healthwatch Manchester

COVID-19 3 Communities

Effectiveness of safety information around COVID-19

September 2020

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Recommendations

1. Further consideration of accessibility is required by local providers of services when producing information and guidance for Manchester residents in those communities where English is not the first language.

2. The role of local voluntary and cultural-specific organisations in providing useful and accessible information through the correct methods to the communities they support should be acknowledged and gain investment by all key health and social care partners.

3. The role of pharmacy as a key point of contact and service uptake should be acknowledged and resourced as a provider and outlet of accessible information to disadvantaged communities.

4. Healthwatch Manchester needs to continue to invest in more accessible engagement methods in order to reach people from disadvantaged and marginalised communities.

1. Introduction

1.1 This report aims to present the findings from an investigation into the effectiveness of safety information around COVID-19.

1.2 Two groups of people were identified as requiring this investigation due to their disadvantage in accessing standard safety information around COVID-19 infection. These communities are:

- People for whom English is a second language
- People with disability

1.3 Both communities share the commonality of having English as their second language, in that BSL is the primary language for deaf people. For this reason, people from Manchester's deaf community were targeted for their response.

1.4 Members of the Healthwatch Manchester trustee board directed the investigation toward the South Asian, Deaf and Chinese communities as priority areas for investigation.

2. Background & Rationale

2.1 People from disadvantaged communities often face pronounced health inequalities, particularly around accessing the information they need. This is evident in those communities were English is a second language. Where this information is a determinant around infection prevention and self-care this can be particularly hazardous to health and wellbeing.

2.2 In June 2020 at the Healthwatch Manchester trustee board meeting, the issue of poor access to safety information around the transmission of the COVID-19 virus was identified as a priority area of work for immediate effect. Three communities were identified as facing particular disadvantage:

- Deaf
- South Asian
- Chinese

2.3 Healthwatch Manchester was in a strong position to conduct a swift investigation into the issues facing these three communities around accessing safety information regarding COVID-19 transmission due to:

- its established track record around the analysis of access needs by disadvantaged communities
- its local trust, in-reach and clear communication lines to the three communities
- its recent recruitment of an information & communications/support team to carry out the investigation

3. Methodology

3.1 A questionnaire survey was developed the aim of which was to uncover the reasons behind people's lack of access to the information they required around COVID-19 and safety from infection. This was deployed through Healthwatch Manchester's established distribution channels to the wider public. The survey was also strongly promoted to the three communities via the board members who champion those communities.

3.2 In order to ensure the accessibility of the survey, it was translated into language specific versions and deployed through the distribution channels of local voluntary community service providers of health and social care services to those communities. This occurred during the months of July and August with a deadline of early September.

3.3 The reason the survey ran for a comparably brief period of time was due to a high demand from statutory partners and providers for the results of this survey. It is the intention of Healthwatch Manchester to repeat this survey at a future date.

3.4 The responses were analysed and the findings used to produce the recommendations found in this report.

4. Key Findings

4.1 For ease of reporting, responses were divided into three cohorts of people in order to best identify the issues faced by their disadvantaged communities by providing a contrast with those who do not:

- Group A – general public in Manchester
- Group B – people for whom English is a second language, including Chinese and Urdu speaking communities in Manchester
- Group C – people with disability, including people from the deaf community in Manchester

4.2 To begin with, we asked people which activities they found most useful in coping during the pandemic.

Across all groups, communicating with friends and family, exercise and reading were the preferred choices.

4.3 We asked people if they had been self-isolating during the onset of the pandemic. In total, 52% of all respondents reported that they had been self-isolating, whilst 48% said that they had not.
There was no significant majority regarding self-isolation within either group.

