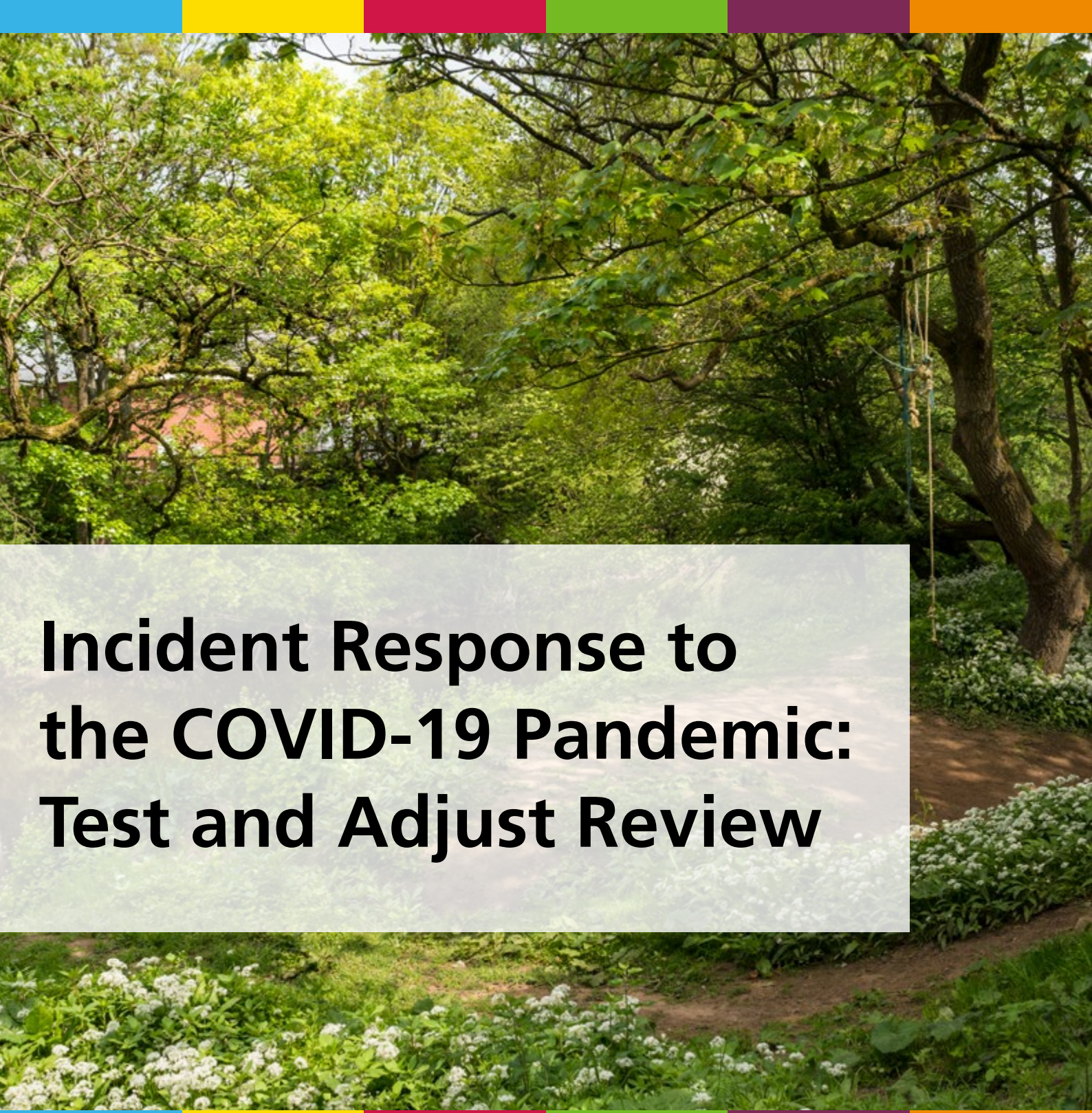


Blackpool Clinical Commissioning Group
Fylde and Wyre Clinical Commissioning Group



Incident Response to the COVID-19 Pandemic: Test and Adjust Review

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Incident Director's Foreword

Fylde Coast CCGs, in line with NHS partners and the general population, are living through a period of unprecedented challenge. The circumstances and requirements of Covid-19 have changed the lives of staff, partners and patient population socially and therefore challenged our working arrangements in ways that are both unprecedented and generally unimaginable.

