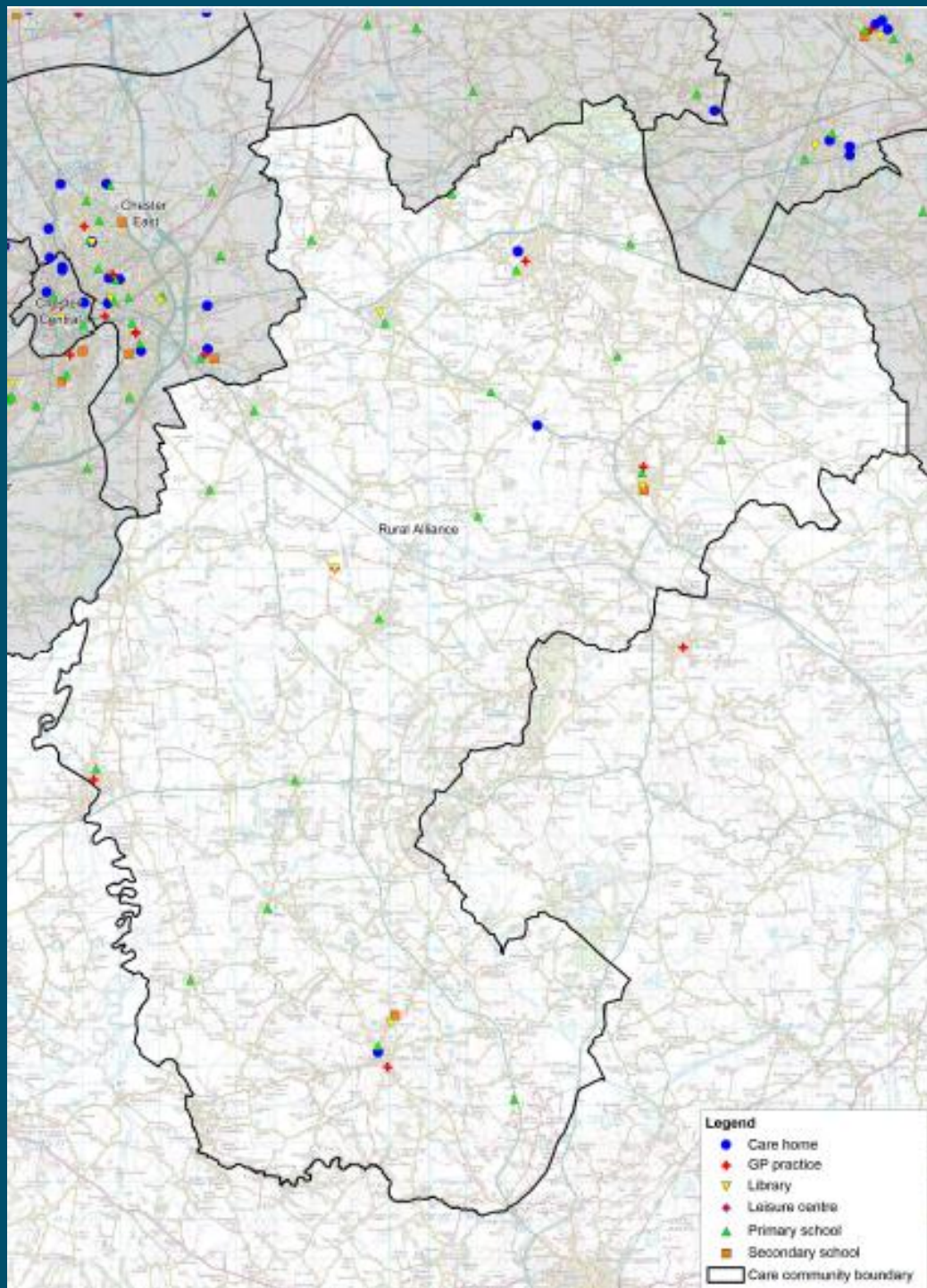


# Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Rural Care Community.

May - September 2020



## Introduction

Between 4<sup>th</sup> May and 1<sup>st</sup> September 2020, 1,564 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 85 people who answered our survey from the Rural area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

Of the 67 people who told us about how health services had changed, most talked about their GP or hospital. For example:

- *“I had a GP follow up appointment cancelled at the end of March. My daughter’s out patients appointment was cancelled.”*



