

# Your healthwatch Leeds

## **'Looking after you'**

How people's lifestyles have been impacted by Covid-19 in the LS25/LS26 Local Care Partnership area.

**November 2020**

Your independent watchdog ensuring people's voices are at the heart of shaping health and care services in Leeds.

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## Summary

### Introduction

This report has been produced by Healthwatch Leeds who have been asked by the LS25 & LS26 Local Care Partnership (LCP) to explore how Covid-19 has impacted the lifestyle of people living in the areas of Leeds covered by this LCP, broadly speaking the LS25 and LS26 postcode areas. The percentage of the population registered as obese is higher in this area of Leeds compared to the city as a whole and therefore tackling obesity is one of its current priorities.

The LS25 & LS26 Local Care Partnership is a group of health and care professionals who are working together to improve health and care services in these postcode areas.

The survey was carried out during October and November 2020, with an aim of understanding how the pandemic had changed people's attitudes and lifestyles, in order to inform the next steps required as a partnership to support those living with obesity.

### Key Findings

A total of 1693 people completed the online survey. However, it should be noted that not everyone answered every question or left comments. Below are the key findings:

- The top five factors people felt affected their overall health and wellbeing were poor mental health, long term conditions, levels of physical activity, weight concerns and work.
- Mental health was further impacted by lockdown issues such as lack of contact with family members, financial security and reduced access to support services and amenities as well as Covid-19 and lockdown rules.
- 63% respondents said they thought that their activity levels had been impacted by Covid-19, with the majority reporting a decrease in their activity levels. People reported feeling less able or motivated to be physically active. For some, motivation levels were further affected by worsening mental health. Reduced Social interaction with family and friends was also cited as a significant factor that had led to a reduction in activity levels for some.
- A lack of or reduced access to sports facilities, organised activities and classes has made it more difficult for people to engage in physical

activity. However outdoor and solo activities such as walking, running and cycling have become popular choices, along with home workouts and online classes.

- Although changes in working conditions meant some people had more free time to exercise, working from home, furlough or redundancy had overall resulted in people engaging in less physical activity.
- With schools closed, those with childcare responsibilities faced additional barriers to physical activity. People with chronic long term health conditions or those awaiting medical treatment for injuries also gave these as reasons why they were not able to do much physical activity.
- 705 (45%) respondents said they had changed what or how they ate during Covid-19. People were more likely to use online supermarket delivery and purchase food from local suppliers. They were also more likely to report an increase in how often they snacked, ate healthier meals, cooked food from scratch and ate different food due to reliance on others for supplies. People also reported a decrease in how often they wasted or threw food away.
- 83% respondents who reported 'other impacts' on their lifestyle cited negative impacts such as increased alcohol intake and smoking, social isolation, worsening mental health, and reduced physical activity.
- 42% respondents said they would like to make changes to their lifestyle, citing the following things that would help them:
  - Improved access and quality of sports and leisure facilities
  - More accessible fitness activities and groups
  - Safer and more accessible cycling and walking routes
  - More support for weight management
  - More support groups and networks
  - Improved GP access
- Of those who had had a phone or online appointment health appointment, more respondents reported a positive experience (38%) compared to negative (10%), and another 23% saying it was mixed. Positive experiences were based on the efficiency and convenience of such appointments, whereas negative experiences were focused on difficulties getting an appointment, which people said had got worse during Covid-19. Other concerns were around symptoms not being

picked up during online consultations and those who felt that these types of consultations didn't meet their needs.

- The majority of respondents (52%) said that going forward they would prefer a mixture of face to face and digital/phone appointment. 26% said that they would prefer to return to face to face appointments as soon as possible.

## Conclusion

The survey, predominantly completed by White British (95%) people with enough digital access to complete an online survey, highlights the following key impacts of Covid-19:

- Isolation has increased mental ill health, particularly amongst younger people and has far reaching negative effects on the willingness and motivation to be active, particularly when walking, cycling, or running are the principal activities available.
- The changes that are taking place in lifestyle are quite small and whilst home cooking from scratch for example is increasing, so is the apparent increase in alcohol consumption though this is not easy to accurately assess as the opportunities for social drinking are reduced.
- Improving, appropriate, safe and easy access to both health and care services and formal exercise facilities are considered by the public to be the greatest opportunities for improving wellbeing and reducing obesity.

