

Joint Programme for Patient, Carer and Public Involvement in COVID Recovery: Attitudes and behaviours telephone survey

October 2021

*Generously supported by Guy's and St
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College Hospital Charity*



Ipsos MORI



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Executive summary

Executive summary

Introduction



The **Joint Programme for Patient, Carer and Public Involvement in COVID Recovery** is a collaboration between Guy's and St Thomas' NHS Foundation Trust - including Evelina London Children's Hospital and Royal Brompton and Harefield hospitals - and King's College Hospital NHS Foundation Trust.

The **two-year programme**, generously funded by the Guys' and St Thomas' Charity and supported by King's College Hospital Charity, aims to ensure the views of patients, carers and the public **inform a number of the ongoing service changes** that continue to develop in response to the COVID-19 pandemic.

This report contains the findings from a survey carried out by Ipsos MORI on behalf of the Joint Programme for Patient, Carer and Public Involvement in COVID Recovery. The objectives of the research were to **understand patient, carer and public attitudes and behaviours in relation to accessing care and services during the pandemic**.

Overall, **1,500 participants from across the partners** involved in the programme took part in the survey, which was conducted via telephone in May 2021.

Executive summary

Key findings and implications

Concerns about coronavirus

There remain **high levels of concern about coronavirus** – these worries continue to affect how people feel about using health services. These concerns are evident throughout the results and demonstrate the need to continue to reassure patients, carers and visitors:

- **Experiences of using hospital services face-to-face during the pandemic were largely positive** – the majority (91%) said they felt comfortable using these services.
- Parents and carers, responding on behalf of a child or adult, were less positive (84% and 78% respectively), reflecting **higher levels of concern amongst people with caring responsibilities**.
- The small group who said they **felt uncomfortable using a health service face-to-face** (7% of those that used them) tended to say they felt this way **because they were worried about catching coronavirus**.
- Although only a small proportion (less than 5%), **some participants chose to stay away from services during the pandemic because they were worried about catching coronavirus**.
- The **majority of participants say they would feel comfortable using most services** if they needed to in the future.
- Of those who said they would be uncomfortable using a hospital service face-to-face (37%), the most **common reason for feeling concerned relates to the perceived risk of catching coronavirus** (mentioned by 54% of this group).
- On the whole, participants find the **prospect of staying as an inpatient as the most worrisome** (20% would feel uncomfortable).

Executive summary

Key findings and implications continued...

There are implications arising from these continued high levels of concern:

- Communications ought to provide **reassurance about the level of risk and measures that are in place** to keep patients, carers and visitors safe when attending a health service. Findings also suggest a need for staff to be understanding and compassionate, even more so than in usual circumstances.
- However, there is a **small group of very concerned people** who say that **nothing could make them feel comfortable about using a face-to-face service**. While **virtual alternatives** are a useful solution in some cases (see next slide), some patients or carers may choose not to access services when they need to. The programme may wish to consider how to engage with this group to understand whether they will stay away from services in the longer-term.



Executive summary

Key findings and implications continued...



Virtual appointments

Relatively **small numbers of participants had used a virtual appointment** (e.g. online using a smart phone or other device, or by telephone); most via telephone. **Most felt comfortable using a virtual service**; however, some expressed unease or experienced difficulties. For some people, there appears to be distrust, linked to not having a physical examination and a concern that something may get missed.

The survey collected suggestions from some participants as to how to support them to make use of virtual services (and to feel comfortable doing so), including:

- **More information in advance and to have a set time** for the appointment.
- Support to help them **overcome connectivity and communication issues**.

However, it is clear that some people may be left behind if more appointments and services are only provided virtually. **Offering a choice of mode of appointment** or reassuring them that they can be **followed up face-to-face** if necessary will be important for this group.

Executive summary

Key findings and implications continued...

Views on restrictions

Views on restrictions on visitors and carers or family members accompanying patients to appointments were very divided amongst participants – **there was particular disquiet about restrictions on visitors to adult and children inpatients**. Further work is needed to understand how to keep patients and staff safe in a way that is acceptable and seen as proportionate and reasonable.

Differences in experiences

Survey analysis explored experiences of different population groups. Some groups express particular concerns about coronavirus and using services:

- **Carers consistently show higher levels of concern or unease** – particularly about virtual appointments and staying in hospital as an inpatient.
- **Patients from ethnic minority backgrounds have higher levels of concern, and lower levels of comfort** using services face-to-face (reflecting wider trends we have seen), and virtually.

Any communications will need to be particularly **sensitive to these differences in concern and experiences**. Further work is recommended with these groups to understand how best to design services that meet their needs.

The analysis also explored other differences between groups, such as those based on gender, age and deprivation. Whilst there were some small differences between groups, the data did not show any consistent themes.

Executive summary

Programme next steps

The findings from this survey will be disseminated widely for services to consider, respond to and apply in the context of their individual services.

In addition, the Joint Programme will use the findings to inform further patient and public involvement activities related to **three key areas of service transformation**, identified through extensive stakeholder engagement across the partnership:

- **Virtual access to care**
- **Waiting for treatment and self-management**
- **Long COVID**

Patient and public and engagement research specialists are being commissioned to deliver a range of engagement activities to explore these key areas. Each project will consider the survey findings as part of an initial evidence review to inform the scope of work.

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Background and methodology

Background and objectives

The **Joint Programme for Patient, Carer and Public Involvement in COVID Recovery** is a collaboration between Guy's and St Thomas' NHS Foundation Trust - including Evelina London Children's Hospital and Royal Brompton and Harefield hospitals - and King's College Hospital NHS Foundation Trust. The two-year programme, generously funded by the Guys' and St Thomas' Charity and supported by King's College Hospital Charity, aims to ensure the views of patients, carers and the public inform a number the ongoing service changes that continue to develop in response to the COVID-19 pandemic.

This attitudes and behaviours survey is the first of the programme's patient-public projects to report its findings. Its design was led by Ipsos MORI working closely with the Steering Group and a survey design sub-group. The programme's Steering Group involves representatives from South East London Clinical Commissioning Group, patient-public stakeholders including governors and Healthwatch bodies, the trusts' charities, along with clinical leads, transformation leads and patient and public engagement leads.

The survey captured information about patients' and carers' behaviours and attitudes to meaningfully inform how services continue to be designed, improved and delivered during COVID-19 waves, recovery and beyond. The survey covered:

- General feelings about the virus and perceived levels of risk
- Experience of accessing existing care for current needs (questions for current service users/ those with regular care needs)
- Use of services for existing care needs (e.g. GP, community services, outpatients, elective care, urgent and emergency care)
- Accessing care and services for new or future needs – including community, outpatient, elective, urgent and emergency
- Adapting to service changes driven by the pandemic, over the short, medium to long-term (e.g. virtual appointments).

Methodology

It was important that the method chosen for the survey was robust, and inclusive of people who do not have access to, or prefer not to use, digital technology. Therefore, the survey was conducted by telephone by the Ipsos MORI Computer Assisted Telephone Interviewing (CATI) team. Ipsos MORI worked with the Joint Programme to produce a list of patients who had used a range or key services during the following months:

- November 2019
- May and June 2020
- September 2020
- December 2020 and January 2021

The sample reflected the differences in size, service type and population across the programme. Fieldwork took place between 5 and 24 May 2021. A total of 1,501 people were interviewed. Quotas were set on trust, broad service type, age and gender – the ethnicity profile was also monitored. Data has been weighted to the known population proportions for age and gender for those services included in the survey. Final numbers are shown in the table.

	GSTT	KCH	RBH clinical group
A&E/Urgent Care	172	172	N/A
Inpatients	172	172	150
Outpatients	173	172	150
Community services	168	N/A	N/A
Total	685	516	300

Understanding the experiences of different groups

In order to understand the experiences of people using services on behalf of their children and people they care for, survey participants were routed towards questions about these experiences where applicable. For example, **if a participant was a carer** (as identified through a question in the survey), they were asked about their experiences of using services on behalf of the person they care for (if they had used services). The base sizes for these groups will not always add up to the total base size, because some participants were asked about their own experiences as well (so appear in more than one group), or chose not to tell us if they were a parent, so may only be included in the overall figure.

Survey participant type	Sample size
Parent	431
Carer	246

It was also important that the survey captured the experiences of different groups who have been shown to be disproportionately and adversely affected by COVID-19, such as some ethnic minority groups. **The data was analysed to look for and report on any significant differences in responses from such subgroups.** The demographic information captured in the survey and used in this analysis is contained in Appendix 1. Throughout the report, where there were notable significant differences, these have been commented on in the text.

Interpretation of the data

Where percentages do not add up to 100, this may be due to participants being able to give multiple responses to a question or computer rounding. An asterisk (*) indicates a percentage of less than 0.5% but greater than zero.

For percentages which derive from base sizes of 50-99 survey participants, these should be regarded as indicative. Where base sizes are under 50, these are presented as numbers rather than percentages.

When interpreting the survey findings, it is important to remember that the results are based on a sample of participants who have used the programmes' services and responded to the survey, not the entire population of patients. Consequently, all results are subject to potential sampling tolerances (or margins of error), which means that not all differences between results are statistically significant. Statistical significance helps determine if a result is due to chance or some factor of interest. If a result is statistically significant, it means we can be confident that the result is real and not due to chance in choosing the sample.

Not all differences between sub-groups will be statistically significant. However, as noted on the previous slide, all differences mentioned in the text in this report are statistically significant.

Further, given the use of quotas across the four broad service areas (noted on the previous page), and experiences of parents and carers, the results should not be taken to be representative of all patients using services across the programme partners. Nevertheless, they produce useful insight as to the experiences of a range of people who have used services and may need to use services in the future.

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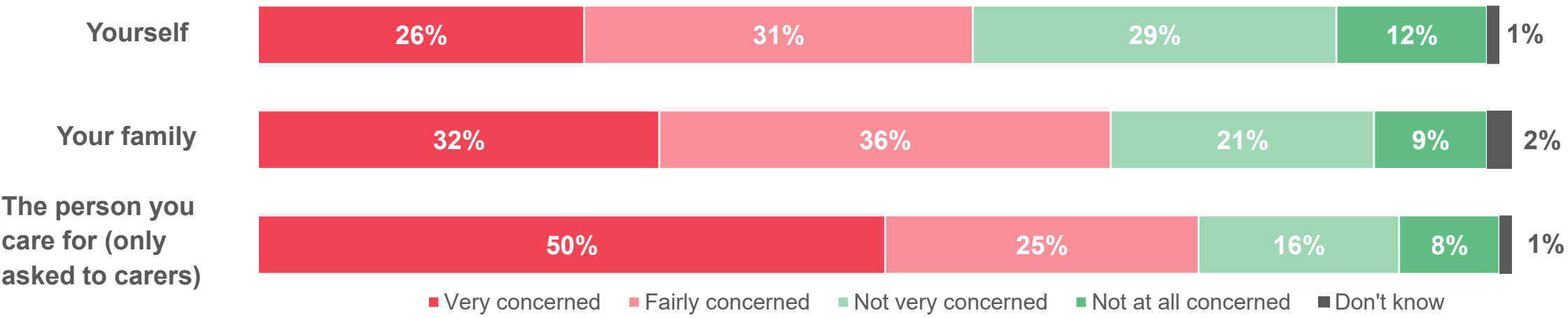
Context

There are still high levels of concern about coronavirus, particularly among carers about the people they care for

Almost six in ten patients (57%) said they were concerned about the risk of coronavirus for themselves. Concern was higher when responding about their family (68%) and about the person they care for (75%).

There were differences across the programme, potentially reflecting the differing populations; two-thirds (67%) of participants surveyed from RBH were concerned about the virus for themselves, compared with over half at GSTT (54%) and KCH (55%).

Q3.To what extent, if at all, would you say you are concerned about the risk coronavirus poses to each of the following?



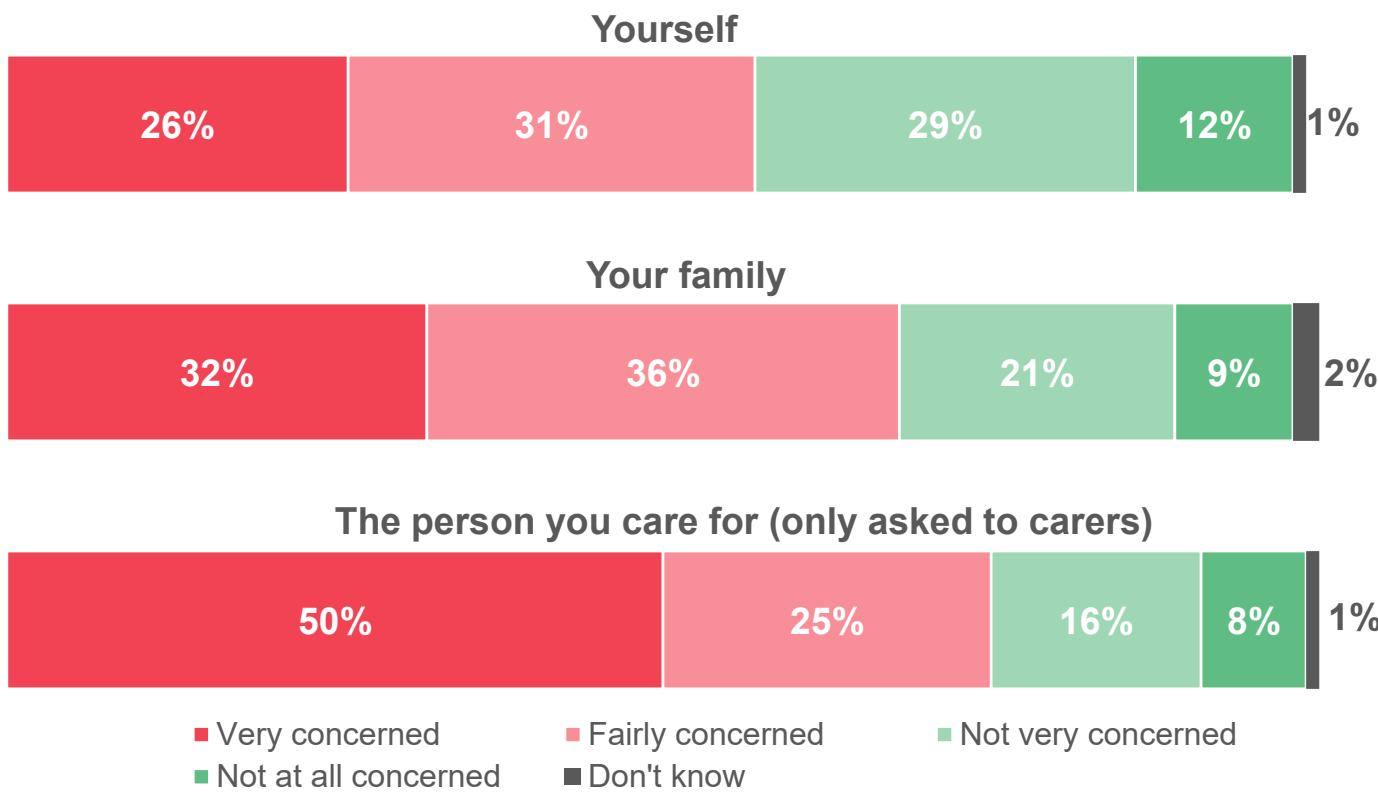
Base: All participants (1,501); carers (246); GSTT (685), KCH (516), RBHT (300); interviewed via telephone 5th-24th May 2021

Levels of concern about coronavirus are higher amongst women, people from ethnic minority groups and some age groups

Women were more likely to be concerned for themselves than men, with six in ten (60%) of women saying they were concerned about coronavirus compared with around half (52%) of men. Participants from ethnic minorities were also more likely to be concerned compared with white participants; two-thirds (68%) compared with half (52%) respectively.

There were also differences in levels of concern between age groups; two thirds (65%) of 36-50 year olds and a similar proportion of 51-65 year olds (63%) and 66-79 year olds (60%) said they were concerned about the risk of coronavirus for themselves, compared with around half of 16-35 year olds (47%) and 80+ year olds (53%). Subgroup analysis also suggests some slight socioeconomic differences, with people from the most deprived areas more likely to report higher levels of concern about the virus (for themselves) (63%), compared with people from other areas (e.g. 54% of those living in the least deprived areas).

Q3.To what extent, if at all, would you say you are concerned about the risk coronavirus poses to each of the following?

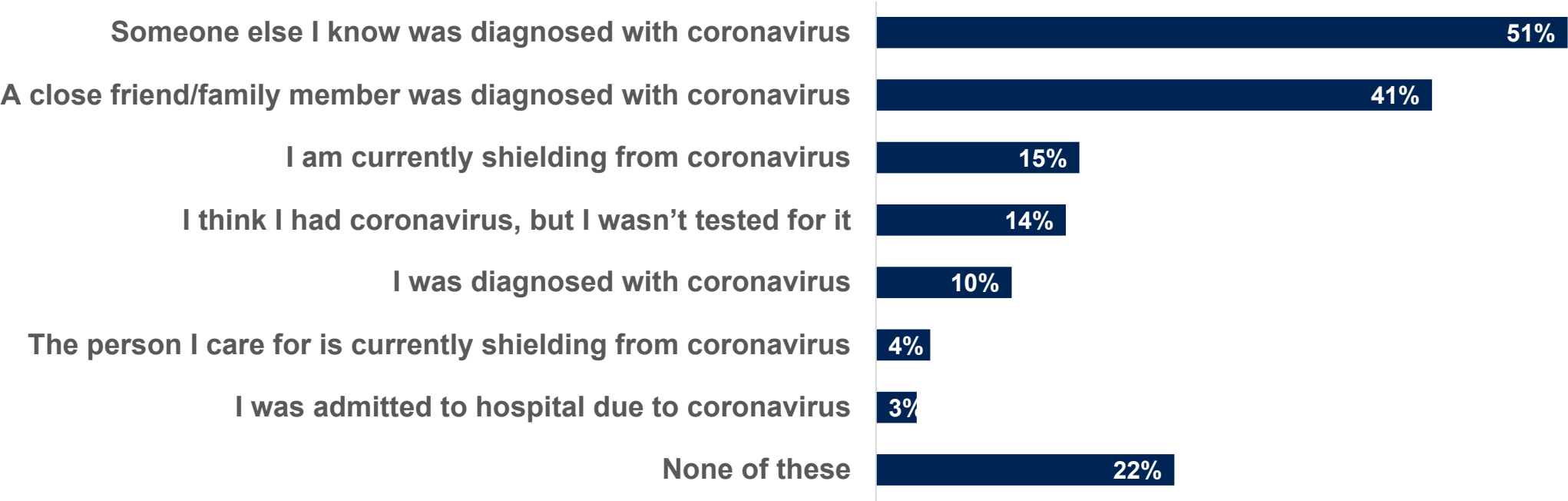


Base: All participants (1,501); men (596), women (868), (3 non-binary and 34 preferred not to say); white patients (998), patients from ethnic minorities (453) (50 preferred not to say); age group 0-7 (150); age group 8-15 (58); age group 16-35 (228); age group 36-50 (246); age group 51-65 (375); age group 66-79 (323); 80+ (121); IMD quintile 1 (208); IMD quintile 5 (239); IMD not applicable (9); interviewed via telephone 5th-24th May 2021

Most patients have been affected by the pandemic in some way

Of all survey participants, four in five (78%) reported they had been affected in at least of the ways listed: more than one in ten (14%) thought they have had the virus but were not diagnosed, whilst one in ten (10%) said they have been diagnosed with coronavirus. Diagnosis was higher amongst patients from ethnic minorities (14%, compared with 7% of white patients). Two in five patients (41%) said they had a close family member or friend diagnosed with the virus and more than one in ten (15%) said they were still shielding. Patients surveyed at RBH were more likely to say they were still shielding, with over one in five (22%) patients saying this at RBH, compared with less than one in five (17%) at KCH and one in ten (11%) at GSTT.

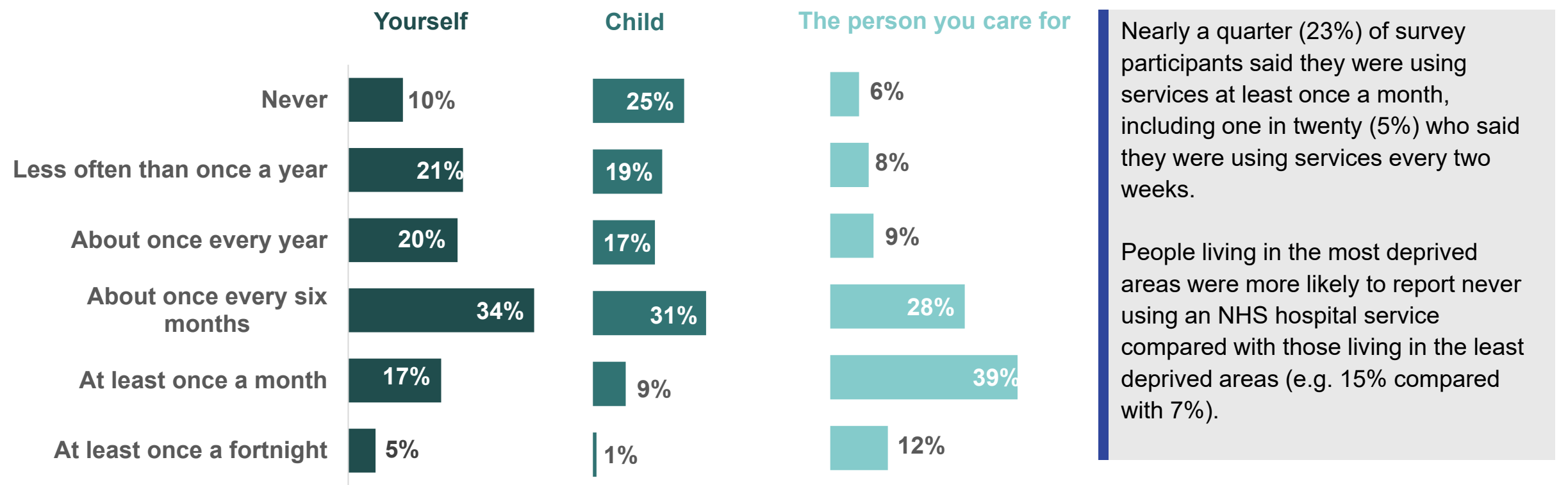
Q4. Have any of the following happened to you as a result of the coronavirus pandemic?



Base: All participants (1,501); white patients (998), patients from ethnic minorities (453) (50 patients preferred not to say); GSTT (685), KCH (516), RBH (300); white (998); all ethnic minorities (453); interviewed via telephone 5th-24th May 2021

Almost a quarter were using hospital services at least once a month before the pandemic

Q5. Before the coronavirus pandemic, how often, if at all, did you personally / your child / the person you care for use NHS hospital services (e.g. Accident and Emergency, or as an inpatient or outpatient)?



Base: All participants (1,501); answering on behalf of themselves (1,039), answering on behalf of their child (300), answering on behalf of the person they care for (200); IMD quintile 1 (208); IMD quintile 5 (239); IMD not applicable (9); interviewed via telephone 5th-24th May 2021

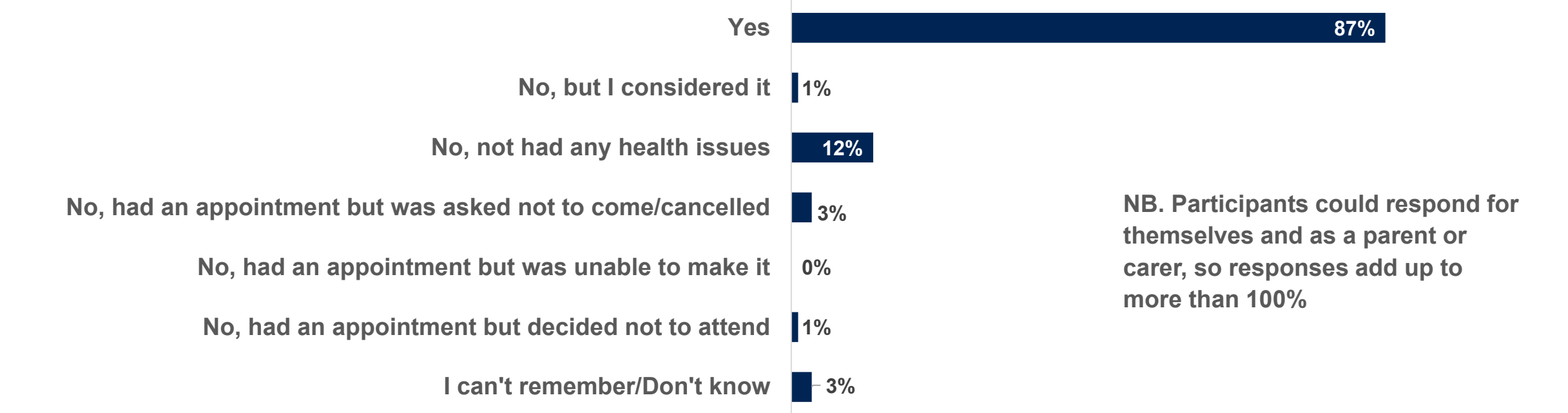
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Use of services during pandemic

Most have used a health service since the first lockdown was introduced

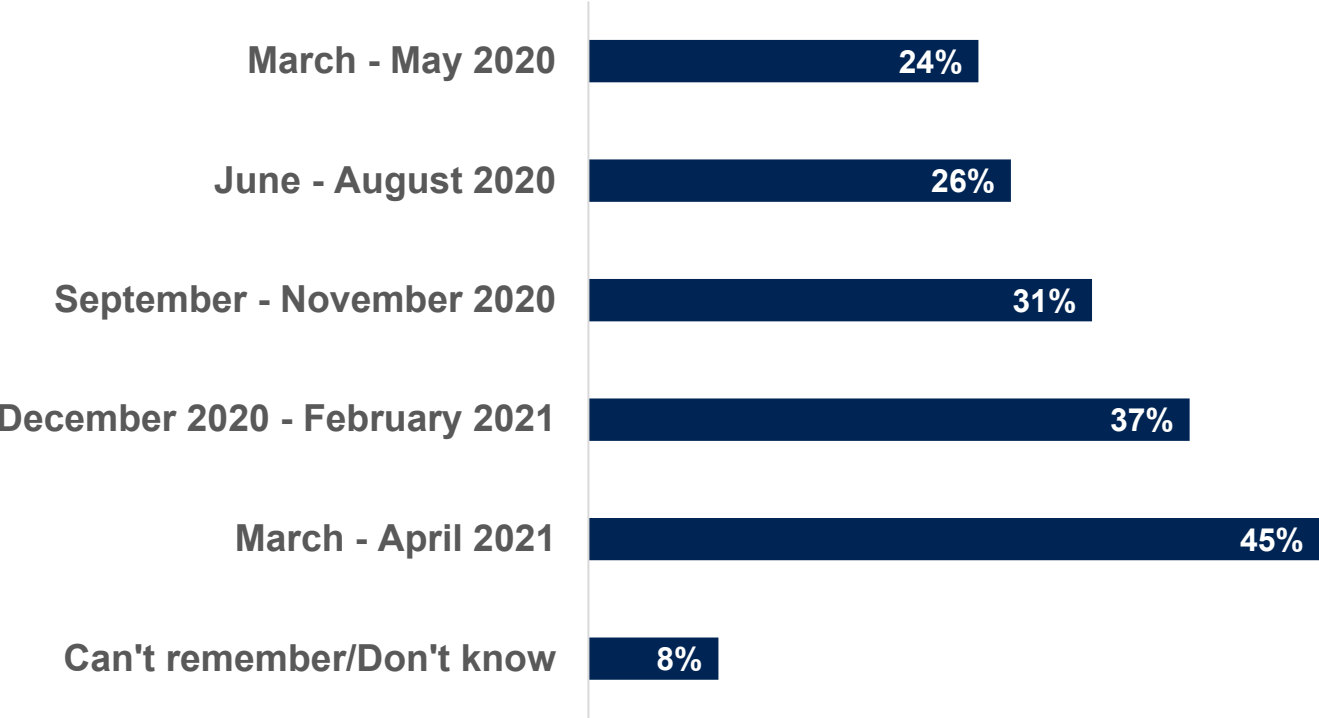
Patients were sampled to take part in the survey if they had used specific health services between November 2019 and May 2021. Almost nine in ten (87%) had used a health service since the start of the first lockdown. Only 3% said they had an appointment but it was cancelled and 1% said they had considered using a health service but didn't. Nine in ten (90%) white patients had used a health service since the first lockdown, compared with eight in ten (81%) patients from ethnic minority groups.

Q6. Since the first lockdown was introduced in response to the coronavirus pandemic (announced by the Prime Minister on 23rd March 2020), have you used an NHS health service for yourself / for your child / on behalf of the person you care for?



Use of health services was continuous throughout the pandemic but increased in frequency as time went on

Q7. When did you use a health service?



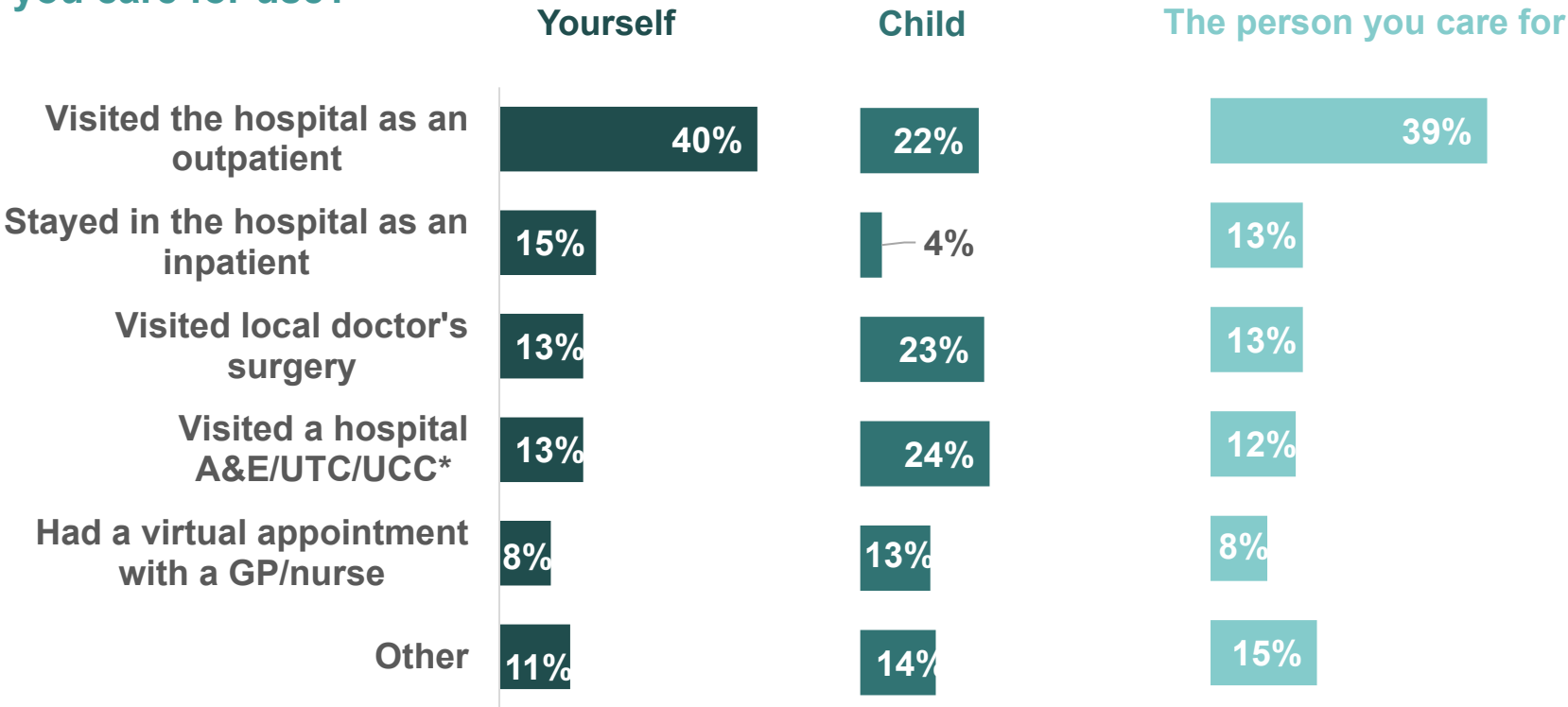
The pattern of use amongst patients in the survey reflected the decrease in appointments and elective care during the peaks of the pandemic. A quarter (24%) of patients who had used services said they used them at the beginning of the pandemic (March-May 2020). This increased to almost half (45%) of patients who said they had used a health service towards the end of the third lockdown (March-April 2021).