The COVID-19 Pandemic is a national emergency. The NHS as a whole has enacted a Command and Control system wherein national direction is implemented through a distinct chain of command directly linking strategic intent with operational delivery. Command and Control demands collaboration across all public services (enacted through the Local Resilience Forum LRF) and supportive working between health and social care organisations.

National or regional emergencies often present as moments of catastrophe, (for example a train crash or terrorist threat) generally expected to be relatively short lived and would culminate with a debrief and extraction of learning.

Pandemics however are enduring and we are set for the long haul. The Executive Team at Fylde Coast CCGs considered it appropriate to dynamically review our emergency response in order to 'test' how effective our response has been both internally and externally.

The survey was rolled out in two parts, internally to our colleagues and partners and externally to the public, our patients. Whilst the work is presented as two separate parts within this document, we are always mindful of the inextricable symbiosis that endures between them.

The results afford us important insights on the effect of our efforts from which we can learn and 'adjust' our response as necessary.

A number of recommendations have been made, however what is clear that is that Fylde Coast CCG staff as a whole have successfully deployed high levels of corporate flexibility, resilience and excellent communication under very challenging circumstances.

I would like to extend thanks to all colleagues, partners and members of the public who responded to the survey and particular thanks to the small team who have created and administered this significant piece of work.

Jane Scattergood
Incident Director and Executive Director for Nursing and Quality
Fylde Coast Clinical Commissioning Groups

Part 1: Internal report

Executive summary

This survey set out to ‘test’ how effective Fylde Coast CCGs have been in terms of adapting to and managing through the initial and emergent enduring challenges of a major disruption to the health care system / public health emergency – we wanted to have feedback on whether plans have been effectively turned into actions, how well the organisation has supported its personnel and maintained its function.

Open to CCGs and embedded CSU staff, primary and secondary health care partners, Local Authority and Integrated Care System (ICS) colleagues the survey received 168 responses that were overwhelmingly positive.

The question to be asked is have we passed the ‘test’ and what might we need to adjust?

Against this question - the below table depicts an overall assessment of answers given to both closed and graded questions. The overwhelming indication is that Fylde Coast CCGs have successfully met the challenges at this stage of an enduring situation.

Initial Questions Asked	Staff	General Practice	Council	Health Providers	ICS
Did / do our emergency plans meet the need of the situation?					
Have we deployed our staff appropriately to manage the needs of the wider System					
Have we appropriately managed and supported our workforce		N/A	N/A	N/A	N/A
Have we appropriately identified, described and mitigated risk?			N/A	N/A	N/A
In the view of it local partners and staff can the CCG be assured of its response to COVID-19?					

Background and survey method

In an enduring emergency situation this is an interim proactive review (to date) designed to capture opinions and feedback about Fylde Coast CCGs' local response to a worldwide pandemic - by asking our staff, partners, other touchpoints (within the emergency response):

- What has worked well?
- What has not worked well?
- What might we consider changing?
- How has the incident impacted on us as teams and/or individuals?

This review is not:

- An audit of the wider CCGs' functions or business context
- A critique or discussion about 'particular' decisions that have been taken
- A full scale root and branch review of the Fylde Coast CCGs' COVID-19 response

What we set out to achieve

This Test and Adjust review was designed to test (internally and externally) where the CCGs and partners are in terms of:

- System Provision
- Workforce Management.
- Are we achieving the ambition of our emergency plans?
- Have we appropriately identified risk?
- Are the controls introduced effective?
- Is the system assured?
- What changes or adjustments need to be made?