## Our suggestions

These can be found on page 44-45 of this report.

## Background

This report has been produced by Healthwatch Leeds who have been commissioned by the LS25 & LS26 Local Care Partnership to find out how Covid-19 has impacted the lifestyle of people living in the areas of Leeds covered by this Local Care Partnership.

The LS25 & LS26 Local Care Partnership is a group of health and care professionals who are working together to improve health and care services in these postcode areas. The areas are based on the GP populations registered to Garforth Medical Centre, Gibson Lane Surgery, Kippax Hall Surgery, Lofthouse Surgery, Moorfield House Surgery, Nova Scotia Medical Centre and Oulton Medical Centre.

## Why we did it

A focus of LS25/26 Local Care Partnership (LCP) pre-Covid-19 was looking at healthy lifestyles and how to tackle obesity. As a Local Care Partnership, they have a higher percentage of the population who are registered as obese (with a BMI over 30), compared to the city as a whole.

A couple of years ago, the Primary Care Network (a group of GP practices and other health and care professionals in the area) undertook a survey involving all of their patients to understand attitudes to diet and exercise. This data showed that there was a significant population of women aged 45-60 who were living with obesity. It also showed that the most common way people felt they could improve their lifestyle was by taking part in more physical activity.

In July 2020, the LCP continued to make obesity a priority, especially in light of the Covid-19 pandemic. The next logical step was to start to understand how people's attitudes and lifestyles had changed due to the pandemic, so that this could be compared with the wealth of information collected prior to Covid-19. The LCP also wanted to find out what mattered to people locally, in order to inform the next steps needed as a partnership to support those living with obesity.

## What we did

The original plan had been to hold a mini, localised engagement event in September 2020, to have conversations with local people face to face. The

aim of this was to understand people's current attitudes, whether they still felt they want to make changes to their lifestyles, and importantly how the LCP could provide support. However, in light of Covid-19 restrictions and infection rates at the time, it was decided that an online survey would be used instead.

The online survey ran between 18<sup>th</sup> September and 30<sup>th</sup> November 2020. People had the choice of completing the survey online or calling Healthwatch to complete it over the phone. There was also an easy read version of the survey which aimed to be more accessible to people with learning disabilities. The survey was publicised in the GP surgeries within the Local Care Partnership, as well as the link to the survey being sent out by surgeries to all patients. It was also shared widely on social media.

## What we found

### Note about our data

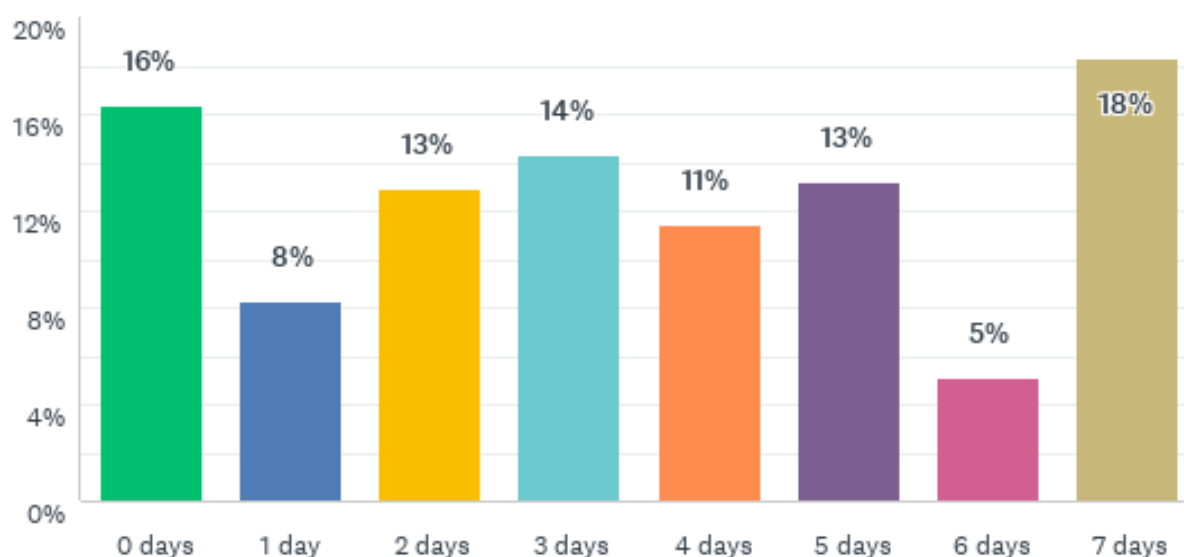
A total of 1693 people completed the online survey. However, it should be noted that not everyone answered every question or left comments. Throughout the report, the percentages cited are worked out on the basis of the number of responses to a particular question.