Base: Used a health service since lockdown (1,303), interviewed via telephone 5th-24th May 2021

Outpatient appointments were the most common reason for visiting a hospital for those who used a health service recently

Over one in three (36%) of patients surveyed said that they had most recently used outpatients. Over one in ten (15%) patients said they had been to A&E and this was similar for inpatients (12%), whilst only 16 patients had used community services. Most interactions were face to face; for example, around one in ten patients had had a virtual appointment with a GP or nurse, while 4% had a virtual outpatients appointment.

Q8. Please think about the most recent time you used a health service... Which health service did you / your child / the person you care for use?



Of those who did not attend their appointment, no longer needing the appointment was the most important reason given for not using the service

Q10. What was the most important reason your child / the person you care for / you did not use the health service? And what other reasons were there for you not using the service?

Of those 45 patients who did not attend a service but considered it, had an appointment but could not attend, or decided not to attend:

- 11 patients reported that **they no longer needed the appointment**
- 8 patients were **concerned about catching coronavirus**, either when travelling to their appointment or during their appointment
- 7 patients felt **that their condition did not warrant a visit to a health service**
- 4 patients **assumed that the NHS was not open for business as usual**

Base: Didn't attend healthcare appointment but considered it/had appointment but couldn't make it/decided not to attend (45); interviewed via telephone
5th-24th May 2021

Of those whose appointments were moved or cancelled, some were not offered another appointment

Q11. You said you / they had an appointment but were asked not to come/it was cancelled. What has happened to you / your child / the person you care for since this appointment date?

Of the 53 patients who said that their appointment **was cancelled or they were asked not to attend their appointment**:

- 15 patients were **not offered another appointment** after their appointment was moved or cancelled
- 22 patients were **offered an appointment at a later** date, including:
 - 3 patients who were offered an appointment within one month.
 - 6 patients were offered an appointment between one month and three months later.
 - 11 patients were offered an appointment over three months later.
 - 2 patients were offered an appointment over at a later unspecified date.
- 5 patients were **offered a telephone or video appointment**.

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Experience of using services

The majority of patients felt comfortable attending a face to face appointment, but less so when it was for someone else

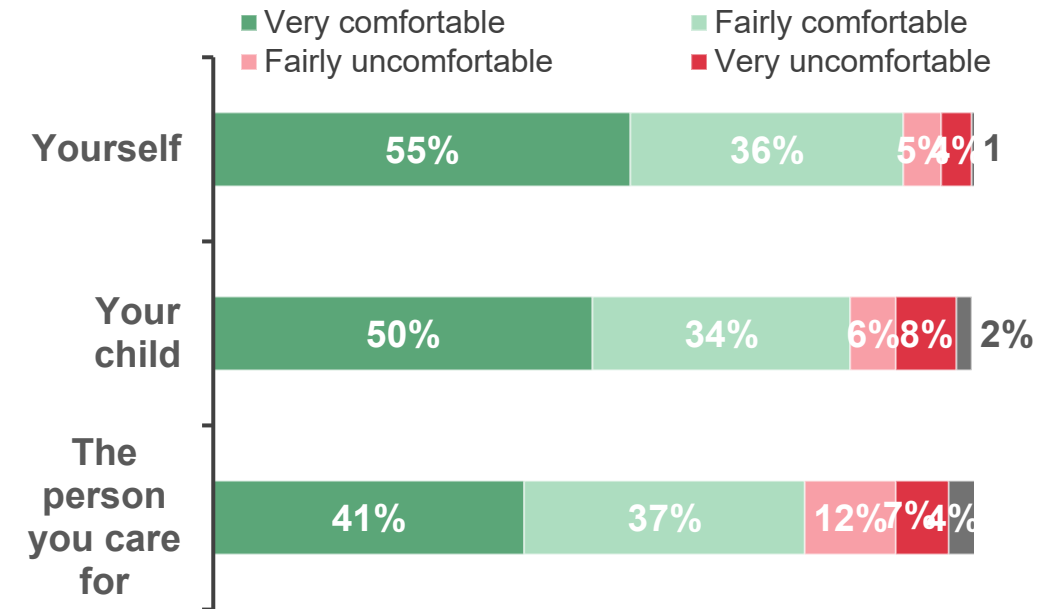
Q12. And how comfortable or uncomfortable did you feel using the health service for yourself / your child / the person you care for?

Nine in ten (91%) patients said they felt comfortable attending a face to face appointment for themselves, compared with four in five (84%) attending an appointment for their child, and around three-quarters (78%) for the person they care for.

These high levels of comfort are despite ongoing concern amongst coronavirus. Even amongst people who said they were concerned, the majority still said they felt comfortable (84%), though this is lower than seen amongst those who said they were not concerned (95%).

There were no significant differences between patients based on when they had used health services (i.e. earlier in the pandemic compared with later in the pandemic).

However, there were slight differences by ethnicity here. For example, 90% of white patients felt comfortable compared with 84% of patients from ethnic minorities. Similarly, there was little difference by deprivation.



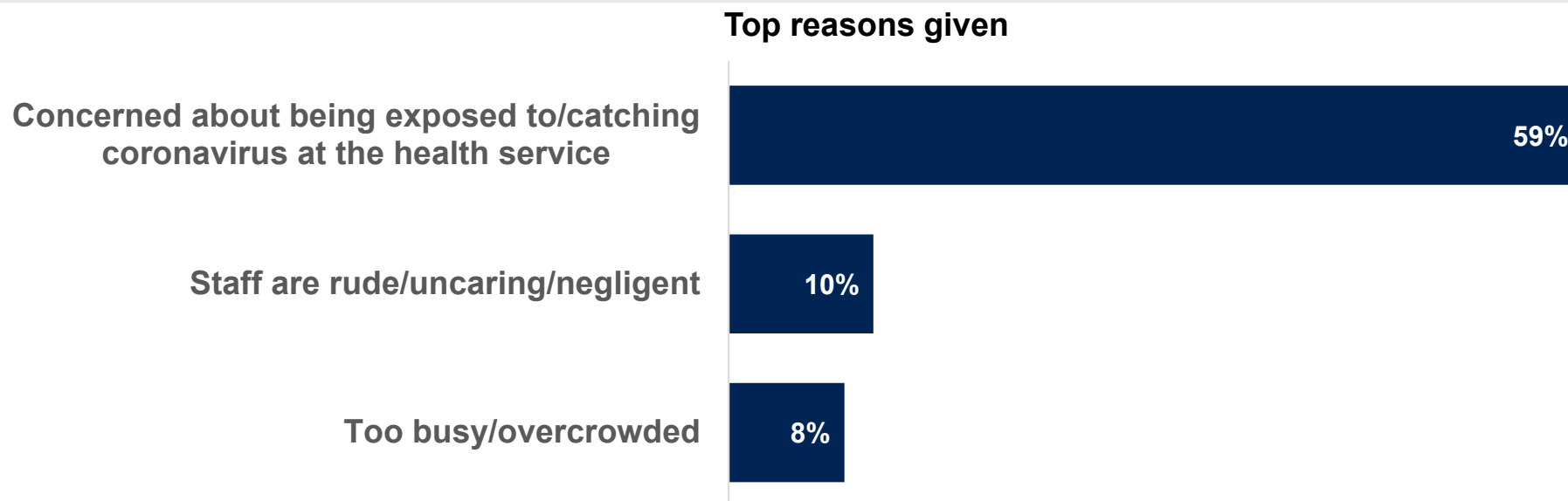
Base: Attended an appointment face to face (1,070); Answering about themselves (758), Answering about their child (185), Answering about the person they care for (123); concerned about coronavirus for themselves (635), not concerned about coronavirus for themselves (422); white patients (742), patients from ethnic minorities (297); interviewed via telephone 5th-24th May 2021

Of those who felt uncomfortable attending a face to face appointment, the risk of catching coronavirus was the main reason for this

Q13. You said that you felt uncomfortable using the health service.

What was the most important reason you felt uncomfortable? What other reasons were there?

Of those 107 patients who felt uncomfortable using health services, six in ten (59%) were concerned about being exposed to or catching coronavirus. Most of these were people who had said they were concerned about coronavirus at Q3. Other reasons patients were uncomfortable accessing health services were due to staff attitudes and behaviours (10%) or services being too busy or overcrowded (8%). A large number of other reasons were given by small numbers of patients.



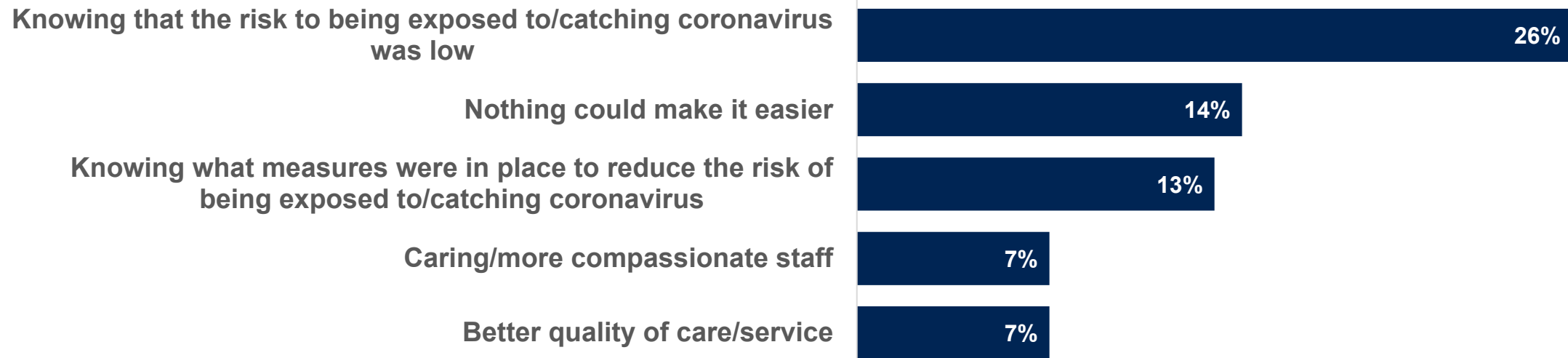
Base: Accessed face to face appointment and were uncomfortable (107); interviewed via telephone 5th-24th May 2021

Reassurance about the level of risk and measures to reduce the risk of catching the virus would help patients feel more comfortable when attending appointments

Q14. What, if anything, would make you more comfortable using that health service? And what else would make you more comfortable?

107 patients reported they would feel more comfortable using a health service if they knew that the risk of catching coronavirus was low (26%). Additionally, they wanted to know that measures were in place to reduce the risk of catching or being exposed to coronavirus (13%). Again, a large number of other suggestions were given by small numbers of people.

Top reasons given



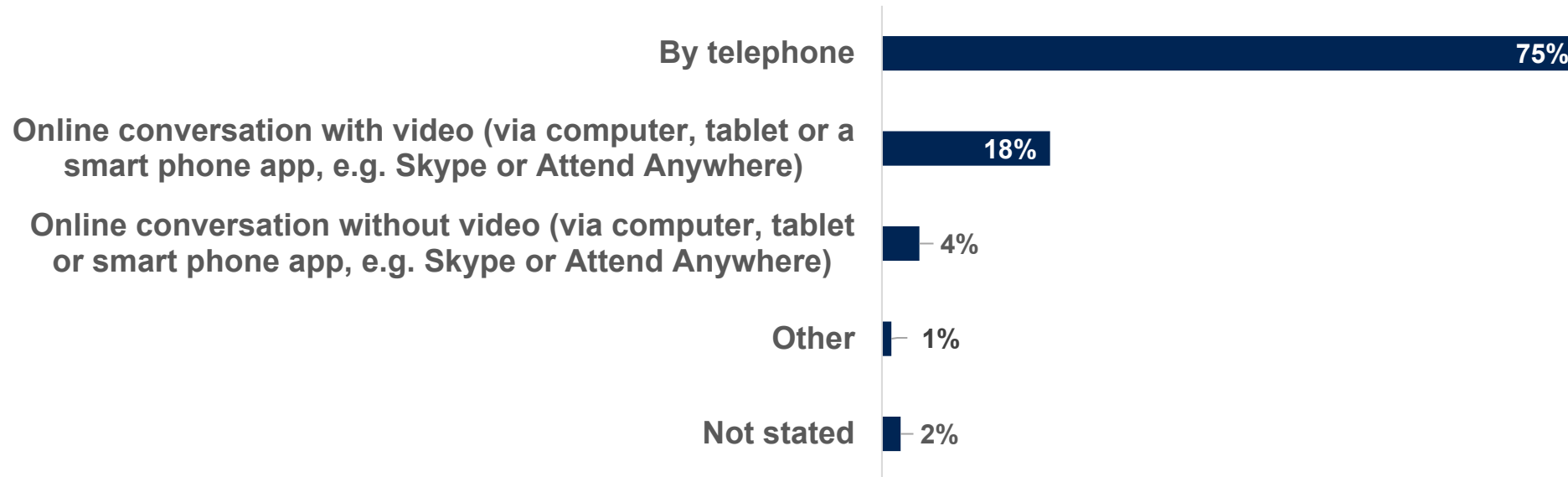
Base: Attended an appointment face to face and felt uncomfortable (107); interviewed via telephone 5th-24th May 2021

Of those that had a virtual appointment, the majority were conducted by telephone

Q15. How was your virtual appointment conducted (i.e. an appointment that took place by phone or online using a smart phone, tablet or other device)?

Despite the early roll-out of digital access to services, only around one in 20 (6%) patients who had used a health service since the first lockdown had a virtual appointment. Of the 72 patients who had a virtual appointment, three-quarters (75%) said it was conducted by telephone and almost one in five (18%) had a an online conversation with video. Only three patients who had a virtual appointment said it was conducted by online conversation without video.

% Different type of virtual appointment

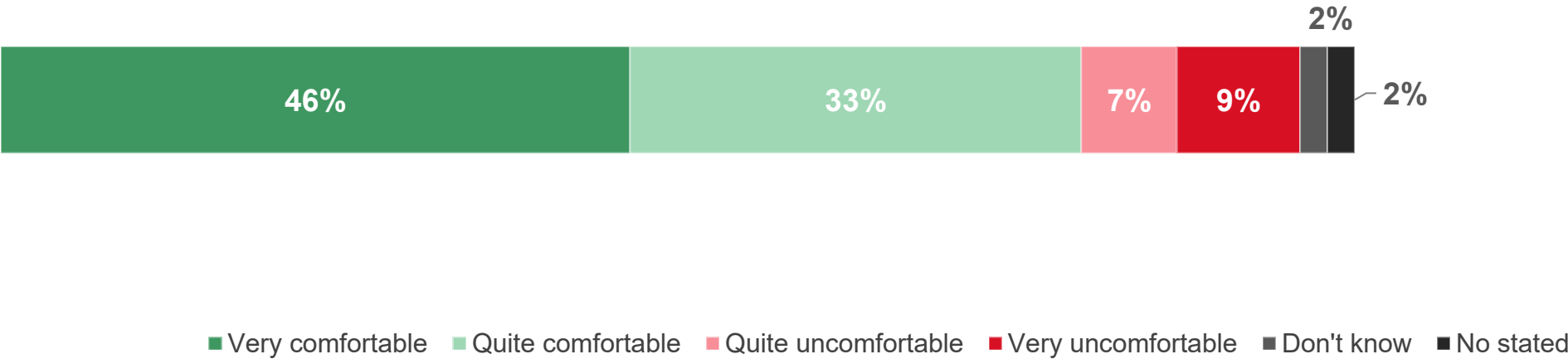


Base: Used a health service since lockdown (1303). Had a virtual appointment (72); interviewed via telephone 5th-24th May 2021

Most patients felt comfortable using a virtual health service

Q16. How comfortable or uncomfortable did you feel using the health service virtually?

Of all 72 patients who had a virtual appointment, four in five (80%) said that they felt comfortable using it.

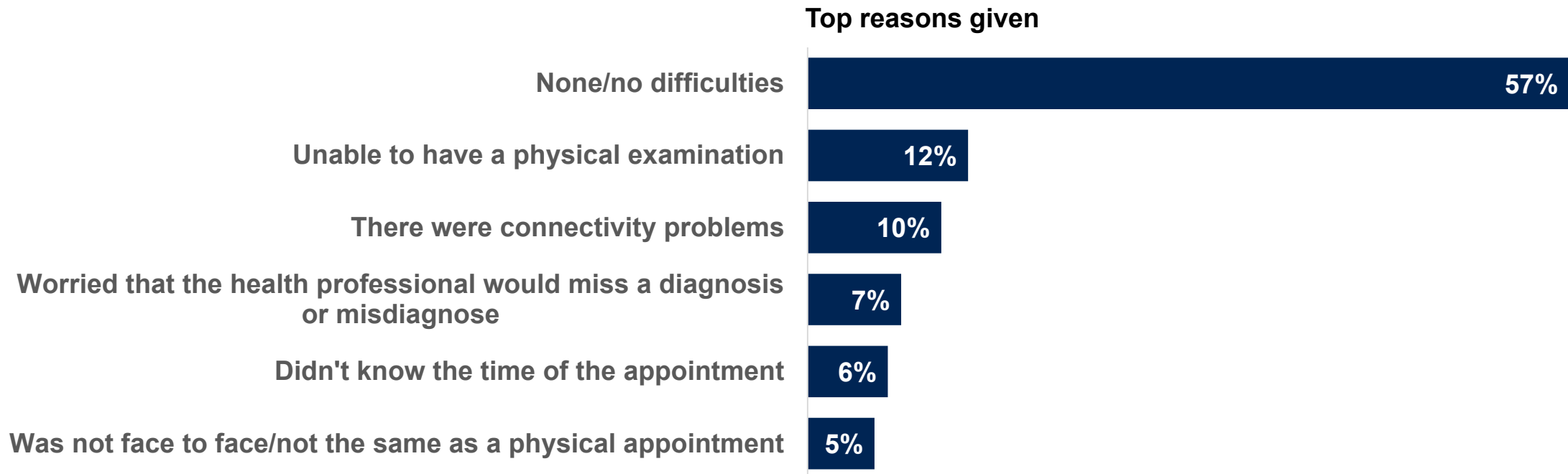


Base: Had virtual appointment (72); interviewed via telephone 5th-24th May 2021

For patients who had difficulties accessing virtual health services, not being able to have a physical examination was the biggest concern

Q17. What difficulties did you experience, if any, when using the health service virtually?

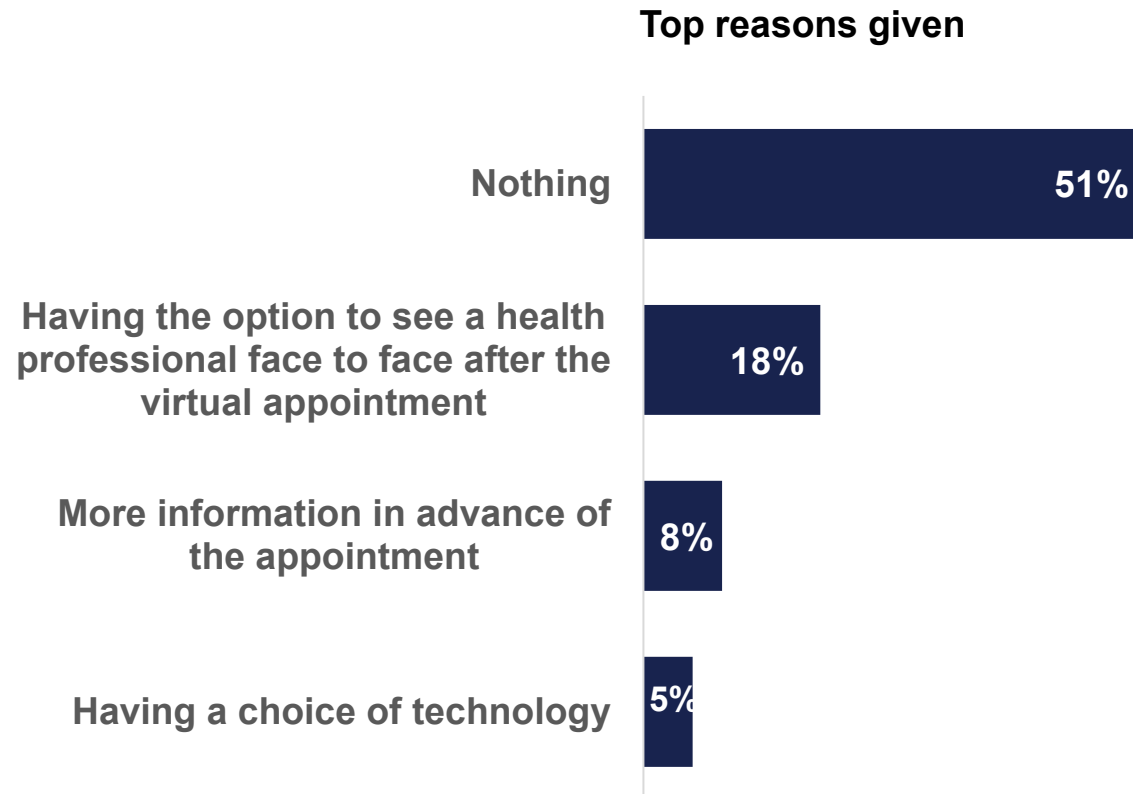
Six in ten patients (57%) said they had no difficulties using a virtual service. Of all the 31 patients that experienced difficulties, the most common issue was that patients were unable to have a physical examination (12% overall). Other issues were connectivity problems (10% overall) and concern that the health professional would miss a diagnosis or misdiagnose (7% overall).



Base: Had virtual appointment (72); interviewed via telephone 5th-24th May 2021

Half of those who had used a virtual service said nothing would make it easier for them to use it

Q18. What, if anything, would make it easier to use a health service virtually? What else would make it easier?



Over half (51%) of the patients that had used a virtual health service felt that there was nothing that would have made it easier to use.

However, one in five (18%) said that having an option to attend a face to face appointment with a health professional after their virtual appointment would make it easier. A few (5%) patients also said that having a specific time slot for the virtual appointment would make using a virtual service easier.

Base: Had virtual appointment (72); interviewed via telephone 5th-24th May 2021

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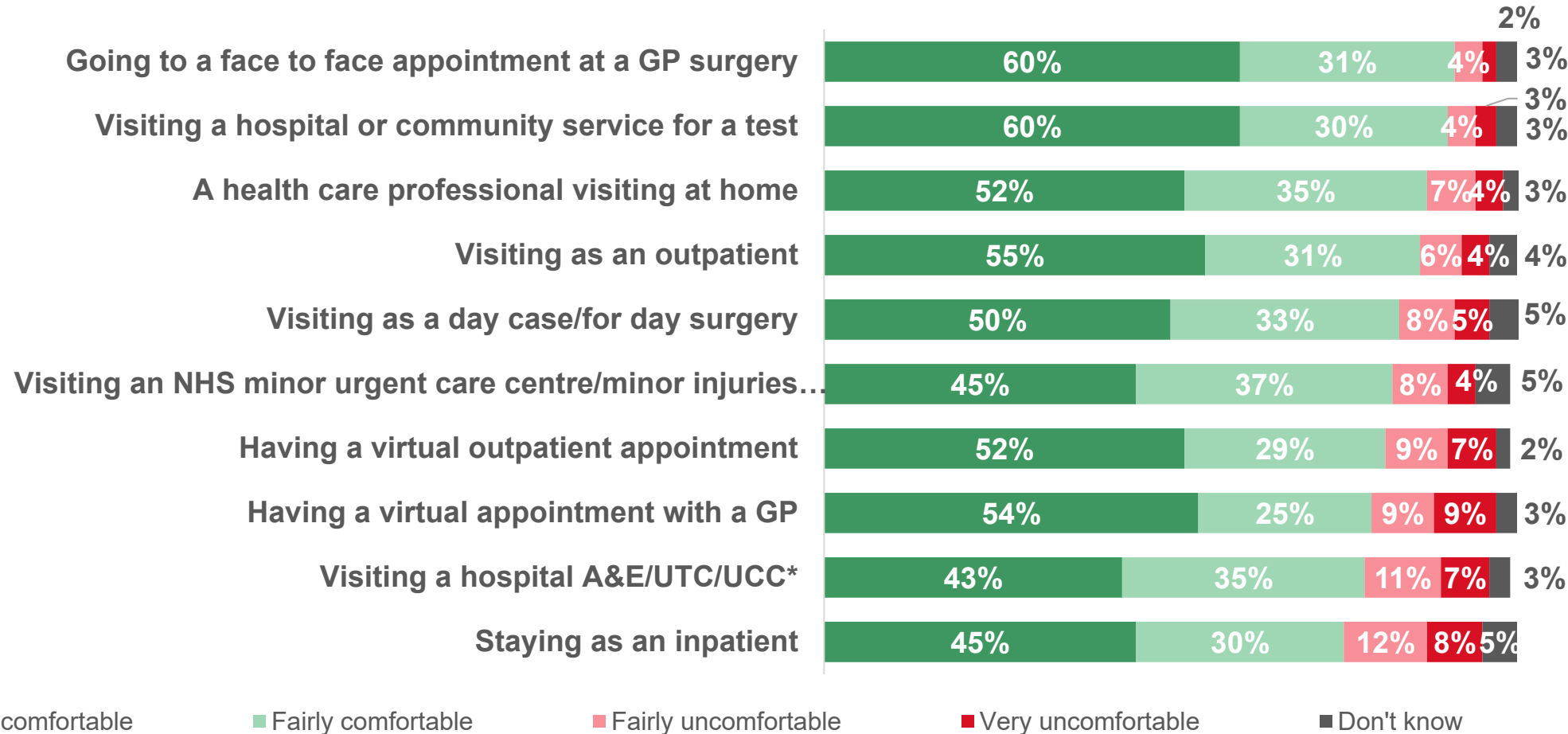
Future use of services

Patients reported high levels of comfort accessing health services for themselves if they needed to

Q19. If you developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using the following health services?

Nine in ten (91%) of patients surveyed said they would feel comfortable attending a face to face GP appointment, and a similar proportion (90%) were comfortable with a visiting a hospital or community service for a test.

Patients felt less comfortable staying as an inpatient, with three in four (75%) reporting they would be comfortable with this.



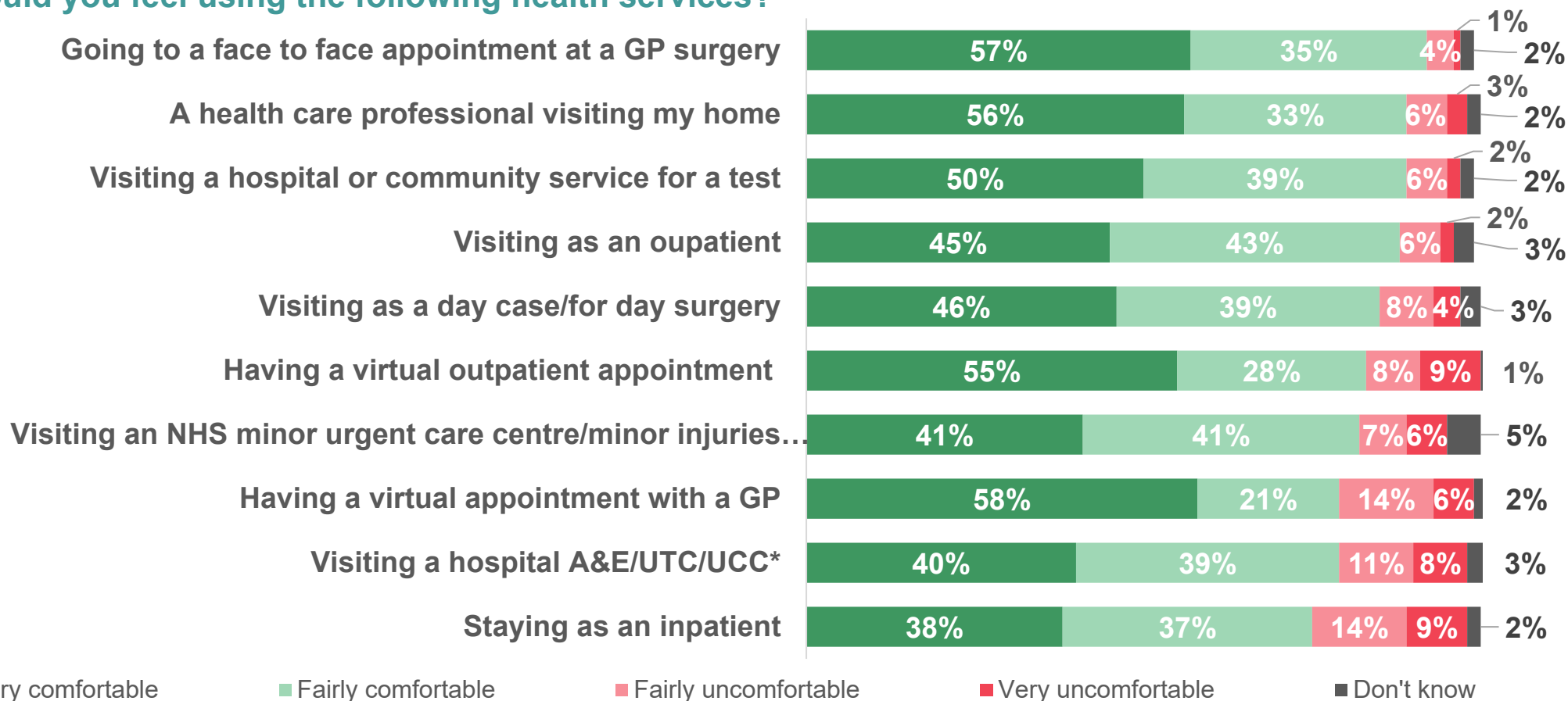
Base: Answering about themselves (1,039); interviewed via telephone 5th-24th May 2021

* A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Parents were most comfortable with accessing face to face GP appointments for their child if they needed to access a health service

Q19. If your child developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using the following health services?

Nine in ten (93%) of parents surveyed said that they would feel comfortable attending a face to face appointment with a GP for their child. A similar proportion were comfortable with a healthcare professional visiting their home (89%) and visiting a hospital or community service for a test (89%). Three in four (75%) of parents said they felt comfortable about their child staying in hospital as an inpatient.



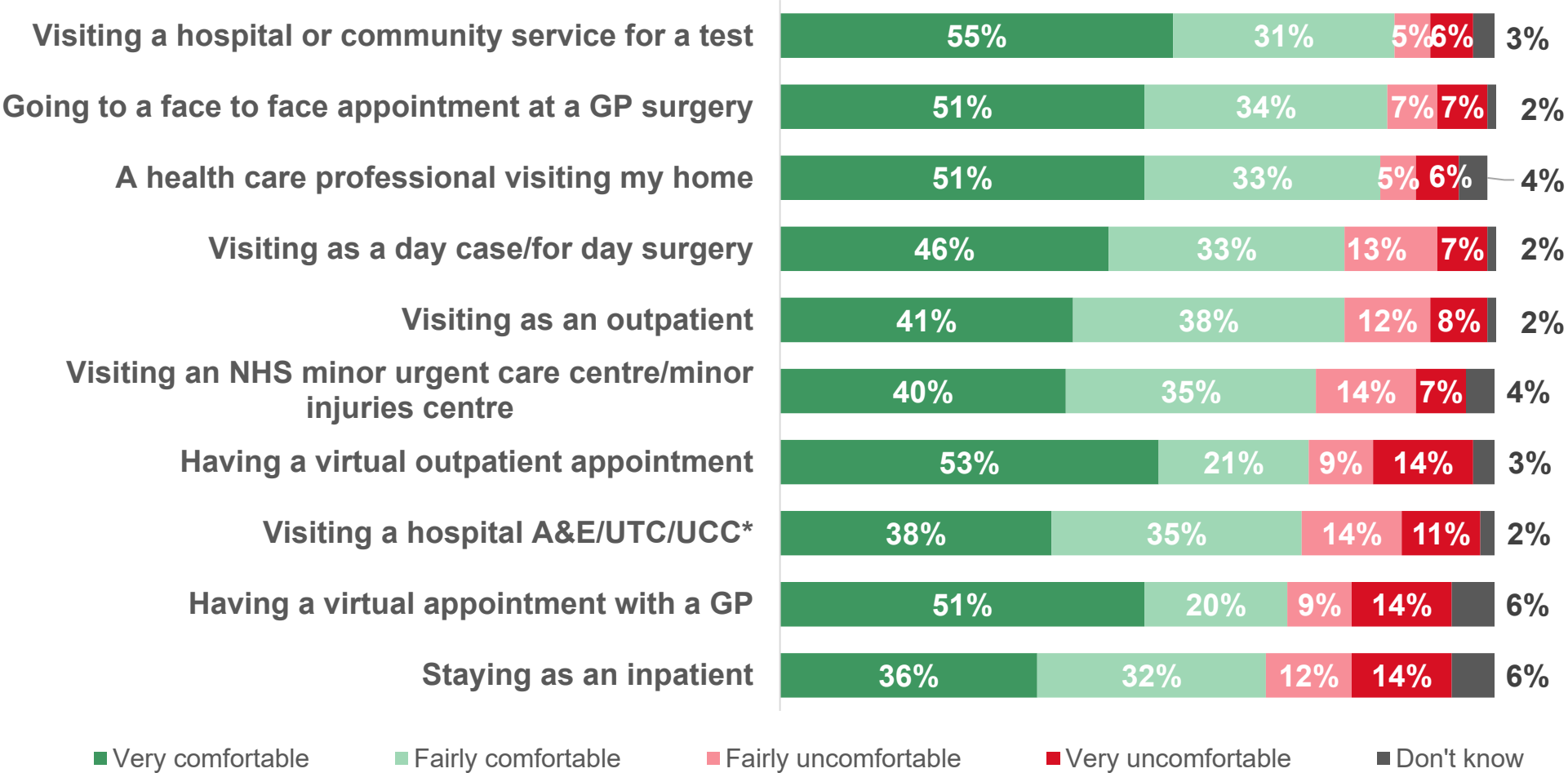
Base: Answering about their child (300); interviewed via telephone 5th-24th May 2021

* A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Carers were most comfortable with visiting a health service for a test

Q19. If the person you care for developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using the following health services?

