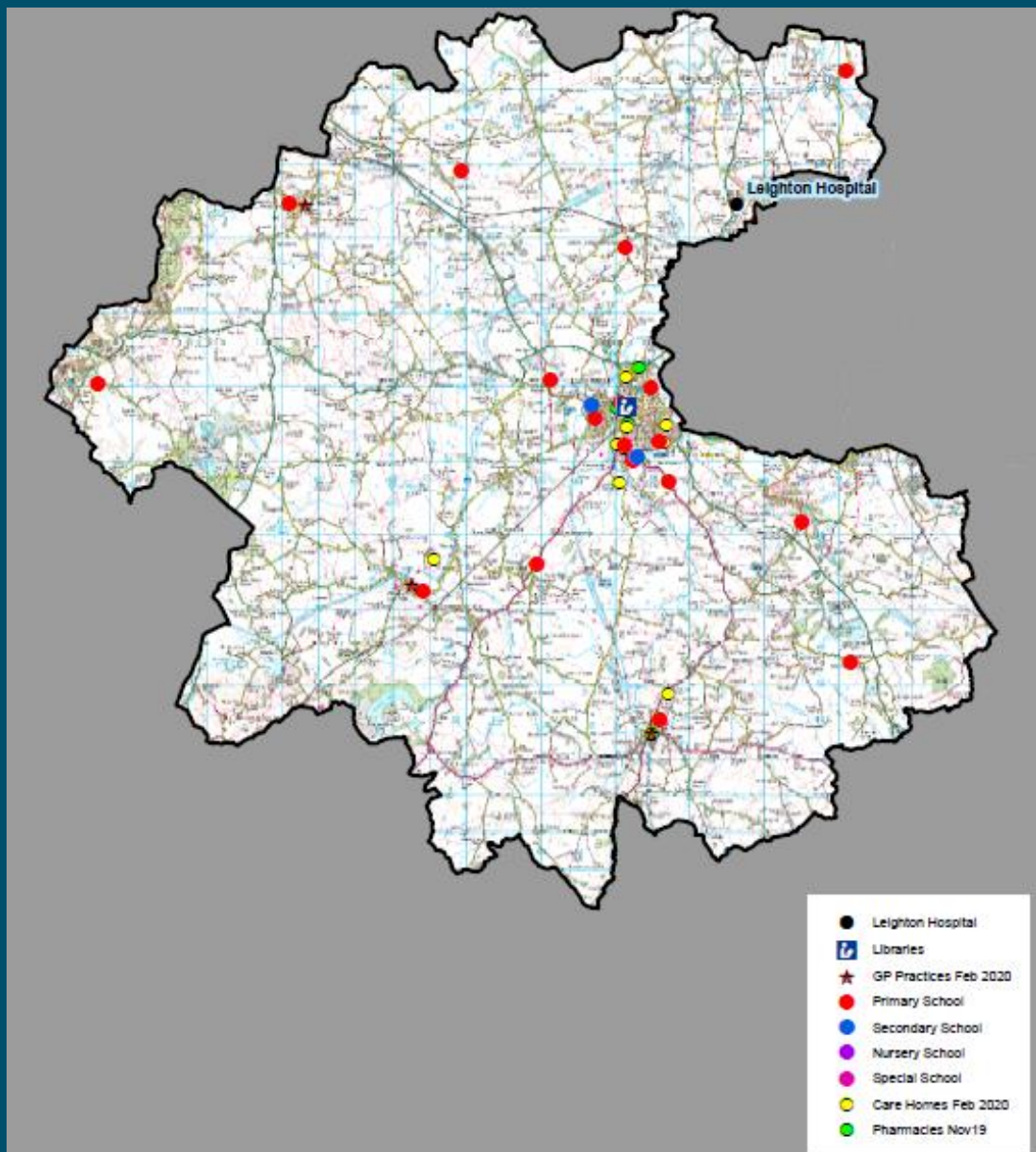
This is the Tartan Rug for the Macclesfield Care Community (Cheshire East Council, November 2017). The health profile or ‘tartan rug’ shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

			Macclesfield												
			Gosworth	Sturton	Broken Cross and Upton	Macclesfield West and Ivy	Macclesfield South	Macclesfield Central	Macclesfield East	Macclesfield Hurlersfield	Macclesfield Tyldesington	NHS Eastern Cheshire	Cheshire East L.A.	England	
1	Total population	number	3797	4316	2993	3187	3346	3248	4429	4475	3578	196525	375392	54796327	Population
2	BME population	%	1.4	1.3	5.9	2.8	3.7	6.3	2.3	3.2	3.5	3.7	3.3	14.6	
3	Proficiency in English	%	0.1	0.1	0.3	0.2	0.6	0.5	0.3	0.5	0.3	0.3	0.6	1.7	
4	Population under 18	%	13.4	15.3	19.8	17.5	18.8	16.8	17.4	17.7	16.6	17.3	17.6	19	
5	Population aged 65 and over	%	29.6	27.0	18.4	21.8	18.8	14.8	19.2	18.7	22.6	23.2	21.9	17.7	
6	Persons living alone	%	21.8	25.2	28.4	35.6	28.1	42.3	34.9	45.2	29.4	29.7	30.0	31.5	
7	Older people with low income	%	5.8	6.9	8.6	16.2	16.8	17.3	10.2	19.3	6.7	N/A	10.2	16.2	Income
8	People with low income	%	4.7	4.8	8.3	13.7	14.3	10.9	9.8	16.6	4.9	N/A	9.4	14.6	
9	Children in poverty	%	6.5	2.4	9.8	15.8	17.1	12.9	12.6	20.1	4.9	N/A	12.4	18.9	
10	Long term unemployment	rate										1.1	1.6	1.7	
11	Fertility rate	rate	40.9	48.9	63.3	66.4	76.3	68.4	78.0	61.8	45.5	75.3	60.8	63.3	Young People
12	Low birth weight	%		2.7	2.6	1.9	2.7	3.1	4.0	4.1	2.5	2.5	2.3	2.8	
13	Deliveries to teenage mothers	%	0.0	0.4	0.0	0.0	1.8	1.4	1.3	1.3	0.0	0.6	1.0	1.1	
14	A&E attendances age 0-4	rate	384.6	397.0	480.3	500.6	454.3	429.7	460.6	463.9	364.5	403.3	385.6	551.6	
15	Admissions for injury age 0-4	rate	123.1	134.3	166.6	193.0	182.9	156.2	177.6	179.9	79.0	166.7	168.1	138.8	
16	Emergency admissions age 0-4	rate	295.4	215.5	263.9	294.0	263.8	249.8	274.1	276.8	186.7	208.9	213.8	148.2	
17	Child development at age 5	%	60.7	59.0	64.1	60.5	55.2	56.1	60.8	61.1	78.0	64.3	61.8	60.4	
18	GCSE achievement	%	68.1	63.3	74.7	51.9	46.2	60.6	48.4	46.7	76.1	64.3	62.2	56.6	
19	Excess weight age 4-5	%	16.0	17.7	18.2	21.7	24.7	20.6	22.2	22.3	16.3	17.9	19.1	22.2	
20	Excess weight age 10-11	%	23.3	24.9	29.0	27.6	29.5	27.3	26.2	27.3	19.7	26.2	29.1	23.6	
21	Smokers age 11-15	%	3.2	5.1	3.3	3.7	4.6	6.0	3.4	4.8	2.1	N/A	3.2	3.1	

22	Smokers age 16-17	%	15.4	18.5	11.7	17.2	17.7	17.2	16.8	20.4	13.1	N/A	15.2	14.8	Lifestyle
23	Healthy eating (adults)	%	38.3	36.2	31.5	27.2	26.9	30.4	28.6	28.3	34.9	33.6	31.4	28.7	
24	Obese adults	%	19.2	19.7	20.2	22.8	21.9	20.3	21.6	21.8	18.2	20.0	21.5	24.1	
25	Binge drinking (adults)	%	17.9	19.2	24.9	23.4	25.5	21.2	25.6	24.7	21.8	22.4	22.2	29	
26	Admissions for alcohol	SAR	63.3	78.1	85.6	119.3	145.6	114.6	145.2	148.2	65.4	86.7	90.4	100	
27	Self-reported bad health	%	3.6	4.3	4.4	6.2	5.9	4.7	4.8	7.2	3.3	4.6	4.9	5.5	Illness
28	Self-reported illness	%	17.2	17.8	15.0	21.6	19.4	15.5	15.9	21.7	14.6	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	72.1	81.2	87.2	184.5	178.0	182.2	205.0	221.3	85.3	108.7	104.9	100	
30	Emergency admissions heart attack	SAR	72.4	82.7	81.7	98.1	137.3	108.7	77.8	73.1	76.4	81.0	84.8	100	
31	Emergency admissions stroke	SAR	78.8	85.1	87.3	87.8	116.7	96.3	82.2	81.6	55.5	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	48.4	51.0	66.0	144.4	141.2	128.5	145.5	147.1	58.7	71.2	80.2	100	Illness
33	Emergency admissions hip fracture	SAR	78.8	88.9	96.8	81.9	138.5	94.3	100.2	101.2	87.6	94.0	87.9	100	
34	Emergency admissions all causes	SAR	75.2	81.9	100.1	118.2	125.6	111.5	116.5	112.1	80.7	91.7	102.3	100	
35	New cases -breast cancer	SIR	122.8	118.1	120.4	107.8	94.6	112.3	101.6	100.2	97.5	105.3	103.1	100	
36	New cases -bowel cancer	SIR	100.8	99.6	97.9	100.0	92.5	94.7	97.1	97.2	89.5	104.0	101.7	100	
37	New cases -lung cancer	SIR	48.6	55.3	71.6	132.0	104.6	71.7	80.1	81.1	59.7	79.3	87.0	100	Cancer
38	New cases -prostate cancer	SIR	85.4	84.0	81.1	86.3	74.6	57.9	96.2	100.7	64.8	93.0	100.5	100	
39	All new cancer cases	SIR	91.1	92.9	95.2	105.9	102.2	87.8	103.4	105.2	87.8	93.2	99.1	100	
40	Cancer deaths under 75	SMR	70.9	67.1	78.5	116.4	112.8	84.4	62.7	128.7	81.5	79.9	88.2	100	
41	Heart deaths under 75	SMR	54.9	48.9	100.8	67.8	125.4	98.7	66.2	116.0	62.7	78.7	91.1	100	
42	All deaths under 75	SMR	56.2	79.0	101.7	107.9	116.2	106.9	85.6	123.7	68.2	81.2	89.9	100	Death
43	Deaths from respiratory disease	SMR	62.5	93.4	97.6	84.9	120.9	114.8	91.6	118.7	89.5	89.2	95.8	100	
44	All deaths all ages	SMR	66.4	95.6	116.2	87.4	122.9	102.7	82.7	90.8	82.2	89.9	93.9	100	
45	Female Life Expectancy	years	86.1	84.9	81.4	84.1	81.7	82.4	84.1	84.1	85.1	84.1	82.5	82.1	
46	Male Life Expectancy	years	84.9	80.7	79.8	79.9	77.4	79.4	80.6	78.2	82.5	81.0	80.2	79.4	

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Nantwich

October 2020 – March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 162 residents of Nantwich to our Health, Care and Wellbeing survey. This report covers the 52 responses specifically from October to March 2021.