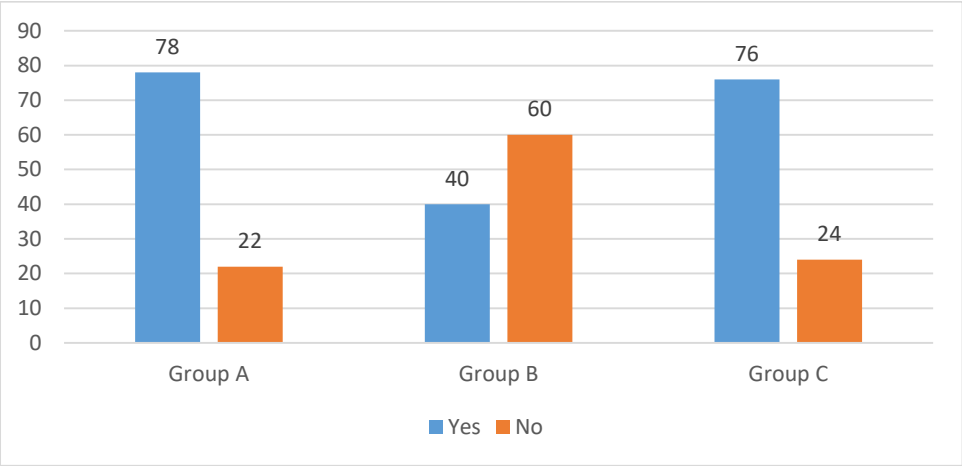
We then asked those people who had been self-isolating to specify the reason why they had been doing so.

There was a commonality of response across all groups. The two most popular reasons given were either identifying as a high-risk to infection-related illness (due to an existing medical condition) or that a letter had been received from the government advising them to self-isolate. A number of our respondents also reported that they had experienced COVID-19 symptoms and had been self-isolating as a consequence. Examples of additional comments received were:

- *"Medical advice, husband CKD (chronic kidney disease) patient on dialysis"*
- *"It's the right thing to do in my mind. I live with two others so this has been easier. I am also asthmatic so I feel safer."*
- *"NHS letter to shield"*
- *"Children had symptoms of covid19"*

4.4 We asked if people felt well informed about the risks posed to their health from COVID-19. Two groups, A & C, reported with a clear majority that they felt that they had been well-informed about the risks to their health from COVID-19. Figure 2 provides a comparison between each group response to this question.

Figure 2 Comparison of responses from each group by percentage



Despite an overall majority reporting that they had felt well informed, those who did not feel well informed provided comments indicating difficulty and confusion.

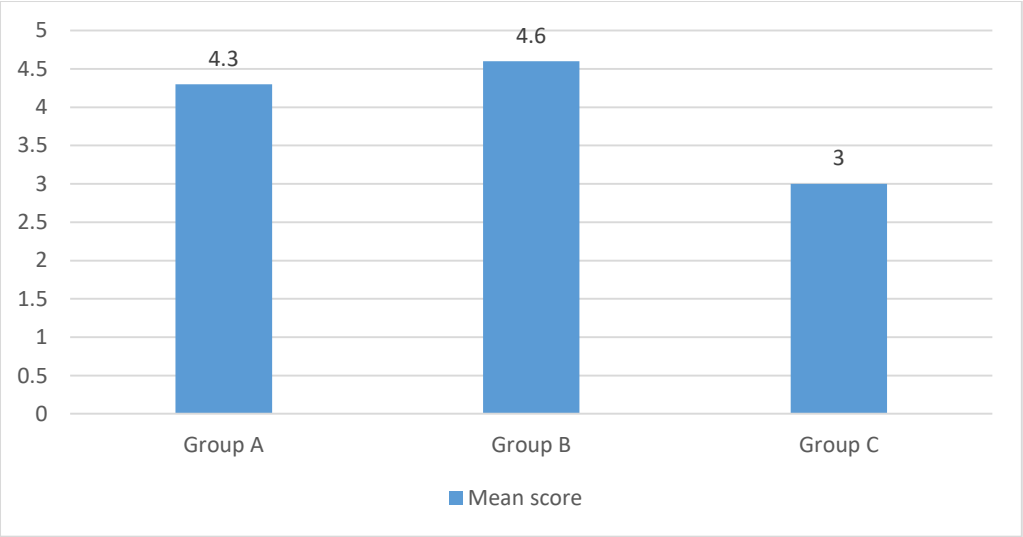
- *"not all information was forthcoming [sic] by Government"*
- *"I had to actually search out the information from leading scientists, because the govt advice was patchy and confusing."*
- *"There were to many confusing statements made by the government"*
- *"Too many confusing info sources"*

Group B was the only cohort where a majority of respondents reported that they did not feel well informed about the risks to their health from COVID-19.