Nine in ten (86%) of carers surveyed reported being comfortable visiting a hospital or community service for a test. A similar proportion said they would be comfortable attending a face to face appointment with a GP (85%) or with a health professional coming to their home (84%). Carers were less comfortable with having a virtual appointment (71%) and staying as an inpatient (68%).

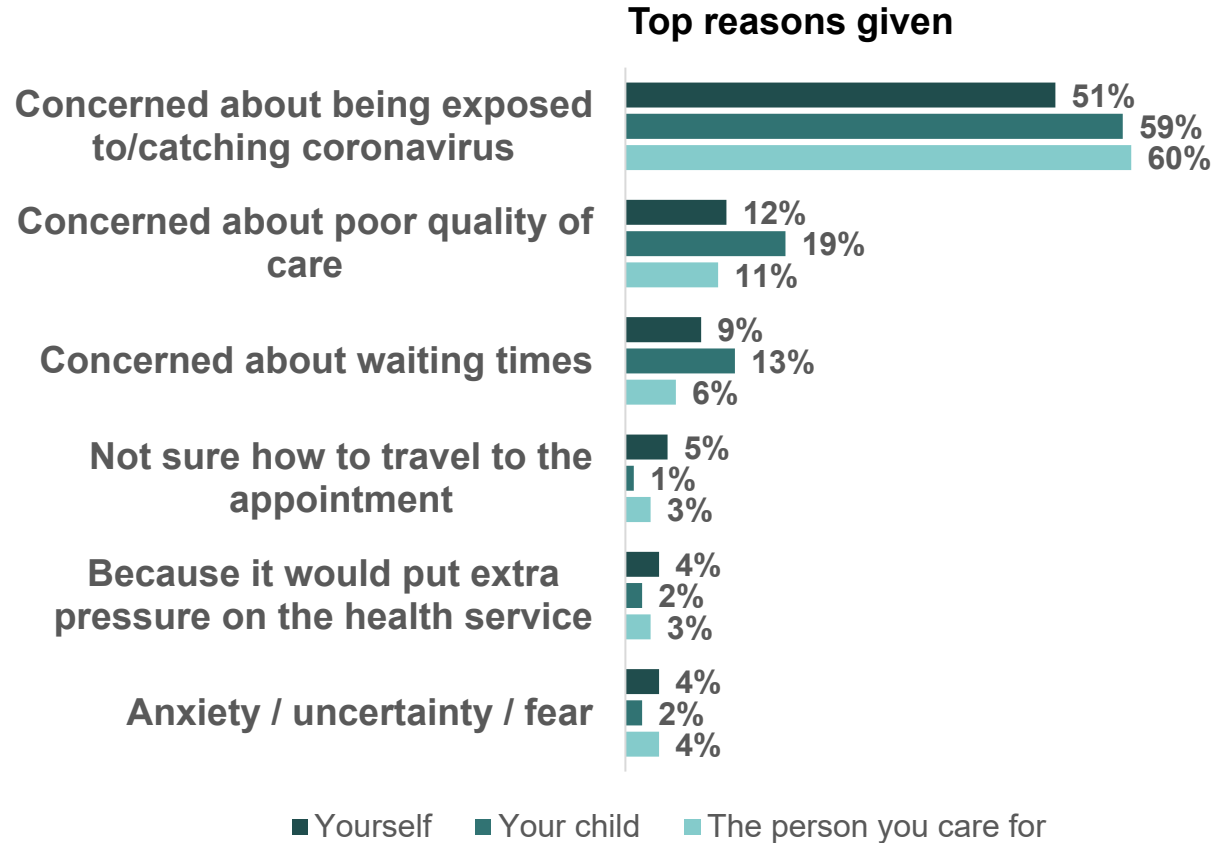


Base: Answering about the person they care for (200); interviewed via telephone 5th-24th May 2021

* A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Concern about catching coronavirus is the most common reason for patients feeling uncomfortable using face to face services

Q20. You said that you would feel uncomfortable using a hospital service face to face/ in person... What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



Almost two in five patients (37%) said that they would feel uncomfortable using a hospital service face to face. Over half (54%) of these said it was because they were concerned about catching coronavirus. This was higher among women, with almost six in ten (58%) reporting they were concerned about catching coronavirus, compared with under half (46%) of men.

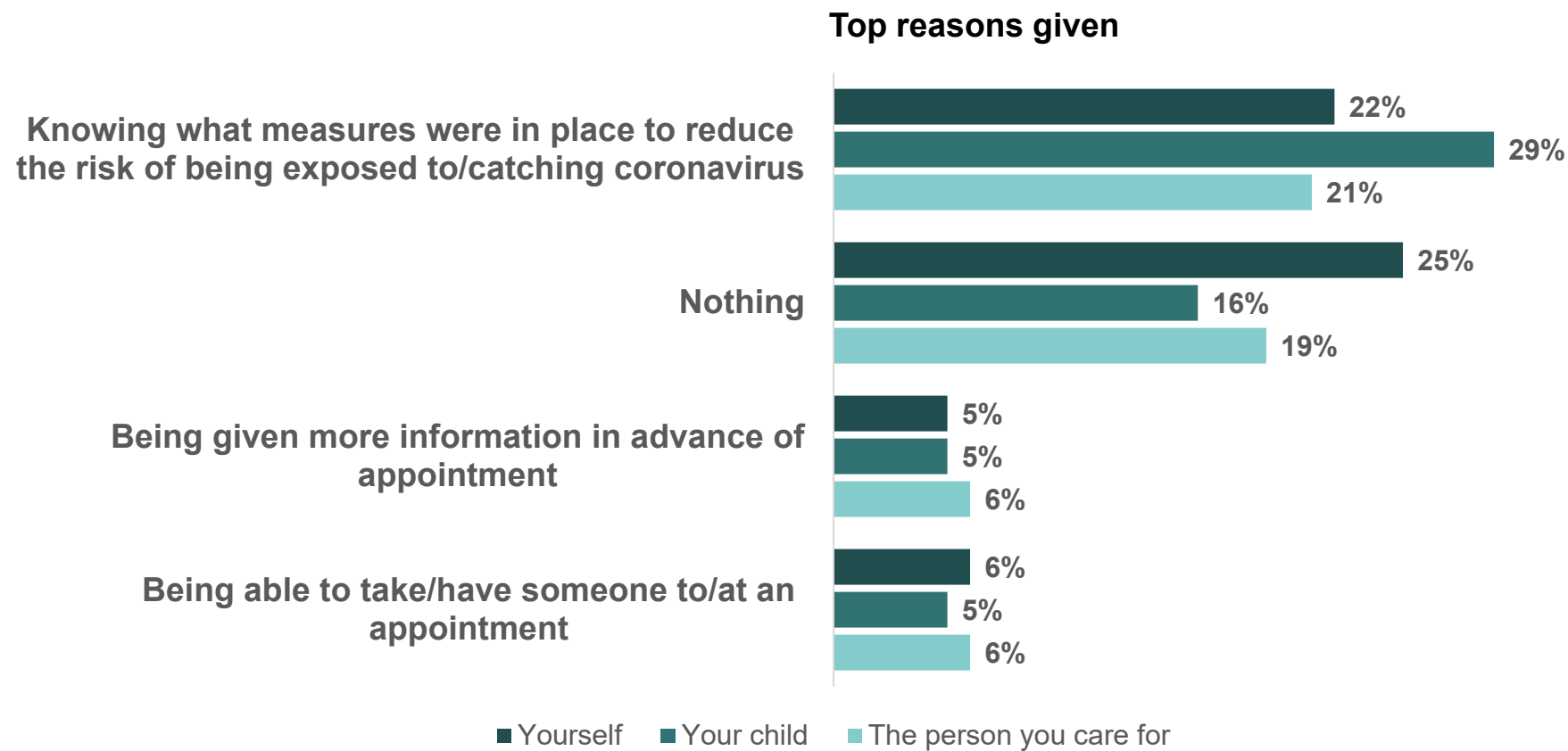
Concern about catching coronavirus was higher amongst those responding about the person they care for or their child (60% and 59% respectively).

The second most common reason for feeling uncomfortable using a hospital service face to face was concern about poor quality of care, mentioned by over one in ten (13%) of patients. Concern about the quality of care was highest amongst those responding about their child, reported by almost one in five (19%) people.

Base: Would be uncomfortable using a hospital service face to face – answering about themselves (363), answering about their child (108), answering about the person they care for (88); interviewed via telephone 5th-24th May 2021

Knowing what measures are in place to reduce coronavirus risks was most important

Q21. What, if anything, would make you feel more comfortable about using a hospital service in the next 3-4 weeks...?
What else would make you feel more comfortable?



Almost one in four (23%) of all patients surveyed who would feel uncomfortable using a hospital service face to face said knowing what measures were in place to reduce the risk of catching coronavirus would make them more comfortable about using a hospital service.

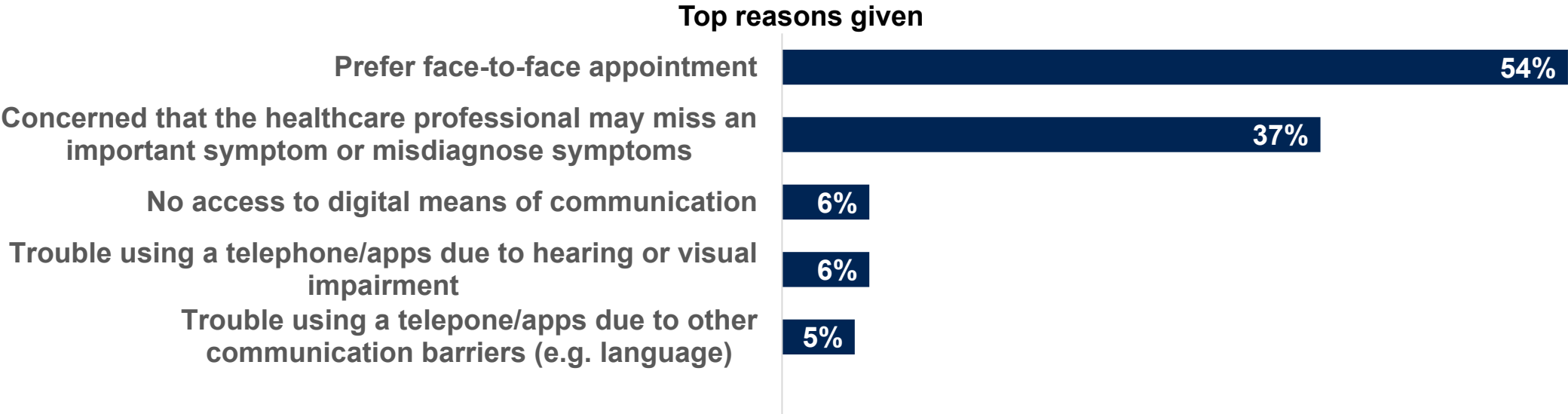
However, 22% said that nothing would make them more comfortable about using a hospital service.

Base: Would be uncomfortable using a hospital service face to face – answering about themselves (363), answering about their child (108), answering about the person they care for (88); interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, most simply prefer face to face appointments

Over half (54%) of all patients surveyed who would feel uncomfortable using a virtual outpatient appointment in the next 3-4 weeks said they would simply prefer a face to face appointment. Over a third (37%) said that a key reason for feeling uncomfortable was concern that a healthcare professional might miss an important symptom or misdiagnose the patient. This was higher among patients from ethnic minority groups; two in five (42%) felt their symptoms may be misdiagnosed or missed, compared with a third (34%) of white patients.

Q22. You said you would feel uncomfortable having a virtual outpatient appointment (e.g. online using a smart phone or other device, or by telephone). What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?

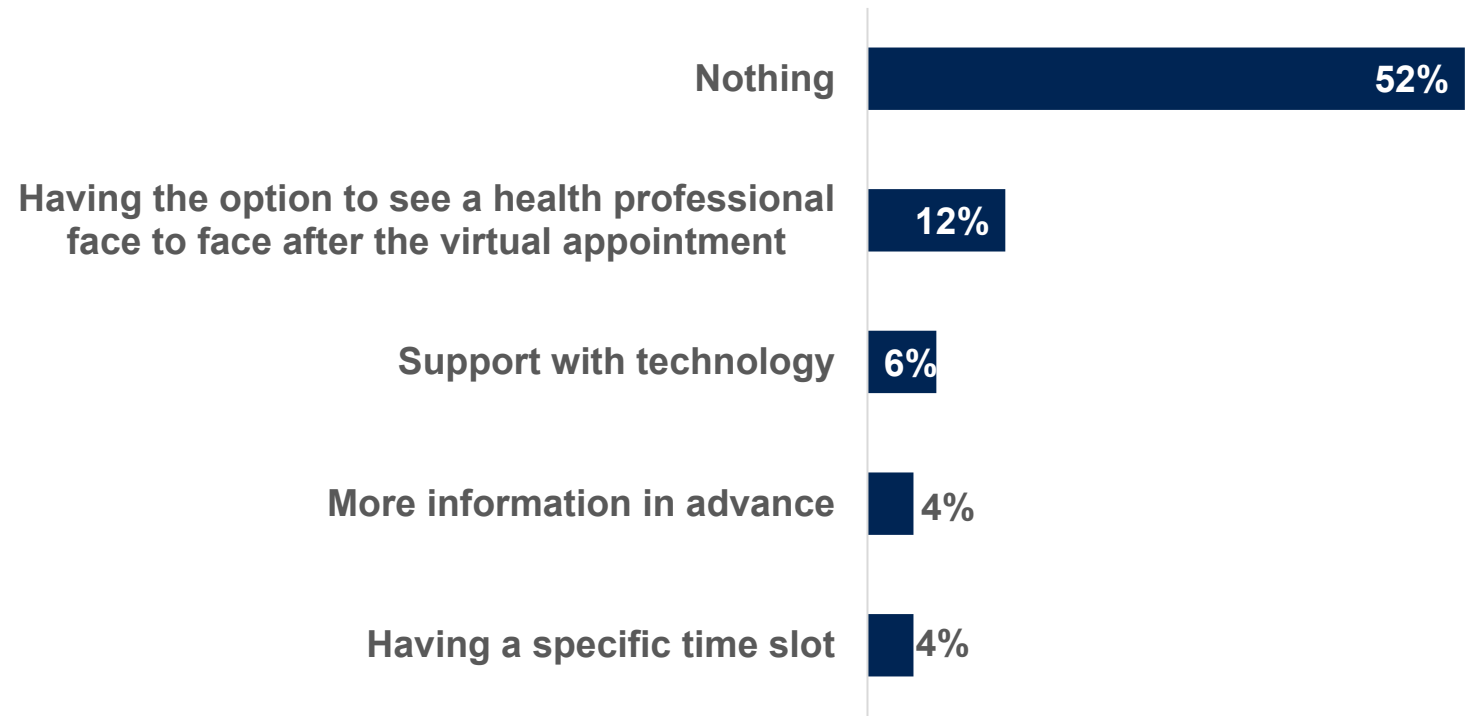


Base: Comfortable using a virtual outpatient appointment (1212). Uncomfortable using a virtual outpatient appointment (258); white patients (172); ethnic minority patients (76) interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, half said nothing would make them feel more comfortable

Q23. What, if anything, would make you feel more comfortable about having a virtual outpatients appointment (e.g. online using a smart phone or other device, or by telephone)?

Top reasons given



Half (52%) of all patients surveyed who would feel uncomfortable using a virtual outpatient appointment said that nothing would make them more comfortable using virtual outpatient appointment. Two thirds of these (64%) also said they would prefer face-to-face appointments at Q22, showing that there are some people with a strong preference for face-to-face appointments who are highly unlikely to want to take part in a virtual appointment.

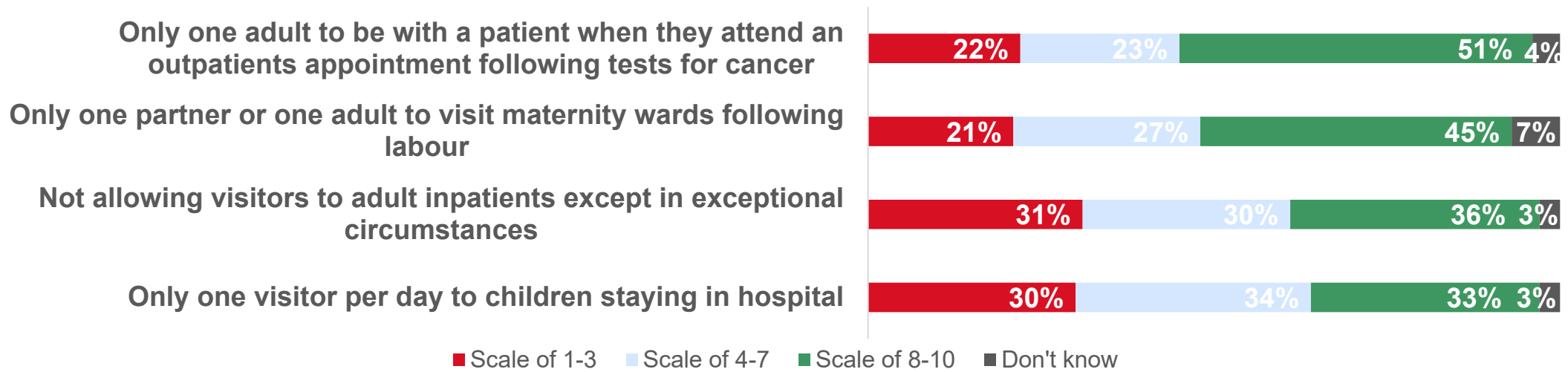
However, over one in ten (12%) said that having the option to see a health professional after the virtual appointment would make them feel more comfortable.

Base: Uncomfortable using a virtual outpatient appointment (269); interviewed via telephone 5th-24th May 2021

Views on restrictions on visitors and attending appointments were very divided amongst patients

Half of patients (51%) reported it was acceptable for only one adult to attend an outpatient appointment with a patient following tests for cancer. Less than half of patients (45%) said it was acceptable for just one partner or adult to visit a maternity ward after labour. Over a third of patients (36%) felt it was acceptable for adult inpatients to not be allowed visitors except in exceptional circumstances. However, a third of patients (31%) felt that this was unacceptable. A third of patients (33%) thought it acceptable for children staying in hospital to have one visitor per day, with a similar proportion (30%) saying it was unacceptable.

Q24. During the coronavirus pandemic, there are some restrictions on visiting and attending appointments with other people. How acceptable do you find restrictions in the following situations? (Answers on a scale of one to ten where one means it is completely unacceptable and ten means it is completely acceptable)

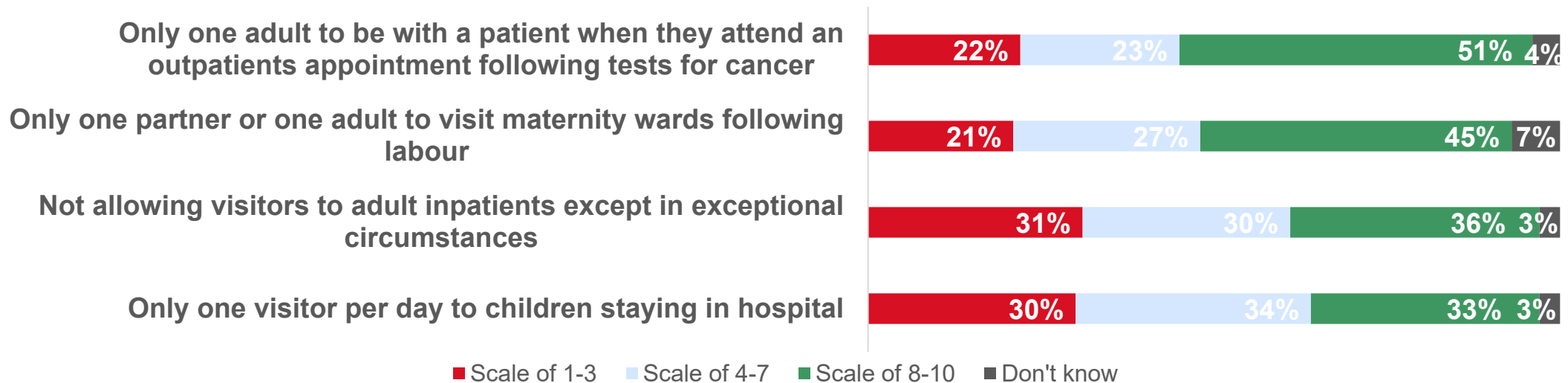


Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

Women were more likely to find the restrictions unacceptable

A third of women (34%) said it was unacceptable for only one adult to attend an outpatient appointment with a patient following tests for cancer, compared with a quarter of men (26%). Similarly, a third (34%) of women thought it was unacceptable to only have one visitor per day for children staying in hospital, compared with a quarter (24%) of men.

Q24. During the coronavirus pandemic, there are some restrictions on visiting and attending appointments with other people. How acceptable do you find restrictions in the following situations? (Answers on a scale of one to ten where one means it is completely unacceptable and ten means it is completely acceptable)



Base: All participants (1,501); female (868); male (596); non-binary/self describe (3) interviewed via telephone 5th-24th May 2021

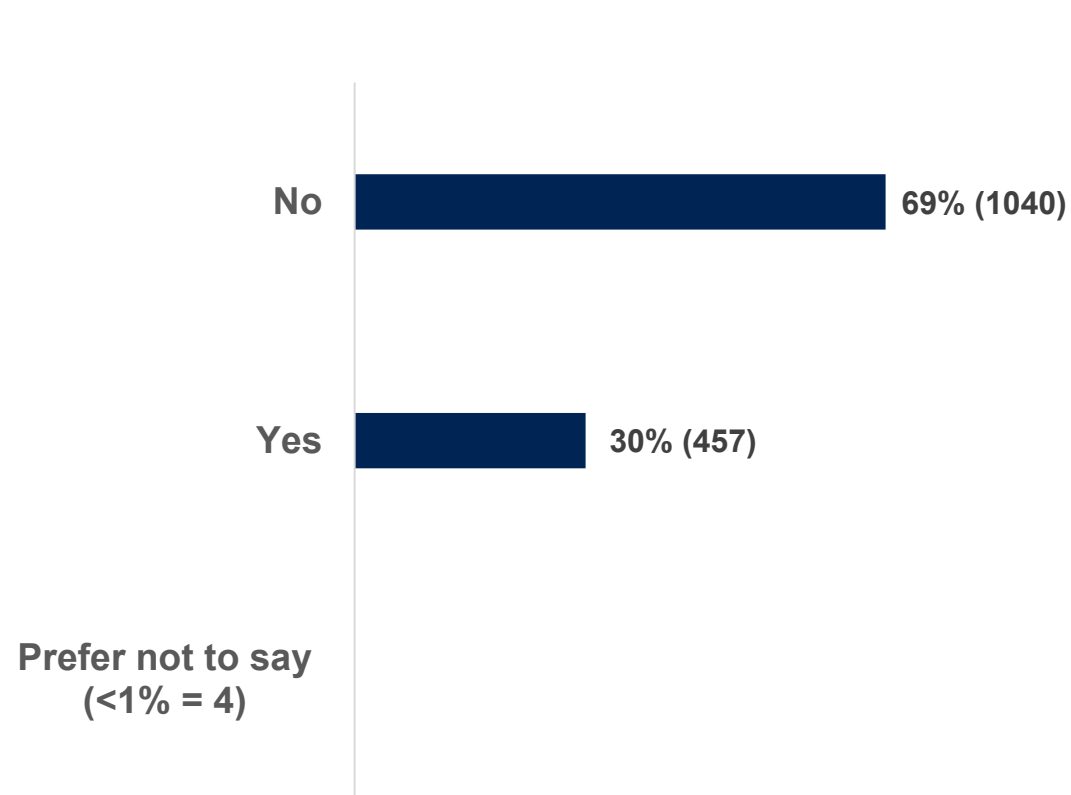
7

Appendices

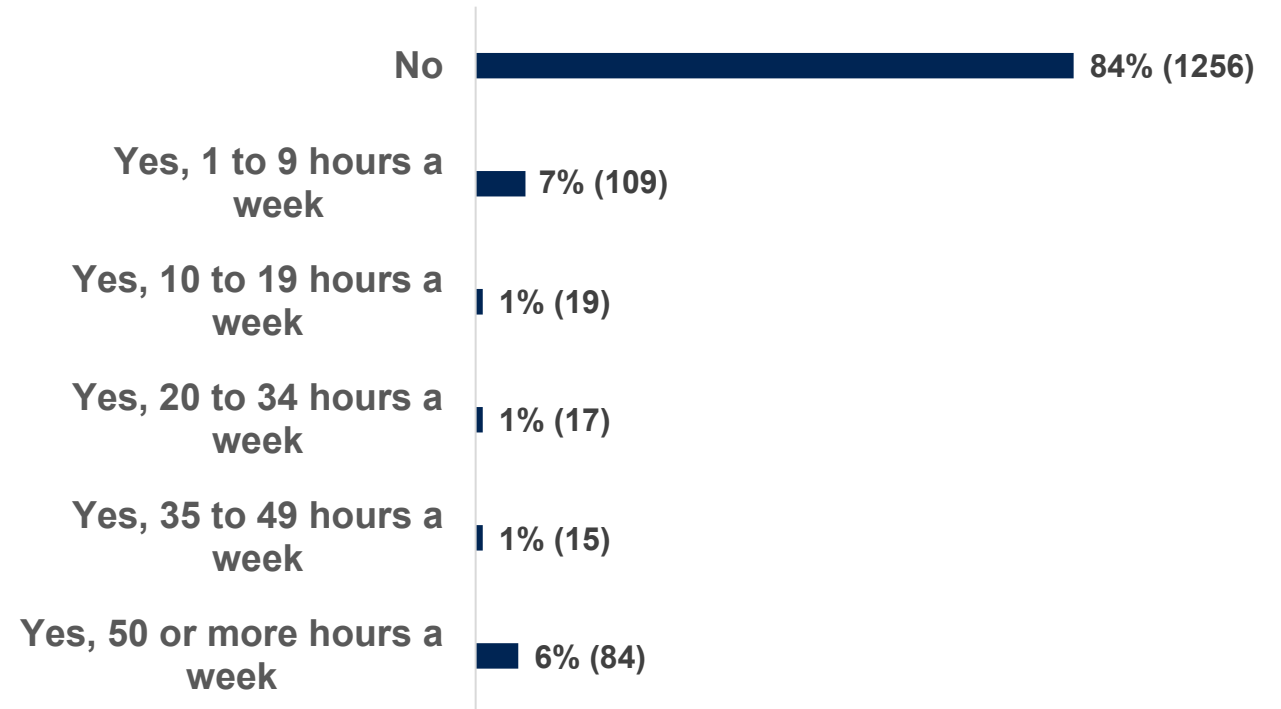
Appendix 1: Demographic profile of sample

Demographic profile

Q1. Are you a parent or a legal guardian for any children aged under 16 living in your home?



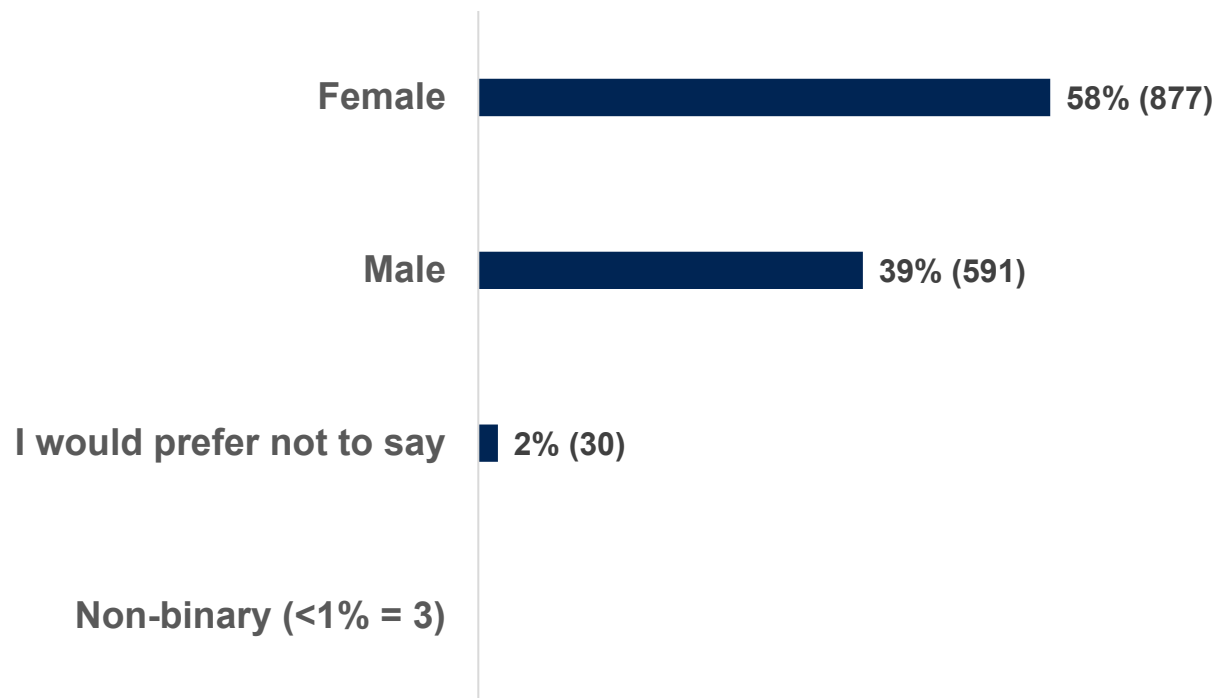
Q2. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: a long-term physical or mental ill health / disability, or problems related to old age?



Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

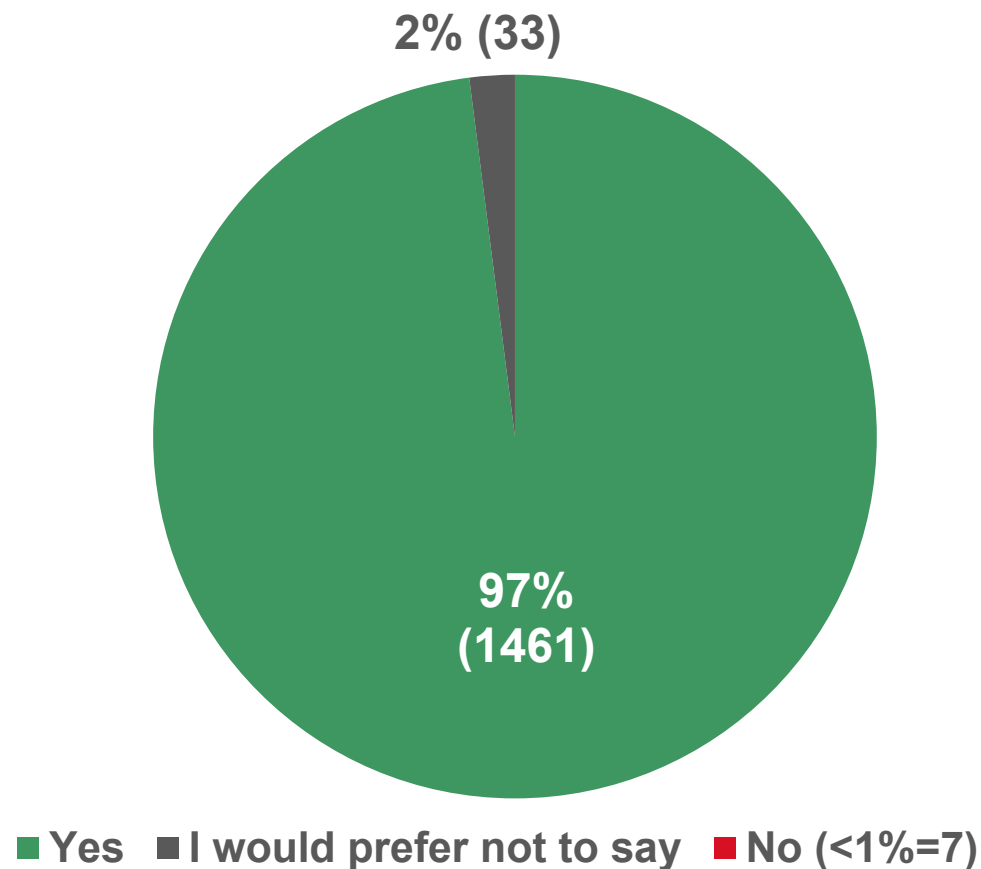
Demographic profile

Q25. Which of the following best describes you?