How do you feel about accessing services?

From May to October 2020, people from Nantwich told us that they didn't feel comfortable making, travelling to or attending appointments, or they felt they would be overburdening the NHS. However, as time has gone on, people have become less concerned. Between October and March 2021, people told us that they still don't feel comfortable making appointments, or felt they would be overburdening the NHS by doing so, but the number of people who said they felt comfortable accessing healthcare appears to have increased. People told us that they have continued to find difficulty getting through to services to book appointments.

People starting to
grow more
comfortable in
making
appointments

- *“Have been to GP for flu jab and a couple of ultrasound scans but now happy to wait it out to protect the NHS.”*
- *“I am protecting my husband from danger of Covid so I don't go into any building if not absolutely avoidable.”*
- *“It seems more difficult to get through to GP surgery to book an appointment. I've put off further investigative tests because of COVID lockdown and hospital services being reduced/closed.”*
- *“As a carer I am not accustomed to prioritising my own health; I also do not wish to endanger the person I care for by visiting potentially high-risk healthcare centres.”*
- *“I haven't needed to access but I am confident that if I need a GP appointment, I could have one. I have been able to have dental appointments.”*
- *“Find it difficult to even access healthcare services. Can't make GP appointments and Outpatients appointments at Leighton for eyes and ears have disappeared. Routine two-monthly eye check due in April, still waiting.”*
- *“Dental care non-existent.”*
- *“I am not comfortable with telephone consultations”*
- *“I have been able to book a telephone appointment when needed and have emailed the surgery if unable to get through on the phone.”*
- *“I have accessed online appointments, we have accessed Physiotherapy and OT appointments for my son in-person, we have had our flu jabs, I have had my Covid jab, and we have accessed hospital appointments in person. I have tried not to call too often about things that I felt may possibly clear up by themselves.”*
- *“My surgery is brilliant they have maintained a safe and effective health service throughout the pandemic”*
- *“Contacted my surgery, spoke to triage nurse, then phoned by GP, seen in hospital, all very efficient.”*

Opinions of video or phone appointments

Respondents from May 2020 to March 2021 told us how they feel about these kinds of appointments happening in the future for GP and hospital appointments. Throughout our survey since May 2020, over two-thirds of people have told us they would be happy to speak to a medical professional by phone or video call dependent upon what the appointment was for. Most people also said that they would like to be able to access face-to-face appointments if they felt it was necessary for what they needed to discuss. There were some respondents to whom face-to-face appointments were preferable in all instances. These findings have been consistent during the whole period of our survey.

People would be happy with video or phone appointments continuing for certain GP or other healthcare appointments

- *“Convenient and easy to access.”*
- *“Not easy to access face-to-face as doctors seem to just want you out as quickly as possible. If you get a centre appointment it’s not necessarily with the doctor you spoke to. Telephone appointments do not allow the doctor to really see what else might be happening, as they are simply making assumptions on what the patient is able to describe.”*
- *“It doesn’t feel comfortable having GP telephone appointments to discuss intimate or mental health problems, you want to have a face-to-face appointment which is extremely difficult, almost impossible, to get.”*
- *“Would be happy if my problem didn’t need a face-to-face consultation.”*
- *“If someone is ill they need to be seen, as there could be something else going on. In certain circumstances video appointments would be acceptable initially, but I do not agree with telephone only appointments.”*
- *“Used properly it would save time and money. The GP system has proved this. However, the hospital system doesn’t work. The phone rings three times and if you are not quick enough to answer, tough. If you ring back a recorded voice says that you will have another call which doesn’t come. You are then deemed to have missed an appointment.”*
- *“Phone calls are appropriate in some circumstance (reviews, concerns/clarification, simple issues), but I worry that symptoms/severity can easily be missed on a phone call.”*
- *“It’s fine for repeat things, however face-to-face helps with understanding and can ensure things aren’t missed/misunderstood.”*
- *“Better use of everyone’s time. Some limitations depending on what the appointment is about, but would feel perfectly comfortable with this format.”*
- *“Better than nothing despite the reduced quality of contact and opportunity for clinical appraisal.”*
- *“I do not think I can convey properly via the telephone my concerns.”*
- *“In some circumstances it would work well and is best use of time and resources”*
- *“There are times when a visit is necessary but many instances can be covered by speaking to a health professionals.”*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. We found that people who had accessed this type of appointment had generally felt safe during their appointment and felt everything was well run, although a couple said they were uncomfortable with either the nervous attitudes of staff or the measures in place to prevent the spread of COVID-19.

People feeling
safe accessing
face-to-face
medical
appointments

- *“Pharmacy appointment at local supermarket for flu jab was excellent. Doctor’s appointment for blood test was ok. Dentists’ appointment for lost filling a total waste of time.”*
- *“I felt safe having an appointment with my consultant, however when I had an MRI scan the receptionist kept taking her mask off and touching her face which didn’t feel safe.”*
- *“One doctor seemed very nervous, reticent to touch and could not wait for me to leave. A second doctor seemed a little more relaxed, as was nurse practitioner. Hospital staff were far more relaxed and comforting.”*
- *“Uncomfortable due to all of the over-the-top measures.”*
- *“I felt safe attending hospital and discussion with consultant is much more engaging than a phone call. I felt I was properly being listened to.”*
- *“Two visits to A&E at Leighton to remove hearing Aid tip lodged in my ear. Each time was quick and successful.”*
- *“Fine - we have had Community Physiotherapy and Functional OT appointments. My son was very anxious, but we were put at ease by the Medical Professionals attending. All the procedures relating to Covid were explained in full. I also had my Covid jab and again - very smooth and so well run. I was able to call ahead to ensure that things would be ok for my son needs as well as my own.”*

Have you had any issues with prescriptions or medication?

From October 2020, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. Since October 2020, we have been told about fewer issues in accessing prescriptions and pharmacies generally, but there were still examples of people saying they had run out of medication or problems with the repeat prescription process. Comments included:

Issues with medication supply, and repeat prescription process are still happening, but less so than in the summer

- *"I collected my prescription as usual."*
- *"At the beginning of the pandemic, my Doctor's practice issued six months prescriptions to my pharmacist without me needing to request a repeat. No information provided as to what was to happen at the end of the six months, leading to many people not receiving their repeat prescriptions on time. Contacting the Practice by telephone was virtually impossible without incurring significant costs waiting in a call queue."*
- *"Friends have not been able to get their prescriptions due to supply issues, not good."*
- *"As I didn't want to pester, I ran out of a medicine when a request was lost. This was not anything but a random occasion."*
- *"Needed to go back onto oxybutynin Hydrochloride again but not allowed to see a doctor, then I was given a script but no repeat so had again to plead for more supplies."*
- *"Long delays in obtaining prescriptions."*
- *"The chemist forgetting to order/or the doctors forget ordering and sending it across. They both blame each other. Last couple of months it's been ok. But when they mess up they truly mess up."*
- *"Repeat prescriptions do not work for me or my family as we have had changing needs and cannot access anyone to actually speak to! Most contact has been by email and many mistakes have been made by the prescription team! I also have more than two months' supply of some drugs which is very wasteful for the NHS."*
- *"My usual repeat prescription process changed whereby I order on patient access. This is authorised by the practice (or not) and sent by Pharmacy2U by post. Over the period of the pandemic the practice had sent multiple prescription to P2U but at all stages the communication has been poor. In fact at this time I have no idea where in the system I am so will have to contact either or both ... a system that has worked really well for a long time hasn't worked so well. So I've had medication I haven't ordered and other medication has arbitrarily been dropped from my list - all without any explanation and so on."*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment and routine appointments, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

**Disruptions to
hospital-based
treatment including
cancellations and
waits**

- *“On a waiting list for more surgery but elective so quite happy to wait it out.”*
- *“Hospital based treatment, outpatients and operation experience was excellent on every count.”*
- *“I had to contact the hospital, limited communication.”*
- *“Due to have 24hr trace test for atrial fibrillation but not yet done.”*
- *“I was due to have an MRI scan early in 2019, but haven’t pursued this due to hospital services being closed/streamlined.”*
- *“Appointment in April was cancelled and another appointment not sent out until 6 months later, I felt like I was no longer under the care of anyone with no back-up support.”*
- *“I can’t have my dental treatment under anaesthetic.”*
- *“Had to wait 9 months for cancer operation.”*
- *“Supposed to have my next two-monthly eye care appointment in April [2020] but still waiting.”*
- *“Ophthalmology OP review and planned call for repeat surgery so far delayed by 8 months with no response, Cardiology review by 18 months before recent review.”*
- *“Received my diagnosis by letter. Had a telephone conversation afterwards where the consultant was reassuring but I don’t think he understood how devastated I was and since then have been waiting months for an onward referral to a geneticist.”*
- *“Outpatients appointment cancelled and phone call ensued which was not satisfactory for conditions apparent.”*
- *“My son’s NHS assessments for his EHCP were delayed to the point that they had to issue the EHCP before we got the assessments even booked in. His EHCP should have been completed (including the assessments) by Aug 2020, but his SALT assessment is still outstanding and his two OT assessments were only started in February.”*

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020, two-thirds of respondents to this question told us they were not currently accessing support for their mental health. Of those who were, they looked towards support from friends and family. As we moved from the summer months into the period between October and March 2021, we found more people either not needing to access support, or continuing to do so from friends and family. There was sentiment from people that they felt they just needed to ‘get on with it’ rather than seeking support.