Methodology

The form of the review was dictated by the current work environment. In order to give all participants an equal opportunity to contribute their thoughts and feelings as to the response, national rules in place dictated social distancing and therefore use of an electronic survey rather than a face to face dialogue.

The survey comprised a combination of open, closed and graded questions – with narrative opportunities for respondents to expand on any answers. Respondents were invited from six groups; staff members, general practice staff, council and local authority colleagues, health provider partner organisations, ICS and patients / public. The patients / public survey and report are presented alongside this report.

Themed areas

The questions were themed across four major areas:

Managing our people – an assessment of how well staff have felt supported throughout the pandemic and their understanding of the CCGs' response to the emergency. Within this section four subheadings will be reviewed: - Communication, Equipment, Management Support and Remote Working.

Identifying and managing risk – a review of how well staff and partners have managed risk throughout the pandemic through its internal processes, networking and governance.

Managing the emergency – an assessment of how the CCG has responded to date with the pandemic, including the Incident Control Centre, its meetings, interactions and outputs. Within the section four subheadings will be reviewed: - the CCG response, Incident Control Centre, Outputs, Emergency Planning and Outputs.

Public view (see Part 2) – an assessment of how well informed patients / public feel about CCG services and response, as well as questions around concerns for the future and where improvements can be made.

Narrative responses

Each section of the survey offered opportunities for respondents to put together a very specific narrative response on each area, part of the assessment included a review of the variance in responses across different respondent groups e.g. Executives and the rest of CCG staff, or differences in council staff and health partners' responses.

Theming closed/open questions and then exploring the survey responses through the different lens of the responder group, will crystallise any recommendations and areas for change will be easily identifiable and justifiable.

Survey results

Responses (by respondent group)

The review was open to respondents for one week (26 May – 01 June 2020) 168 responses received can be broken down as follows:

- **CCG / Embedded CSU Staff – 101 responses**
(90 CCG staff, 10 CSU staff, 1 Council-embedded staff)
Within this group 2 Governing Body members, 8 Execs, 9 Senior Management Team.
- **General Practice – 53 responses**
31 General Practitioners
22 Practice Managers
- **Council & Local Authority – 3 responses**
- **Health Providers – 10 responses**
- **Lancashire & South Cumbria ICS – 1 response**

As the level of responses varies dramatically across different groups, it is difficult to make an assessment on commonalities in returns. Responses are overwhelmingly positive in nature with a minority of negative comments noted.

Of the negative responses received there was a higher proportion made by GPs than any other group. These comments centre mainly around PPE and support around BAME additional risks.

It is worth noting that the negative comments largely relate to the national issues and communications around the pandemic response, arguably outside the remit of the CCG.

Managing our people

This section of the survey was only open to staff members. Staff segregated by Governing Body members, Executives, Senior Management Team (SMT) members and all other CCG staff.

Communication

The survey findings show that almost all staff felt that the communication has been very good since the beginning of the pandemic. This includes both communications about the emergency and the change in work practices (shift to working from home); as well as being informed by line managers on the wider situational responses and CCG activity. 99% of staff feel decision to move to working from home (WFH) was clearly communicated and that they have been kept informed throughout the pandemic by their line manager.

Within the narrative responses there was an acknowledgement that the shift to Microsoft Teams as a method for organisational communication (whilst difficult at first) has provided a robust communication method to network with colleagues. In a number of responses, staff also identified the WhatsApp team groups set up as a valuable tool to touch base with each other in a more informal way.

Numerous staff reported that they felt the virtual Team Briefs were an excellent way of conveying information to all staff as a group.

Recommendation 1: These Team Briefs could be conducted on a more regular basis and have a circular agenda so that each commissioning lead has opportunity to provide regular updates on their area in a systematic way. The secondary effect being, a better informed whole staff base with a wider appreciation of organisational function and outputs.

Equipment

Staff overwhelmingly reported that they had the right IT equipment in order to be able to carry out their role whilst working from home. The flexibility for staff in being able to take home their monitors, keypads, hub connections and other items (including desks and chairs) was seen as being particularly useful in aiding a quick transition for staff in creating a domestic workspace.