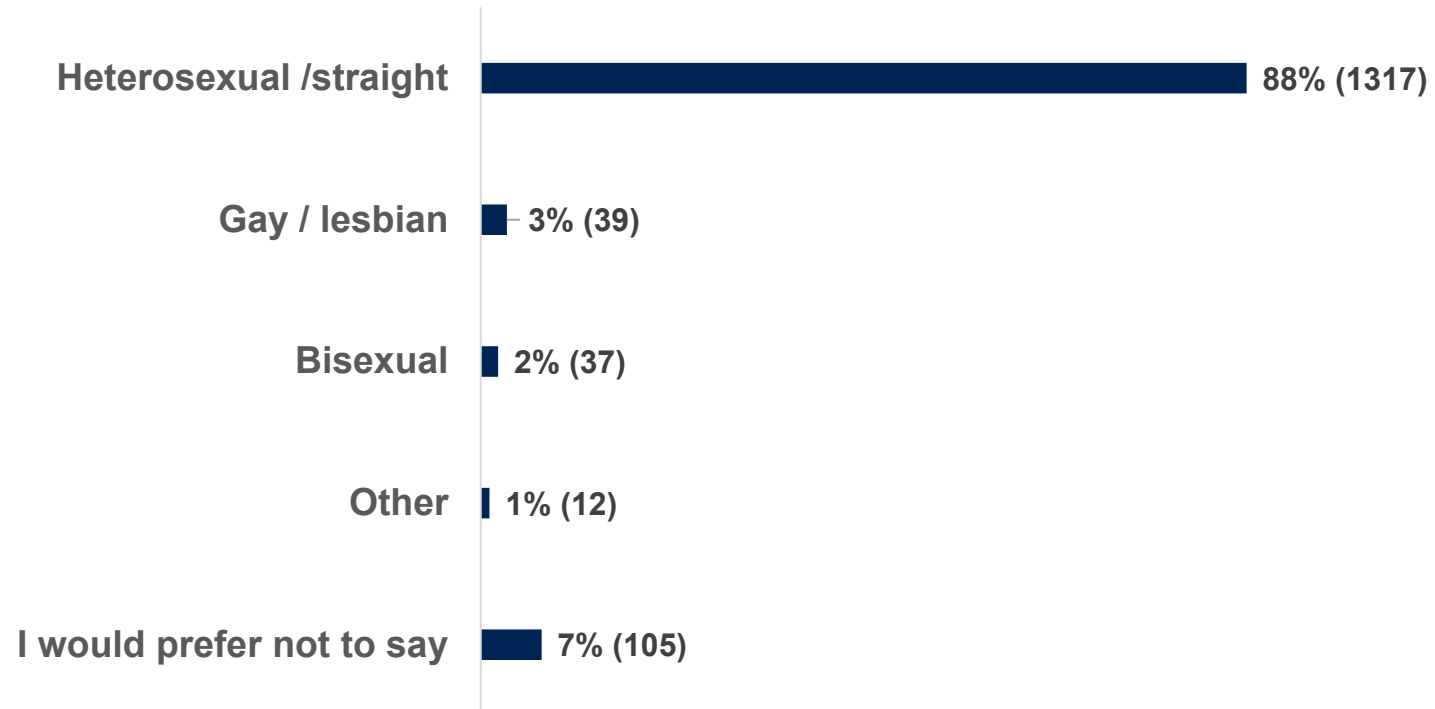
NB. The figures reported here reflect the gender of the person responding to the survey rather than the gender of the patient in the sample. As such the gender split may be affected by the proportion of parents responding on behalf of their child or carers about the person they care for.

Q26. Is your gender the same as the sex you were registered at birth?



Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

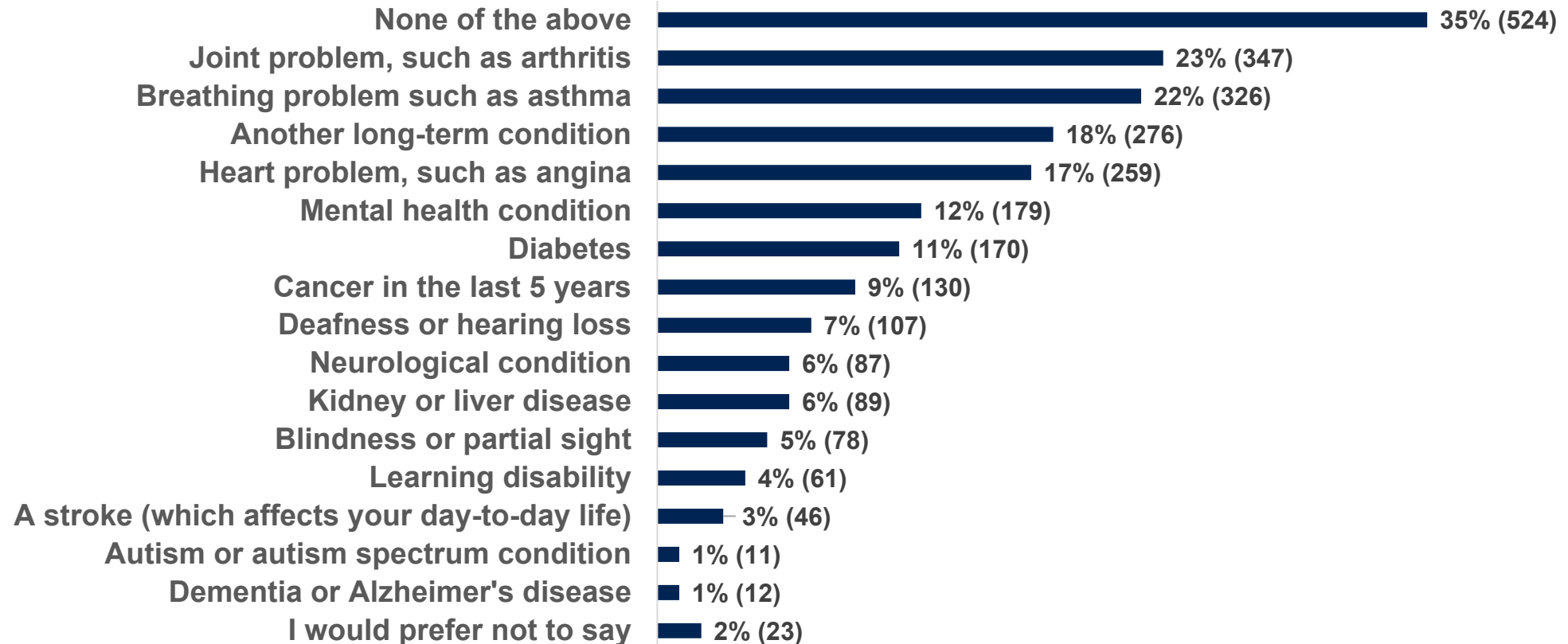
Q27. Which of the following best describes your sexual orientation?



Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

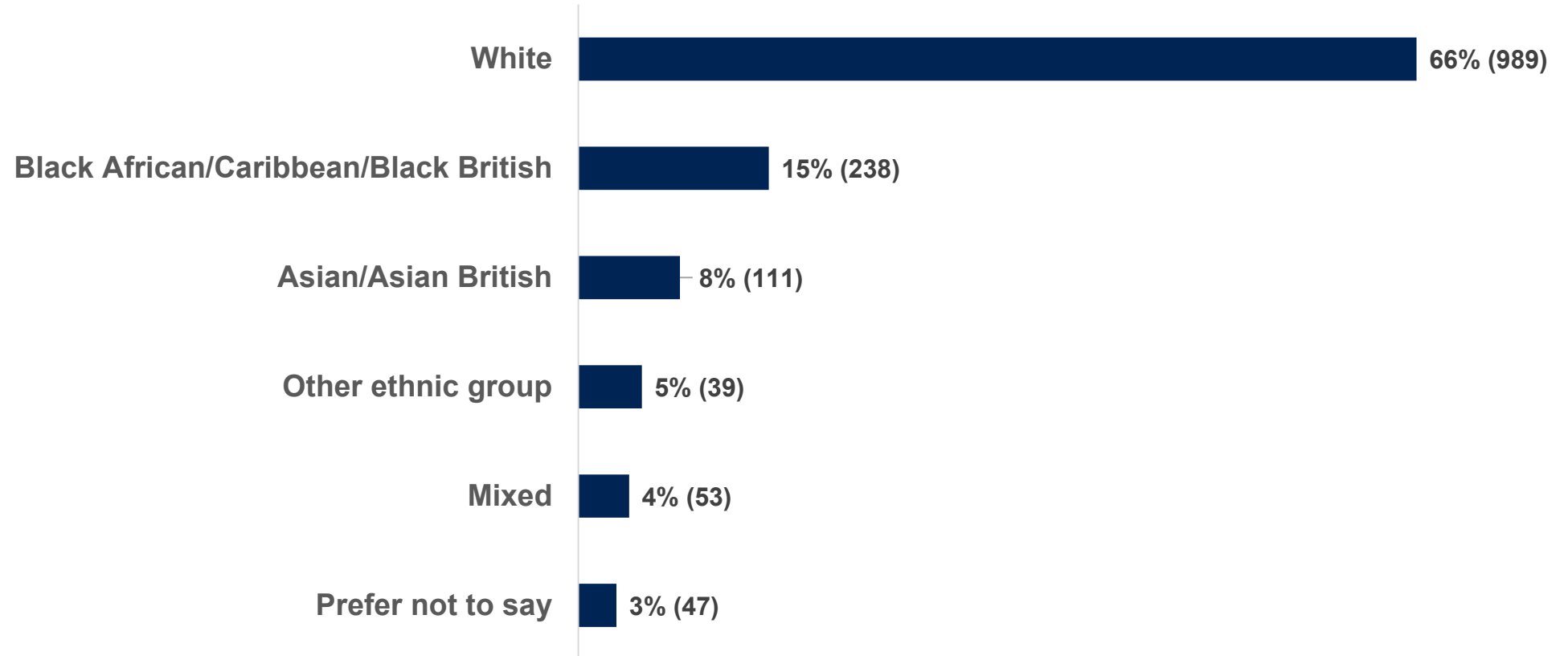
Demographic profile

Q28. Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?



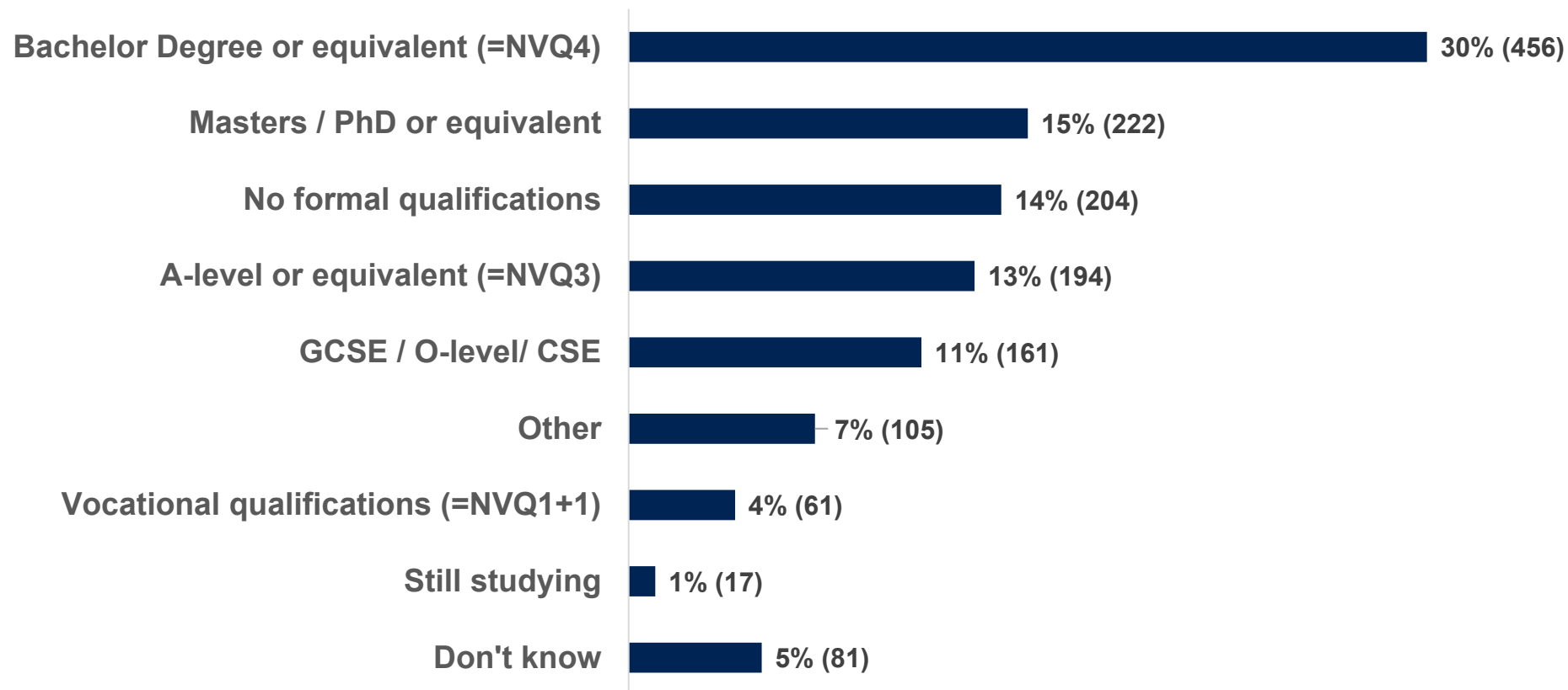
Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

Q29. What is your ethnic group?



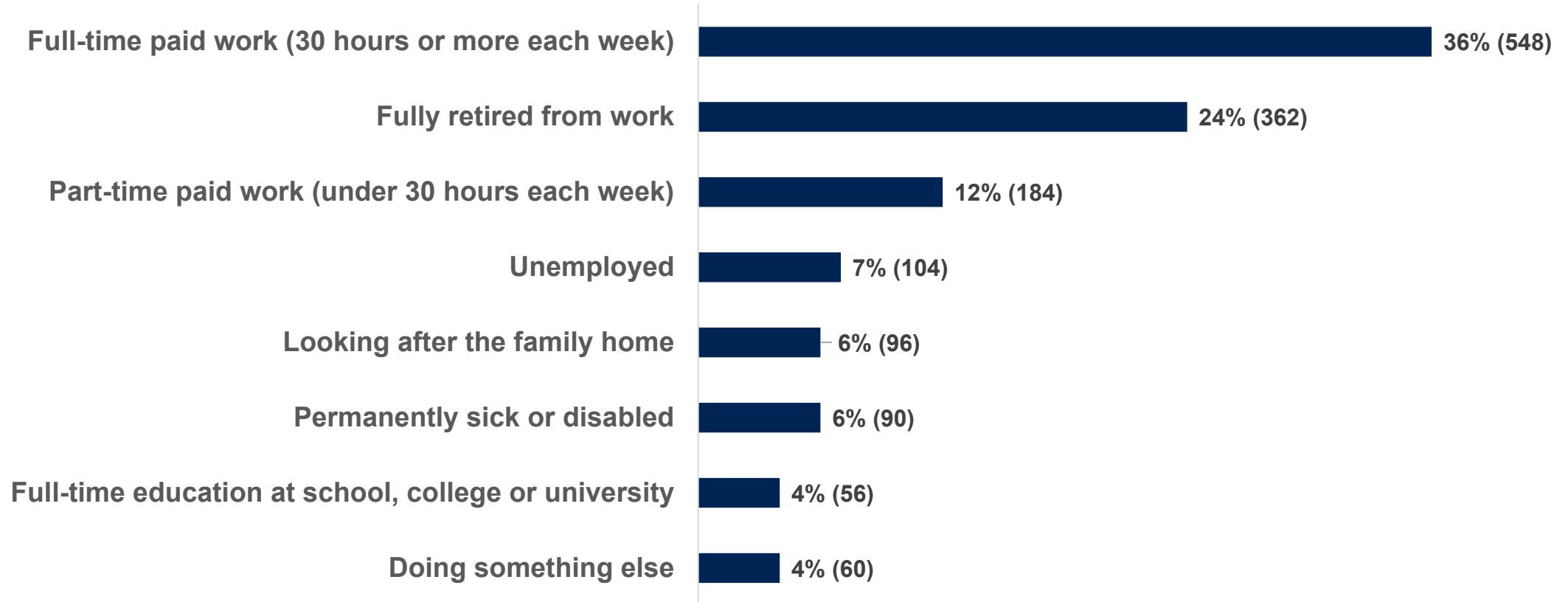
Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

Q30. Which, if any, is the highest educational or professional qualification you have obtained?



Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

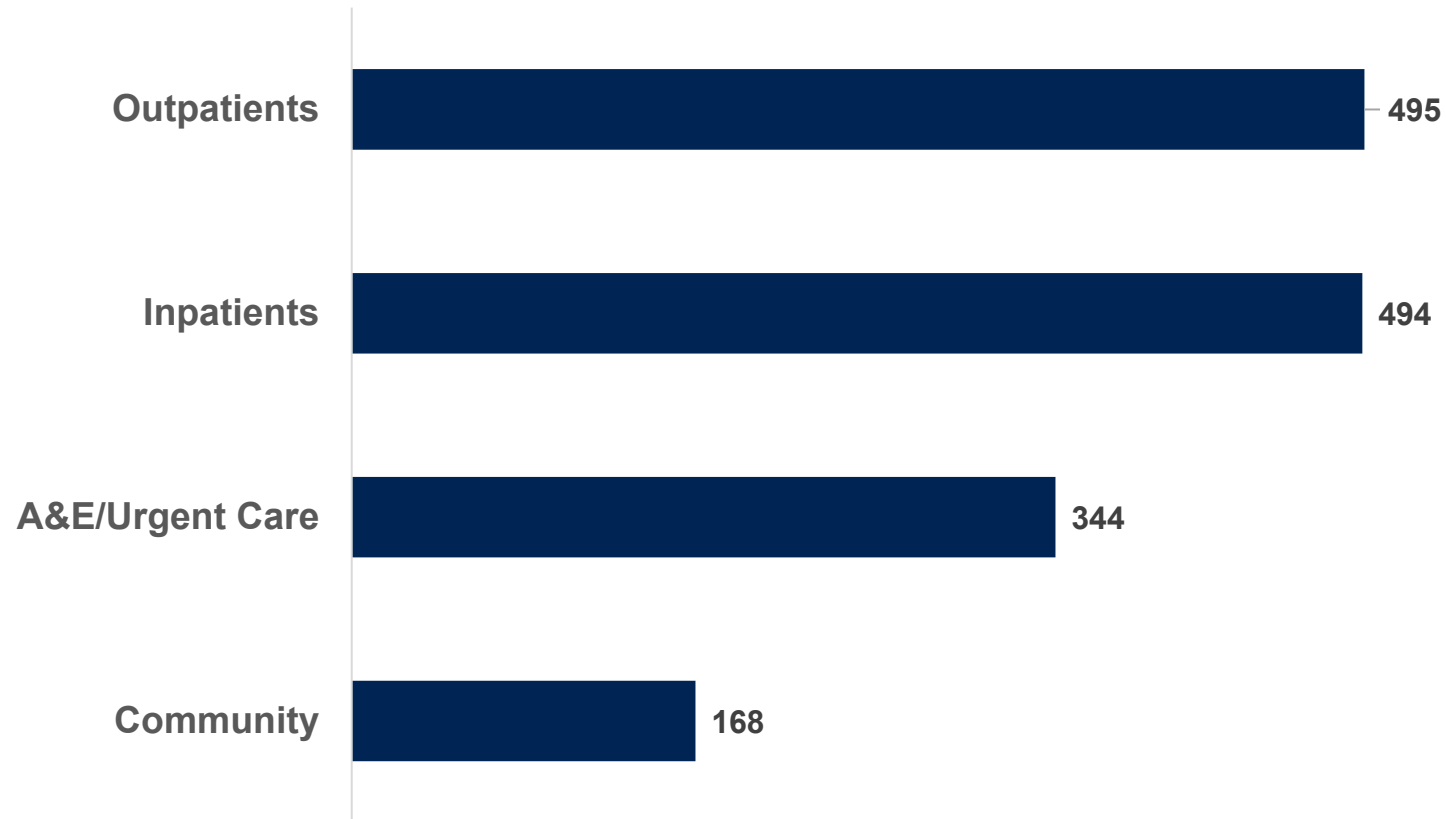
Q31. Which of these best describes what you are doing at present?



Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

Demographic profile

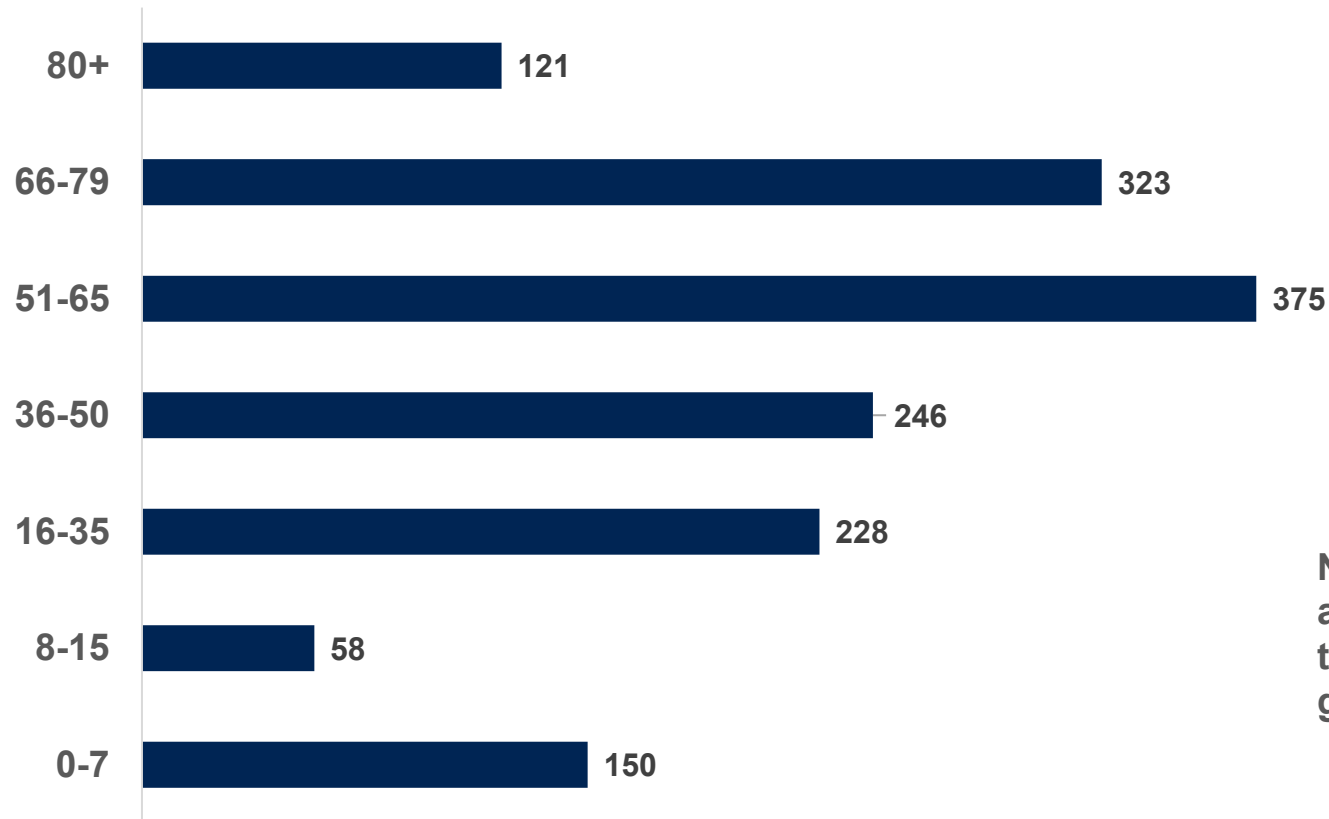
Number of participants by service type (taken from sample)



Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

Demographic profile

Participants by age group (taken from sample)



NB. Where the named patient in the sample was aged under 16, there was a flag to make sure that the interviewer only spoke to the parent or guardian.

Base: All participants (1,501); interviewed via telephone 5th-24th May 2021

Appendix 2: Programme Partner Reports

For partner reports some base sizes will be small. As a reminder, for percentages which derive from base sizes of 50-99 survey participants, these should be regarded as indicative. Where base sizes are under 50, these are presented as numbers rather than percentages.

Very few sub-groups are included in the partner reports due to the small base sizes.

Guy's and St Thomas' NHS Foundation Trust

Joint Programme for Patient Carer
and Public Involvement in COVID
Recovery: Attitudes and
behaviours telephone survey

October 2021

Ipsos MORI



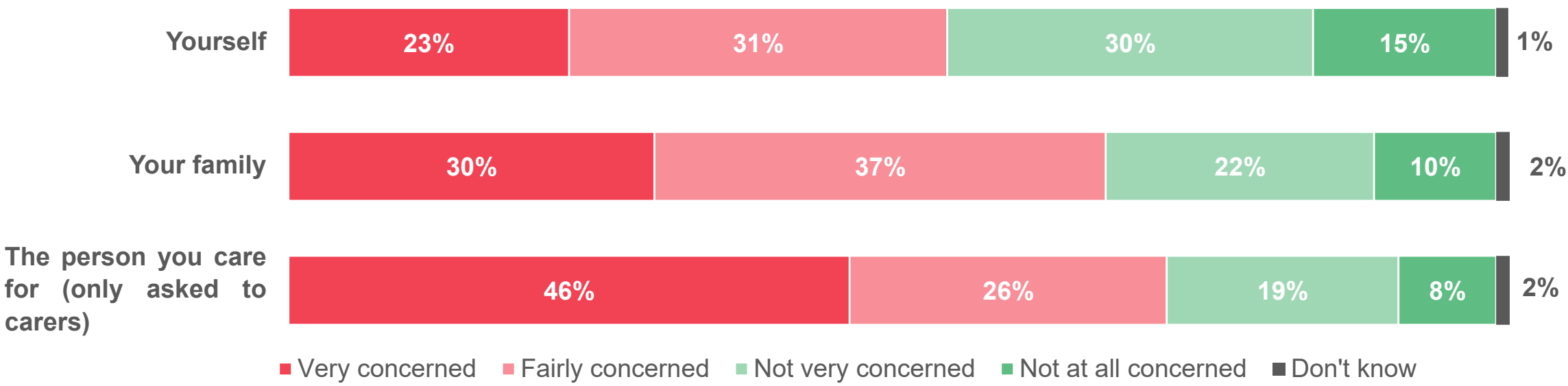
1

Context

There are still high levels of concern about coronavirus, particularly among carers about the people they care for

Over half of participants (54%) said they were concerned about the risk of coronavirus for themselves. Concern was higher when responding about their family (66%) and about the person they care for (72%).

Q3.To what extent, if at all, would you say you are concerned about the risk coronavirus poses to each of the following?

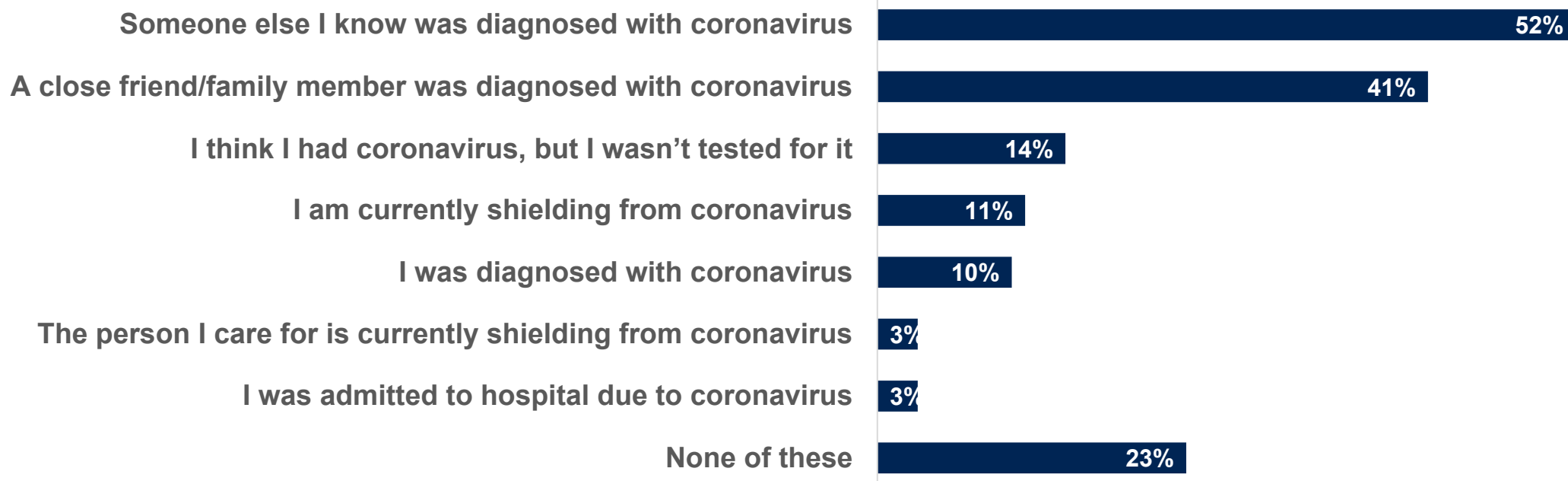


Base: GSTT - All participants (685); interviewed via telephone 5th-24th May 2021

Most patients have been affected by the pandemic in some way

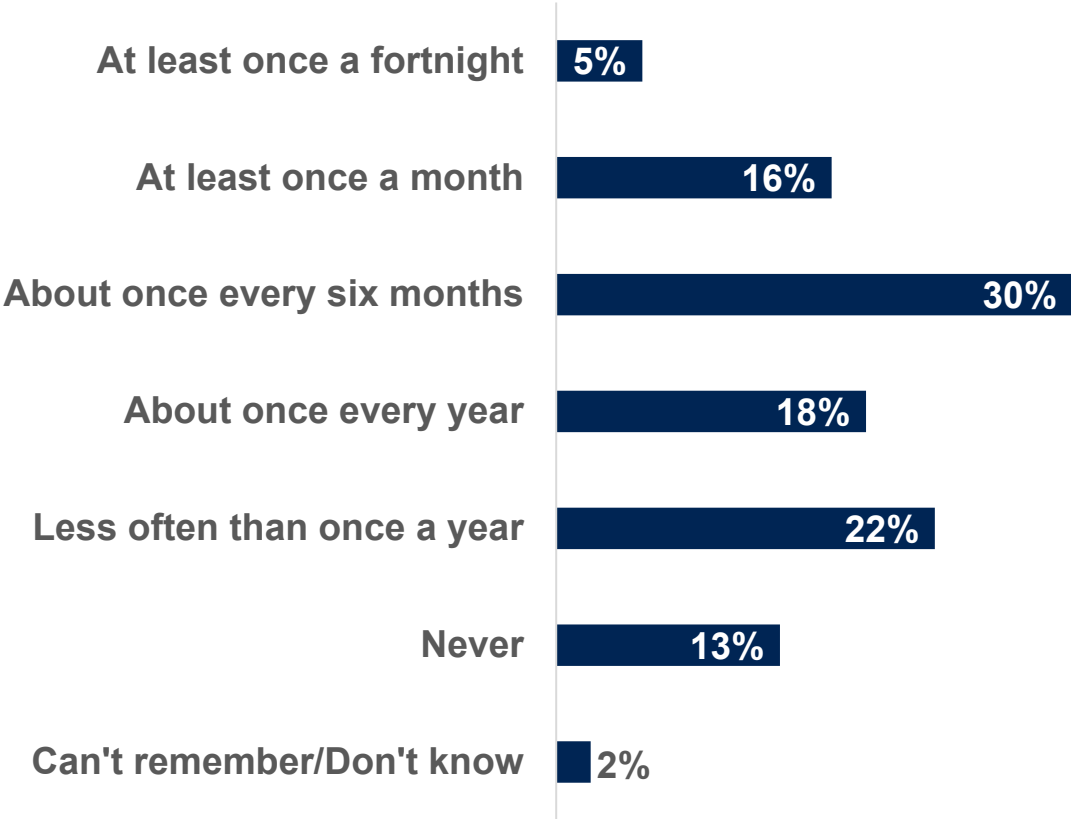
Four in five (77%) of patients surveyed have been affected in some way: more than half of patients (52%) said someone they know was diagnosed with coronavirus, whilst two fifths (41%) of patients said a close family member or friend was diagnosed with coronavirus. Over one in ten (14%) patients said they themselves think they had coronavirus, but were not tested, whilst one in ten (11%) patients said they were shielding, and a similar proportion of patients (10%) said they had been diagnosed with coronavirus.