People looking
towards friends
and family for
support

- *"My adult children ring me regularly and it does help."*
- *"Don't feel there is sufficient facilities to approach for myself or my family. Worrying for the future."*
- *"I've become more self-reliant."*
- *"Unless you have been strictly shielding, people don't appreciate how difficult it is. Comments from colleagues about doing no work, watching box sets all day, getting free food boxes from the government etc. have created huge feelings of guilt, anger, frustration and low mood. At least, going to work allows for verbal communication with colleagues where thoughts and feelings can be shared. Being alone and isolated at home with no one to talk to for days on end and when work colleagues have 'forgotten' you, breeds more loneliness and despair."*
- *"No, I just have to put up with the way I feel, my husband is more important, don't have time for myself."*
- *"My GP said that I was managing my own mental health well enough to not need any treatment, and that because I hadn't contacted her in 2 years that "it can't have been that bad". On the contrary, I put off making phone calls for as long as possible because they trigger my anxiety, and as previously stated I do not prioritise my own healthcare."*
- *"I have chosen not to access support because I do not want a telephone consultation and rightly or wrongly I do not think that it will help me. I need to speak to someone face to face."*
- *"I have had support from my Father. He has a lot on his mind though especially caring for his wife, my mother. I hate to burden them with my worries and health issues."*
- *"I would NEVER ask an establishment for any mental health assistance. In all my times of needing help no one has ever helped unless I've paid for it."*
- *Great, couldn't do without it - I was allocated a person to chat to for an hour per week by the Cheshire East Parent Carer Hub in January 2020, as I was already seriously socially isolated then due to my son's needs. I am even more isolated now."*

How Coronavirus has affected people's mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people's mental health stayed relatively steady. Between October and March 2021, it appears people's resilience with their mental health was starting to deteriorate, with more people starting to feel more isolated and anxious about the pandemic. Comments included:

People's mental
health getting
slightly worse

- *"I am concerned about the spread of the virus and health care professionals but not overly concerned myself. I follow guidelines to protect others. Mental health is quite robust as I am generally positive about life."*
- *"The stress of being sole carer for husband with dementia and not having physical contact with family is causing some depression. Not being able to hug grandchildren since March is taking a toll."*
- *"The new restrictions are awful. Freedom of movement restriction not seeing loved ones. Depressing futures, no travel. We need to get on with this it's just a virus. Move on let us take our own risks. Give us back choice and own judgement."*
- *"I keep reminding myself that all things are temporary, and I've just got used to how things are now."*
- *"I have a wide interest that I have been able to follow within the restrictions including using video conferencing to keep in touch with family and friends. I play outdoor sports that have been permitted through many of the episodes of the pandemic. My wife and children are at home with me."*
- *"I have been on the shielding list since March and unable to do all of my job from home. My employer offered no help, communication, support with working from home for many weeks which left me feeling extremely isolated, lonely, forgotten and as though my employer didn't care about staff shielding at home. This second lockdown in November has been very similar with communication sparse and unhelpful. Lessons have not been learned over the year on how to support these staff members."*
- *"I already suffered from mental health problems prior to the pandemic, and at the onset I was forced to move in with my mother to provide full-time care for her, whilst also finishing my Master's degree. This combination exacerbated existing conditions, as well as stress and anxiety caused by the pandemic."*
- *"Trying to stay positive and focused on staying safe and keeping within regulations"*
- *"Our situation has barely changed since Mar 2020. We are still unable to go anywhere much due to my son's mental health needs. We are currently trying to get him vaccinated as well, due to clinical need regarding his complex mental health needs."*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing

A common theme between May and October 2020 was people wanting clearer information and better access to services. However, between October 2021 and March different themes emerge, such as people wanting more support from work, continuing to find exercise as a way of maintaining wellbeing, and wanting a loosening of restrictions.

People wanting
more support
from work and
fewer
restrictions

- *"I am fortunate to have developed over the years a range of interests and strategies to maintain my physical health and wellbeing, including dealing with stressful incidents, so nothing comes to mind that would make a significant difference to my equilibrium."*
- *"Getting out of doors in the fresh air. Maintaining a sense of humour. Having human interaction."*
- *"More exercise in a safe environment."*
- *"Walking the dog helps a lot. Without that I would feel much worse."*
- *"Being able to travel again, test before travel... inform people correctly of the facts stop scaremongering. Try to make people less scared."*
- *"Access to staff leisure facilities - gym, pool, sauna, etc."*
- *"Less restrictions, but do understand present situation."*
- *"Watching the birds and the limited number of walks we go on - about 2-3 per week in our local area."*

What are your current concerns about the future impact of the COVID-19 pandemic?

Over the course of the pandemic people have been concerned about others not maintaining social distancing rules, making people feeling anxious to leave the house. People have become more concerned about not being able to visit or care for family members or friends, and about the mental and physical health of both themselves and others. This has been a constant theme throughout, but has perhaps become more prevalent as time has gone on and the pandemic has not ended as quickly as people perhaps first assumed. Economic and education concerns have appeared to reduce during this period, perhaps due to the extension of the furlough scheme and children returning to school for the beginning of the new academic year.

People concerned about their own mental and physical health, and that of their friends and family

- *"Impact on my son's mental health and his ability to access education over the next year."*
- *"I have concerns about the way this government has mismanaged the pandemic, particularly due to the many cuts it has made in the last 5 years to public health services nationally and locally."*
- *"Scaremongering."*
- *"My dog is only 6 years old and I am slightly concerned that I might die before him, although I have put in place arrangements in the event of an early death for me."*
- *"The ongoing restrictions prevent us travelling to see all our grandchildren in Yorkshire, and from enjoying our retirement visiting places in our motorhome. We are conscious that we haven't got many years left and that our time is precious and disappearing the longer the restrictions continue."*
- *"The thing which concerns me the most is the ineptitude of the government- Terrible leadership from PM, and absolutely appalling decision making by the Health Secretary and Education Secretary."*

Healthwatch Cheshire continues to provide up to date information to partners and publish further reports on our websites. You can read our reports on what people across Cheshire have told us about their experiences by visiting our website:

www.healthwatchcheshire.org.uk

You can contact us on:

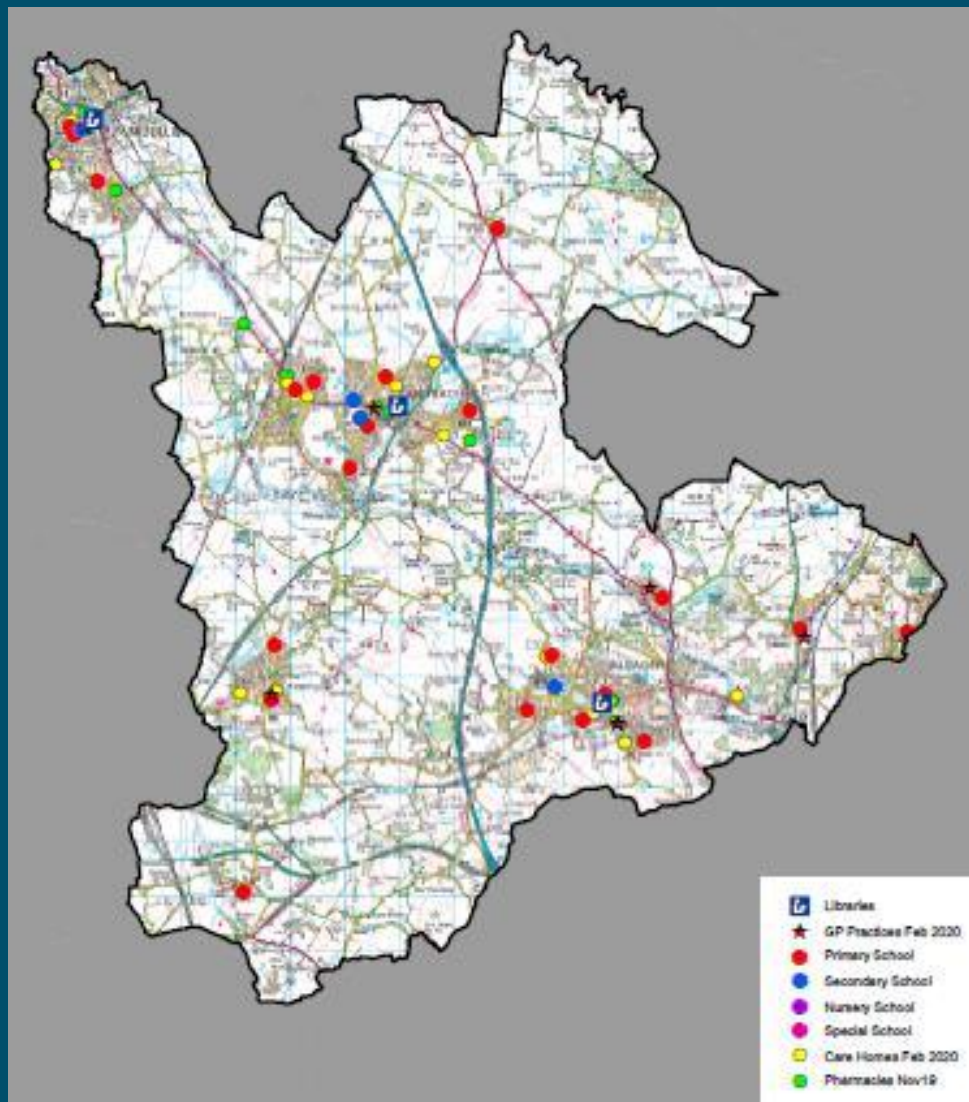
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Tartan Rug