- *"because I cannot read English"*
- *"(could) not fully understand"*

4.5 We asked people to rate the standard of information regarding the COVID-19 pandemic on a scale of 1 (bad) to 5 (good). Figure 3 shows the average score for each group.

Figure 3 Average rating for the standard of information received



4.6 We then asked what could have improved the standard of information received.

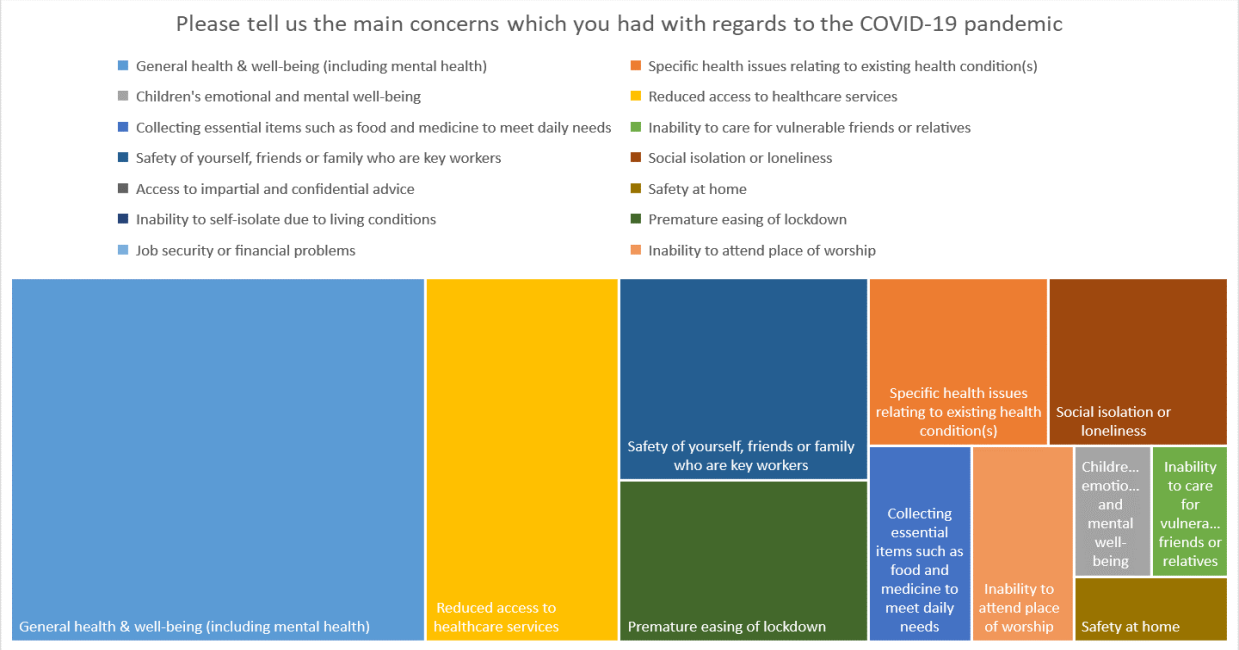
- *"If you have Chinese information, it's better"*
- *"Confusing messages between government and healthcare advisors. Healthcare professionals have been fantastic, and I have been following their guidance. Government advice is terrible, otherwise I would have rated the standard of information higher*

- *"clarity less ambiguity from govt"*
- *"A clear message Easy read info other formats code and audio"*
- *"Clearer messaging from the government. Fewer u turns. Fewer contradictory practices"*
- *"The political advice was vague, contradictory and always too late. The medical advice did not say many common symptoms so lots of people would not have got tested because like me they thought only cough, fever, breathlessness was a symptom"*
- *"I have had very little direct information from my medical practitioners, but the NHS has been very good, as has Manchester City Council"*

4.7 We asked the respondents what has been their main source of information about the COVID-19 pandemic. Across all groups, television and the internet (predominately social media sites such as Twitter) were the two main sources of news cited. Some of the respondents from group B reported that foreign TV channels (Chinese TV was noted in a number of responses) were the main source of information.