Q4. Have any of the following happened to you as a result of the coronavirus pandemic?



Over one in five were using hospital services at least once a month before the pandemic

Q5. Before the coronavirus pandemic, how often, if at all, did you personally / your child / the person you care for use NHS hospital services (e.g. Accident and Emergency, or as an inpatient or outpatient)?



Over one in five (21%) of patients surveyed said they were using services at least once a month before the pandemic, including one in twenty (5%) who said they were using services every two weeks. Three in ten (30%) were using services once every six months, whilst around one in ten (13%) said they never used a hospital service before the pandemic.

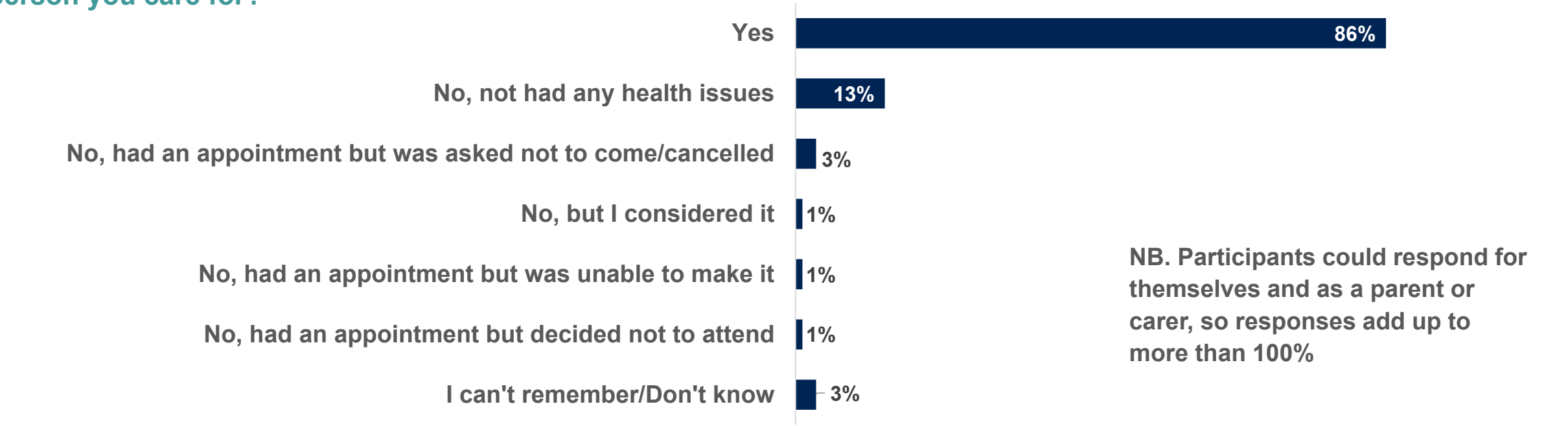
2

Use of services during pandemic

Most have used a health service since the first lockdown was introduced

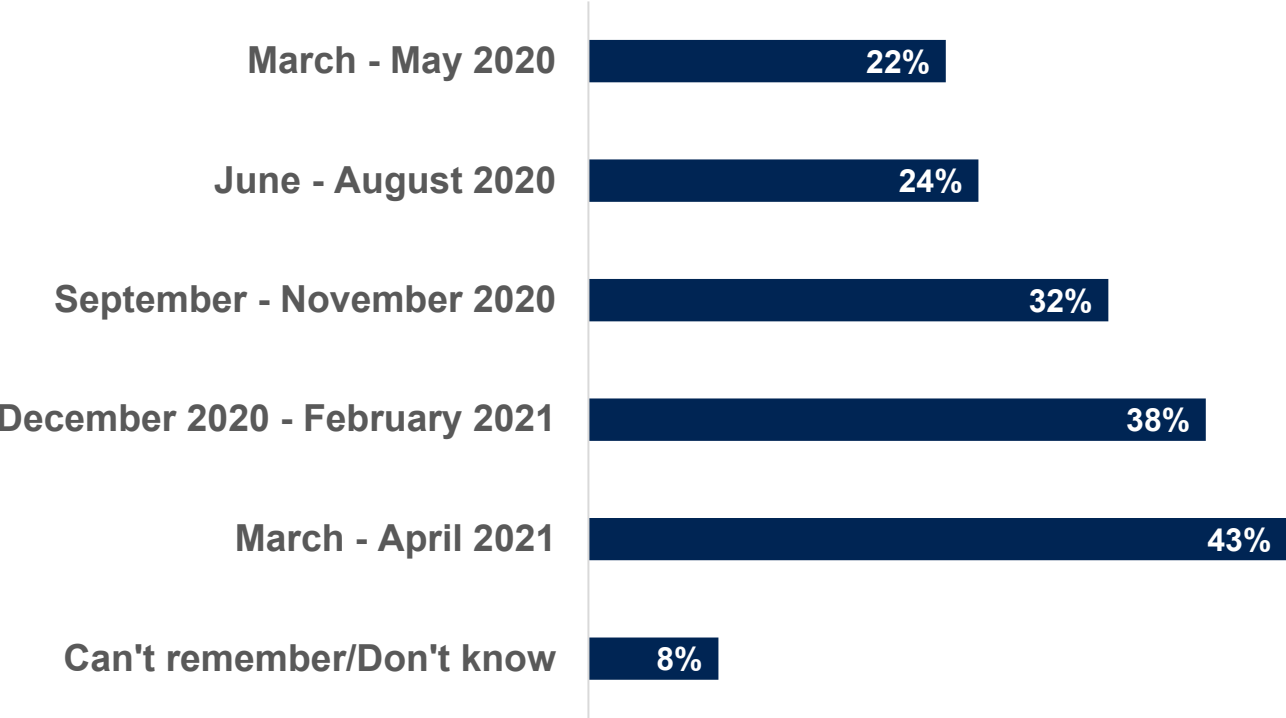
Patients were sampled to take part in the survey if they had used specific health services between November 2019 and May 2021. Almost nine in ten (86%) of patients surveyed have used a health service since the start of the first lockdown. Only 3% of patients said they had an appointment but it was cancelled and 1% of patients said they had considered using a health service but didn't.

Q6. Since the first lockdown was introduced in response to the coronavirus pandemic (announced by the Prime Minister on 23rd March 2020), have you used an NHS health service for yourself / for your child / on behalf of the person you care for?



Use of health services was continuous throughout the pandemic but increased in frequency as time went on

Q7. When did you use a health service?



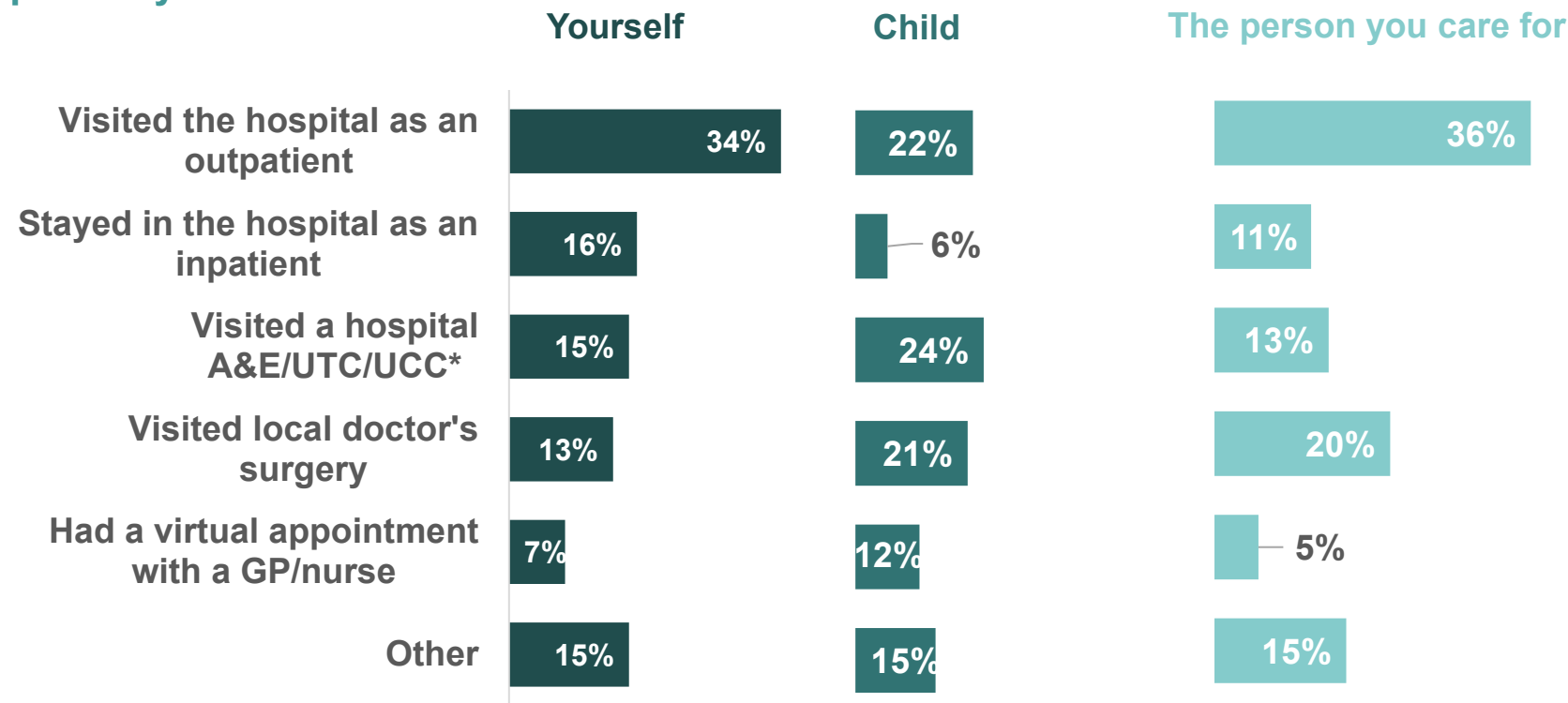
The pattern of use amongst patients in the survey reflected the decrease in appointments and elective care during the peaks of the pandemic. One in five (22%) of patients who had used services said they used them at the beginning of the pandemic (March-May 2020). This increased to over two in five (43%) of patients who said they had used a health service towards the end of the third lockdown (March-April 2021).

Base: GSTT - Used a health service since lockdown (591), interviewed via telephone 5th-24th May 2021

Outpatient appointments were the most common reason for visiting a hospital for those who used a health service recently

Over a quarter (28%) of patients surveyed said that they had most recently used an outpatients service. Almost one in five (16%) patients said they had been to A&E whilst one in ten (13%) said they had stayed in hospital as an inpatient. Only seven patients had used community services. Patients responding on behalf of their child were more likely to have used GP or A&E services.

Q8. Please think about the most recent time you used a health service... Which health service did you / your child / the person you care for use?



Base: GSTT - Used a health service since lockdown (591); Used service for themselves (373), Used service for a child (150), Used a service as a carer (66); interviewed via telephone 5th-24th May 2021. * A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Of those who did not attend their appointment, no longer needing an appointment was the most common reason for not using a health service

Q10. What was the most important reason your child / the person you care for / you did not use the health service? And what other reasons were there for you not using the service?

Of those 23 patients who did not use a service but considered it, had an appointment but could not attend, or decided not to attend:

- 8 patients said they **no longer needed the appointment**
- 5 patients felt their **condition did not warrant a visit to a health service**
- 3 patients **assumed that the NHS was not open for business as usual**
- 2 patients **felt that it would be too difficult to travel to the health service they needed**

Of those whose appointments were moved or cancelled, some were offered an appointment at later date

Q11. You said you / they had an appointment but were asked not to come/it was cancelled. What has happened to you / your child / the person you care for since this appointment date?

Of those 20 patients who said that their appointment **was cancelled or they were asked not to attend their appointment:**

- 8 patients **were offered an appointment at a later** date.
- 3 patients **were not offered another appointment** after their appointment was moved or cancelled.
- 2 patients **said they no longer needed the appointment.**
- 2 patients said **they had tried to contact the service but unable to.**

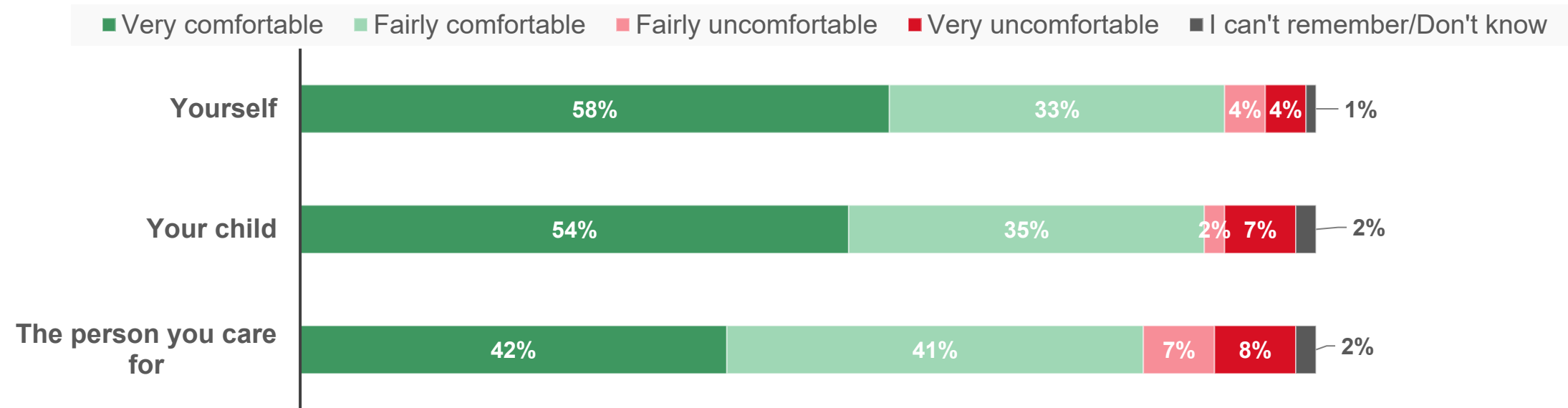
3

Experience of using services

The majority of patients felt comfortable attending a face to face appointment, but less so when it was for someone else

Q12. And how comfortable or uncomfortable did you feel using the health service for yourself / your child / the person you care for?

Nine in ten (91%) patients surveyed said they felt comfortable attending a face to face appointment for themselves. This was similar for patients attending an appointment for their child (89%). However, there were lower levels of comfort about attending a face to face appointment reported by patients attending an appointment for the person they care for (83%).



Base: GSTT - Attended an appointment face to face (490); Answering about themselves (325), Answering about their child (114), Answering about the person they care for (49); interviewed via telephone 5th-24th May 2021

Of those who felt uncomfortable attending a face to face appointment, the risk of catching coronavirus was the main reason for this

Q13. You said that you felt uncomfortable using the health service.

What was the most important reason you felt uncomfortable? What other reasons were there?

Of those 46 patients who felt uncomfortable using health services, the top reasons for feeling uncomfortable about attending a face to face appointment included:

- 25 patients who said they were **concerned about being exposed to or catching coronavirus.**
- 5 patients who said they were **concerned about staff being rude, uncaring or negligent.**
- 3 patients who said **pain and discomfort caused by a health condition** meant they felt uncomfortable about attending a face to face appointment.

Reassurance about the level of risk and measures to reduce the risk of catching the virus would help patients feel more comfortable when attending appointments

Q14. What, if anything, would make you more comfortable using that health service? And what else would make you more comfortable?

Of the 46 patients who said they felt uncomfortable about using a health service face to face were asked whether anything could make them feel more comfortable. The most common responses included:

- 12 patients who said they would feel more comfortable **knowing that the risk to being exposed to/catching coronavirus was low.**
- 8 patients who said there was **nothing that would make it easier** to attend an appointment face to face.
- 6 patients who said they would like to **know what measures were in place to reduce the risk of being exposed to/catching coronavirus.**
- 5 patients said **a better quality of care or service.**
- 4 patients said **shorter waiting times or a faster service.**

Of those that had a virtual appointment, the majority were conducted by telephone

Q15. How was your virtual appointment conducted (i.e. an appointment that took place by phone or online using a smart phone, tablet or other device)?

Less than one in 20 patients (4%) who had used a health service since lockdown had a virtual appointment. Of the 25 patients who had a virtual appointment:

- 20 patients said it was **conducted by telephone**.
- 5 patients said it was conducted **online with video** (via computer, tablet or a smart phone app, e.g. skype or Attend Anywhere).

Most patients felt comfortable using a virtual health service

Q16. How comfortable or uncomfortable did you feel using the health service virtually?

Of those 25 patients who had a virtual appointment:

- 21 patients said they were comfortable using a virtual health service.
- 3 patients said they were uncomfortable using a virtual health service.
- 1 patient said they did not know or couldn't remember.

For patients who used virtual health services, not being able to have a physical examination was the biggest concern

Q17. What difficulties did you experience, if any, when using the health service virtually?

Of those 25 patients who used a virtual service:

- 14 patients said they had **no difficulties**
- 5 patients said they were concerned because they were **unable to have a physical examination**.
- 3 patients said they **experienced connectivity problems** when using a virtual health service.
- 3 patients said they were **worried the health professional would miss a diagnosis or misdiagnose**.

Having the option to see a health professional face to face after a virtual appointment would make having a virtual appointment easier

Q18. What, if anything, would make it easier to use a health service virtually? What else would make it easier?

Of those 25 patients who had a virtual appointment:

- 11 patients said that **nothing** could be done to make using a virtual health service easier.
- 4 patients said they would like **the option to see a health professional face to face after the virtual appointment.**
- Other suggestions that would make using a virtual health service easier include having a choice of technology (e.g. telephone, video); support with visual, hearing or speech impairment; and speaking to the same doctor or nurse each time.

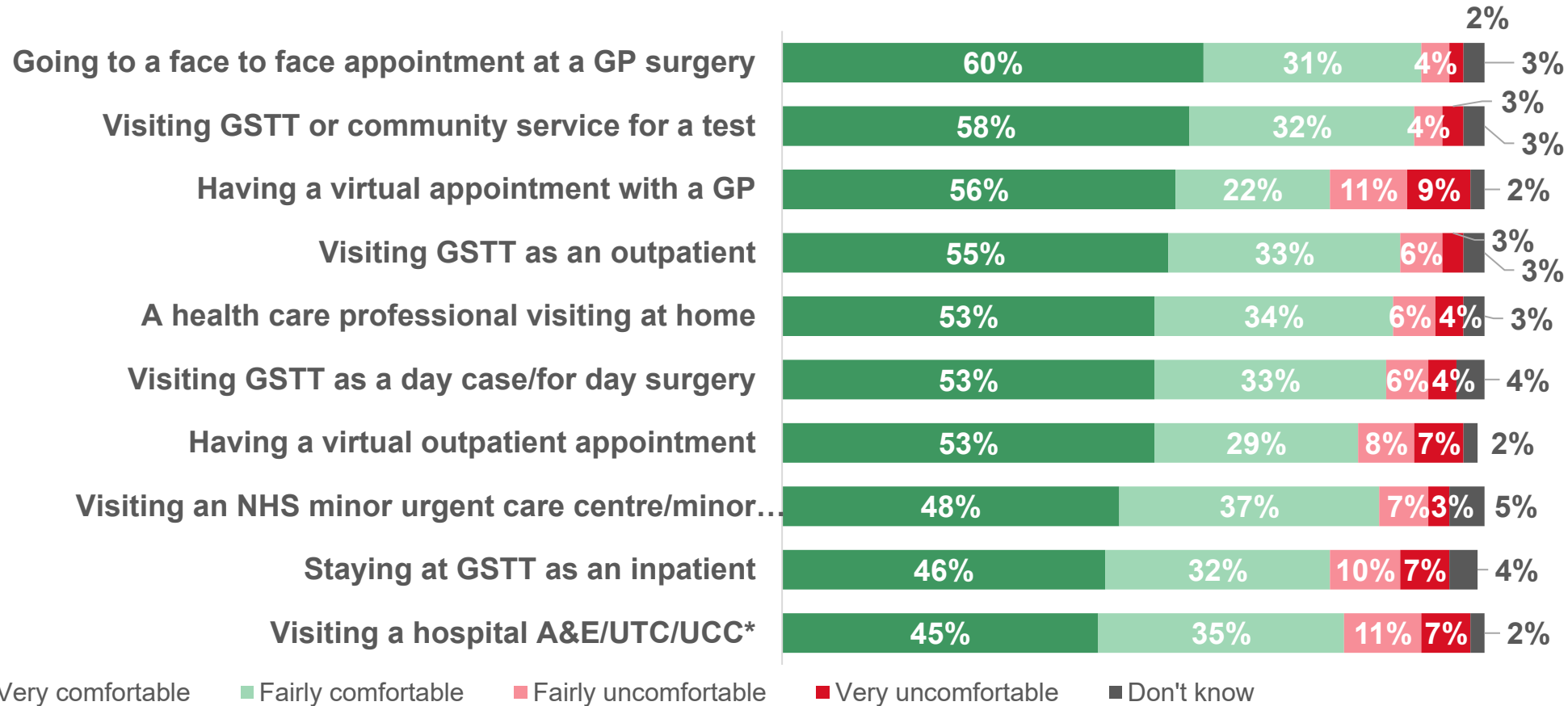
4

Future use of services

Patients reported high levels of comfort accessing health services if they needed to

Q19. If you developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using the following health services?

Nine in ten (91%) patients surveyed said they would feel comfortable attending a face to face GP appointment, and a similar proportion (90%) were comfortable visiting GSTT or a community service for a test. Patients felt less comfortable having a virtual appointment with a GP (78%) and staying at GSTT as an inpatient (79%).

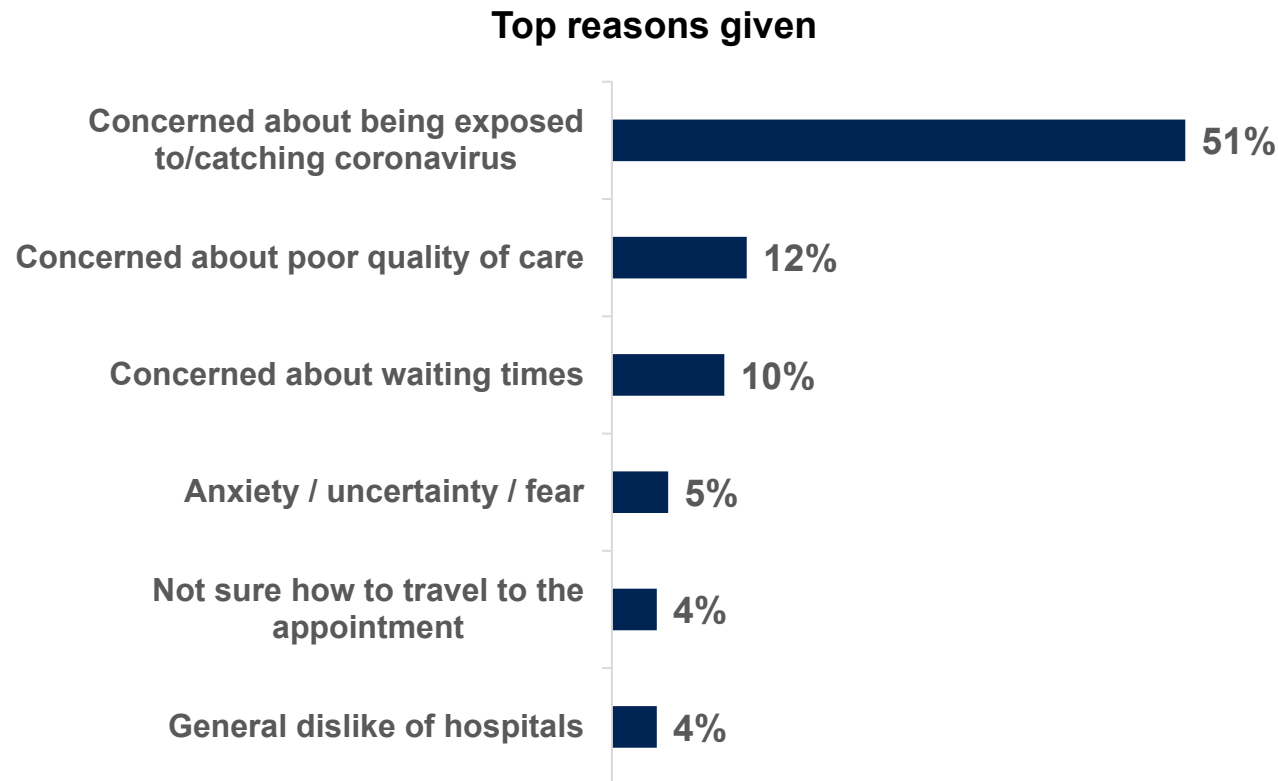


Base: GSTT - All participants (685); interviewed via telephone 5th-24th May 2021

* A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Concern about catching coronavirus is the most common reason for patients feeling uncomfortable using face to face services

Q20. You said that you would feel uncomfortable using a hospital service face to face/ in person... What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



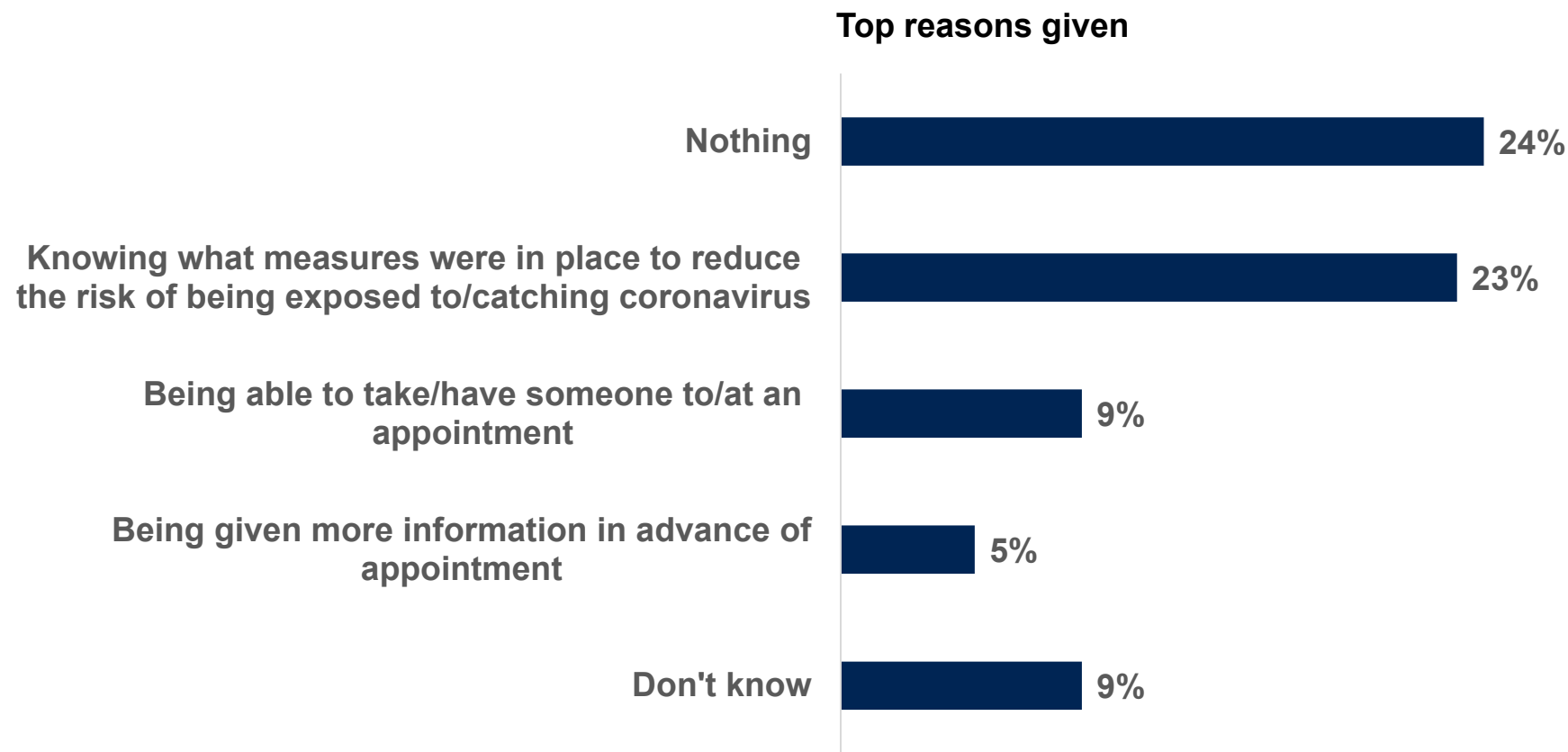
One third (35%) of patients said that they would feel uncomfortable using a hospital service face to face. Over half (51%) of these said they were concerned about being exposed to or catching coronavirus.

The second most common reason for feeling uncomfortable using a hospital service face to face was concern about poor quality of care, mentioned by over one in ten (12%) of patients. The third most common reason was concern about waiting times, mentioned by one in ten (10%).

Base: GSTT - Would be uncomfortable using a hospital service face to face (233); this figure is a combined figure of everyone who said they were uncomfortable at least one of the hospital services asked in Q19 (71 minor urgent care centre/minor injuries centre; 121 A&E; 116 inpatient; 56 outpatient; 73 day case); interviewed via telephone 5th-24th May 2021

Knowing what measures are in place to reduce coronavirus risks was important

Q21. What, if anything, would make you feel more comfortable about using a hospital service in the next 3-4 weeks...?
What else would make you feel more comfortable?



Almost a quarter (24%) of patients surveyed who said they would feel uncomfortable using a hospital service face to face said nothing would make them feel more comfortable.

Almost a quarter (23%) of these patients said knowing what measures were in place to reduce the risk of catching coronavirus would make them more comfortable.

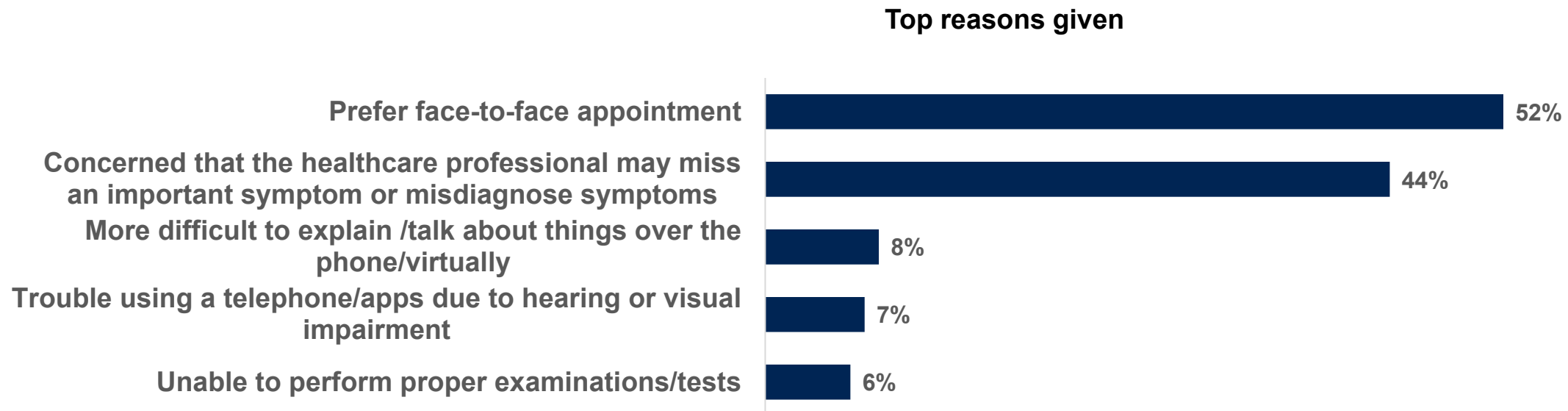
Around one in ten (9%) said being able to take someone with them to the appointment would make them feel more comfortable.