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			Nantwich								
			Wrenbury	Bunbury	Audlem	Nantwich South and Stapleley	Nantwich North and West	NHS South Cheshire	Cheshire East LA	England	
1	Total population	number	4626	4979	4908	9174	8737	178867	375392	54786327	Population
2	BME population	%	1.2	0.9	1.4	2.4	1.8	2.9	3.3	14.6	
3	Proficiency in English	%	0.1	0.2	0.1	0.1	0.2	0.9	0.6	1.7	
4	Population under 16	%	15.8	16.0	15.1	19.5	16.0	17.9	17.6	19	
5	Population aged 65 and over	%	24.9	20.3	28.2	22.1	24.7	20.4	21.9	17.7	
6	Pensioners living alone	%	22.6	28.5	23.3	30.0	40.4	30.4	30.0	31.5	
7	Older people with low income	%	8.3	7.4	8.1	8.5	13.0	N/A	10.2	16.2	Income
8	People with low income	%	6.8	6.2	5.8	6.0	12.2	N/A	9.4	14.6	
9	Children in poverty	%	8.0	8.0	5.0	6.5	15.3	N/A	12.4	19.9	
10	Long term unemployment	rate						2.1	1.6	3.7	
11	Fertility rate	rate	46.6	45.5	45.3	54.7	63.5	68.2	60.8	63.2	Young People
12	Low birth weight	%	1.0	0.8	0.9	1.7	2.6	2.1	2.2	2.8	
13	Deliveries to teenage mothers	%	1.2	1.2	1.2	1.2		1.4	1.0	1.1	
14	A&E attendances age 0-4	rate	251.5	273.5	256.6	324.7	365.5	357.2	385.6	551.6	
15	Admissions for injury age 0-4	rate	132.1	150.4	136.3	168.4	170.3	162.2	168.1	138.8	
16	Emergency admissions age 0-4	rate	138.5	167.1	145.1	222.5	257.1	216.6	213.8	149.2	
17	Child development at age 5	%	59.1	62.6	59.2	63.8	61.8	59.2	61.8	60.4	
18	GCSE achievement	%	77.5	77.8	77.6	64.8	54.0	60.2	62.2	56.6	
19	Excess weight age 4-5	%	18.5	19.4	18.6	21.8	22.6	20.2	19.1	22.2	

Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Sandbach, Middlewich, Alsager, Scholar Green & Haslington (SMASH) October 2020 – March 2021



Introduction

Between 16th October 2020 and 23rd March 2021, Healthwatch Cheshire received a further 338 responses to our Health, Care and Wellbeing survey from local people across Cheshire East. Our initial reports based upon our survey findings were published earlier in the year, and covered the period between May 2020 and 15th October 2020. Those reports are available to read on our website (www.healthwatchcheshireeast.org.uk). This follow-up report covers the period up until the anniversary of the first lockdown announcement, and provides further insight into how people have coped during the pandemic, changes that may have occurred in relation to accessing services, and any concerns people have about the current situation and the future.



In total, since our survey began in May 2020, we have received feedback from 204 residents of Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) to our Health, Care and Wellbeing survey. This report covers the 62 responses specifically from October to March 2021.

How do you feel about accessing services?

From May to October 2020, people from Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) told us that on the whole they didn't feel comfortable making, travelling to or attending appointments or they felt they would be overburdening the NHS if they did so. As time went on, people have grown less concerned about accessing certain types of appointments. As more people were willing to access appointments, in turn they told us they were finding it difficult to book appointments.

People growing
more comfortable
making
appointments but
are struggling to
book

- *"I have had both phone consultations and face-to-face appointments at my GP Practice. I felt comfortable and Covid-safe at all times."*
- *"Although I have accessed GP services and it has been ok. I don't really feel comfortable doing so. You have to wait outside before you can enter and it's feeling that you aren't sure where and what you should do."*
- *"Difficult to approach GP Surgery for appointments, full on 'judged' for asking for even a telephone call."*
- *"I appreciate that NHS staff are well equipped to deal with infections and covid is no different so I would feel happy accessing care."*
- *"Diagnosed with Gestational diabetes, minimal contact and advice given. Also appointments not made by health professional so diagnoses almost missed if I hadn't spoken up. Could have been dangerous for my unborn child."*
- *"I have found that accessing health care services difficult due to them being unavailable or difficult to access especially dentistry. This has been diabolical."*
- *"Only attending routine appointments. My surgery been fabulous. Was very nervous in the beginning but not so much now I used to it."*
- *"I am classed as Clinical Extremely Vulnerable (CEV). My appointments with my consultant have been online. Problems have occurred with the delivery of my medication with a two-week delay once."*
- *"I had a colonoscopy in early December - I felt safe with the arrangements, and with staff that carried it out."*
- *"It's overwhelming - no fault of the NHS just by own fears."*
- *"I have attended hospital check-ups when necessary but am avoiding doctors with minor concerns. In part not to bother them but also to maintain minimal contact with others."*
- *"No COVID-19 vaccinations in Sandbach. There is an expectation the residents will have travel to Middlewich or Alsager. Communication with GP Surgeries is limited to calling by phone to the normal line- not fit for purpose when other forms of communications are the norm. these days. GP Surgery websites are not updated as frequently as needed. One has to use their Facebook pages if they have one to get up to date information!"*
- *"Having to queue outside in the cold in a wheelchair even when it's raining and regardless of the weather is awful. My daughter has to take me because I can no longer drive. I am shielding at home and prefer the doctors to come out to do a home visit. Also when I've been to the surgery to have blood taken the nurse can't access a vein properly and always make a fuss and make me feel rubbish like it's my fault. She ends up having to get someone more experienced to take over."*
- *"My wife and I have had a few telephone appointments with GP Practice and Leighton during the past year. In particular my wife had a bad accident which entailed an ambulance and stitches in her leg at Leighton. I had a minor heart problem which involved an ambulance and a few days in Leighton hospital. In all cases we both felt very safe and catered for well by all NHS staff."*

Opinions of video or phone appointments

Respondents from May 2020 to March 2021 told us how they feel about these kinds of appointments happening in the future for GP and hospital appointments. People told us they would be happy with accessing appointments like this for particular issues as it keeps them safe. However, people told us they would like to be able to access face-to-face appointments if they felt it was necessary.

Comfortable
with video or
phone
appointments,
with option of
face-to-face

- *"It saves the GP/Consultants time and keeps me safe."*
- *"I like to see a person face-to-face. Having been a health practitioner myself I know that people seen face-to-face are much more likely to tell you what their problems really are. Sometimes people present with something that is not the real problem. So you can miss things."*
- *"If I'm accessing a service I'm familiar with I don't mind video/telephone."*
- *"Dialogue develops better in one-to-one meetings, GP/nurse can see what is wrong with me, my concerns, easier to pay attention."*
- *"It's safer not having to be in close contact with people."*
- *"Sometimes - you need the personal touch of seeing someone in person, but otherwise appointments would be more accessible if done over the telephone and would cause less disruption to work life etc."*
- *"For hospital appointment I found it difficult to get points across and the doctors English and quiet voice was hard to understand on the phone."*
- *"If it is not serious, I am happy with telephone calls but would like to be seen if I am really worried as a physical examination is so important."*
- *"For hospital appointments, I normally have other tests (Blood, Ultrasound) but these were not available. For GP appointments all was discussed on telephone and certificate and medication was issued."*
- *"Hospital appointments is usually referral from GP so would prefer that appointment to be face-to-face as usually requires physical examination in my experience."*
- *"We should have a choice in this. Some telephone appts are ok. Others aren't."*
- *"Certain issues the GP actually needs to see or be shown the problem."*
- *"Face-to-face is better for diagnosis."*
- *"For consultation on minor or routine conditions, telephone is easier, quicker and safer than attending the Practice. However, attendance is necessary for some services such as dentist and optician."*
- *"I wouldn't like hospital-based appointments as I think if you need to see a specialist about something you need to speak to them face-to-face. For GP/other appointments if they are just general day to day health problems then I think that is fine as a diagnosis can be made without face-to-face interaction."*
- *"Remote appointments are much better than physical appointments unless the healthcare worker needs to touch/see closely to diagnose or treat. Saves the travel, parking, risk of cross infection, delays due to traffic etc."*
- *"To avoid the delay of waiting for a face-to-face appointment."*

Have you had any face-to-face medical appointments over the last few months?

From October 2020 we included an additional question about face-to-face medical appointments as these types of appointments were being accessed more regularly than earlier in the pandemic. We found that people who had accessed this type of appointment felt safe during their appointment and felt everything was well run. Some people initially felt a bit daunted by the experience after they had been shielding for so long.

People feeling
safe accessing
face-to-face
medical
appointments

- *"I had face-to-face appointment with a Nurse Practitioner. Social distancing and good hygiene practices in place e.g. hand sanitiser."*
- *"I saw a GP at the surgery - all very competent and satisfactory."*
- *"It was very good the appointments I had everybody followed the Covid-19 regulations."*
- *"Well managed and organised. It felt Covid safe."*
- *"When I was able to stop shielding and visit the surgeries for my regular tests it was very daunting, I was very nervous. I'm not so nervous now as I have adapted to it and feel safe within their set-up. I had a hospital procedure only last week and I was petrified of attending as I imagined I would catch Covid-19. I didn't touch anything or sit in a chair while in the waiting room for the fear of other people passing the virus on. I'm not afraid of hospitals; it was the thought of Covid. I explained to the nurse and my consultant who were very patient and reassuring and I did feel ok. However, I am hoping I don't have another hospital appointment during this current climate."*
- *"Good - I was examined by the GP and he was able to make a better diagnosis I feel rather than me just trying to convey verbally where the issue was. I had feedback following a colonoscopy, I could feel the sincerity in the words by the body language of the consultant."*
- *"Overwhelming at first. Very different with infection control. Staff were always outstanding at every appointment I've been at. Reassuring. Caring."*
- *"Better than the awful experiences of having to attend the surgery in the village where my daughter had to kneel on the pavement outside to fill in a questionnaire on the floor because they didn't give her something to lean on and we weren't allowed in the building. Plus, everywhere she "parked" me was wrong and we were continually scolded for doing things wrong - even though the signage was rubbish and didn't adequately explain what was expected of us. The obviously stressed person directing the people outside was aggressive and irritated, barking orders at elderly people queuing for prescriptions. The optician service next door had someone coming out to shout at people and tell them off too. An altogether disgraceful, unprofessional approach to patients and their needs. Patients are expected to know what's expected of them without them bothering to ask what would help or treat people with respect and give them dignity. The doctors are great when you get to see them but the building work has obviously had a detrimental effect in the reception staff and covid was the straw that pushed them over the edge of reasonable behaviour. Not an experience I want to have to repeat any time soon."*

Have you had any issues with prescriptions or medication?