This section of the report will be structured question by question as they were asked in the online survey.

Questions 1 to 9 asked people for some information about themselves and where they lived. The responses to these questions can be found in appendix 1 along with information about where people heard about the survey.

## Being Active

**Q10.** In the past week, how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate? Physical activity is any movement that requires energy. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places. Please give the number of days.



Of the 1690 respondents who answered this question, 277 (16%) said that in the last week, they hadn't had any days where they'd done 30 minutes or more of physical activity enough to raise their breathing rate. 794 (47%) said that they had done this type of activity on anything between one and four days in the last week, whilst 619 (37%) said they had exercised in this way on anything between five and seven days.

## Questions 11-16 (Influencer Framework)

In an attempt to understand the conditions that positively or negatively influence physical activity, an academic model called the Influencer Framework was used to formulate questions 11-16 in the survey. This model was used as part of a Leeds wide piece of work entitled 'Get Set Leeds' in 2019 which provided a pre-Covid-19 baseline for physical activity, both citywide and at postcode level.

The framework allows identification of influences that affect a person's physical activity level. It proposes that there are six domains of influence:

### 1. Individual motivation

2. Individual capability
3. Social motivation
4. Social capability
5. Environmental motivation
6. Environmental capability

Below are the statements that explain each of these domains and were used in the survey. For each of the statements, people were asked to choose one of the following options which were then scored with the number given in brackets:

Strongly disagree (1) / Disagree (2) / Agree (3) / Strongly agree (4)

Domain	Survey question
Individual motivation	Q11. I want to be physically active
Individual capability	Q12. I am ABLE to be physically active
Social motivation	Q13. I SEE people like me being physically active
Social capability	Q14. The people around me make it EASIER to be physically active
Environmental motivation	Q15. I am surrounded by things that make me WANT to be physically active (Things might mean safe and attractive spaces eg. parks, well designed transport links and roads, promotions, incentives and affordability)
Environmental capability	Q16. I am surrounded by things that MAKE IT EASY to be physically active ('Things' might mean - workplace facilities, safe and attractive spaces, well designed transport links and roads, leisure facilities and availability of equipment)

Comparison with data collected from LS25/LS26 residents during 2020 suggests that individual motivation and capability domains have been negatively affected, with an average score for LS25/LS26 dropping from 3.65 to 3.33 for motivation and 3.38 to 3.06 for capability. This suggests that people feel they are now less capable of being physically active than they were in 2019 and furthermore they are less motivated.