Base: GSTT - Would be uncomfortable using a hospital service face to face (233); this figure is a combined figure of everyone who said they were uncomfortable at least one of the hospital services asked in Q19 (71 minor urgent care centre/minor injuries centre; 121 A&E; 116 inpatient; 56 outpatient; 73 day case); interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, most simply prefer face to face appointments

Over half (52%) of patients surveyed who said they would feel uncomfortable using a virtual outpatient appointment in the next 3-4 weeks said they would simply prefer a face to face appointment. Almost half (44%) said that a key reason for feeling uncomfortable was concern that a healthcare professional might miss an important symptom or misdiagnose the patient.

Q22. You said you would feel uncomfortable having a virtual outpatient appointment (e.g. online using a smart phone or other device, or by telephone). What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



Base: GSTT - Uncomfortable using a virtual outpatient appointment (111); interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, almost have said nothing would make them feel more comfortable

Q23. What, if anything, would make you feel more comfortable about having a virtual outpatients appointment (e.g. online using a smart phone or other device, or by telephone)?

Top reasons given



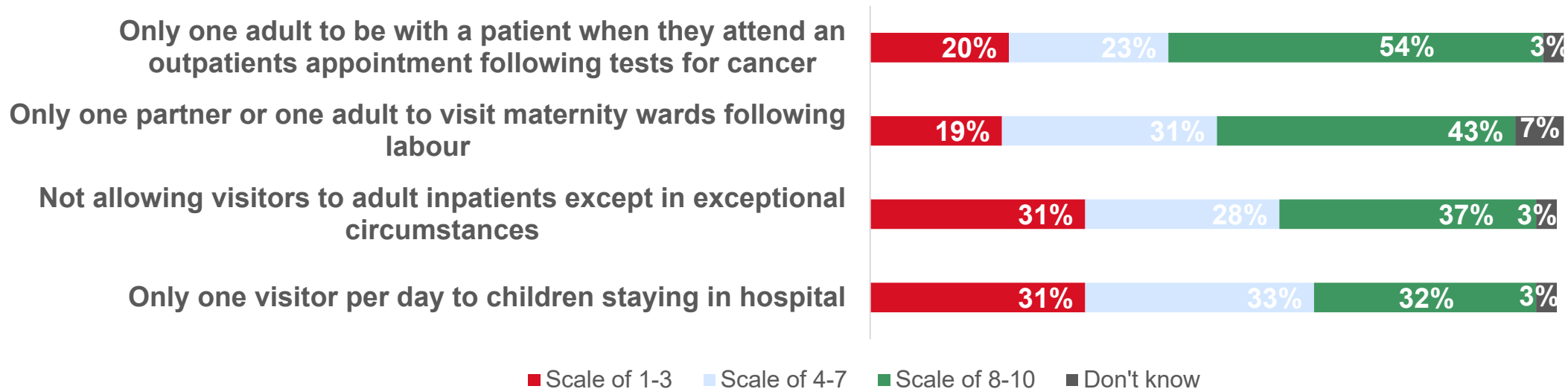
Almost half (47%) of all patients surveyed who would feel uncomfortable using a virtual outpatient appointment said that nothing would make them more comfortable.

However, almost one in ten (9%) said that having the option to see a health professional after the virtual appointment would make them feel more comfortable.

Views on restrictions on visitors and attending appointments were very divided amongst patients

Over half (54%) of patients thought it acceptable for only one adult to attend an outpatients appointment with a patient following tests for cancer. Two in five (43%) patients said it was acceptable for just one partner or adult to visit a maternity ward after labour. Over a third (37%) of patients felt it was acceptable for adult inpatients to not be allowed visitors except in exceptional circumstances. However, a third (31%) of patients felt that this was unacceptable. A third (32%) of patients surveyed said it was acceptable for children to only be allowed one visitor per day; a similar proportion also said it was unacceptable (31%).

Q24. During the coronavirus pandemic, there are some restrictions on visiting and attending appointments with other people. How acceptable do you find restrictions in the following situations? (Answers on a scale of one to ten where one means it is completely unacceptable and ten means it is completely acceptable)



Base: GSTT - All participants (685); interviewed via telephone 5th-24th May 2021

Guy's and St Thomas' NHS Foundation Trust: Royal Brompton and Harefield Hospitals Clinical Group

Joint Programme for Patient Carer and
Public Involvement in COVID Recovery:
Attitudes and behaviours telephone survey

October 2021

Ipsos MORI



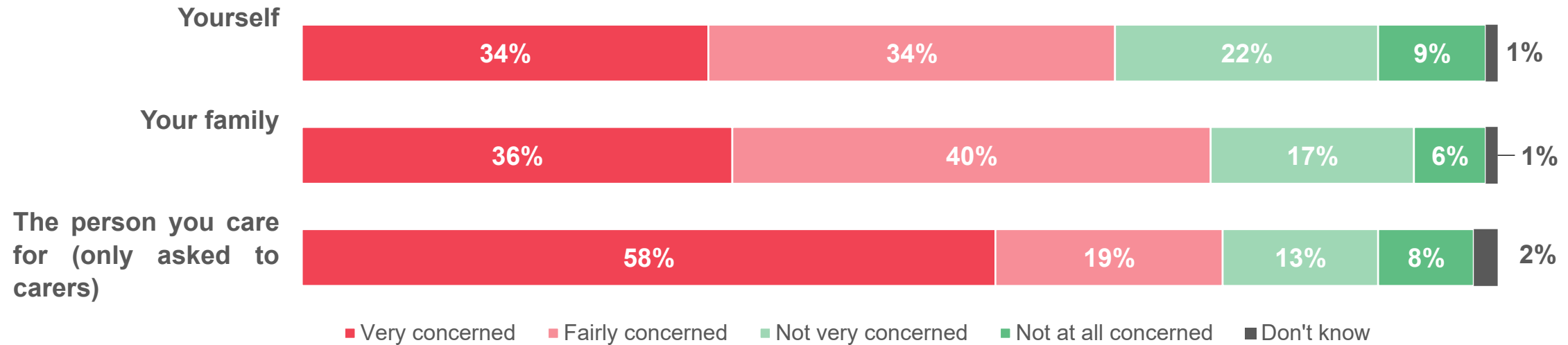
1

Context

There are still high levels of concern about coronavirus, particularly among carers about the people they care for

Over two thirds (67%) of patients surveyed said they were concerned about the risk of coronavirus for themselves. Concern was higher in relation to patients responding about their family (76%) and about the person they care for (77%).

Q3.To what extent, if at all, would you say you are concerned about the risk coronavirus poses to each of the following?

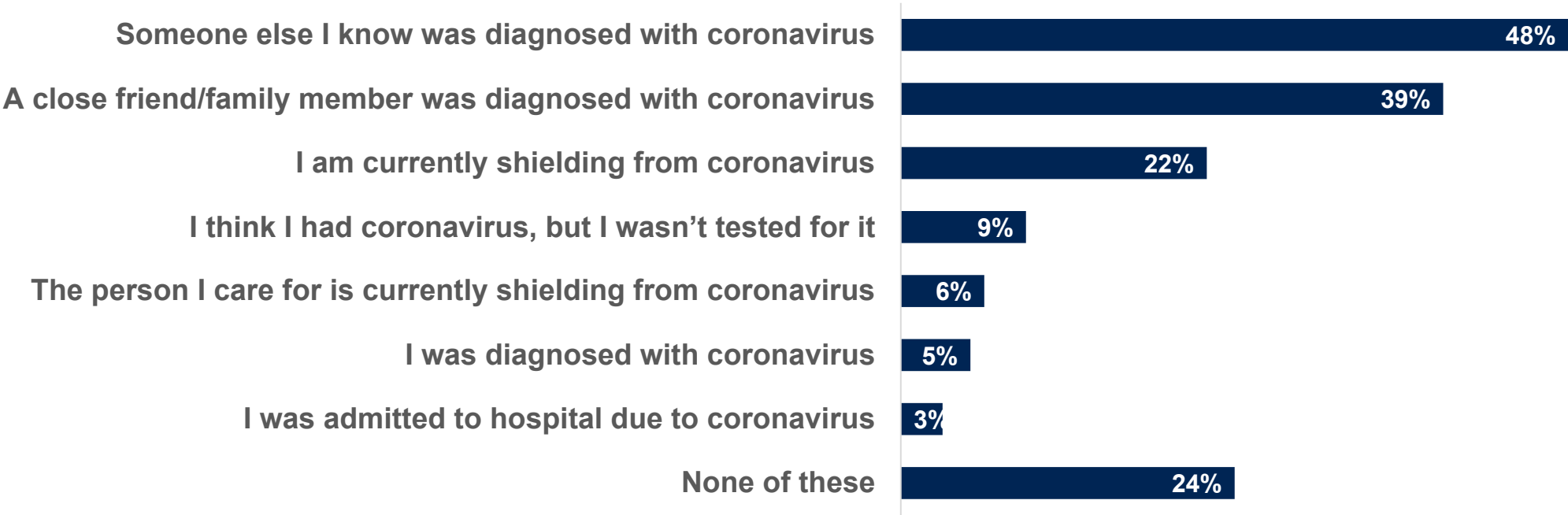


Base: RBH - All participants (300); interviewed via telephone 5th-24th May 2021

Most patients have been affected by the pandemic in some way

Three in four (76%) patients surveyed have been affected in some way: almost half (48%) of patients said someone they know was diagnosed with coronavirus, whilst two fifths (39%) of patients said a close family member or friend was diagnosed with coronavirus. Over one in five (22%) patients said they were currently shielding from coronavirus, whilst almost one in ten (9%) patients said they themselves think they had coronavirus, but were not tested.

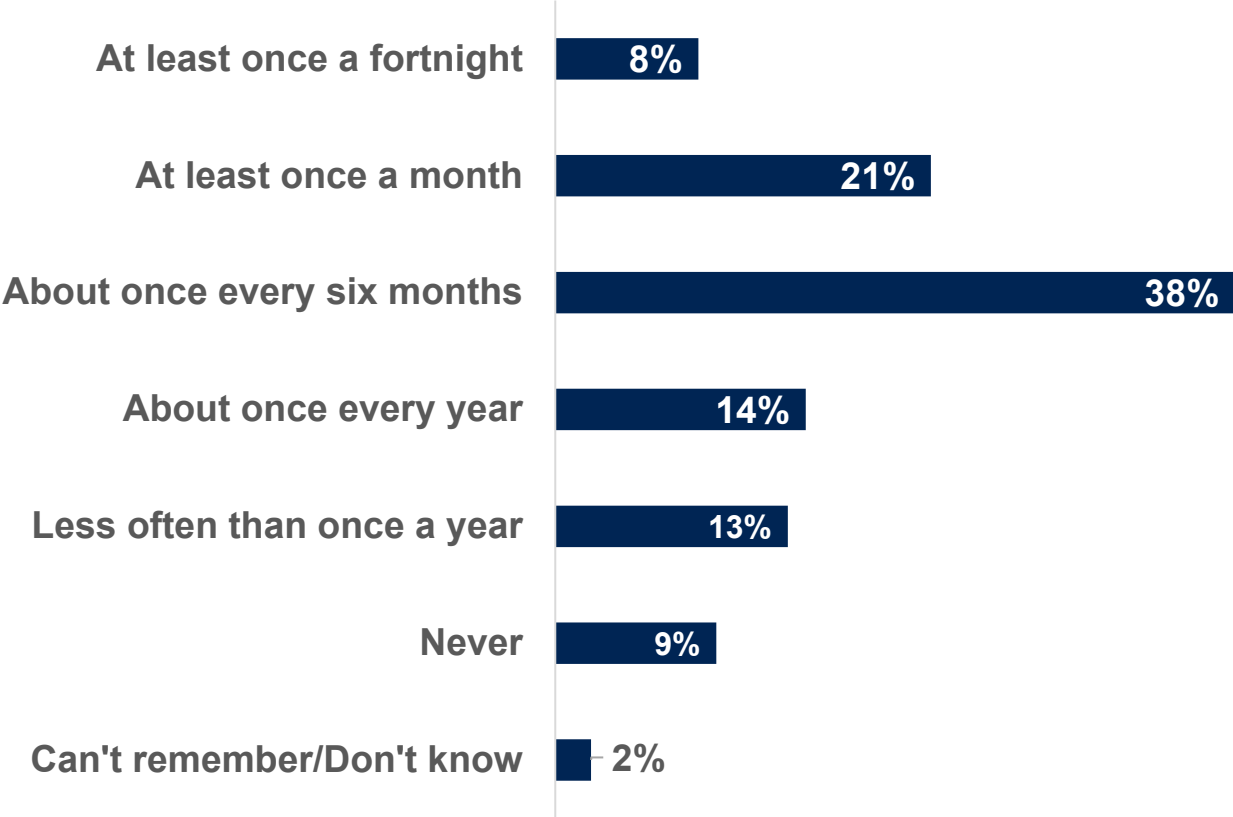
Q4. Have any of the following happened to you as a result of the coronavirus pandemic?



Base: RBH - All participants (300); interviewed via telephone 5th-24th May 2021

Almost a third were using hospital services at least once a month before the pandemic

Q5. Before the coronavirus pandemic, how often, if at all, did you personally / your child / the person you care for use NHS hospital services (e.g. Accident and Emergency, or as an inpatient or outpatient)?



Almost a third (29%) of patients surveyed said they were using services at least once a month, including almost one in ten (8%) who said they were using services every two weeks.

Base: RBH - All participants (300); interviewed via telephone 5th-24th May 2021

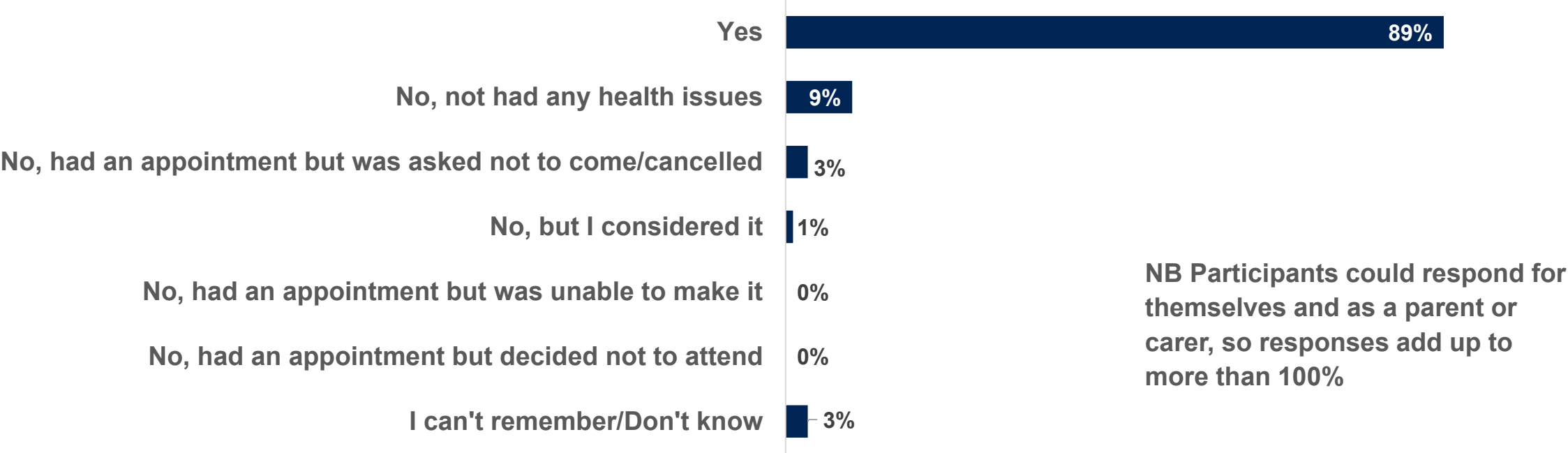
2

Use of services during pandemic

Most have used a health service since the first lockdown was introduced

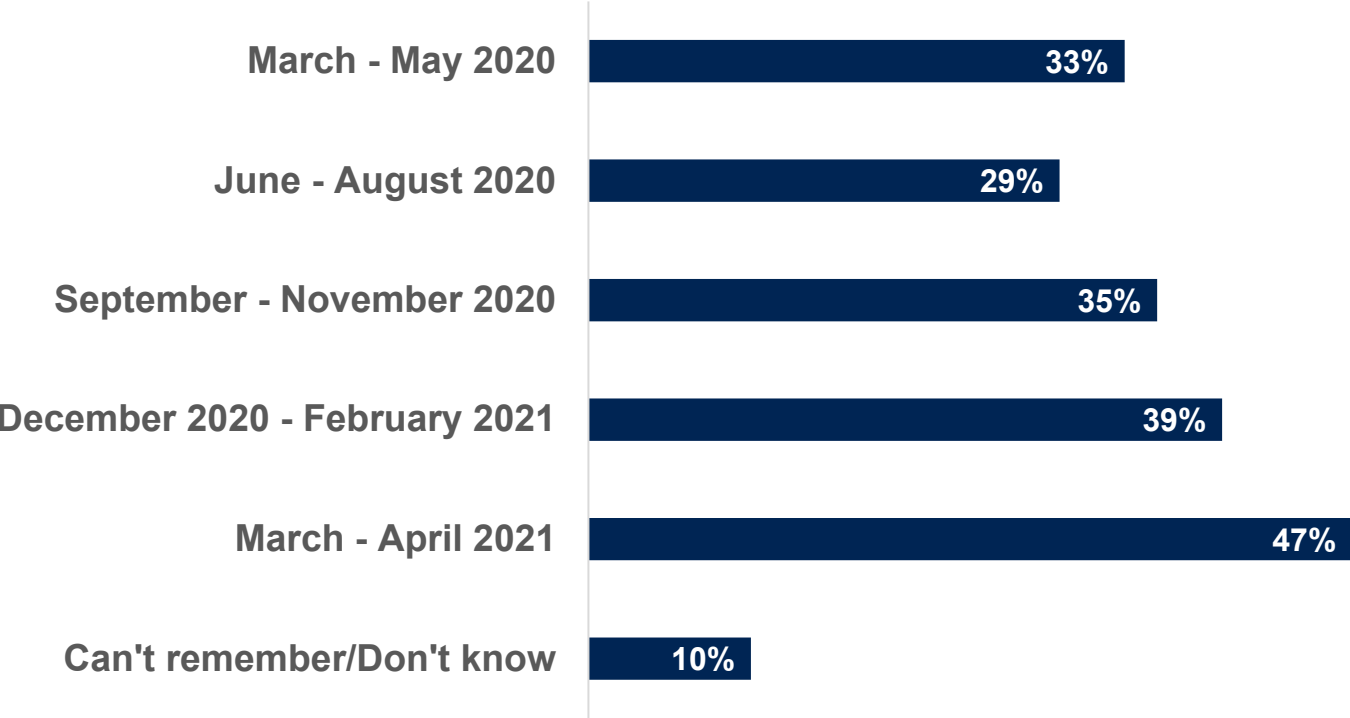
Patients were sampled to take part in the survey if they had used specific health services between November 2019 and May 2021. Almost nine in ten (89%) of patients surveyed have used a health service since the start of the first lockdown. Only 3% of patients said they had an appointment but it was cancelled and just 1% of patients said they had considered using a health service but didn't.

Q6. Since the first lockdown was introduced in response to the coronavirus pandemic (announced by the Prime Minister on 23rd March 2020), have you used an NHS health service for yourself / for your child / on behalf of the person you care for?



Use of health services was continuous throughout the pandemic but increased in frequency as time went on

Q7. When did you use a health service?



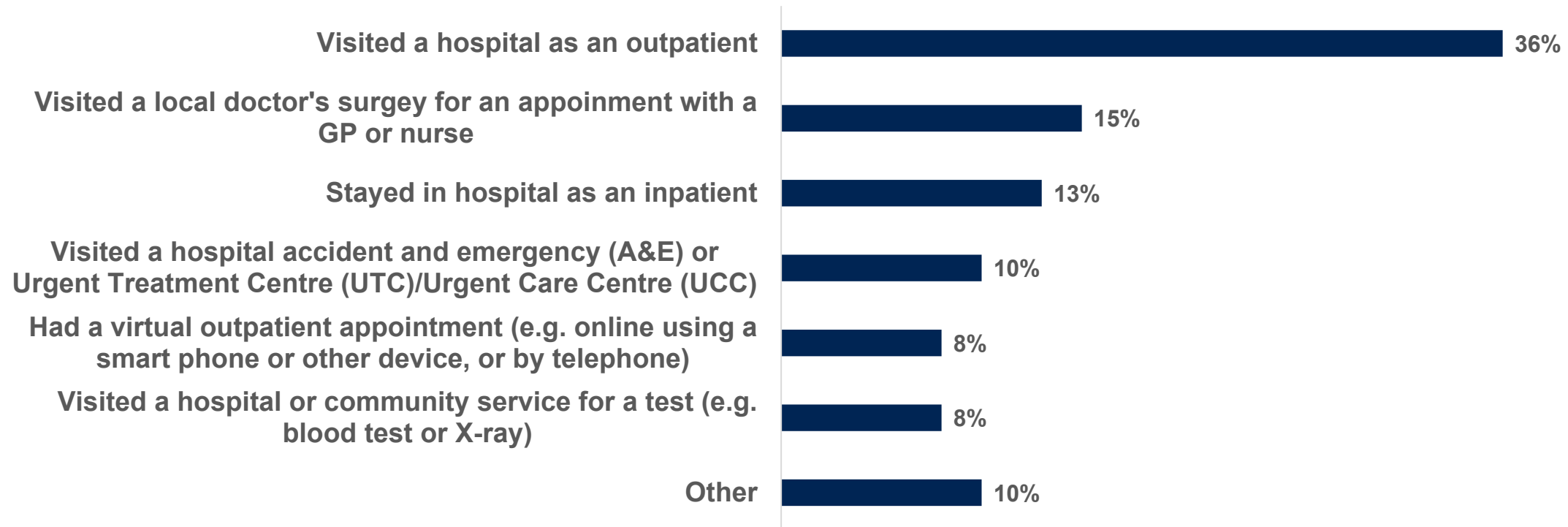
The pattern of use amongst patients in the survey reflected the decrease in appointments and elective care during the peaks of the pandemic. A third (33%) of patients who had used services said they used them at the beginning of the pandemic (March-May 2020). This increased to almost half (47%) of patients who said they had used a health service towards the end of the third lockdown (March-April 2021).

Base: RBH - Used a health service since lockdown (266), interviewed via telephone 5th-24th May 2021

Outpatient appointments were the most common reason for visiting a hospital for those who used a health service recently

One in three (36%) of patients surveyed said that they had most recently used outpatients. One in ten (15%) patients said they had been to A&E and this was similar for inpatients (13%).

Q8. Please think about the most recent time you used a health service... Which health service did you / your child / the person you care for use?



Base: RBH - Used a health service since lockdown (266); interviewed via telephone 5th-24th May 2021

Of those who did not attend their appointment, no longer needing the appointment was the most important reason given for not using the service

Q10. What was the most important reason your child / the person you care for / you did not use the health service? And what other reasons were there for you not using the service?

Of those 9 patients who did not use a service but considered it, had an appointment but could not attend, or decided not to attend:

- 2 patients said that **they no longer needed the appointment.**
- 1 patient felt **that their condition did not warrant a visit to a health service.**
- 1 patient **did not know what measures were in place to reduce the risk of being exposed to/catching coronavirus.**
- 1 patient said they were **offered a virtual appointment which they did not want to use.**

Of those whose appointments were moved or cancelled, some were not offered another appointment

Q11. You said you / they had an appointment but were asked not to come/it was cancelled. What has happened to you / your child / the person you care for since this appointment date?

Of those 8 patients who said that they had their appointment **was cancelled or were asked not to attend their appointment:**

- 4 patients said they were **offered an appointment at a later date.**
- 2 patients said they were **offered an appointment over the phone/video.**
- 1 patient said they **tried to contact the service but were unable to.**
- 2 patients said gave 'other' responses.

3

Experience of using services

The majority of patients felt comfortable attending a face to face appointment

Q12. And how comfortable or uncomfortable did you feel using the health service for yourself / your child / the person you care for?

Nine in ten (90%) patients surveyed said they felt comfortable attending a face to face appointment for themselves.

■ Very comfortable ■ Fairly comfortable ■ Fairly uncomfortable ■ Very uncomfortable ■ I can't remember/Don't know



Base: RBH - Attended an appointment face to face (218); interviewed via telephone 5th-24th May 2021

Of those who felt uncomfortable attending a face to face appointment, the risk of catching coronavirus was the main reason for this

Q13. You said that you felt uncomfortable using the health service.

What was the most important reason you felt uncomfortable? What other reasons were there?

Of those 19 patients who felt uncomfortable using health services, the top reasons for feeling uncomfortable about attending a face to face appointment included:

- 11 patients said they were **concerned about being exposed to or catching coronavirus at the health service.**
- 3 patients were uncomfortable because of **not being allowed visitors or someone to accompany them.**
- 2 patients were **concerned about the health service being busy or overcrowded.**
- 2 patients were **concerned about staff being rude, uncaring or negligent.**

Reassurance about the level of risk and measures to reduce the risk of catching the virus would help patients feel more comfortable when attending appointments

Q14. What, if anything, would make you more comfortable using that health service? And what else would make you more comfortable?

The 19 patients who said they felt uncomfortable about using a health service face to face were asked whether anything could make them feel more comfortable about attending a face to face appointment. The most common responses included:

- 5 patients said that **knowing what measures were in place to reduce the risk of being exposed to or catching coronavirus.**
- 4 patients said that **knowing that the risk of being exposed to or catching coronavirus was low.**
- 3 patients said that **nothing would make it easier.**

Of those that had a virtual appointment, the majority were conducted by telephone

Q15. How was your virtual appointment conducted (i.e. an appointment that took place by phone or online using a smart phone, tablet or other device)?

Less than one in ten (9%) patients who had used a health service since lockdown had a virtual appointment. Of these 25 patients:

- 18 patients said it was **conducted by telephone**.
- 4 patients said it was conducted **online with video** (via computer, tablet or a smart phone app, e.g. skype or Attend Anywhere).
- 1 patients said it was conducted **online without video** (via computer, tablet or a smart phone app, e.g. skype or Attend Anywhere).

Most of patients felt comfortable using a virtual health service

Q16. How comfortable or uncomfortable did you feel using the health service virtually?

Of those 25 patients who had a virtual appointment:

- 19 patients **said they were comfortable using a virtual health service.**
- 5 patients **said they were uncomfortable using a virtual health service.**
- 1 patient **said they did not know or could not remember.**

Base: RBH - Had virtual appointment (25); interviewed via telephone 5th-24th May 2021

For patients who had difficulties accessing virtual health services, not being able to have a physical examination was the biggest concern

Q17. What difficulties did you experience, if any, when using the health service virtually?

Of those 25 patients who used a virtual service:

- 15 patients said they **had experienced no difficulties in using a health service.**
- 3 patients said they were concerned because they were **unable to have a physical examination.**
- Other difficulties included connectivity issues, not feeling able to properly explain their condition or symptoms, and the appointment not feeling the same as a face to face appointment.

Having the option to see a health professional face to face after a virtual appointment and having more information in advance would make having a virtual appointment easier

Q18. What, if anything, would make it easier to use a health service virtually? What else would make it easier?

Of those 25 patients who had a virtual appointment:

- 14 patients said that **nothing** could be done to make using a health service easier.
- 3 patients said that they would like **the option to see a health professional face to face after the virtual appointment.**
- 3 patients said that **having more information in advance of the appointment** would make it easier to have a virtual appointment.
- Other suggestions that would make using a health service easier include, having a choice of technology (e.g. telephone, video); and, speaking to the same doctor or nurse each time.

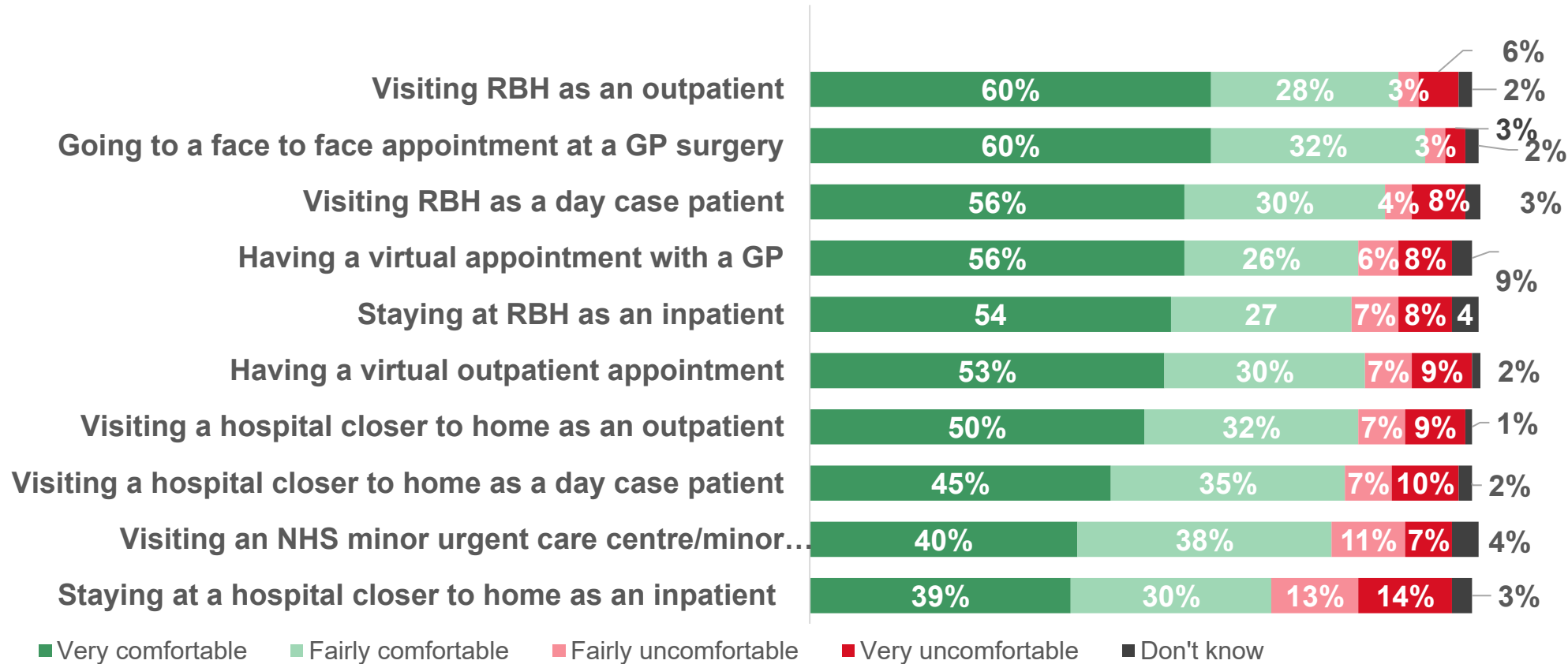
4

Future use of services

Patients reported high levels of comfort accessing health services for themselves if they needed to

Q19. If you developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using the following health services?