From October 2020, we asked a standalone question in relation to prescriptions as over the summer months people were frequently telling us about issues they had accessing prescriptions and medication. We found more people trying to access prescriptions throughout October 2020 to March 2021. Two-thirds of the people who responded told us that on the whole they didn't have any major issues with prescriptions and medication. Comments included:

People have had no real issues accessing their prescription and medication from their pharmacy

- *"Diffculty initially accessing repeat prescriptions."*
- *"Late deliveries, harder to order, even repeat prescriptions."*
- *"I've had to queue outside; on occasions the queue has taken 40 mins to get through (not great in the wet weather). Also, the GP doesn't/or didn't do electronic prescriptions, this is the only reason I have to go to the surgery is for my husband's (he's shielded) and my prescriptions monthly. I feel this could and should be avoided."*
- *"Surgery sent my prescription to the chemist's without telling me which one they had sent it to."*
- *"I haven't had any issues with prescriptions or medication. I used to take tablets to help my behaviour but I don't take them anymore."*
- *"I needed a prescription and found the GP surgery very helpful and actually more streamlined than I had experienced outside of covid."*
- *"Medication usually collected after my appointment. Following the last online appointment, it was two weeks and lots of telephone calls before medication was delivered."*
- *"I have just had a prescription from the GP, but I didn't feel I had the time to discuss on the phone if it was just to alleviate symptoms temporarily or it was likely to become a long-term solution. Also, if it had contradictions or interactions with my other meds."*
- *"Ranitidine was stopped in March so had to talk to GP about a replacement."*
- *"Collection has been an issue as I have been shielding. Friends have helped and the GP surgery have dropped off too."*
- *"My local pharmacy has been brilliant"*
- *"The surgery in Holmes Chapel needs to get electronically linked to the only pharmacy in the town, so they can start delivering the medication to the patients directly and without charge."*
- *"I have arrangement with pharmacy to knock on the back door to collect prescriptions."*
- *"Pharmacy not been able to access prescribed dose. Having to get new prescriptions."*

Have you experienced any disruptions to your hospital-based treatment, outpatients appointments, or operations?

Between May and October 2020 people frequently experienced disruptions to their treatment and routine appointments, including being cancelled or delayed. Between October and March 2021, people continued to tell us that they were still experiencing disruptions to their treatment with appointments being cancelled and people having to wait a long time for it to be rescheduled.

Disruptions to hospital-based treatment including cancellations and waits

- *"I should have had a follow up appointment following eye surgery in January, but I've had no appointment and no information from the hospital. Nor have I had any response to my telephone enquiry. I have had to decide for myself how to proceed."*
- *"I have needed physio and would have benefitted from more face-to-face consultations rather than the telephone/video appts that I had to have during the 2nd lockdown."*
- *"Delays as expected."*
- *"I normally have a six-monthly consultant review which entails blood tests and ultrasound tests to be conducted. For the last review, these tests were not available/conducted."*
- *"One hospital appointment was postponed for 8 months. My cardiologist has discharged me actually telling me that the heart failure clinic I was attending every 3-6months is struggling with staff issues etc. Telling me that if I have issues, I would be fast-tracked in to see the cardiologist."*
- *"I had a pacemaker fitted 19 months ago and yet to have the annual medical check-up. Regarding my cardiac care I am very concerned with the way it is now."*
- *"I was referred for a CT scan in February. The scan was due in March. Because I was shielding I was told not to attend. The CT scan was carried out in August. Issues relating to that are still being considered. So nearly 11 months at present and still no formal feedback other than a copy of a letter to my GP with technical terms I do not understand. I would have appreciated at least a telephone conversation with the consultant."*
- *"No Eye clinic appointments at all at Leighton all year."*
- *"I was told that if my diagnosis had been within lockdown then I wouldn't have been offered the treatment path I was already on. It was continually kept under review and I was warned that it could have been altered at any time... fortunately it wasn't. I did have to miss one chemo treatment after I contracted covid19 but in the grand scheme of things, I was very lucky. And the staff explained everything at every stage even when they had no more idea about the situation than me. They really were incredible."*
- *"I've had two series of investigations ongoing. In both cases the results weren't returned, the doctor followed up one set and I'm trying to follow-up the other. Unfortunately, this relates to a follow up at Leighton from surgery that took place before I moved into the area and I suspect that is the issue rather than Covid related issues."*

Have you recently or currently accessed support for your mental health and wellbeing?

Between May and October 2020, people in SMASH told us they have been accessing support for their mental health through family and friends, support from their community, or on an app. As we moved towards the winter months between October 2020 and March 2021, we found more people accessing support from other sources, such as from mental health providers, with less people seeking support from their community or an app. However, getting support from family and friends still remained popular.



People looking to friends and family for support, and also increasingly from mental health providers

- *"Friends over FaceTime."*
- *"Excellent - I had six zoom sessions from a counsellor appointed by the Carers Association. They have been a lifeline at this time."*
- *"3 weeks ago, I started working with an online PT and have been able to discuss the mental health difficulties with her as well as address much deteriorated physical mobility and weight gain. Now feel more in control and making progress."*
- *"Poor experience. Referred by manager. Virtual consultation. Lots of personal issues, family crisis, work issues. I felt the counsellor was reading a script. They recommended healthy eating, meditation and to keep a journal. Textbook recommendations. Very very poor service."*
- *"It has been difficult to overcome anxiety caused by Covid-19 and even more difficult to speak to someone over the phone about it."*
- *"Spoke to my GP asking for increased medication."*
- *"I feel frustrated at times in my caring role and dealing various services. i.e. I am seen as the sole consideration as I am the patient, but it directly affects my wife also. However, I wouldn't call frustration a mental health issue."*
- *"On a long waiting list."*
- *"I need my family to check in with me regularly and visit me often to stay feeling connected and because I can't get out of my house by myself. The carers who come to my home also help my mental wellbeing because I have extra people to talk to now that I can't go into shops or see neighbours to talk to."*

How Coronavirus has affected people's mental health

A common theme between May to October 2020 and again during October to March 2021 was that most people's mental health stayed relatively steady. Between October and March 2021, it appears people's resilience with their mental health was starting to deteriorate during the winter months due to the continued longevity of the pandemic, resulting in feelings of isolation and anxiety.

People's
mental health
getting slightly
worse

- *"I think other personal stressors apart from COVID are impacting and anxiety is increased because you are unable to see family and friends freely. You are unable to get on with a normal life and perspective is sometime difficult. All outlets or most have been curtailed."*
- *"Found I became anxious and unable to sleep initially."*
- *"I've been getting a lot of support from friends and neighbours."*
- *"I felt like the pandemic didn't really affect me too much. Staying inside was a bit annoying and having to do online classrooms was a bit difficult but apart from that, it didn't really affect me."*
- *"Difficulty with pregnancy, lack of social support due to lockdown."*
- *"Until hearing about the possible availability of vaccine against Covid-19, life had begun to seem a bit pointless!"*
- *"My mental health has been stable over the course of Covid-19."*
- *"As we are now in Tier4 nothing to do other than staying in the house"*
- *"Going into tier 4 and being told to shield again. I know it's important but makes you feel so isolated."*
- *"Whilst I am retired, I have been responsible to buying food and collecting medication for clinically extremely people, which, I think, because I was out and about, helped me."*
- *"The restrictions of the lockdown do have a negative effect on mental health in a number of ways. The lockdown, uncertainty about vaccination and with winter weather it would be surprising to me that those Shielding at home will have improved mental health."*
- *"I was the main carer for my wife, who has dementia, for nearly 5 years. She is now in a care home and I can't visit her. I am having to adjust to living on my own at home without her and I can't always be bothered to eat properly or care fire myself the way I used to. I'm not lonely because I have my dog and my daughter is with me often and available whenever I need her. I am more of an introvert than my wife and am happy to watch TV all day and read the newspaper."*

We asked people to tell us what would help them to maintain or improve their physical or mental wellbeing

A common theme between May and October 2020 was that people wanted better access to services and clearer information about the pandemic. However, between October 2020 and March 2021 different themes emerge, with people telling us that seeing family and friends, and being able to exercise safely would help their physical and mental wellbeing.

People wanting
to see family
and friends,
and exercise
safely

- *"Being able to play more sport."*
- *"Walking in the local park."*
- *"Definitely being able to go outdoors and into the countryside helps me. Seeing family and friends in this environment and in your own home."*
- *"Yoga lessons at gym."*
- *"Talking and meeting friends when allowed."*
- *"Being able to meet up with friends."*
- *"More opportunities to play football."*
- *"Exercise is the key to improved mental and physical health."*
- *"Find a new job, walk daily, interact with friends."*
- *"Being able to see friends and family."*
- *"I do quite a lot to help myself walking the dog, yoga, online courses, and I work in NHS so able to get out and feel useful."*
- *"Being able to swim - good for mind, body and soul."*
- *"Meeting up with others, going for walks (we moved to Sandbach at the end of 2019 so I don't know local walks and don't want to go out alone)."*
- *"Encouraging simply going for a walk."*
- *"Access to a gym."*
- *"I'm happy to attempt puzzles and crosswords in the paper and talk to the people who come to my home, but I'd like to be able to go out into the community to get a meal in a pub or café and to take my dog out for a walk and speak to my neighbours and other people in the village who know me."*

What are your current concerns about the future impact of the COVID-19 pandemic?