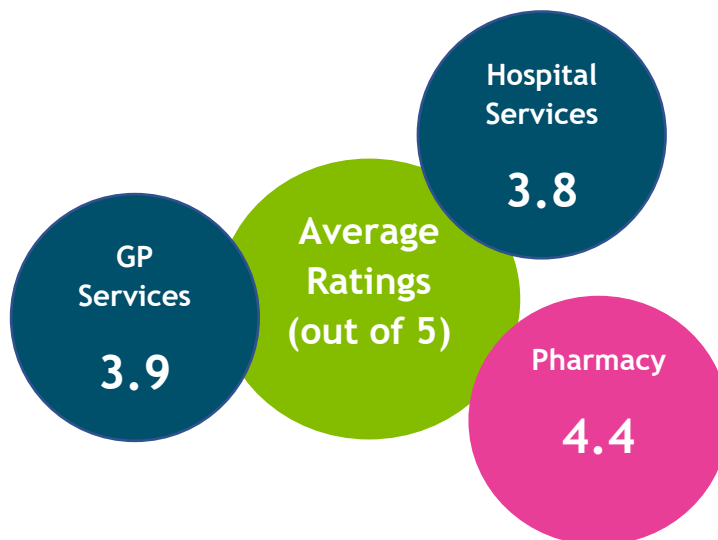
40% told us their GP appointment was by telephone or video call or that they couldn't get an appointment at all

38% told us about changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures.

30% told us that their access hasn't been impacted.

## How people rated their services

We asked people from the rural area, how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 35 people answered this question and rated their GP surgery, Hospital and Pharmacy services.

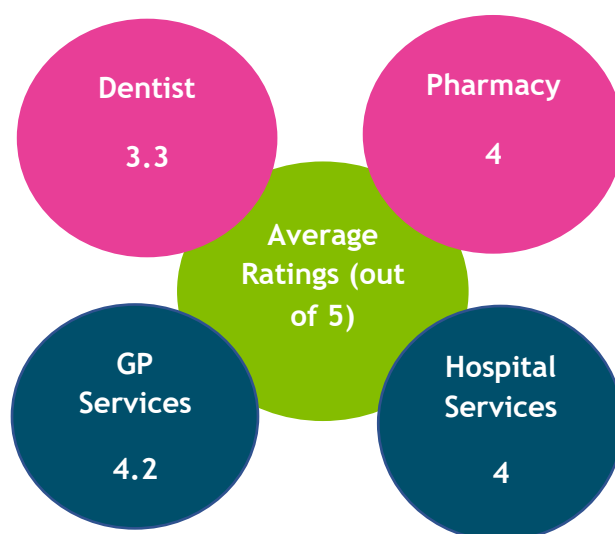


- *“My local pharmacies have been very careful and considerate during the pandemic. They have procedures in place to protect the public.”*
- *“I have been able get phone consultations with my GP and he has phoned me as well, can speak to the pharmacy at the surgery between 8 - 9am, the nurse came to take my routine bloods outside my front door, have spoken to Rheumatology nurses, Rheumatology consultant has phoned me twice.”*
- *“Antenatal appointments felt very rushed and impersonal due to number of people accessing the service.”*

## How people rated communication from service

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *“Doctors sent messages through straight away to keep me up to date”*
- *“They were concise easy to understand instructions, very easy to follow would imagine most people understood”*



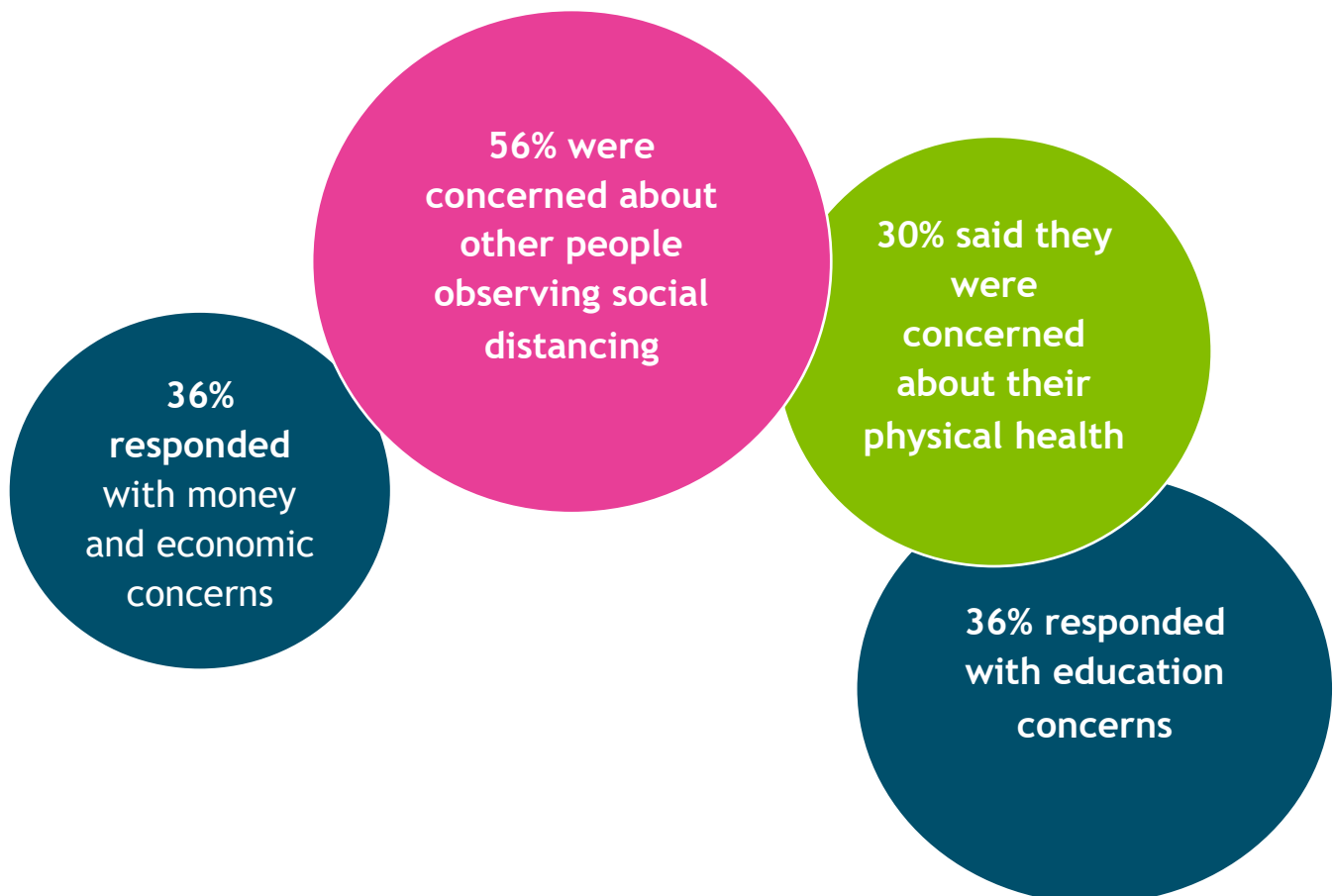
## How coronavirus has affected people's mental health