In terms of issues, staff reported that they initially struggled with some aspects of home working, the two main issues raised were not

having the correct office furniture and struggling to access IT support. Arguably some of the IT issues cited were pre-existing, and the launch of the new VPN rectified a lot of these concerns within weeks.

Concerns over having the correct office furniture to carry out their role over a long-term period were raised by a small number of respondents - DSE equipment that was purposely bought for the office could not in all instances be replicated in a home working environment. It should be noted however that transport was offered to deliver larger items and staff are encouraged to altered / changing DSE requirements with their line manager. It should also be noted that there was not a significant body of detailed DSE home working advice available (via CSU) prior to the instruction to WFH.

Recommendation 2: CSU should be asked to provide detailed and focussed advice / means of DSE self-assessment to support WFH going forward.

Management and support

Staff overwhelmingly said that they had been supported throughout the pandemic by their line manager. Over 50% of staff said that they felt more supported now, than they had been prior to the start of the emergency. More than three-quarters of responders also said that their emotional health and wellbeing as an employee had been well supported by the CCG during the pandemic.

When asked about how well colleagues felt they had functioned as a team during the pandemic, 77% said 'extremely well' whilst 22% said 'fairly well' (only 1 response stated 'fairly poorly'). The narrative responses on team working also reflected this view with many staff citing 'daily team huddles' had improved communication and were the foundation of these responses.

15% of responders said that they had been redeployed during the pandemic to assist in other work areas where there was increased / new demand for support. 80% of these said that the redeployment process was easy. The narrative comments showed that this section of staff had found that their redeployment had been 'useful' in supporting the immediate needs of the health service and a 'worthwhile' experience.

Also within this section some responses identified a need for greater recognition of family issues caused by the current crisis; and asked that flexible working arrangements be agreed (e.g. times / days of work) as staff juggled school cancellations and the loss of childcare support from elder relatives.

Managing our people

101
returns

Staff

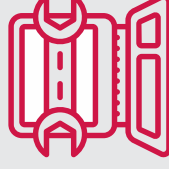
EQUIPMENT



79%
have sufficient office
equipment to work
from home



79%
have sufficient IT
equipment to work
from home



77%
have needed
IT support

MANAGEMENT SUPPORT



99%
felt your manager has
kept you informed
during the pandemic?



99%
have functioned
well as a team

COMMUNICATION



84%
aware of dedicated
intranet resource
for staff support.



98%
felt decision to move
to home working
clearly communicated?

REMOTE WORKING



97%
adjusted well to
working from home



99%
have adapted
well to working
from home



93%
working from home
would be good VFM
moving forward.



83%
emotional health and
wellbeing has been
supported (where needed)

Identifying and managing risk

This section of the survey was open to all staff members as well as Practice Managers (PMs) who, through the regular Teams call run by the Primary Care Commissioners have been a primary source of both risk identification and providing assurance to the health economy that primary care has remained able to function and meet population health needs.

The first question within this section of the survey asks responders to consider if they have received clear direction and support from their line manager, the Incident Control Centre, the Integrated Care System and NHS England & NHS Improvement. Over 90% of applicable responders said that their line manager had given clear direction throughout the pandemic. The Incident Control Centre also scored positively with 56 of the 86 responders stating that it had been clear and another 23 responders said it had to some extent.

Notably 30% of responses said that the Integrated Care System (ICS) was not applicable to their work and over 27% that said NHS England and NHS Improvement was not applicable to them.

Over half of the staff responders said that they had been involved in some way with identifying or managing risk during the pandemic. Practice managers cited the completion of daily Sitreps (on PPE and staffing) to further help identify and manage risk within their own practice. In terms of the variety of risks identified, responses ranged from home working and revised governance processes, to service cessation and assessment of vulnerable patients.