4.8 We asked people what their main concerns were with regards to the COVID-19 pandemic. Figure 4 highlights the predominance of each concern across the total pool of respondents. General health & well-being (including mental health) concerns was the most commonly identified concern (this was the case for all groups), followed by reduced access to healthcare services.

Figure 4 Tree map showing the main concerns regarding the COVID-19 pandemic



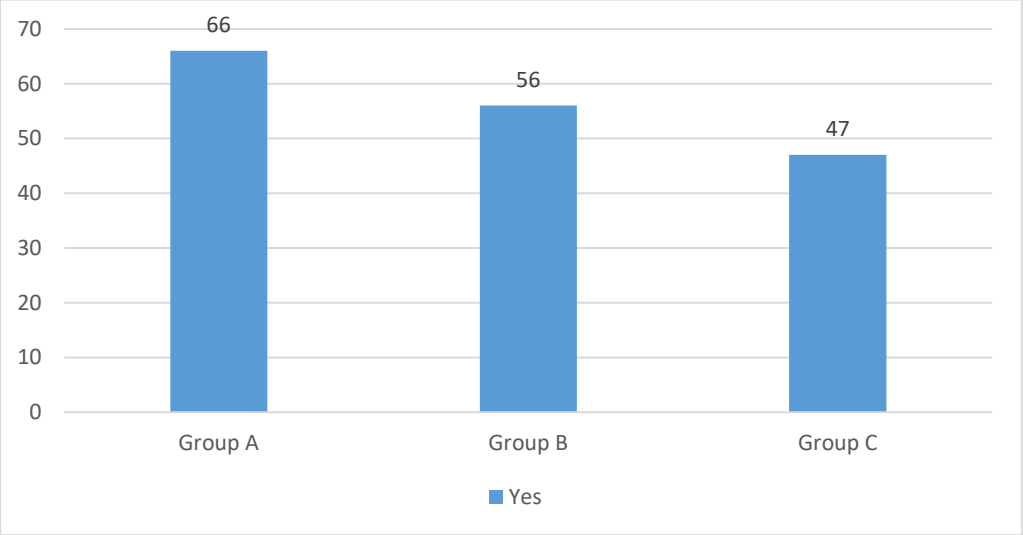
However, for group C respondents the second most common concern was social isolation and loneliness, whilst for group B respondents this was collecting essential items such as food and medicine to meet daily needs.

A request for clarification on this point from group B from their community leaders indicated a reliance upon local community groups:

- to make these requests in English on their behalf and
- to address the need for cultural sensitivity and appropriateness regarding the provision of food parcels

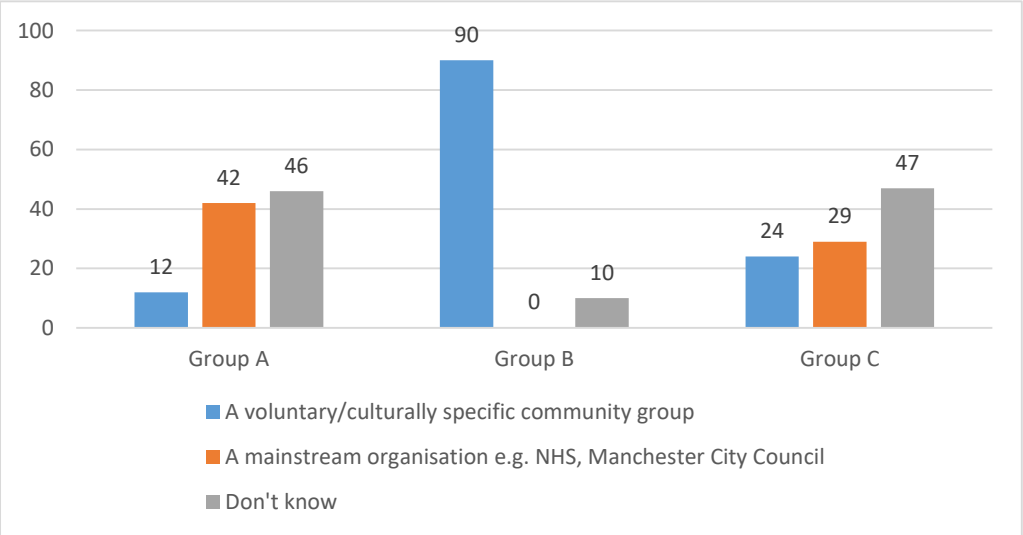
4.9 Following on from the above question, we then asked respondents if they were aware of the available services to help support them with their main concerns.