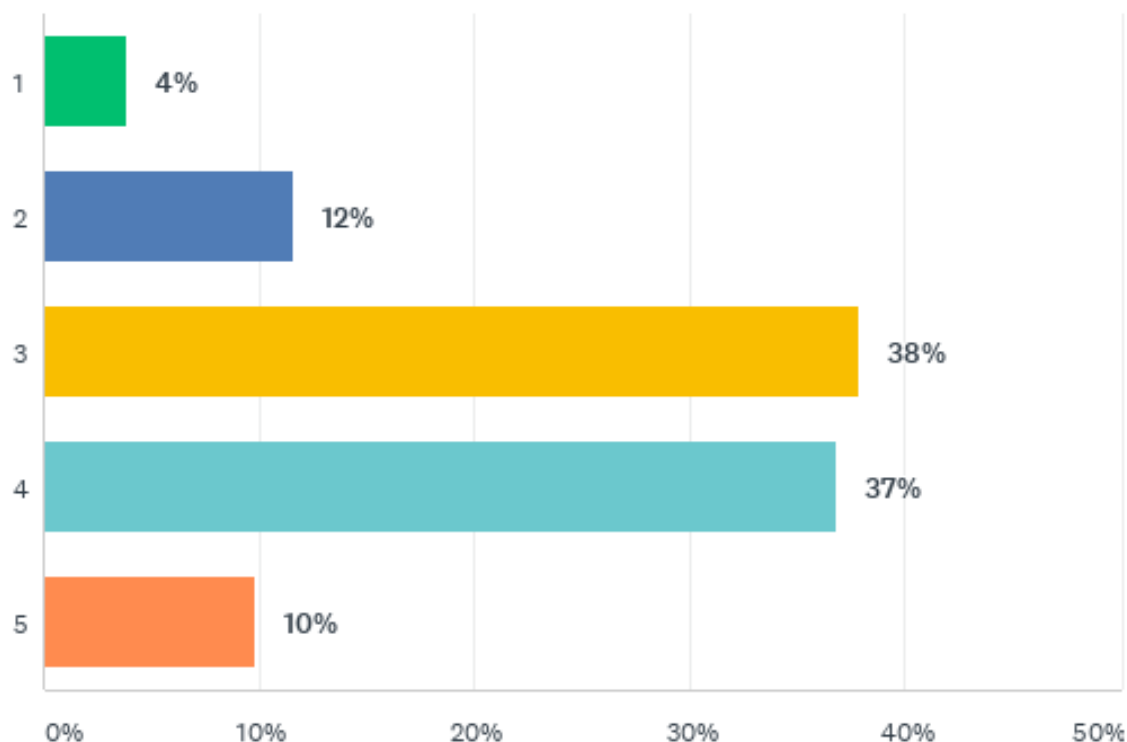
Mean scores of Influencer domains					
Domain	Citywide (2019 data)	LS25 (2019 data)	LS26 (2019 data)	LS25/26 data (2019)	LS25/26 data (2020)
Individual Motivation	3.60 (0.55)	3.60	3.70	3.65	3.33
Individual Capability	3.35 (0.66)	3.40	3.35	3.38	3.06
Social Motivation	3.06 (0.67)	3.19	3.22	3.20	2.95
Social Capability	2.84 (0.71)	2.89	3.02	2.96	2.67
Environment Motivation	2.80 (0.72)	2.83	2.98	2.91	2.99
Environment Capability	2.74 (0.72)	2.76	2.88	2.82	2.89

A similar observation was reported for social motivation and social capability domains which place emphasis on how social interaction and influences such as family, friends, role models, colleagues and health professionals can contribute to physical activity.

Interestingly, the environmental motivation and capability domains showed a small but positive change in scores from respondents, suggesting the environment now contributes more positively to physical activity. The rationale for this may be changes to ways of working, opportunities and encouragement to get out and walk to stay active, and reduced volumes of traffic especially during the first national lockdown. It is important to note that LS25 and LS26 already scored above the citywide average for environmental domains in 2019.

## Healthy Activity during Covid-19

Q17. On a scale of 1 to 5, where would you place your current overall health and wellbeing, 1 being poor and 5 being excellent?



There were 1588 responses to this question. There was no significant difference between how people from different genders rated their health and wellbeing.