One of the most open-ended narrative questions within the survey was asked in this section and that was "What do you see as the biggest risk(s) to healthcare on the Fylde Coast that has been created by the NHS having to focus its response on COVID-19?" There was a large variety of responses to this question – so the analysis had to be themed into groups. The three most recurring responses were:

Reduced Access / Avoidance of Services – this was effectively a two pronged answer to the same problem; why aren't patients accessing services at the same rate as pre-COVID? The answer felt by responders was that either access to service was limited (e.g. reduced opening hours, temporary closures) or patients were avoiding services in an effort to reduce their risk of catching COVID-19.

Mental Health of patients due to Social Isolation – a number of responses stated that they felt that the impact on the public's mental health due to lockdown and forced social isolation would be felt for a number of years and would require a massive investment in mental health services.

Cessation of Elective Services – this was the impact that stopping all Elective outpatients and surgery would have in the long term.

The last question in this section asked about any new methods of working that had been adopted since the start of the pandemic. A selection of these can be seen in the corresponding infographic page. 96% of responders said that the new methods should be either 'wholly' or 'to some extent' maintained post pandemic.

Identifying and managing risk

123 returns

Staff and practice managers



56% Been involved in identifying/managing risks during COVID-19

TOP RISKS IDENTIFIED

	Reduced access / avoidance of services		Mental health due to social isolation		Cessation of elective services
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SUPPORT RECEIVED DURING PANDEMIC

Clear direction and support received from:	Yes	No	To some extent	NA
Your line manager	93	5	6	19
Incident Control Centre	56	7	23	37
Integrated Care System	29	11	46	37
NHS England and NHS Improvement	41	10	39	33

NEW WAYS OF WORKING IDENTIFIED

Altered Hours
Photograph triage
myGP app

Contingency Planning
Paper free
Collaborative Working

Remote Assessments
Virtual Ward rounds

Cisco Jabber
Home Working

Virtual MDTs
Virtual Consultation

Flexible Hours
Zoom Meetings

Less mileage
Daily huddle
System-wide working

Sharing screens
skype
ICs representation

Microsoft Teams
Electronic Communication
Telephone triage
Enhanced co-operation

96% think new ways of working identified should be retained long term



Managing the emergency

This section of the survey was sent to all respondent groups.

Clinical commissioning group

This section of the survey focused on the CCGs' leadership, support and direction throughout the emergency to date. When asked if CCG clinical leadership had been sufficient, 124 of 168 responders said 'yes' whilst 39 responders said 'to some extent'. Only 5 responses answered 'no' to this question. This demonstrates overwhelmingly support for the leadership response to the pandemic.

When asked how confident responders were about any commissioning / service changes – again, 137 out of 168 said that they were confident whilst only 31 (around 20%) said that they weren't. In a time of enormous challenge / upheaval from our normal way of working, this shows that the lines of communication to staff and partner organisations are robust. The daily Practice Manager (PM) teleconferences were very well received and drew numerous positive comments, as did the various communication publications including Primary Care bulletins and newsflashes.

It must be acknowledged that there were some negative comments within the responses and instances where staff felt that they had not been 'in the loop'.

Incident control centre

The questions within this part of the survey tested responders' understanding of the Incident Control Centre, its function and whether it provided a service that people would utilise to find out the latest information and guidance on legislation, PPE and testing.

82% of responders said that they understood the need for an Incident Control Centre, whilst another 15% said they understood it 'to some extent'. When asked if they felt the Incident Control Centre had been effective, 68% replied 'yes' whilst 31% said that 'they did not know'. This shows that whilst most people understood the need for an Incident Control Centre; not as many individuals understood what made for a good response by an Incident Control Centre. 58% of responders said that they would contact the Incident Control Centre to get the latest advice on guidance, legislation, PPE and testing.

When asked "Do you feel the Incident Control Centre has been clear and consistent in its messaging?" 84% answered yes. Of the 66 individuals who asked for support, guidance or advice from the Incident Control Centre, 39 rated the response as 'excellent', 23

said 'good' and only 2 responders said 'poor'. The responses stated as poor were: lack of support on PPE and lack of clarity in enforcing guidance.