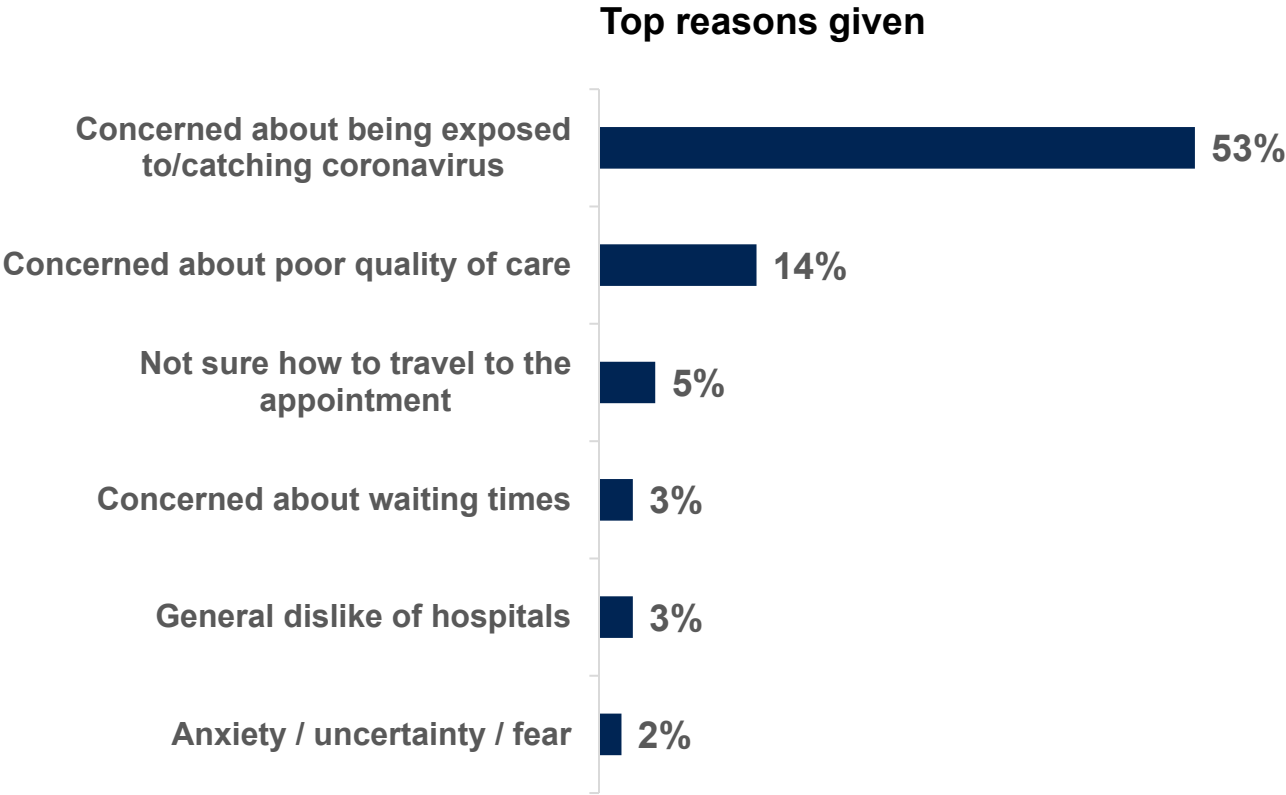
Nine in ten (88%) patients surveyed said they would feel comfortable attending an appointment at an RBH hospital as an outpatient, and a similar proportion (86%) were comfortable visiting RBH as a day case patient. Patients felt less comfortable visiting an urgent care centre (78%) and staying in a hospital closer to their home as an inpatient (69%).



Base: RBH - All participants (300); interviewed via telephone 5th-24th May 2021

Concern about catching coronavirus is the most common reason for patients feeling uncomfortable using face to face services

Q20. You said that you would feel uncomfortable using a hospital service face to face/ in person... What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



Over a third of patients (37%) said that they would feel uncomfortable using a hospital service face to face. Over half (53%) of these said they were concerned about catching coronavirus.

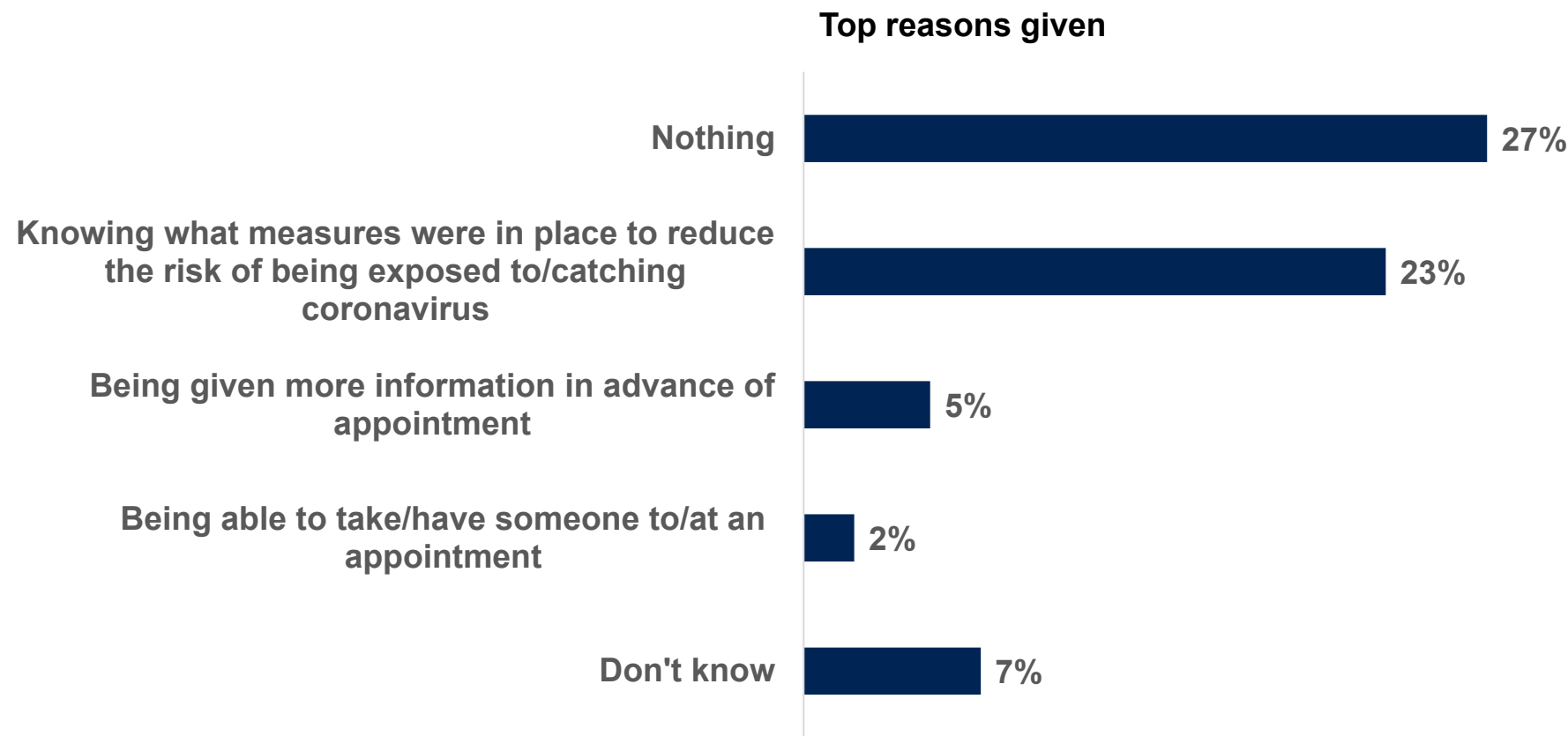
The second most common reason for feeling uncomfortable using a hospital service face to face was concern about poor quality of care, mentioned by over one in ten (14%) of patients.

The third most common reason for feeling uncomfortable was saying they were not sure how to travel to the appointment (5%).

Base: RBH - Would be uncomfortable using a hospital service face to (111); this figure is a combined figure of everyone who said they were uncomfortable at least one of the hospital services asked in Q19 (52 minor urgent care centre/minor injuries centre; 45 inpatient; 27 outpatient; 33 day case); interviewed via telephone 5th-24th May 2021

Knowing what measures are in place to reduce coronavirus risks was most important

Q21. What, if anything, would make you feel more comfortable about using a hospital service in the next 3-4 weeks...?
What else would make you feel more comfortable?



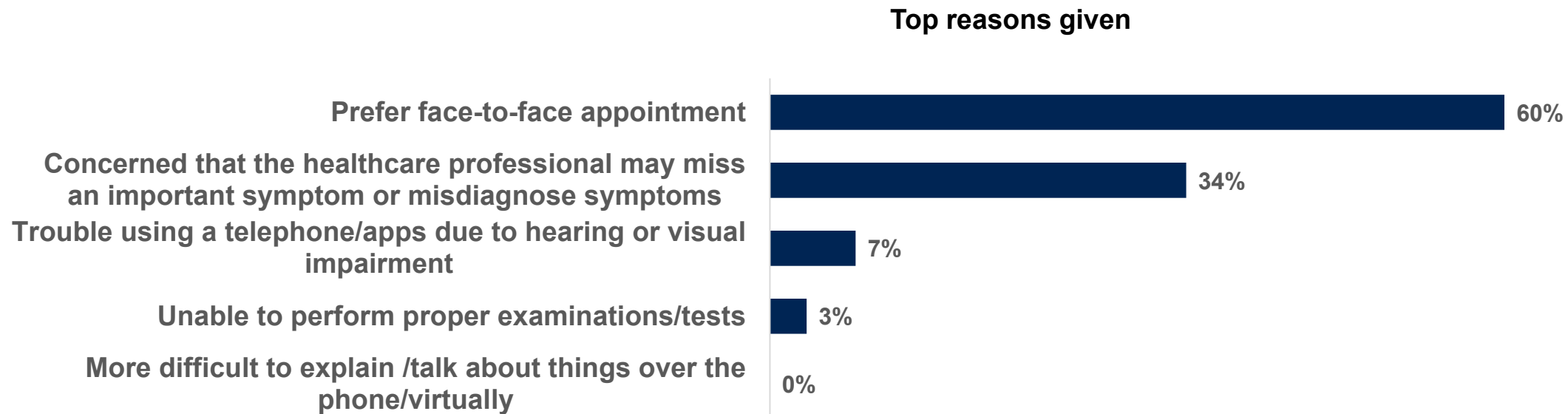
Over a quarter (24%) of patients surveyed who said they felt uncomfortable using a hospital service face to face said nothing would make them feel more comfortable.

Almost a quarter (23%) said knowing what measures were in place to reduce the risk of catching coronavirus would make them more comfortable about using a hospital service.

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, most simply prefer face to face appointments

Six in ten (60%) of patients surveyed who said they would feel uncomfortable using a virtual outpatient appointment in the next 3-4 weeks said they would simply prefer a face to face appointment. Over a third (34%) said that a key reason for feeling uncomfortable was concern that a healthcare professional might miss an important symptom or misdiagnose the patient.

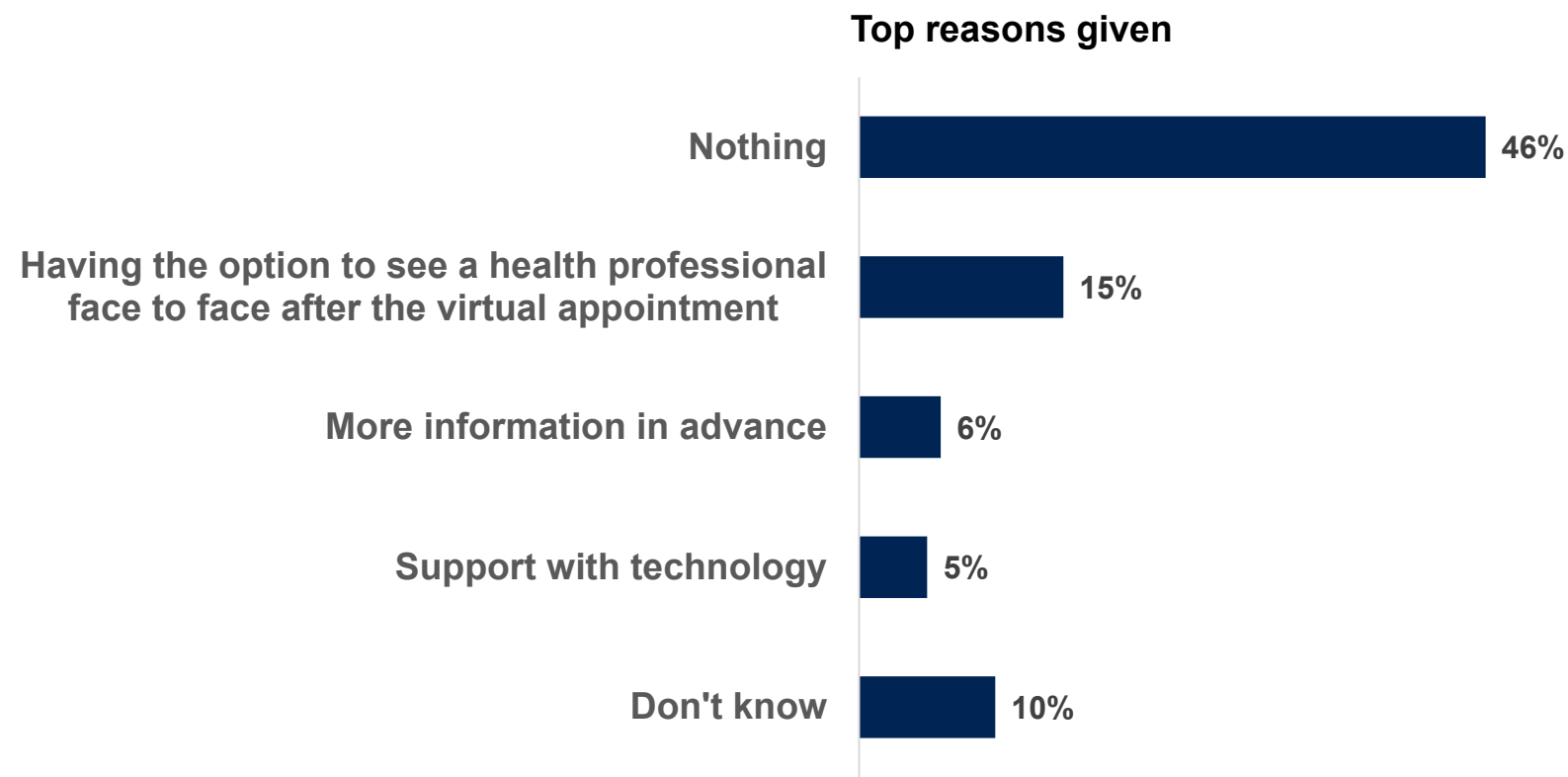
Q22. You said you would feel uncomfortable having a virtual outpatient appointment (e.g. online using a smart phone or other device, or by telephone). What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



Base: RBH - Uncomfortable using a virtual outpatient appointment (51); interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, almost half said nothing would make them more comfortable

Q23. What, if anything, would make you feel more comfortable about having a virtual outpatients appointment (e.g. online using a smart phone or other device, or by telephone)?



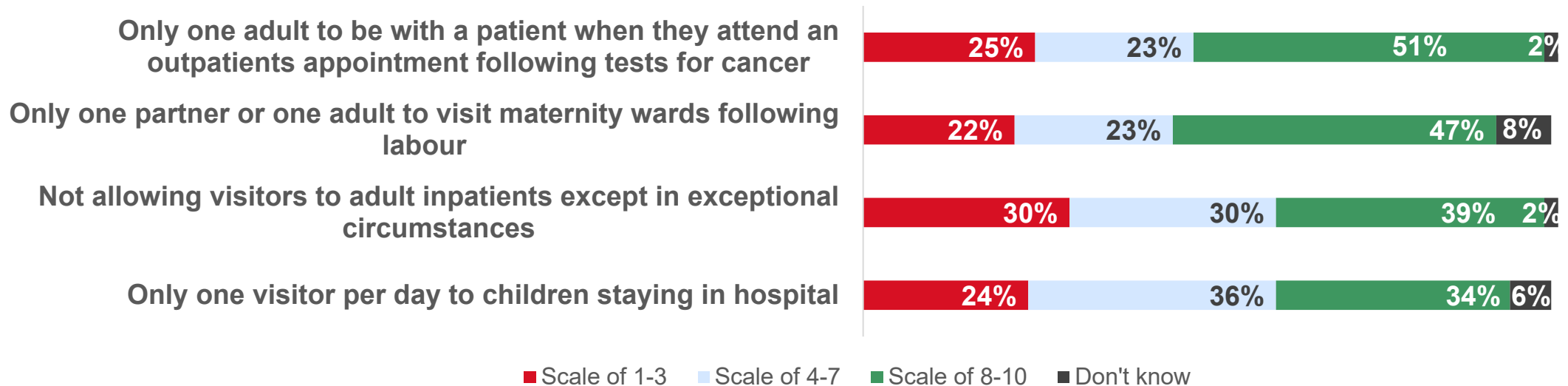
Almost half (46%) of all patients surveyed who felt uncomfortable using a virtual outpatient appointment said that nothing would make them more comfortable.

However, over one in ten (15%) said that having the option to see a health professional after the virtual appointment would make them feel more comfortable.

Views on restrictions on visitors and attending appointments were very divided amongst patients

Half (51%) of patients said it was acceptable for only one adult to attend an outpatient appointment with a patient following tests for cancer. Similarly, almost half (47%) of patients thought it acceptable for only one partner or adult to visit the maternity wards after labour. Other restrictions were thought less acceptable. Nearly two in five (39%) patients surveyed said it was acceptable for adult inpatients to not be allowed visitors except in exceptional circumstances, and just over a third (34%) said it was acceptable to have only one visitor per day for children staying in hospital. In all cases, there were significant minorities who thought the restrictions were unacceptable.

Q24. During the coronavirus pandemic, there are some restrictions on visiting and attending appointments with other people. How acceptable do you find restrictions in the following situations? (Answers on a scale of one to ten where one means it is completely unacceptable and ten means it is completely acceptable)



Base: RBH - All participants (300); interviewed via telephone 5th-24th May 2021

King's College Hospital NHS Foundation Trust

Joint Programme for Patient Carer
and Public Involvement in COVID
Recovery: Attitudes and
behaviours telephone survey

October 2021

Ipsos MORI



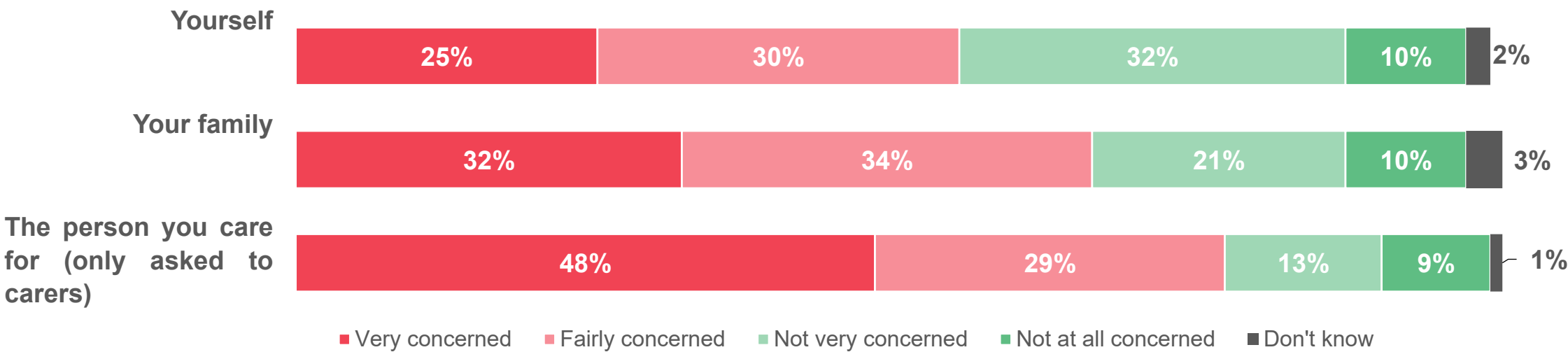
1

Context

There are still high levels of concern about coronavirus, particularly among carers about the people they care for

Over half (55%) of patients surveyed said they were concerned about the risk of coronavirus for themselves. Concern was higher in relation to patients responding about their family (66%) and about the person they care for (77%).

Q3.To what extent, if at all, would you say you are concerned about the risk coronavirus poses to each of the following?

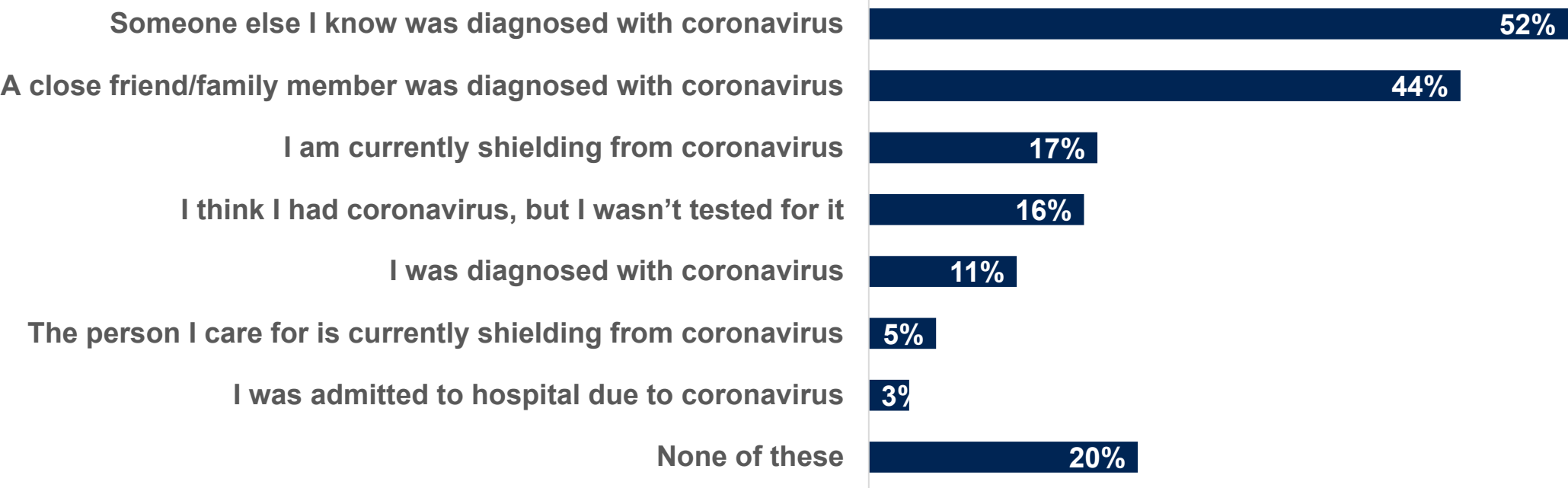


Base: KCH - All participants (516); interviewed via telephone 5th-24th May 2021

Most patients have been affected by the pandemic in some way

Four in five (80%) of patients surveyed have been affected in some way: more than half of patients (52%) said someone they know was diagnosed with coronavirus, whilst more than two in five (44%) patients said a close family member or friend was diagnosed with coronavirus. Almost one in five (17%) patients said they were currently shielding and a similar proportion (16%) of patients said they themselves think they had coronavirus but were not tested for it. One in ten (11%) of patients said they had been diagnosed with coronavirus.

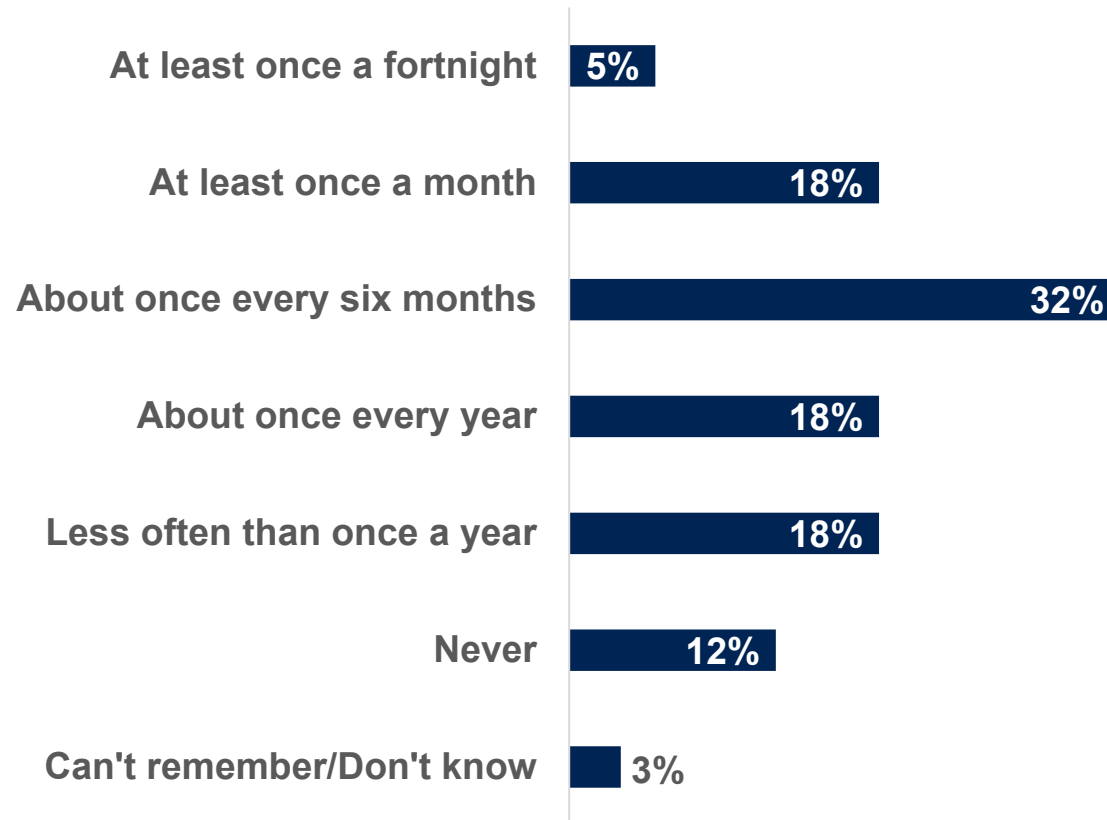
Q4. Have any of the following happened to you as a result of the coronavirus pandemic?



Base: KCH - All participants (516); interviewed via telephone 5th-24th May 2021

Almost a quarter were using hospital services at least once a month before the pandemic

Q5. Before the coronavirus pandemic, how often, if at all, did you personally / your child / the person you care for use NHS hospital services (e.g. Accident and Emergency, or as an inpatient or outpatient)?



Nearly a quarter (23%) of patients surveyed said they were using services at least once a month, including one in twenty (5%) who said they were using services every two weeks. However, nearly one in five said they use a health service less than once a year

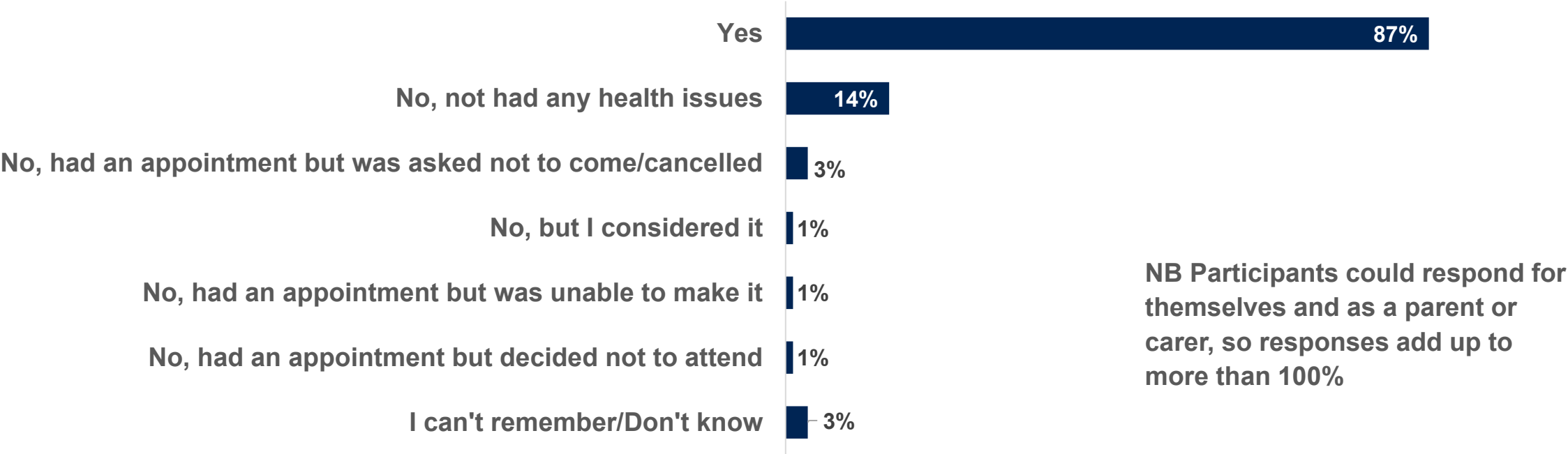
2

Use of services during pandemic

Most have used a health service since the first lockdown was introduced

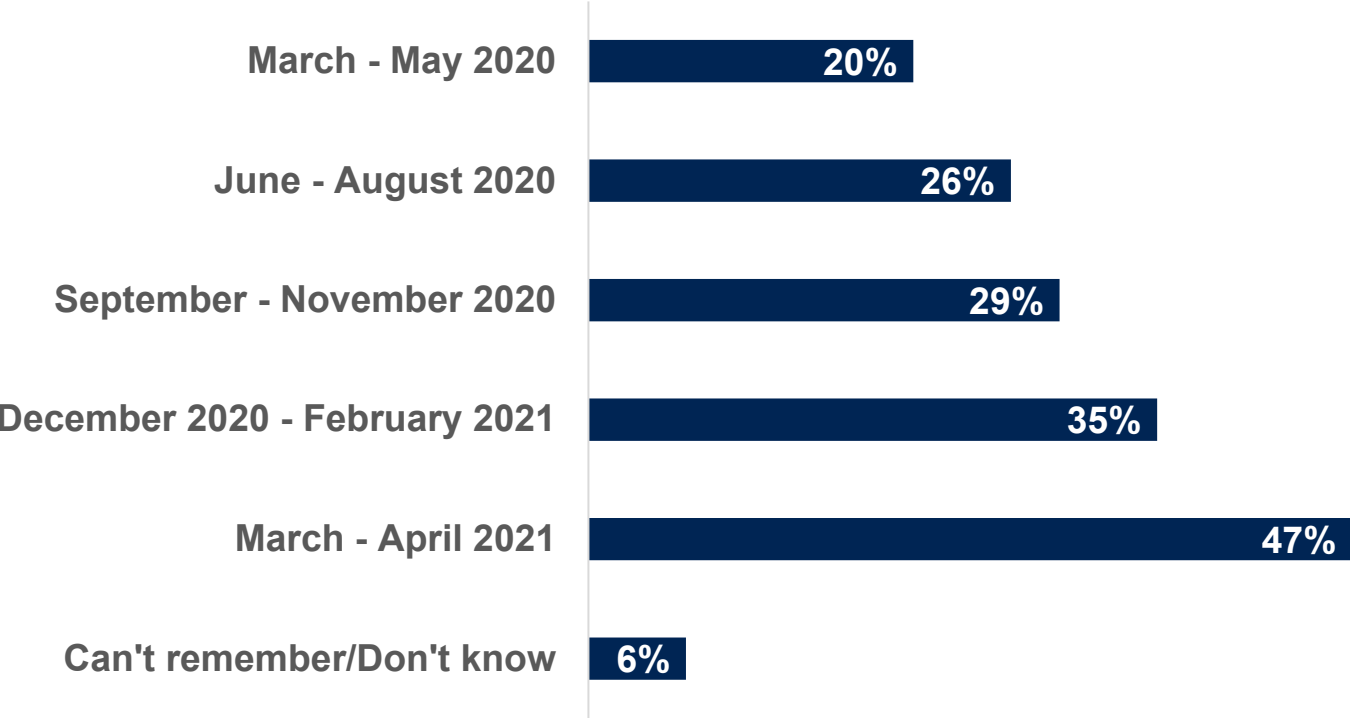
Patients were sampled to take part in the survey if they had used specific health services between November 2019 and May 2021. Almost nine in ten (87%) of patients surveyed have used a health service since the start of the first lockdown. Only 3% of patients said they had an appointment but it was cancelled and 1% said they had considered using a health service but didn't.

Q6. Since the first lockdown was introduced in response to the coronavirus pandemic (announced by the Prime Minister on 23rd March 2020), have you used an NHS health service for yourself / for your child / on behalf of the person you care for?



Use of health services was continuous throughout the pandemic but increased in frequency as time went on

Q7. When did you use a health service?