The top 3 things that the 85 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities

## What are people's current concerns or concerns about the future impact of the pandemic?



## What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Being able to get out a bit more freely and have a normal routine of life back.”*
- *“More emphasis - in the media and on the news - about online classes (keep fit, yoga etc.) or group chats. More local activities - outdoor keep fit, gardening tips, baking tips.”*
- *“Weekly Facetime and WhatsApp meetings with family and friends”*
- *“I don’t really understand why Covid-19 patients appear to have been prioritised over all other patients and why NHS services have all been diverted to Covid-19 at the expense of all other services.”*
- *“No need for additional support. Good friends and my relatives keep in touch by phone.”*
- *“more prominent information on how the pandemic is being managed & the effects this is having on infection rates & levels”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

[www.healthwatchcheshire.org.uk](http://www.healthwatchcheshire.org.uk)

**You can contact us on:**

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## Appendix

This is the Tartan Rug for the Rural Care Community, looking at key health indicators and profiles. Healthwatch Cheshire used this resource when planning our activity.

### Local health profiles for Care Community clusters in Cheshire West and Chester - based on aggregations of 2011 wards

The table below shows how the population in Cheshire West and Chester wards compare with the rest of England based on a number of sociodemographic and health indicators. Taken from Public Health England LocalHealth.org October 2019. Crown Copyright. Produced by Cheshire West and Chester, Insight and Intelligence team. Version 2: October 2019

		Period	Value type	Value	Performance
1	Total population (MYE 2018)	2018	Number	260,625	
2	BME population (Census 2011)	2011	%	3.8	
3	Not proficient in English (Census 2011)	2011	%	0.1	
4	Population under 16 (MYE 2018)	2018	Number	5,404	
5	Population aged 65 and over (MYE 2018)	2018	Number	8,744	
6	Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	8.5	
7	Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	7.4	
8	Child Development at age 5 (%)	2013-2014	%	62.4	
9	GCSE Achievement (5A*-C Inc. Eng & Maths) (%)	2013-2014	%	66.4	
10	Unemployment (%)	2018	%	0.8	
11	Long Term Unemployment (Rate/1,000 working age population)	2018	%	0.4	
12	Older people living alone (%)	2011	%	28.0	
13	Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	9.2	
14	Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	74.2	
15	Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	64.4	
16	Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	65.3	
17	Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	71.9	
18	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	32.5	
19	Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	82.1	
20	Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	66.7	
21	Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	115.2	
22	Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	66.3	
23	Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	121.0	
24	Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	46.8	
25	Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	67.5	
26	Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	62.0	
27	Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	65.1	
28	Limiting long-term illness or disability (%)	2011	%	18.8	
29	Deaths from all causes, all ages (SMR)	2011-2015	SMR	79.5	
30	Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	67.1	
31	Deaths from all cancer, all ages (SMR)	2011-2015	SMR	60.4	
32	Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	79.9	
33	Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	60.3	
34	Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	65.8	
35	Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	78.4	
36	Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	81.2	
37	Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	74.7	
38	Deaths from causes considered preventable (SMR)	2011-2015	SMR	72.1	

**Abbreviations:**

SAR = Standard Admissions Ratio  
SIR = Standard Incidence Ratio  
SMR = Standard Mortality Ratio

Rates are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Standard numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Significantly better than England

Not significantly different

Significantly worse than England