Figure 5 Percentage comparison by group giving a positive answer to this question



4.10 We then asked participants where they would have preferred to have accessed support from during the pandemic.

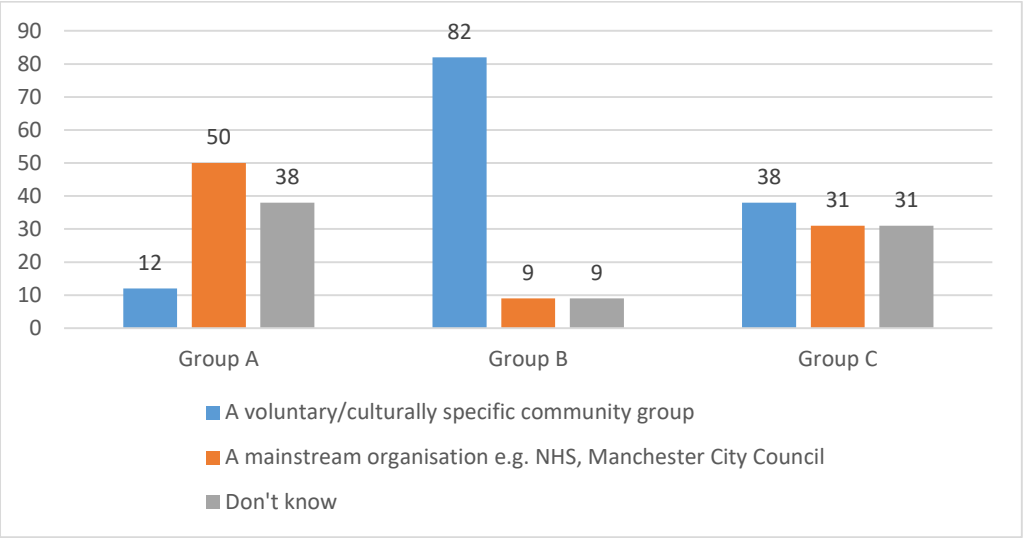
Figure 6 Percentage comparison response by group to this question



In both groups A & C (but particularly in group A), the most common option selected was support via a mainstream organisation. In group B a significant majority of respondents selected the option of a voluntary/cultural specific community group.

4.11 This point is further illustrated through the next question, which asked participants to think where they would prefer to access this kind of support from in future. For both groups A & C, the most commonly selected option was through a mainstream organisation, whilst for group B the preferred choice by a significant majority was via a voluntary/cultural specific community group.

Figure 7 Percentage comparison response by group to this question



4.12 We then asked the respondents which healthcare services they had used during the pandemic and how satisfied they were with the service.

For all groups, the most common service used was a pharmacy followed by that of a GP. Whilst there was a small number of comments which expressed dissatisfaction with the quality of the service which they had received, the overwhelming majority of comments were positive and gave a high score.

4.13 We followed up the previous question by asking respondents what could have improved their experience. We received a wide variety of answers, some of which related to a specific provider whilst others offered a more general overview. Despite this, the main theme which was found in a number of the comments related to poor communication. Below are a sample of the comments received:

- *"Communication in general could [sic] have been better at the hospital"*
- *"Listening to me as a parent and checking the veracity of what I was saying"*
- *"More reassurance about what would be happening about cancelled hospital appointments. They just sort of ceased to exist."*
- *"To have had calls from housing and my GP to check in on my welfare."*
- *"Not having to actually wait 3 months to get physio and then only when I needed hospitalisation"*
- *"provide interpreting"*

4.14 We then asked respondents which, if any, services they needed to access during lockdown but which were not available. The most common service named in response to this question was a dentist, following by a GP.

4.15 We then asked respondents to try and identify why they were unable to access these services. Figures 8 to 10 provide a profile of responses for each group.