The narrative responses within this section were varied. It was apparent that for a number of people surveyed, that they were unfamiliar with the Incident Control Centre and what it did on a daily basis. This is likely due to the fact, that their job role had not required them to interact with the Incident Control Centre at all during the crisis. There were some comments about guidance and legislation being difficult to follow, however this was more of a response to national messaging than local communications that the CCG or Incident Control Centre issued.

Emergency planning and support

This section of the survey focused on the invoking of the emergency plan and the wider / regional leadership and support.

85% of responders stated that they knew or 'to some extent' knew what a 'Command and Control' response means. However when asked if they knew who their One-Up Commander was over half of survey respondents (52%) answered 'no'. This showed that most individuals were not aware of their regional command lead. When asked about the level of support received from One-up command, those who were aware of them, did largely say that they felt supported. A consideration following this exercise may be wider communication around the structures involved in the Command and Control environment; so better understanding of the governance around emergency plans can be understood.

Only 68% of survey responders knew that the CCG had an emergency plan. When asked if they felt that this had been invoked effectively, this was answered positively by those who felt they could (67 out of 168 responses were 'I don't know'). 74% answered 'yes', 22% answered 'to some extent' and 4% answered 'no'. The negative responses stated issues with gaining PPE during the early part of the crisis; the lack of robust risk assessment of BAME staff and; a lack of planning prior to lockdown.

It should be noted however that:

- positive responses in this section again massively outweighed the negative comments received, as most respondents felt that the response to the emergency had been appropriate and effective

- The CCGs' Emergency Plans are both routinely published on the CCGs' website and displayed in hard copy on each floor of the CCG offices. It is acknowledged that outside of an incident these plans are unlikely to be considered significantly of interest by most staff
- Importantly the successful move to Home Working has demonstrated a new dynamic for emergency planning – specifically the CCGs' ability to maintain function from dispersed locations in any future similar challenge.

Recommendation 5: CCG managers and leaders must be cognisant of emerging BAME related COVID-19 themes, consider risks for employed staff, act in accordance with any national guidance and offer appropriate support to partners.

Incident control centre outputs

This section rates the outputs from the Incident Control Centre and the Communications team. Responders were asked questions about the daily Practice Manager Calls, twice weekly GP calls, Primary Care Bulletin, the Stakeholder Bulletin, the ICC Dashboard and the Fylde Coast System weekly teleconference.

All sections scored very well with very few answers returning across any of the outputs stating that they were not useful. All practice managers returned comments saying the daily calls with commissioners were useful and only one response said that the GP calls were not useful. The Fylde Coast System teleconference was the output that had the most responses and thus reached the most individuals – closely followed by the Stakeholder bulletin.

There is no recommendation to be made on the outputs section as the responses were overwhelmingly positive.

Managing the emergency

168
returns

Staff
Practice managers
GPs
Council
Providers
Integrated Care System

INCIDENT CONTROL CENTRE



97%

Understand the need for an incident control centre



88%

understand their relationship to the incident control centre



58%

look to the incident control centre for latest info and guidance



67%

Think the incident control centre has been effective



83%

felt incident control centre has been clear in its messaging.



87%

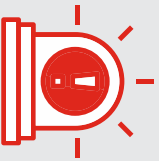
felt incident control centre effective in managing partner/provider questions

EMERGENCY PLANNING



46%

50% don't know
Felt support and direction from ICS cells was supportive



57%

39% don't know
Felt the emergency plan has been invoked effectively

CCG



97%

felt there's been sufficient support and direction from CCG clinical leaders



98%

felt CCG has been responsive to changing national approaches and guidance



81%

know about any commissioning/service changes

OUTPUTS



100%

found the PM teleconference useful



96%

found the GP teleconference useful



96%

found the primary care bulletin useful



97%

found the Fyde Coast system call useful



91%

found the influence stakeholder bulletin useful



100%

found the weekly GB update useful

Conclusion and recommendations

The survey results clearly demonstrate that Fylde Coast CCGs have risen to the challenges of COVID-19 - success is apparent across all areas however going forward the CCG must remain cognisant that:

- The Pandemic is not over (pandemics characteristically occur in waves) – whilst pandemic demands and challenges are somewhat currently we must remain on the front foot and be ready to respond further, maintaining and or building on newly established work processes – whilst at the same time adapting to a new normal.
- Changes made to “manage” through the Pandemic such as temporary suspension of services bring consequences and risks that we must be alive to / resolve in order to maintain safe services for our patients.
- The landscape of health commissioning and provision has changed (at least until March 2021) and will undoubtedly continue to evolve.