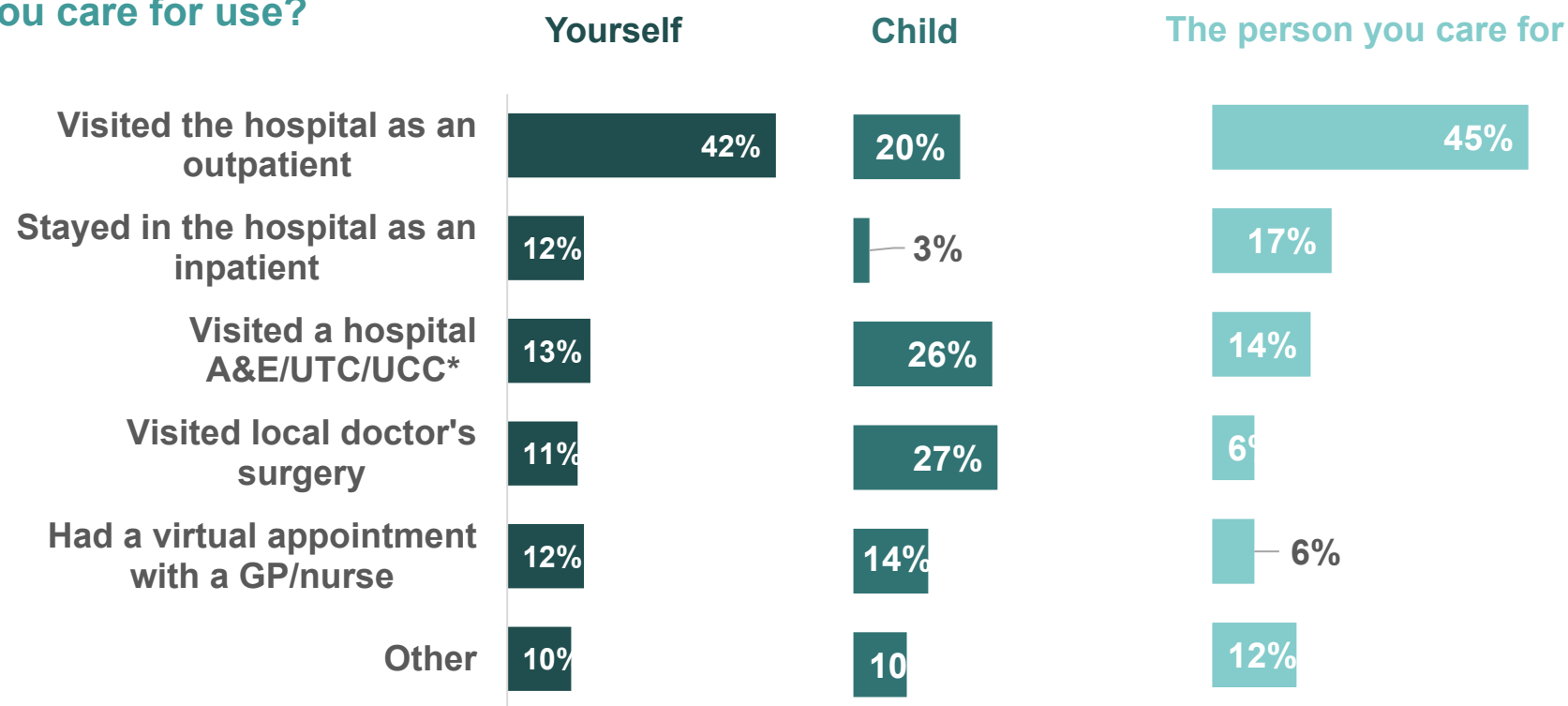
The pattern of use amongst patients in the survey reflected the decrease in appointments and elective care during the peaks of the pandemic. One in five (20%) of patients who had used services said they used them at the beginning of the pandemic (March-May 2020). This increased to almost half (47%) of patients who said they had used a health service towards the end of the third lockdown (March-April 2021).

Base: KCH - Used a health service since lockdown (446), interviewed via telephone 5th-24th May 2021

Outpatient appointments were the most common reason for visiting a hospital for those who used a health service recently

One in three (34%) of patients surveyed said that they had most recently used outpatients. Over one in ten (15%) patients said they had been to A&E and this was similar for patients who had visited their local doctors (14%). Over one in ten (12%) said they had a virtual for appointment with a GP or nurse and a similar proportion of patients had stayed in hospital as an inpatients (11%).

Q8. Please think about the most recent time you used a health service... Which health service did you / your child / the person you care for use?



Base: KCH - Used a health service since lockdown (448); Used service for themselves (290), Used service for a child (101), Used a service as a carer (56); interviewed via telephone 5th-24th May 2021. * A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Of those who did not attend their appointment, concern about catching coronavirus was the most important reason given for not using the service

Q10. What was the most important reason your child / the person you care for / you did not use the health service? And what other reasons were there for you not using the service?

Of those 13 patients who did not use a service but considered it, had an appointment but could not attend, or decided not to attend:

- 6 patients said they were **concerned about catching coronavirus**, either when travelling to their appointment or during their appointment.
- Other reasons included feeling that their **condition did not warrant a visit to a health service, or assuming that the NHS was not open for business as usual.**

Base: KCH - Didn't attend healthcare appointment but considered it/had appointment but couldn't make it/decided not to attend (13); interviewed via telephone 5th-24th May 2021

Of those whose appointments were moved or cancelled, some were not offered another appointment

Q11. You said you / they had an appointment but were asked not to come/it was cancelled. What has happened to you / your child / the person you care for since this appointment date?

Of those 25 patients who said that their appointment **was cancelled or were asked not to attend their appointment:**

- 12 patients said **they were not offered a further appointment**
- 10 patients said they were **offered an appointment at a later date**
- 2 patients said they were **offered a virtual appointment** (e.g. via telephone or video call)

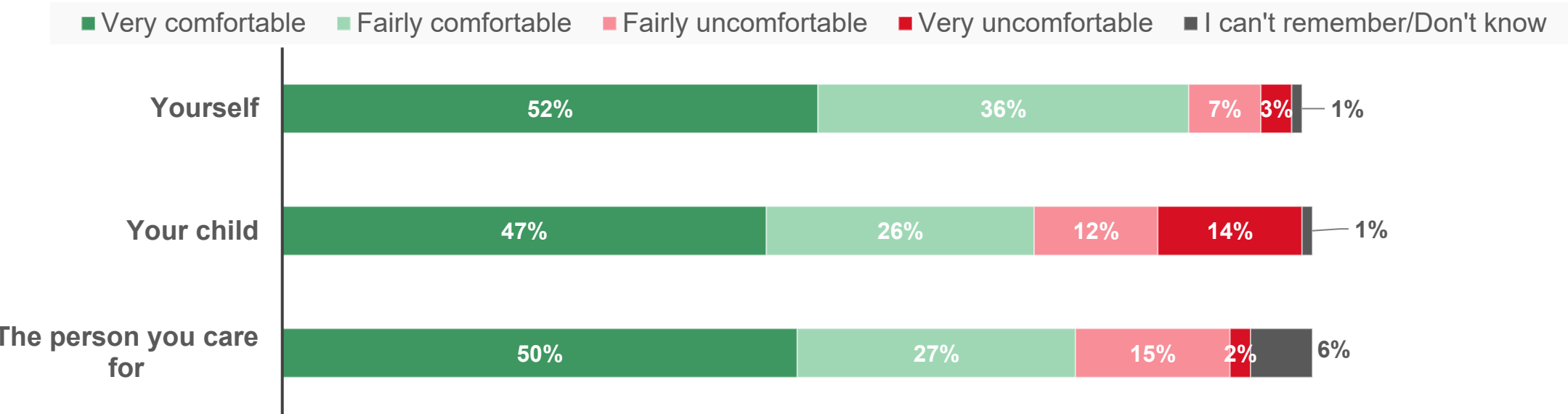
3

Experience of using services

The majority of patients felt comfortable attending a face to face appointment

Q12. And how comfortable or uncomfortable did you feel using the health service for yourself / your child / the person you care for?

Over four in five (84%) patients surveyed said they felt comfortable attending a face to face appointment for themselves.



Base: KCH - Attended an appointment face to face (370); Answering about themselves (254), Answering about their child (67), Answering about the person they care for (48); interviewed via telephone 5th-24th May 2021

Of those who felt uncomfortable attending a face to face appointment, the risk of catching coronavirus was the main reason for this

Q13. You said that you felt uncomfortable using the health service.

What was the most important reason you felt uncomfortable? What other reasons were there?

Of those 42 patients who felt uncomfortable attending a face to face appointment, the top reasons included:

- 25 patients said they were **concerned about being exposed to or catching coronavirus** at a health service.
- 6 patients said they were **concerned about the health service being busy or overcrowded.**
- 5 patients said they were **concerned about pain and discomfort caused by their health condition.**

Reassurance about the level of risk and measures to reduce the risk of catching the virus would help patients feel more comfortable when attending appointments

Q14. What, if anything, would make you more comfortable using that health service? And what else would make you more comfortable?

The 42 patients who said they felt uncomfortable about using a health service face to face were asked whether anything could make them feel more comfortable about attending a face to face appointment. The most common responses included:

- 11 patients who said they would feel more comfortable **knowing that the risk to being exposed to/catching coronavirus was low.**
- 6 patients who said there was **nothing that would make it easier** to attend an appointment face to face.
- 4 patients who said that **knowing what measures were in place to reduce the risk of being exposed to/catching coronavirus.**

Of those that had a virtual appointment, the majority were conducted by telephone

Q15. How was your virtual appointment conducted (i.e. an appointment that took place by phone or online using a smart phone, tablet or other device)?

Less than one in 20 patients (4%) who had used a health service since lockdown had a virtual appointment.

Of the 22 patients who had a virtual appointment:

- 18 patients said it was **conducted by telephone**.
- 3 patients said it was conducted **online with video** (via computer, tablet or a smart phone app, e.g. skype or Attend Anywhere).
- 1 patient said it was conducted **online without video** (via computer, tablet or a smart phone app, e.g. skype or Attend Anywhere).

Base: KCH – Used a health service since lockdown (446). Had a virtual appointment (22); interviewed via telephone 5th-24th May 2021

Most of patients felt comfortable using a virtual health service

Q16. How comfortable or uncomfortable did you feel using the health service virtually?

Of those 22 patients who had a virtual appointment:

- 18 patients said they were **comfortable using a virtual health service**.
- 4 patients said they were **uncomfortable using a virtual health service**.

For patients who had difficulties accessing virtual health services, not being able to have a physical examination was the biggest concern

Q17. What difficulties did you experience, if any, when using the health service virtually?

Of those 22 patients who used a virtual service:

- 12 patients said they **experienced no difficulties using a virtual service.**
- 3 patients said they **experienced connectivity problems** when using a virtual health service.

Having the option to see a health professional face to face after a virtual appointment would make having a virtual appointment easier

Q18. What, if anything, would make it easier to use a health service virtually? What else would make it easier?

Of those 22 patients who had a virtual appointment:

- 13 patients said that **nothing** could be done to make it easier.
- 4 patients said that they would like **the option to see a health professional face to face after the virtual appointment.**
- Other suggestions that would make using a virtual health service easier include: having a choice of technology (e.g. telephone, video); support with visual, hearing or speech impairment; and, speaking to the same doctor or nurse each time.

4

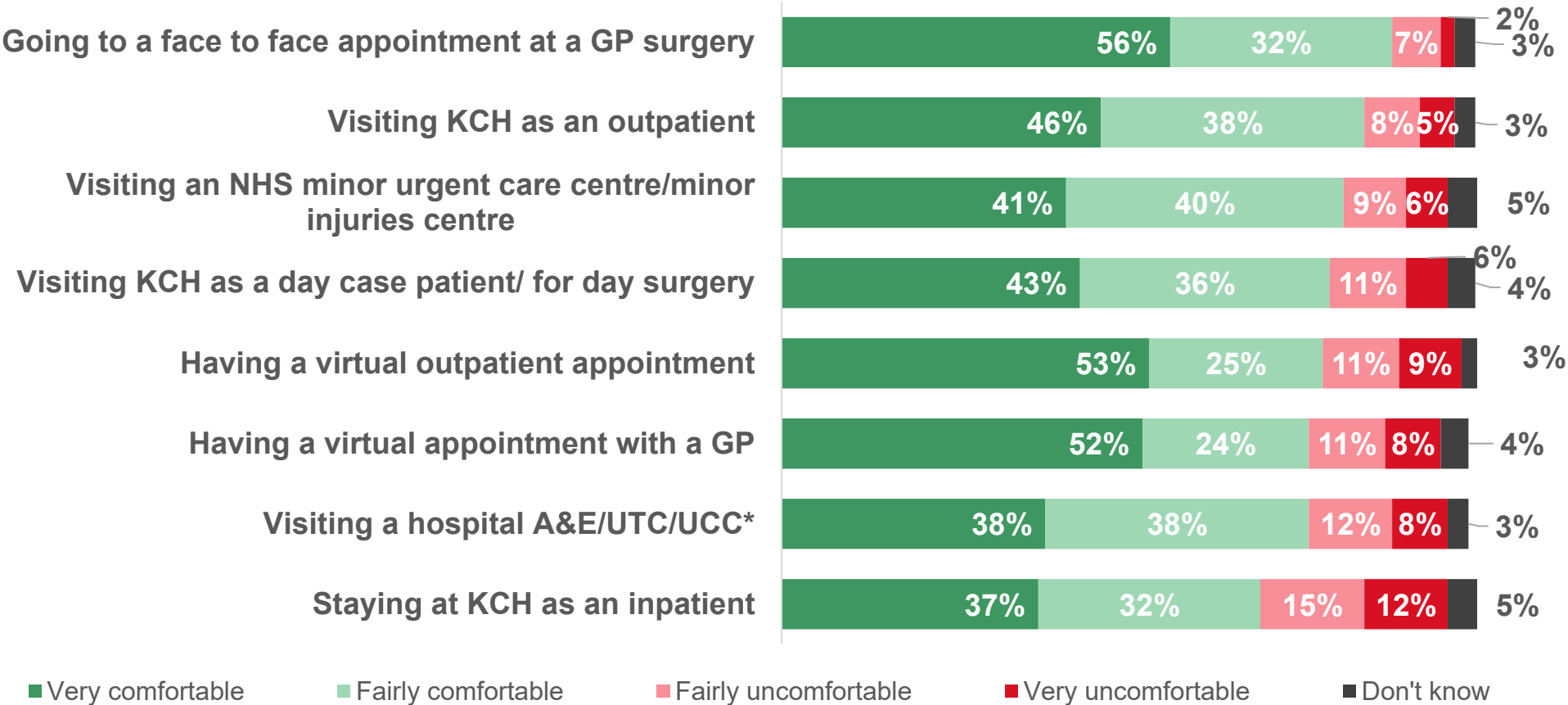
Future use of services

Patients reported high levels of comfort accessing health services for themselves if they needed to

Q19. If you developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using the following health services?

Almost nine in ten (88%) patients surveyed said they would feel comfortable attending a face to face GP appointment and over four in five (83%) said they were comfortable visiting KCH as an outpatient.

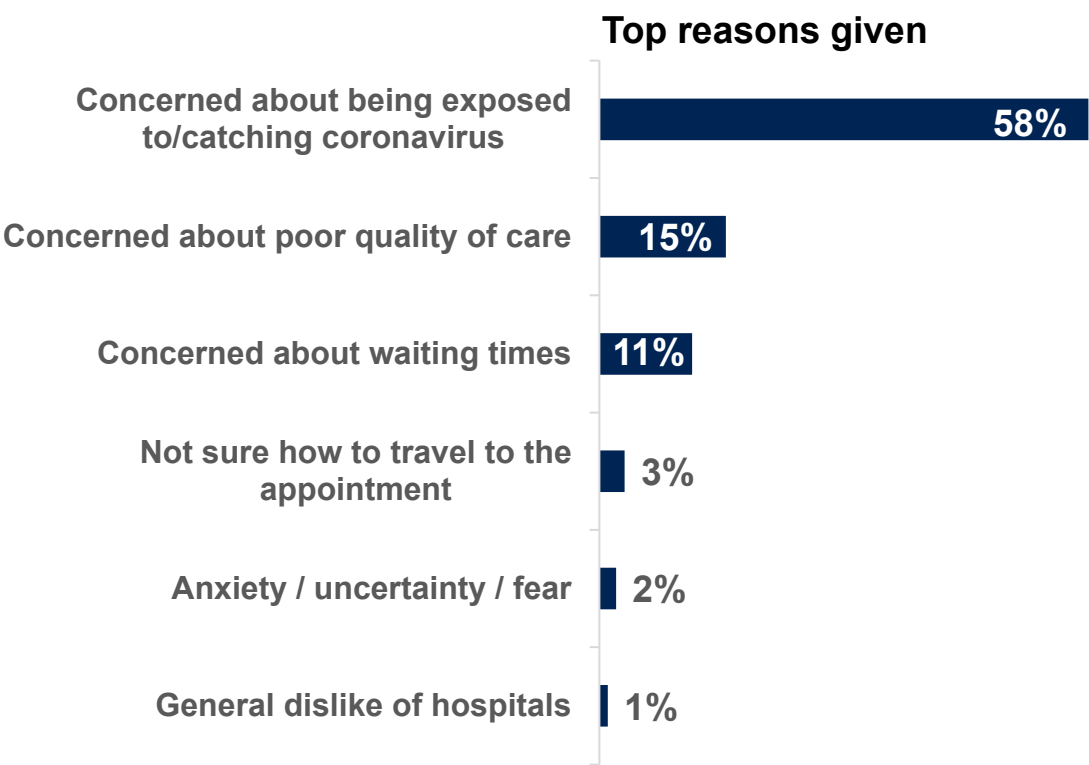
Patients felt less comfortable staying at KCH as an inpatient, with just over two thirds (69%) reporting they would be comfortable with this.



Base: KCH - All participants (516); interviewed via telephone 5th-24th May 2021
* A&E – Accident and Emergency, UTC – Urgent Treatment Centre, UCC – Urgent Care Centre

Concern about catching coronavirus is the most common reason for patients feeling uncomfortable using face to face services

Q20. You said that you would feel uncomfortable using a hospital service face to face/ in person... What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



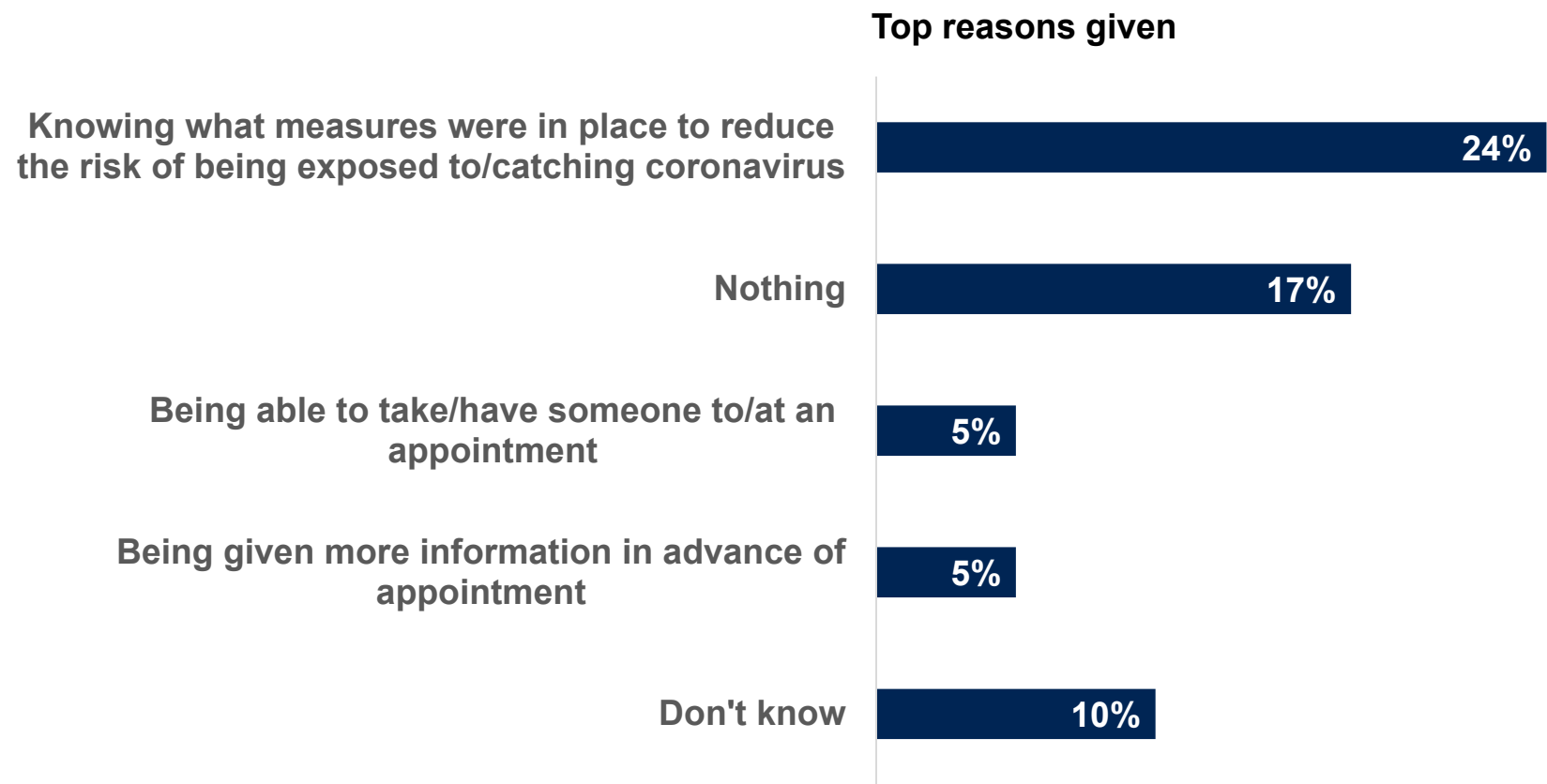
Almost two in five patients (39%) said that they would feel uncomfortable using a hospital service face to face. Almost three in five (58%) of these said they were concerned about catching coronavirus.

The second most common reason for feeling uncomfortable using a hospital service face to face was concern about poor quality of care, mentioned by over one in ten (15%) of patients. The third most common reason was concern about waiting times, mentioned by one in ten (11%).

Base: KCH - Would be uncomfortable using a hospital service face to face (202); this figure is a combined figure of everyone who said they were uncomfortable at least one of the hospital services asked in Q19 (77 minor urgent care centre/minor injuries centre; 103 A&E; 135 inpatient; 73 outpatient; 84 day case); interviewed via telephone 5th-24th May 2021

Knowing what measures are in place to reduce coronavirus risks was most important

Q21. What, if anything, would make you feel more comfortable about using a hospital service in the next 3-4 weeks...?
What else would make you feel more comfortable?



Almost a quarter (24%) of all patients surveyed who said they would feel uncomfortable using a hospital service face to face said knowing what measures were in place to reduce the risk of catching coronavirus would make them more comfortable.

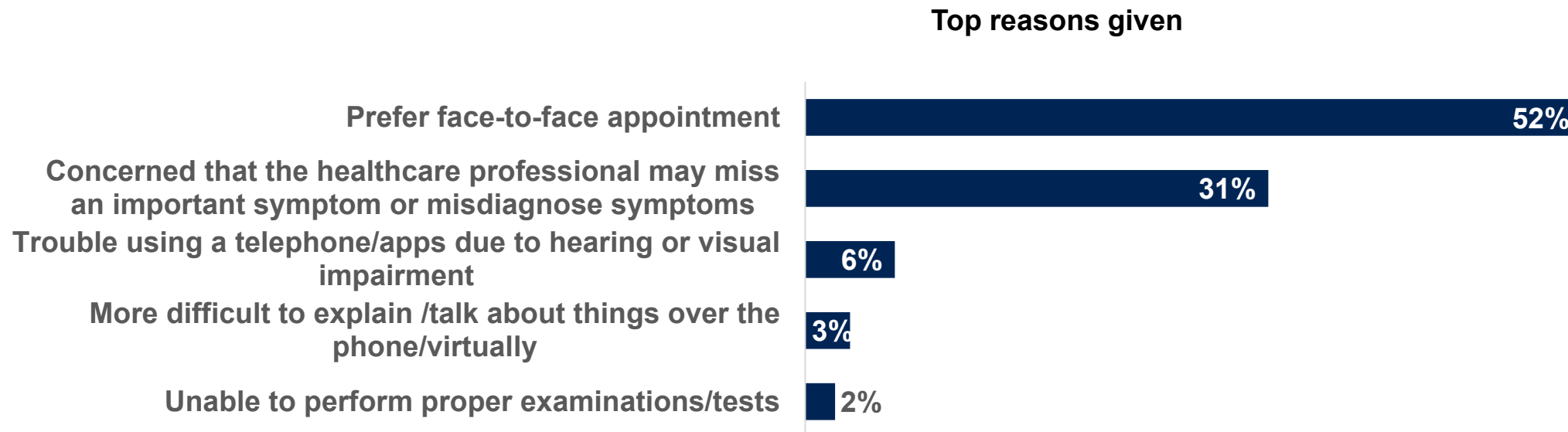
However, almost one in five (17%) said that nothing would make them more comfortable.

Base: KCH - Would be uncomfortable using a hospital service face to face (202); this figure is a combined figure of everyone who said they were uncomfortable at least one of the hospital services asked in Q19 (77 minor urgent care centre/minor injuries centre; 103 A&E; 135 inpatient; 73 outpatient; 84 day case); interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, most simply prefer face to face appointments

Over half (52%) of patients surveyed who said they felt uncomfortable using a virtual outpatient appointment in the next 3-4 weeks said they would simply prefer a face to face appointment. Almost a third (31%) said that a key reason for feeling uncomfortable was concern that a healthcare professional might miss an important symptom or misdiagnose the patient.

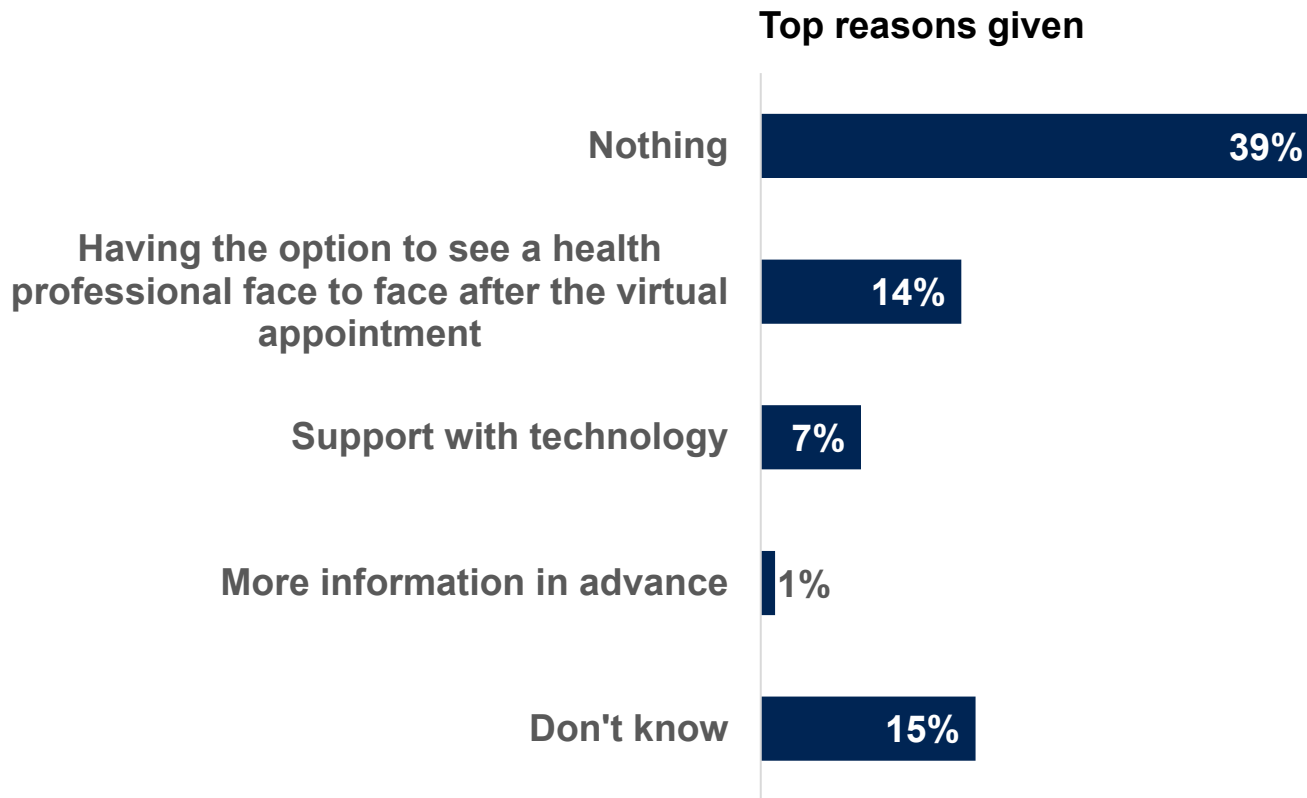
Q22. You said you would feel uncomfortable having a virtual outpatient appointment (e.g. online using a smart phone or other device, or by telephone). What is the most important reason you would feel uncomfortable? What other reasons would make you feel uncomfortable?



Base: KCH - Uncomfortable using a virtual outpatient appointment (107); interviewed via telephone 5th-24th May 2021

Amongst those who said they would feel uncomfortable using a virtual outpatient appointment, two in five said nothing would make them more comfortable

Q23. What, if anything, would make you feel more comfortable about having a virtual outpatients appointment (e.g. online using a smart phone or other device, or by telephone)?



Two in five (39%) patients surveyed who felt uncomfortable using a virtual outpatient appointment said that nothing would make them more comfortable using virtual outpatient appointment.

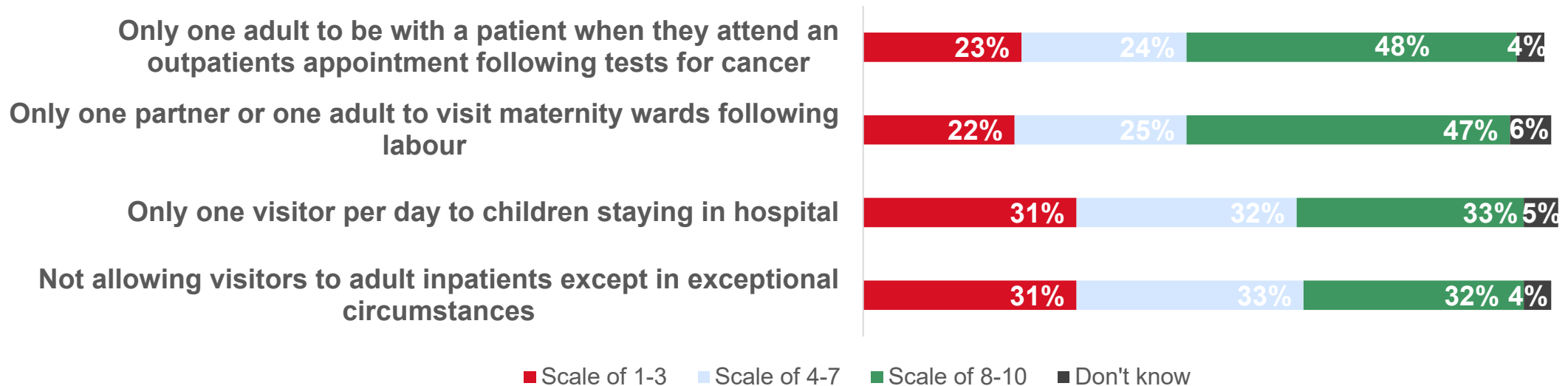
However, over one in ten (14%) said that having the option to see a health professional after the virtual appointment would make them feel more comfortable.

Base: KCH - Uncomfortable using a virtual outpatient appointment (107); interviewed via telephone 5th-24th May 2021

Views on restrictions on visitors and attending appointments were very divided amongst patients

Around half (48%) of patients felt it was acceptable for only one adult to attend an outpatient appointment with a patient following tests for cancer. A similar proportion (47%) thought it acceptable for just one partner or adult to visit a maternity ward after labour. In both cases, over one in five patients said the restrictions were unacceptable. Only a third (33%) of patients surveyed said it was acceptable for children staying in hospital to have one visitor per day, and a similar proportion said it was unacceptable (31%). Similarly, around a third (32%) of patients said it was acceptable for adult inpatients to not be allowed visitors except in exceptional circumstances, while 31% said it was unacceptable.

Q24. During the coronavirus pandemic, there are some restrictions on visiting and attending appointments with other people. How acceptable do you find restrictions in the following situations? (Answers on a scale of one to ten where one means it is completely unacceptable and ten means it is completely acceptable)



Base: KCH - All participants (516); interviewed via telephone 5th-24th May 2021