Figure 8 Group A percentage responses to this question

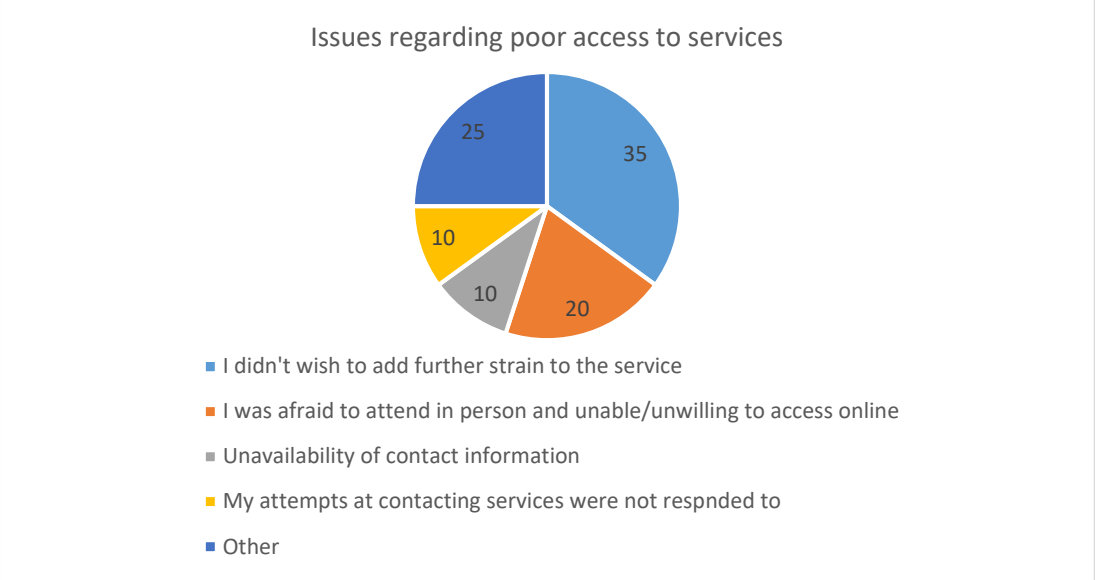


Figure 9 Group B percentage responses to this question

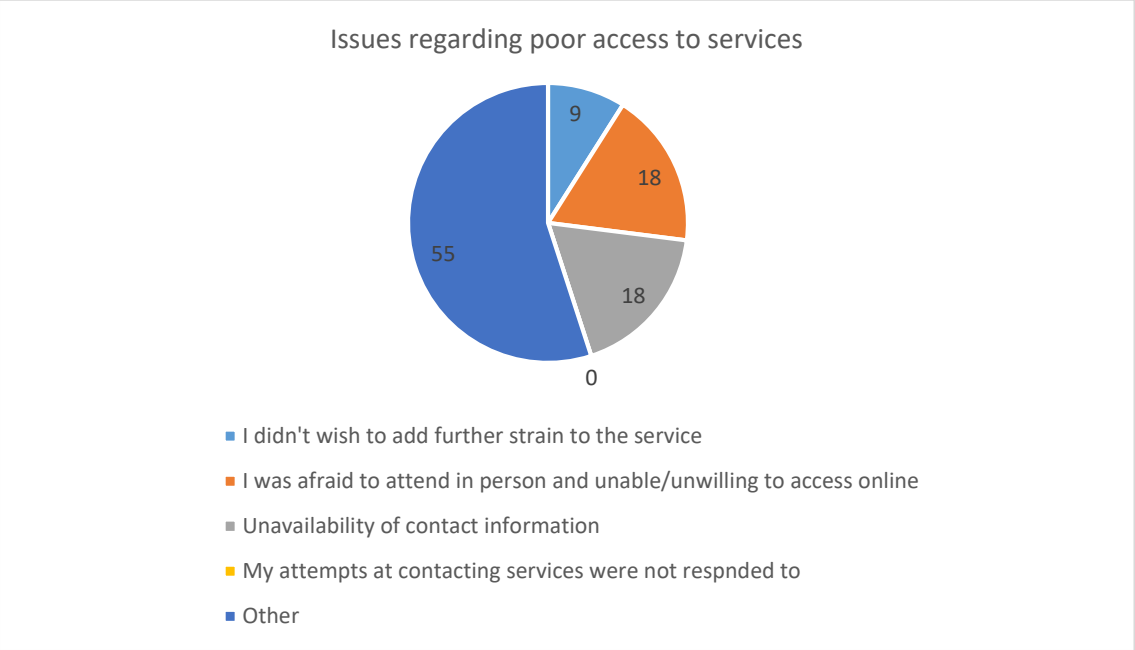
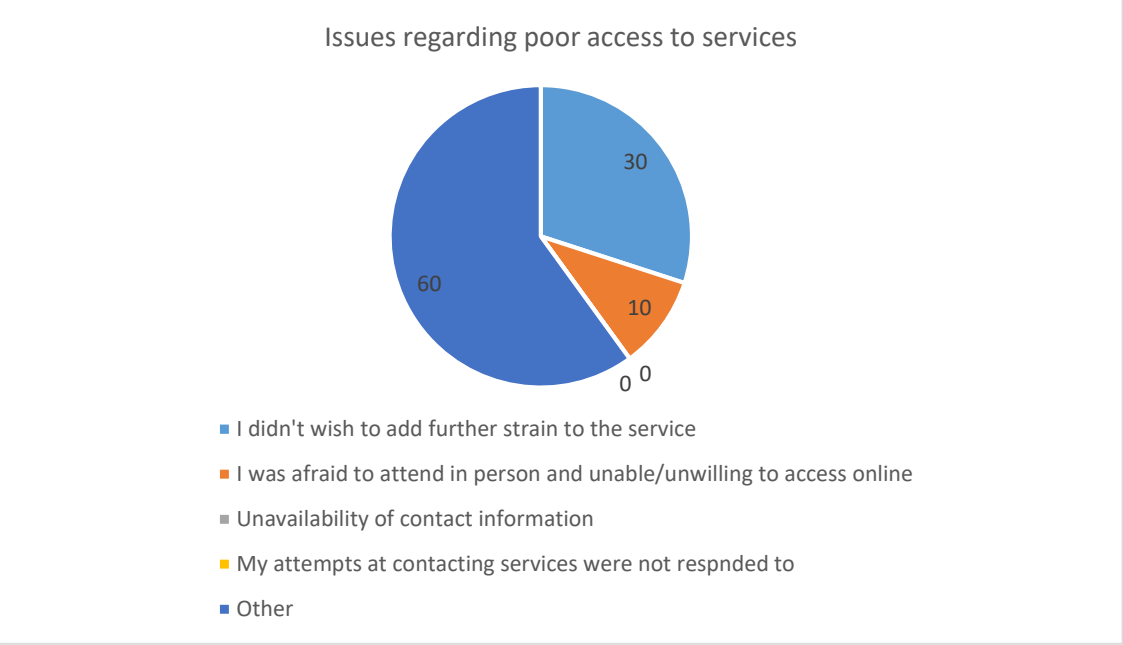


Figure 10 Group C percentage responses to this question



Whilst the most common available selection was not wanting to add an 'extra strain to the service', we had a significant amount of comments through the 'other' section, the overwhelming majority of which spoke about the required service being closed or appointments being cancelled. A selection of the comments is below:

- *"They cancelled my appointments"*
- *"they were shut"*
- *"They were cancelled"*

5. Conclusions

5.1 There was commonality in terms of self-isolation across all communities in terms of the proportion of people self-isolating and the activities pursued to help them during this period. There is a willingness to follow guidance on self-solation and other ways of maintaining wellbeing.

5.2 There is a disparity in the access to and usefulness of information between groups with people from disadvantaged groups providing an overall poorer rating than in general.

5.2 This is in counterpoint to the information provided locally through voluntary and cultural-specific community groups. These are clearly more trusted to provide useful and accessible information to the local members of their community.

5.3 Whilst information from the local NHS or local authority was rated highly in general, for disadvantaged communities this appears to vary and often has a lower rating or assessment regarding its accessibility and usefulness.

5.4 The reported most common health service used during the COVID-19 pandemic has been pharmacy.

5.5 The investment in producing accessible engagement methods by Healthwatch Manchester created a positive outcome regarding an increased reach into disadvantaged and marginalised communities.

5.6 There is an acknowledgement by Healthwatch Manchester's board that this survey should be run once more during the seasonal flu period of 2020/21.

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