The recommendations below are a collation of the narrative responses and themes. The CCG may want to consider making these adjustments as part of their ongoing response to the emergency.

Recommendations

1. These Team Briefs could be conducted on a more regular basis and have a circular agenda so that each commissioning lead has opportunity to provide regular updates on their area in a systematic way. The secondary effect being a better informed whole staff base with a wider appreciation of organisational function and outputs.
2. CSU should be asked to provide detailed and focussed advice / means of DSE self-assessment to support WFH going forward.
3. It is recommended that line managers, team leaders and or SMT must observe, understand / discuss and review developing work patterns in their sphere of responsibility in order to define and direct smarter working practices that allow time for colleagues to meet all their obligations “do the doing”.
4. It is clear from the responses that the CCG should consider home working as a very real option for staff in the future.
5. CCG managers and leaders must be cognisant of emerging BAME related COVID-19 themes, consider risks for employed staff, act in accordance with any national guidance and offer appropriate support to partners.

Part 2: External report

Executive summary

NHS Blackpool and NHS Fylde and Wyre Clinical Commissioning Groups (the Fylde Coast CCGs) are committed to listening to patients and members of the public to make sure their views and experiences inform quality improvements and commissioning intentions. Despite the enduring COVID-19 pandemic, this commitment remains.

Towards the end of May 2020, the CCGs sought the views of people living on the Fylde Coast to understand how well informed they had felt in relation to the pandemic so far, their experiences of accessing local health services, and how they were coping during these unprecedented times.

An online survey was carried out between 26 May and 4 June and received a total of 776 responses. More than 80 per cent of respondents were over the age of 40 and just 20 per cent were men. There were a higher number of respondents from the Thornton-Cleveleys, Poulton and Lytham and St Annes areas. Around 20 per cent of respondents described themselves as having a disability.

Methodology

From the outset of the COVID-19 pandemic it was clear that reliable, appropriate and timely information would be a crucial element in helping to effectively manage the crisis and keep members of the public and health and care staff safe and well. Not only in relation to advice and guidance specifically about COVID-19, but also accessing health services for non-COVID-19 related issues.

In order to try and evaluate the Fylde Coast CCGs' communications approach to date, in turn informing the activity going forward, an online survey was carried out by the communications and engagement department. The survey was designed to understand:

- Whether people were getting the information they needed and how they accessed it.
- Whether people know what to do if they have symptoms of COVID-19 or, indeed, health issues that aren't related to COVID-19.
- What their recent experiences of accessing local healthcare were like.
- Whether anything would stop them from seeking healthcare at this time.
- How people were coping and whether or not they have needed to access community support.

The survey questions were drawn up based on soft intelligence received during the pandemic so far, as well as insight from other patient and public surveys, including NHS England and Improvement and the clinical commissioning groups in Sussex. The survey also included equality monitoring questions.

The survey was live from 26 May – 4 June 2020 and was publicised through:

- The CCGs' Influence Membership scheme
- The CCGs' staff newsletter*
- Blackpool Teaching Hospitals NHS Foundation Trust's internal communications channels*
- Blackpool Council's internal communications channels*
- Healthwatch
- Patient participation group representatives
- Patient Public and Engagement Forum
- CCGs' and Trust social media – Facebook, Twitter and Instagram
- GP practice social media

A request was made to both Fylde Council and Wyre Council to share the survey via their internal communications channels, however no confirmation that this had taken place was received.

*When the survey was shared internally with staff it was made clear that this survey was to be filled in from a personal perspective as somebody who lived on the Fylde Coast, NOT as a member of staff.

