

# Covid-19 experience: rapid review

Prepared for: Experience of Restart group (via National Voices)

October 2020

## 1. Background

This report has been prepared on the basis of discussion (hosted by National Voices) about patient/service users' experience of "restart" of health and care services, following the coronavirus crisis and lockdown.

The Patient Experience Library observed a rapid increase in reports of patient experience in relation to Covid-19 during this time. Much of the literature looks at people's experiences of being suddenly unable to access services in normal ways. Some is negative, but there are positive reports too - for example, on easier online access for those who are comfortable with IT and with remote consultations.

The literature as a whole will certainly hold clues as to what people want and need from restart. This rapid review offers an overview of the scale and nature of the literature, as a starting point for possible further research.

## 2. Method

This overview is based on a search of the [Patient Experience Library](#), which contains over 60,000 publications on patient experience and involvement. These include surveys, studies and policy documents from sources including government bodies, patient voice organisations, health charities and academic institutions. The library contains both formal literature and "grey literature", defined as publications that are ephemeral, poorly catalogued and hard to find.

Search terms used for this report were "covid", "coronavirus" and "lockdown". Relevance filters were applied to ensure that search results contained reports that were of high relevance to the search terms. Reports that made only passing mention of covid, coronavirus or lockdown were eliminated from the final count.

## 3. Findings

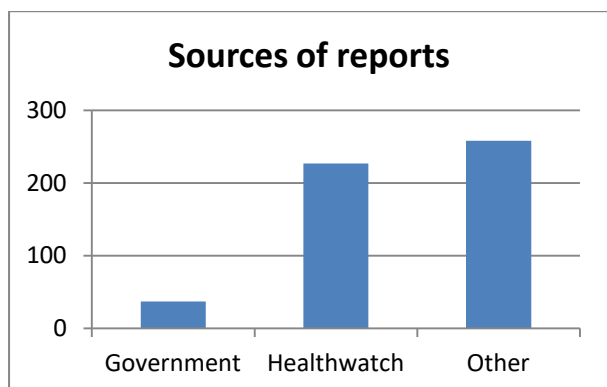
### 3.1 Total reports

After relevance filtering, we were left with 522 reports on people's experiences of covid, coronavirus and lockdown.

### 3.2 Sources

Authors/publishers of reports can be broadly categorised as follows:

- Government 37
- Healthwatch 227
- Other 258



"Government" includes state-funded bodies such as the Care Quality Commission, so is not narrowly confined to statements from, say, No. 10 or the Secretary of State for Health and Social Care.

"Other" includes health charities, polling organisations, think tanks and patient voice organisations other than Healthwatch.

### 3.3. Topics

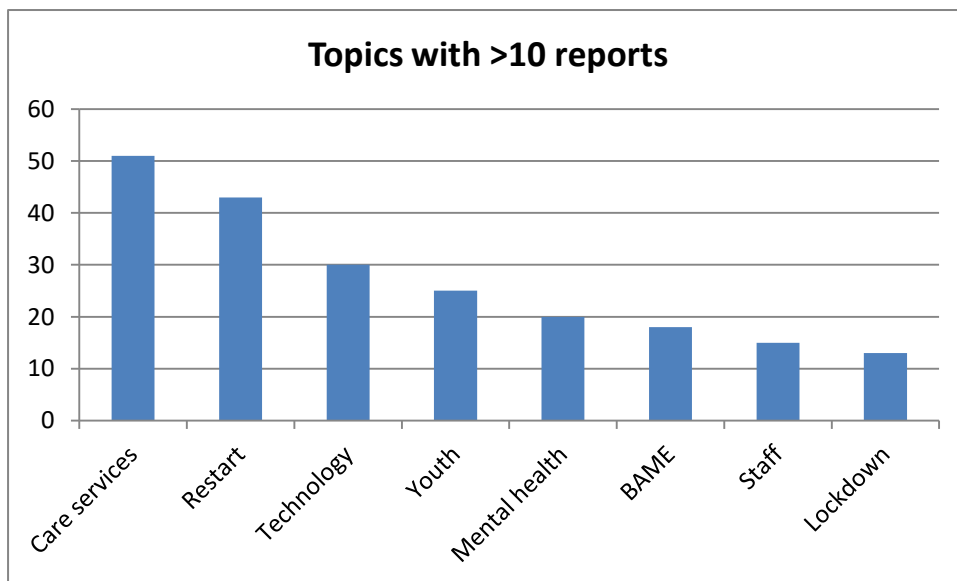
It was not possible, within this rapid review, to do a detailed categorisation of the topics covered in the reports. A complicating factor is that many reports cover more than one aspect of patient experience - for example a report on "lockdown" might also cover loneliness and mental health. A report on young people might also cover use of technology, and so on.

On that basis, the biggest single category of reports was "general", meaning reports which asked open-ended questions about people's experiences, and covered multiple sub-topics. There were 239 of these.