Over the course of the pandemic, people from SMASH have mainly been concerned about the welfare of their family. Other concerns were related to the vaccination programme and others not following government guidance, such as social distancing.

Concerns about
not being able
to care for
family or
friends

- *"Nothing - we are handling the situation fairly well but looking forward to the eventual release (although accepting that the virus will still be around for years)."*
- *"Not being able to spend more time with my family members."*
- *"The Government is not doing enough to ensure the economy can return to normal as quickly as possible, namely get vaccinations done."*
- *"Unable to physically see partner."*
- *"Getting vaccination."*
- *"Being able to book on line shopping slots due to demand and having to visit local shops when shielding/tier 4."*
- *"I worry about the future impact on my children and grandchildren."*
- *"Other people not following Covid regulations."*
- *"Concern for others suffering illness and economic hardship."*
- *"My staff (key workers) contracting Covid or self-isolating leaving care services even shorter."*
- *"Concerns about my family as they are older."*

Healthwatch Cheshire continues to provide up to date information to partners and publish further reports on our websites. You can read our reports on what people across Cheshire have told us about their experiences by visiting our website:

www.healthwatchcheshire.org.uk

You can contact us on:

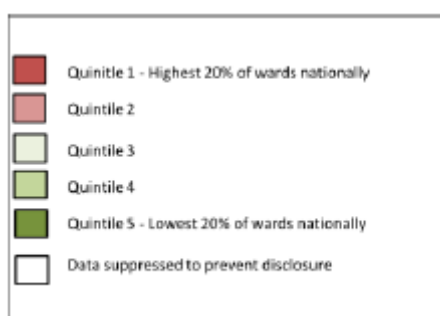
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Tartan Rug

This is the Tartan Rug for the Sandbach, Middlewich, Alsager, Scholar Green and Haslington Care Community (Cheshire East Council, November 2017). The health profile or ‘tartan rug’ shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

			SMASH												
			Leighton	Haslington	Sandbach Ettley Heath and Wheelock	Sandbach Elworth	Sandbach Town	Sandbach Heath and East	Middlewich	Breneton Rural	Alsager	Odd Rode	NHS South Cheshire	Cheshire East LA	England
1	Total population	number	5365	7954	4622	4722	4796	4455	14036	5056	11698	8271	178867	375392	54786327
2	BME population	%	3.9	1.4	2.0	2.2	2.2	1.4	1.5	1.0	2.4	1.1	2.9	3.3	14.6
3	Proficiency in English	%	0.7	0.1	0.3	0.1	0.1	0.0	0.3	0.1	0.2	0.1	0.9	0.6	1.7
4	Population under 16	%	21.7	14.5	18.1	18.1	15.2	15.3	18.7	17.3	17.0	13.5	17.9	17.6	19
5	Population aged 65 and over	%	8.5	23.8	16.2	19.9	27.6	26.2	17.7	21.8	26.8	28.1	20.4	21.9	17.7
6	Pensioners living alone	%	15.7	25.1	28.2	27.4	28.8	37.7	30.2	21.8	32.1	24.7	30.4	30.0	31.5
7	Older people with low income	%	5.6	7.6	7.9	7.3	7.5	13.5	12.2	7.9	8.2	7.5	N/A	10.2	16.2
8	People with low income	%	4.0	5.3	4.7	7.3	7.1	10.8	9.2	7.3	9.1	6.3	N/A	9.4	14.6
9	Children in poverty	%	5.5	6.5	4.9	11.7	9.6	13.6	11.2	10.4	12.0	8.1	N/A	12.4	19.9
10	Long term unemployment	rate											2.1	1.6	3.7
11	Fertility rate	rate	57.7	40.0	60.7	58.3	50.3	56.0	60.0	52.0	53.2	53.3	68.2	60.8	63.2
12	Low birth weight	%	2.1	2.3	2.4	2.3	2.4	3.0	1.8	2.2	2.5	2.5	2.1	2.2	2.8
13	Deliveries to teenage mothers	%							0.0	0.2	0.0	0.0	1.4	1.0	1.1
14	A&E attendances age 0-4	rate	361.4	345.9	310.7	312.2	316.3	314.8	363.6	361.6	292.0	381.6	357.2	385.6	551.6
15	Admissions for injury age 0-4	rate	128.5	142.1	121.5	125.1	135.7	133.9	125.0	153.8	109.9	167.7	162.2	168.1	138.8
16	Emergency admissions age 0-4	rate	201.5	227.5	211.0	200.9	172.7	182.5	279.7	196.2	155.1	204.0	216.6	213.8	149.2
17	Child development at age 5	%	46.6	68.9	69.5	72.2	75.2	66.7	62.4	63.9	59.3	65.3	59.2	61.8	60.4
18	GCSE achievement	%	67.0	71.9	69.6	71.1	71.2	61.7	56.9	70.9	68.1	69.2	60.2	62.2	56.6

19	Excess weight age 4-5	%	16.4	18.5	19.5	19.0	18.5	20.3	18.7	21.6	23.1	23.4	20.2	19.1	22.2	Lifestyle
20	Excess weight age 10-11	%	32.1	31.7	27.8	27.7	28.9	32.4	35.6	30.3	31.0	31.5	31.9	29.1	33.6	
21	Smokers age 11-15	%	2.9	2.5	2.3	2.4	3.0	2.9	2.1	2.6	3.2	4.3	N/A	3.2	3.1	
22	Smokers age 16-17	%	12.1	13.9	14.2	13.6	15.3	16.5	15.3	14.5	14.8	14.5	N/A	15.2	14.8	
23	Healthy eating (adults)	%	28.2	31.5	29.0	30.5	32.2	29.3	28.6	32.0	32.4	29.9	28.8	31.4	28.7	
24	Obese adults	%	24.7	23.2	21.4	21.3	21.9	23.1	23.5	22.0	18.7	23.3	23.2	21.5	24.1	
25	Binge drinking (adults)	%	23.2	25.7	21.8	20.6	19.1	21.2	21.8	19.2	23.3	19.5	22.2	22.3	20	
26	Admissions for alcohol	SAR	76.1	68.8	100.6	95.4	90.2	101.5	94.2	71.9	95.2	76.5	94.7	90.4	100	
27	Self-reported bad health	%	2.3	4.9	4.2	3.4	5.3	6.4	5.3	3.4	5.0	5.3	5.2	4.9	5.5	Illness
28	Self-reported illness	%	9.9	18.3	14.2	16.0	19.7	22.4	17.1	15.4	19.5	20.2	17.9	17.5	17.6	
29	Hospital stays for self-harm	SAR	72.8	43.6	82.9	75.8	78.0	116.9	103.0	60.7	130.3	61.6	99.9	104.9	100	
30	Emergency admissions heart attack	SAR	97.7	85.1	101.5	95.7	83.6	79.0	113.8	86.5	84.6	88.6	99.7	94.9	100	
31	Emergency admissions stroke	SAR	108.7	89.3	85.2	101.6	112.5	85.5	98.6	85.6	76.5	91.0	96.1	91.7	100	
32	Emergency admissions respiratory	SAR	87.9	67.8	54.1	57.4	69.2	81.3	116.2	57.9	56.6	59.9	91.5	80.2	100	
33	Emergency admissions hip fracture	SAR	99.6	114.2	96.6	101.2	108.4	110.5	132.3	87.1	98.8	97.2	103.1	97.9	100	
34	Emergency admissions all causes	SAR	112.7	94.2	106.2	103.1	102.7	113.6	135.0	85.0	92.7	89.3	114.8	102.3	100	
35	New cases -breast cancer	SIR	84.6	102.9	133.9	120.3	110.6	139.2	75.6	108.7	77.9	101.2	100.4	103.1	100	Cancer
36	New cases -bowel cancer	SIR	163.3	93.7	74.1	93.1	115.7	99.9	100.0	85.0	111.3	87.9	98.9	101.7	100	
37	New cases -lung cancer	SIR	76.5	75.6	86.1	87.5	102.1	125.2	127.9	69.8	76.6	70.9	96.6	87.0	100	
38	New cases -prostate cancer	SIR	125.7	104.9	113.7	116.9	118.8	112.6	124.9	104.9	120.8	104.3	107.3	100.5	100	
39	All new cancer cases	SIR	115.1	95.0	106.7	111.0	117.3	115.3	111.3	92.6	97.6	92.7	103.7	99.1	100	
40	Cancer deaths under 75	SMR	78.7	78.7	104.7	77.8	120.2	104.6	103.1	70.5	75.3	64.9	98.3	88.3	100	Death
41	Heart deaths under 75	SMR	73.2	73.4	89.9	94.2	66.9	135.2	132.4	93.2	81.6	90.1	105.7	91.1	100	
42	All deaths under 75	SMR	72.2	81.3	106.4	82.0	104.3	111.5	110.7	74.7	73.8	72.1	100.2	89.9	100	
43	Deaths from respiratory disease	SMR	87.4	111.1	117.5	116.7	86.8	93.1	108.4	95.0	67.8	111.1	104.6	95.8	100	
44	All deaths all ages	SMR	102.8	101.7	84.8	100.0	86.8	91.3	107.0	83.5	79.9	95.5	99.2	93.9	100	
45	Female Life Expectancy	years	81.4	81.9	86.6	84.0	83.9	86.9	81.6	84.8	85.8	83.5	82.8	83.5	83.1	
46	Male Life Expectancy	years	82.0	81.6	81.1	79.5	81.8	76.7	78.9	82.3	80.4	82.7	79.5	80.3	79.4	



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Cheshire Care Record Summary of Current Position

June 2021

Report Authors:

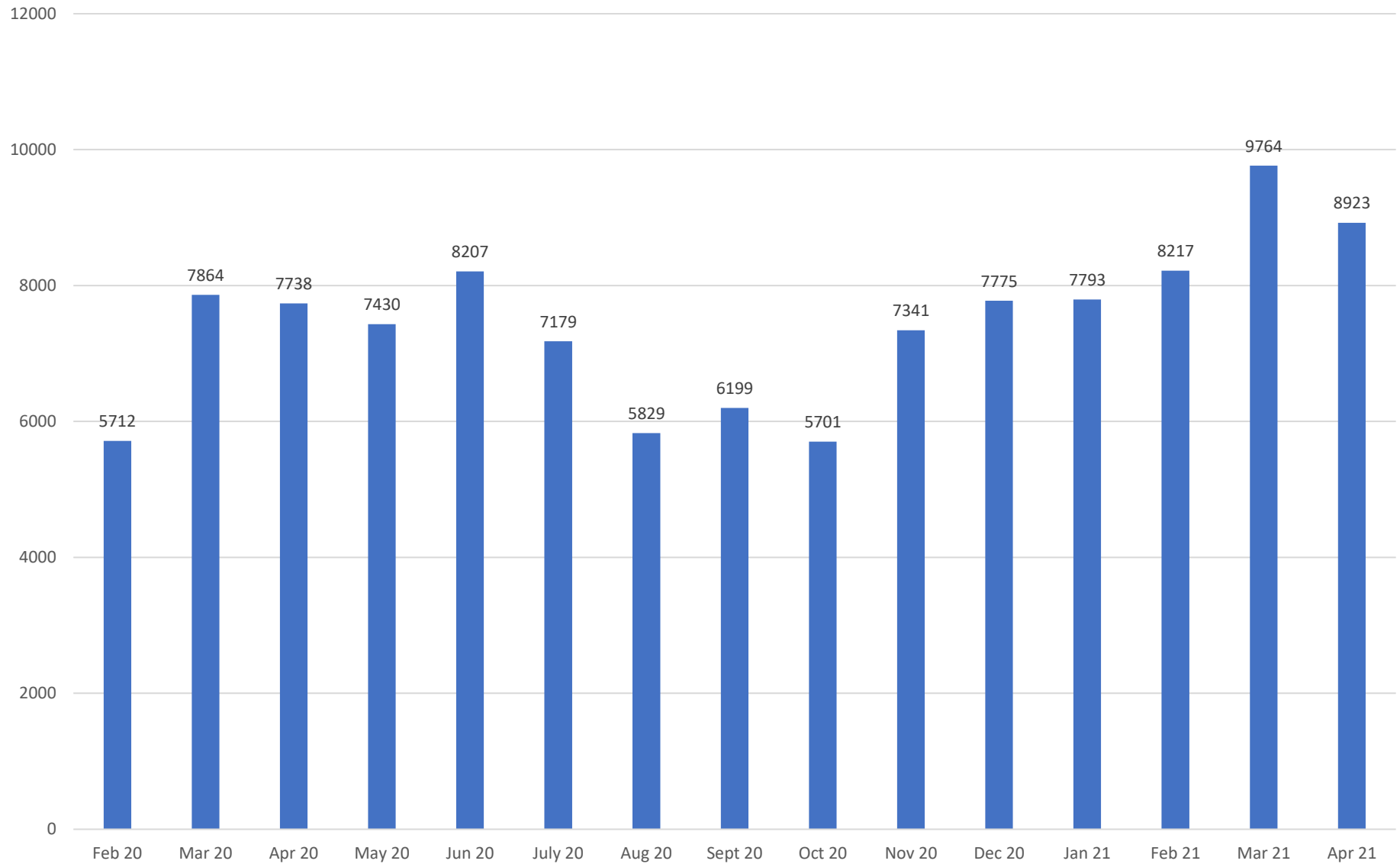
- Kevin Highfield (SRO)
- Mark Elson (Clinical Systems Manager)

Introduction

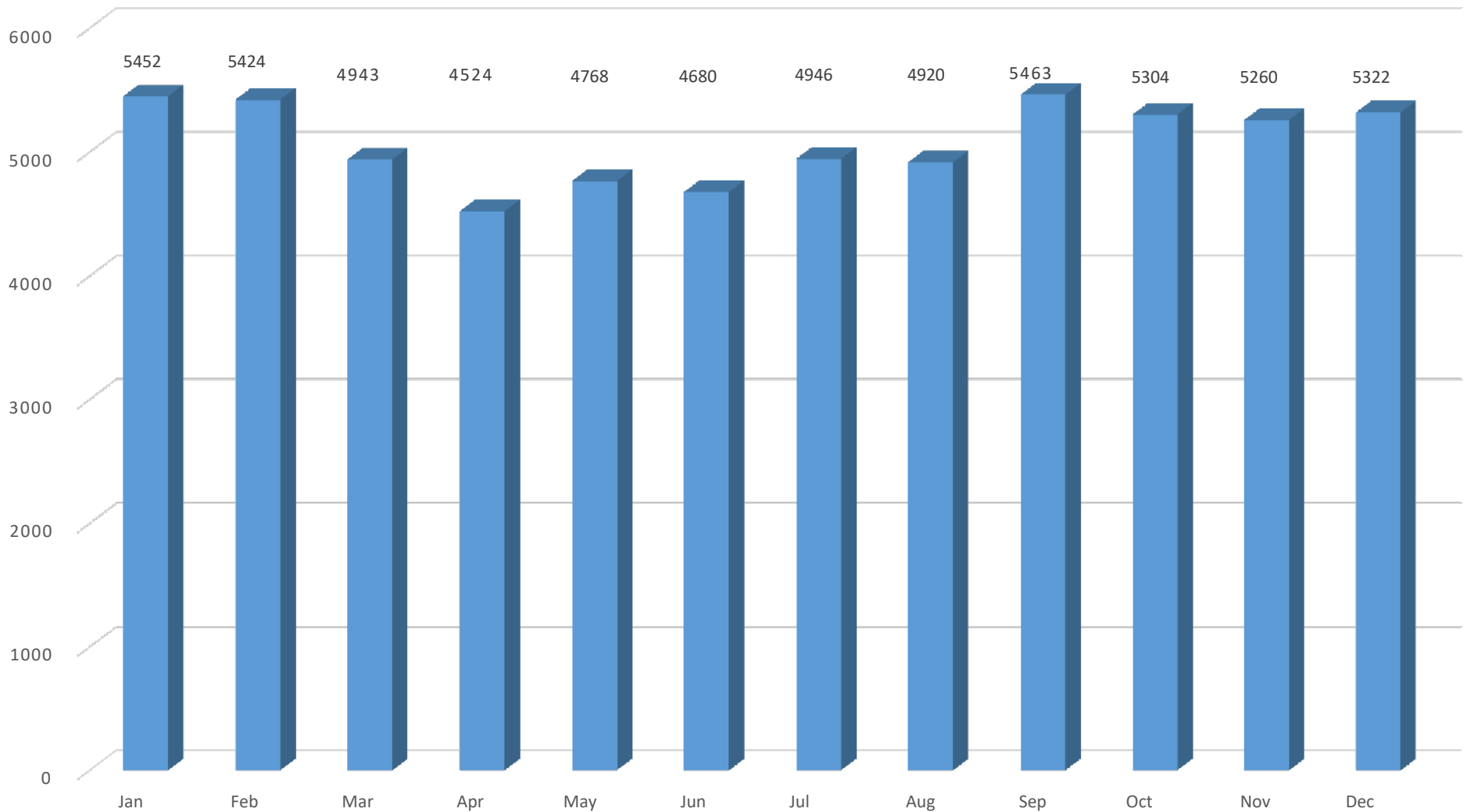
Cheshire Care Record – Current Position

- Consistent monthly usage increase, around 30% per month from previous year.
- The current contract with Graphnet has now been extended for a final 12 months and concludes 31st July 2022.
- Recruitment is underway to appoint an Optimisation Lead on a fixed term basis, anticipated postholder in place from August 2021.
- Work continues to connect Share2Care to the Cheshire Care Record via E-Xchange, the project is behind schedule but expected to go live by end of June 2021.
- As part of the Cheshire & Merseyside HCP ambition for shared health and social care, a digital strategy review has been initiated to appraise options for an integrated shared care record system for Direct Care across Cheshire and Merseyside. The review is being undertaken by Channel 3 consultancy.