Key findings

Communication and messaging

A huge majority of the respondents, more than 90 per cent, said:

- They were getting the information they needed to keep safe during this crisis.
- They were clear on what they needed to do if they experienced symptoms of COVID-19.
- They understood the government's advice about social distancing.

When asked what information was missing, a small number of people (less than two per cent) felt the information they had been receiving was confusing and contradictory, with more clarity needed. A small number of people also felt information around shielding could have been clearer and more timely/frequent.

People said they mainly accessed their information from national TV/radio, TV news broadcasts and government updates, local NHS websites and Facebook.

Accessing health services

Ninety-five per cent of respondents said they knew who to contact for urgent or emergency issues which weren't related to COVID-19.

Less than half (45 per cent) of those asked said they had accessed local health services since 18 March 2020. Of those who had accessed services:

- Nearly 60 per cent said they had spoken to their GP over the phone.
- Nearly half had seen a pharmacist face to face.
- Just four per cent said they had accessed a virtual (e.g. video call) appointment with their practice.

Almost 80 per cent of people who rated their experience said that they were satisfied with the service they had received.

Worryingly, more than half of the respondents said they wouldn't seek healthcare support at this time because of concerns about catching COVID-19 or not wanting to burden the NHS.

How people are coping

Reassuringly, more than 85 per cent of people said they were coping at least fairly well. However, the remainder said they were having some difficulty with coping, or not coping well at all.

For those who weren't coping so well, when asked what would help them cope better people cited the following:

- A better government response, clear and consistent government advice.
- People following the guidance and adhering to restrictions.
- Seeing family and friends.

Community support

Thirty-eight per cent of people who said they have wanted to connect to local community support (220) haven't been able to do so.

When asked to make further comments on accessing community support, around 16 per cent of those who commented said there was a lack of information about community support, particularly for those who don't access the internet. Around six per cent said they weren't considered vulnerable so help hadn't been offered, but they felt like they may have benefitted from help.

Encouragingly around 40 per cent of those who responded reported that they were satisfied with the community support they had received.

Overall qualitative data analysis

While the majority of people are getting the information they need and are coping fairly well during the pandemic a number of strong themes came out of the qualitative data:

- Clear and consistent messaging is important.
- People are generally very satisfied with the level of service they have received from the local NHS.
- There is a level of dissatisfaction with the government's handling of the pandemic.
- Local information and data is important to people.
- People have concerns about others not following the guidelines and adhering to restrictions.
- People who are shielding feel a like the 'forgotten' group.
- Mental health will be more important than ever in the coming months.
- People are hugely grateful for the hard work and dedication of NHS staff on the Fylde Coast.

Recommendations

In response to the feedback gathered through the survey a number of recommendations have been identified and a full action plan will be developed.

- Ensure communications are clear, consistent and accessible.
- Continue to push the message that the NHS is 'open for business' – people should understand they **can** get help for non-COVID-19 related illnesses.
- Focus on the CCGs' website as a trusted source of information – ensuring content is accessible, relevant and accurate at all times.
- Continue to grow and develop the CCGs' social media channels as a trusted source of information for local people.
- A sustained focus on mental health support – promoting how and where people can access mental health and wellbeing services, support, advice and guidance.
- A greater focus on community support – what support is available and how people can access that support.
- Recognise the importance people place on receiving local information/data during a time of crisis and understand how this can be best shared in the future.
- Look at ways to expand the dissemination of information outside of digital/social media, for example posters in supermarkets – utilise volunteers/other agencies.
- Repeat the survey at a later stage with a concerted effort to obtain a more even geographical spread of respondents and also ensuring other opportunities to complete it are available (i.e. not just online).
- The greater numbers of respondents from the Fylde and Wyre area is possibly a legacy of previous, greater engagement work across these areas compared to Blackpool. As such, a greater focus should be made towards engaging residents of Blackpool in the future.



If you need this booklet in another format or language please contact the communications and engagement team on:

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