Beyond that, we broke the analysis into two groups: more than ten reports on the topic, and up to ten reports. Again, with these categorisations, we would urge caution: reports on, say, "maternity" might well deal with aspects of "lockdown", while reports on "GP services" might well include the experiences of minority ethnic communities, etc.

### 3.3.1 Topics with more than 10 reports

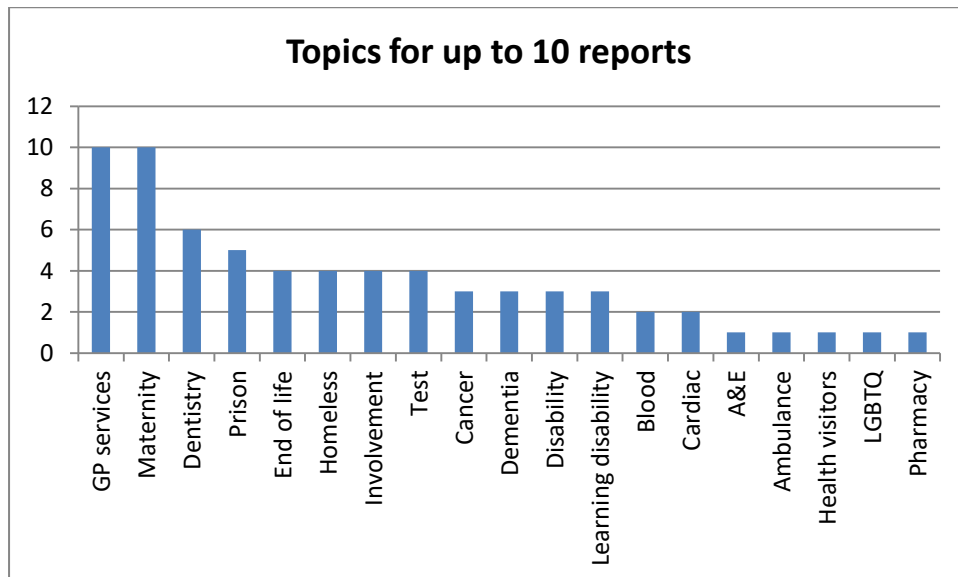
- Care services 51
- Restart 43
- Technology 30
- Youth 25
- Mental health 20
- BAME 18
- Staff 15
- Lockdown 13



### 3.3.2 Topics with up to 10 reports

- GP services 10
- Maternity 10
- Dentistry 6
- Prison 5
- End of life 4
- Homeless 4
- Involvement 4
- Test 4
- Cancer 3
- Dementia 3
- Disability 3
- Learning disability 3
- Blood 2
- Cardiac 2
- A&E 1
- Ambulance 1

- Health visitors 1
- LGBTQ 1
- Pharmacy 1



#### 4. Sample reports

With over 500 reports generated by our search, it has not been possible (in the time available) to review and synthesise the wealth of evidence that they contain. However, the following examples will give some idea of the scope and quality of the reporting.

In line with the focus of the discussion hosted by National Voices (which prompted this report) we offer a small sample of reports dealing with aspects of health inequality.

##### 4.1 Black and Minority Ethnic communities

[Hear us. The experiences of refugee and asylum-seeking women during the pandemic. Over-Exposed and Under-Protected. The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain.](#)

[Beyond the data: Understanding the impact of COVID-19 on BAME groups.](#)

##### 4.2 Care services

[Care Homes and Covid - The Reality.](#)

[Caring behind closed doors: Forgotten families in the coronavirus outbreak.](#)

[Covid-19 - experiences and learning in Coventry Care homes](#)

### 4.3 Disability

[Unequal impact? Coronavirus, disability and access to services: interim Report on temporary provisions in the Coronavirus Act.](#)

[Abandoned, forgotten and ignored, the impact of the coronavirus pandemic on disabled people.](#)

### 4.4 Homelessness

[Future-proof the roof, the case for sustainable investment to tackle homelessness and rough sleeping post-Covid-19.](#)

[Briefing on individuals with NRPF who are experiencing, or are at risk of, homelessness and destitution during the COVID-19 pandemic.](#)

### 4.5 Youth

[Coronavirus: Impact on young people with mental health needs.](#)

[We're all in this together? Local area profiles of child vulnerability.](#)

[Life on hold. Children's Well-being and COVID-19.](#)

## 5. Conclusion

There is an extensive - and still growing - body of evidence on people's experiences through the Covid-19 pandemic.

Much resides in the realms of grey literature, and is likely to be invisible to bodies such as the Department of Health and Social Care, and NHS England/Improvement.

As can be seen from the examples above, reports are from credible sources, and are of good quality with useful learning for a healthcare system that will be dealing with the consequences of Covid for some considerable time to come.

It would be sensible to conduct a full systematic review of the evidence - perhaps commissioned by a body such as the National Institute for Health Research, and engaging the services of a reputable academic/research organisation. The Patient Experience Library would be keen to support any such review.

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