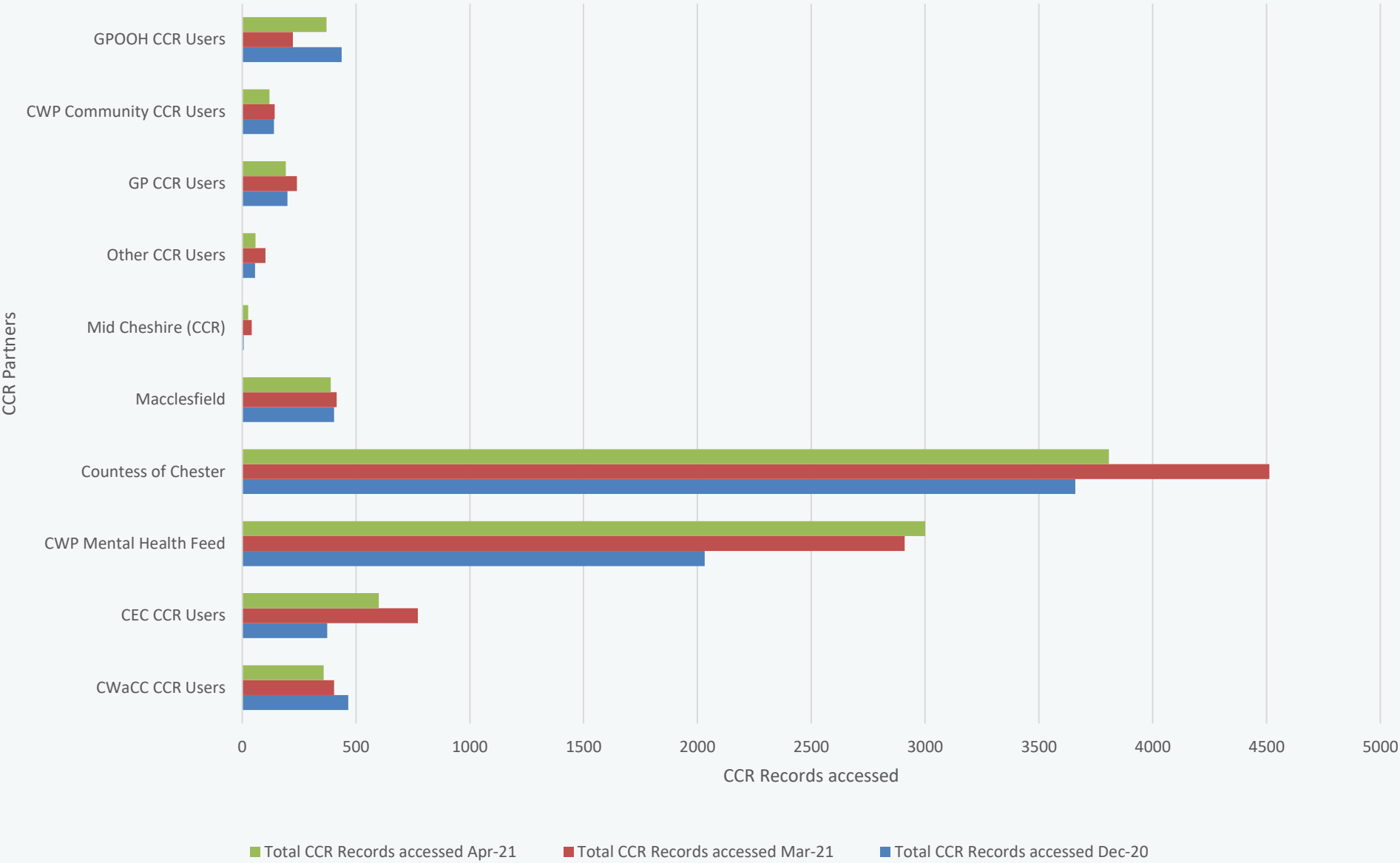
Total CCR Records Accessed during 20/21



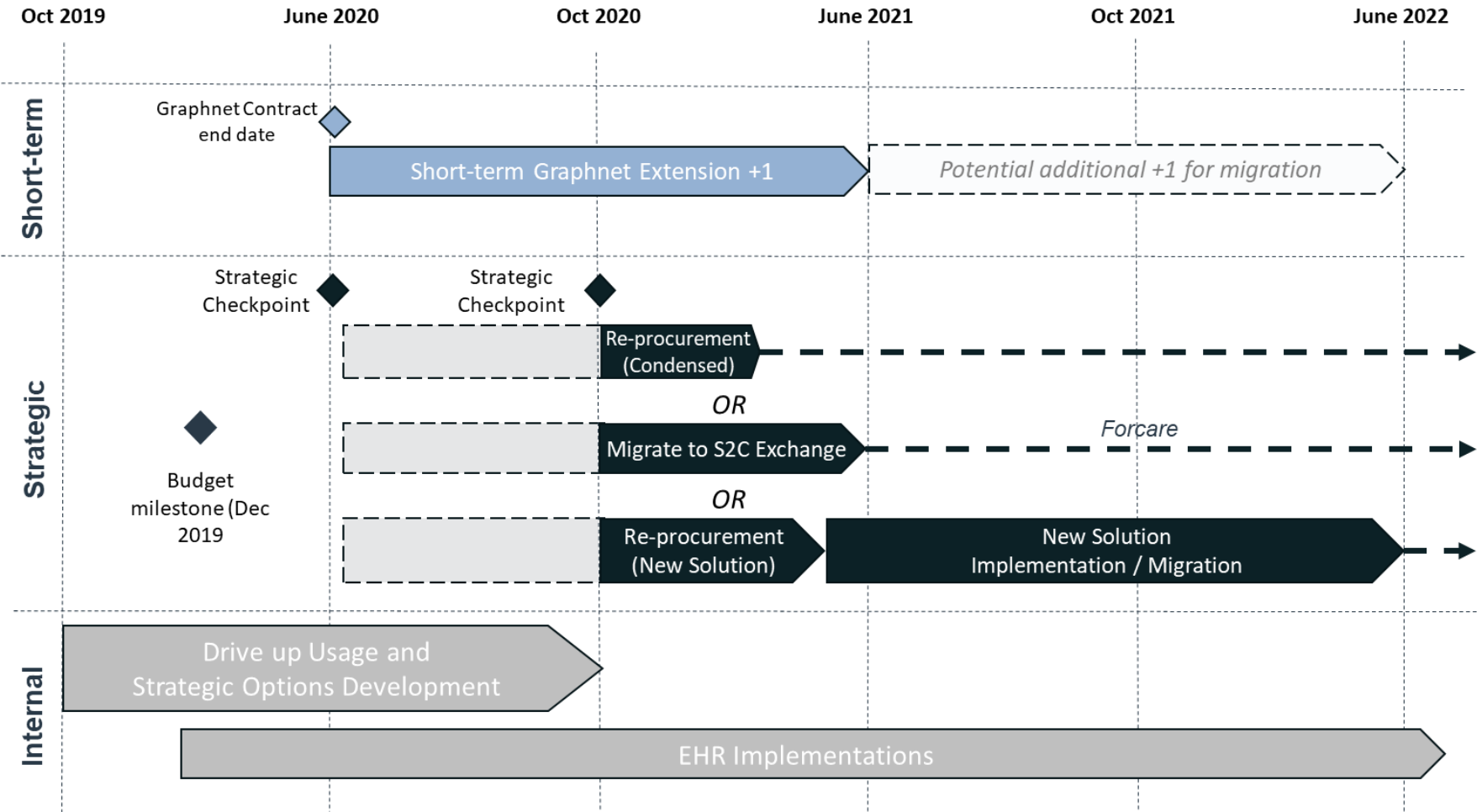
Total Patient Records accessed – January to December 2019



CCR Usage by Partner



Previous CCR Strategic Roadmap



Cheshire Care Record – Opportunities & Highlights

- Preparation work being done to add GP Out of Hours (Adastra) Data Feed to CCR *
- NWAS integration of end of life data into their EPR being evaluated by Graphnet
- CCR IG Group 2 year review of GDPR requirements and addition of new signatories
- Share2Care Training Video distributed to key stakeholders
- New CCR Training Video released with latest features and enhancements
- Working with CWP Provider on integration of their new Patient record system (TPP)

*** We are working with the C&M HCP to establish at what point developments to CCR should cease to ensure public monies are invested timely and wisely.**

Channel 3: Digital Strategy Review - C&M Shared Care Records

Executive Summary:

This digital strategy review outlined the options and recommended strategic direction for an integrated shared care record system for direct care and population health management across the System. The consensus view across C&M is for a common solution/database for direct care that will inform population health management and provide a base for Person Held Records.

C&M has strong ambitions for shared health and social care and has an opportunity to be a leader shaping the national direction. The ICS has recently published its 2021-2025 strategy, this strategy centres on the need to tackle health inequalities across the region. Key enablers for this are:

- Creating integrated care partnerships across health and social care.
- Supporting and enhancing Place-based population health analytics, building out wider data sets for the region and activity across the region.
- Taking a whole-system approach to commissioning and workforce planning.

These ICS ambitions, and the technology systems to support them, must also align with the developing national direction for shared care records to create an open standards-based solution based upon the national data model.

Next Steps:

There is no “do nothing” option under the current strategy that will allow Cheshire and Merseyside to meet the national objectives beyond September 2021

It was agreed and the C&M Digital Board (24 May 2021) the following:

a) Further work will be undertaken to review 2 options in the context of financial implications and clinical opinion/view:

Option 1 – Near real-time linked dataset for Population Health and Direct Care (e.g CIPHA) listed as the recommended option.

Option 2 – Common dataset for Shared Care Record and Population Health supporting workforce planning (e.g St Helens, Cheshire)

b) Any final decisions on the strategic direction are to be taken by a shadow ICS NHS Board in the autumn of 2021

Cheshire Care Record – Considerations and Risks

- The CCR contract expires end of July 2022. As it stands, we believe a further extension of the Graphnet contract is not possible and to continue as we are this would require a full procurement exercise to be undertake.

Considerations

- Ongoing funding is not clear given Cheshire CCG will not be in place from April 2022
- A full procurement will be costly
- We are not clear of the C&M strategic direction as yet, and the impact of implementing further functionality to the CCR e.g. Adastra

Mitigation

- Discussions are ongoing with C&M digital lead to outline the concerns related to the CCR and the options open to us
 - Exploring collaboration opportunities to maintain services as part of a manageable transition to the agreed C&M strategic solution. Dialogue with St Helens & Knowsley on options to utilise current Graphnet contract are underway
- Current infrastructure for CCR is at end of life, funding would be required to both maintain and extend service, indicative costs of 100k currently quoted.

Mitigation

- Further work is underway to map out the timeline and costs for addressing the infrastructure and license issues, the CCR Senior Leadership Group have advised that the CCR remains operational, and we take a balanced and risk-based approach before agreeing to any further investment in infrastructure

Cheshire Care Record – Considerations and Risks

- Countess of Chester (CoCH) Informatics resource fully engaged with new Electronic Patient Record (EPR) rollout, with potential resource issues to migrate onto any new platform.

Mitigation

- We seek to recruit additional temporary resource from the remaining CCR monies (approx. £100k) to work on transition and migration.
- The role of the 'optimization lead' will have core responsibility for supporting discussions with C&M HCP, partners and stakeholders across Cheshire.

Conclusions

- We are navigating a new path for a shared care record for Cheshire during a time of uncertainty.
- We are reliant on timely information and direction from the C&M HCP.
- We are exploring collaboration opportunities to manage a transition so there is no loss of service and functionality for Cheshire Care Record Users.
- We will continue to keep the ICP Place Boards updated of progress as and when decisions are agreed.