In terms of age:

- Those in the 65-74 age group rated their health and wellbeing better than other age groups, with 54% rating it as 4 or 5, compared to 47% across all age groups, and 11% rating it as 1 or 2 compared to 16% for all age groups.
- Those in the 18-24 age group were more likely to rate their health and wellbeing as 'average' compared to all age groups, with 48% rating it as 3 compared to 38% across all age groups. They were also twice as likely to rate their health and wellbeing as 'excellent', with 20% rating it as 5, compared to 10% across all age groups.

In the space left for people to leave comments, 1285 people left a comment. The following came up as common themes:

## Long term conditions

319 people (25%) made reference to long term conditions affecting their health such as diabetes, COPD, cancer, arthritis, asthma, joint pain, long-standing injuries or mobility issues. Many mentioned that they find it more difficult to be physically active because of these conditions.

25 respondents talked about how recovering from Covid-19 impacted their health.

## Mental health

There were references in 260 responses (20%) to poor mental health including anxiety, depression and stress. People talked about factors that impacted their mental health such as being unable to see or care for family members, financial insecurity because of furlough, and redundancy or loss of business. Some people commented on their mental health worsening due to less access to support services and amenities such as gyms. Some said that local lockdown rules were confusing and causing further anxiety. Some people reported feeling low because others weren't following the public health rules such as social distancing and wearing masks.

*“My mental health is not good. I have had anxiety and depression for a long time and COVID has made me feel worse. Especially within the first few months of not being able to do anything.”*

*“Stressed because my father is in hospital and now due to lockdown I can't visit and check if he is getting any better and getting the correct care.”*

*“I struggle every day with horrible depression and crippling anxiety. Since COVID every bit of help I was receiving has been cancelled... We need decent mental health facilities in this area.”*

*“I'm fed up of all the information and RULES regarding COVID-19. I'm struggling with finances due to being on Furlough(still) with no signs yet on going back to work. I'm PAYING what rent I can manage but obviously it's not good enough for the council and they hound me every day, so this is really bringing me down. They have even threatened me with eviction.”*

*“Extreme panic attacks due to being asthmatic and having to wear a mask which restricts my air intake. But get comments and refused*

*service in shops and on bus due to not wearing a mask. Mood is very low and not wanting to leave the house.”*

People also talked about how declining mental health resulted in lack of motivation to do physical activity.

### Weight concerns

185 (14%) respondents identified weight as a contributing factor to their perception of how healthy they were. Some people mentioned that it was also a factor in preventing them participate in exercise.

*“I struggle with my weight, I always have, I am self-conscious and would never try running or activity in public like a park. I go swimming once a week and like walking.”*

### Physical activity

165 (13%) respondents mentioned doing some physical activity as contributing to their health and wellbeing. 109 respondents recognised they needed to do more exercise and mentioned the following as contributing factors: motivation, structured activities being stopped because of Covid-19 restrictions, and changes in lifestyle such as working from home.

*“Opportunities for communal activity are severely limited by CV19. Parkrun unable to restart, archery club limited by Covid safe practices.”*

### Work

150 (12%) respondents mentioned their work and business as affecting their health and wellbeing in some way. A common theme was that working from home had meant people’s lifestyles were more sedentary. Others said that they didn’t have a good work/life balance, which meant they didn’t have enough time to exercise or too much work was causing stress. Some said they were anxious or stressed due to extra work pressures because of Covid-19, whilst others had lost their job and were finding it difficult to cope.

*“I have long term mental health problems with depression and anxiety, even though I exercise 3-4 times a week and eat healthy, don’t drink or smoke. I get stressed out from work very easily and my anxiety goes through the roof with worry and panic. I have had bad employment experiences including a recent redundancy. I feel very depressed and anxious.”*

On the flip side, some mentioned that they enjoyed working from home and how it gave them more time to do other things.

*“I love working from home. Family and friends call me more now that we can't meet up. I have more time and energy for physical activity.”*

### Eating and dieting

87 (7%) people mentioned diet in their responses. The majority of people said they ate a healthy diet, although some admitted that the lockdown and working from home had led to comfort eating. A significant number said they thought that they could eat more healthily.

*“I barely exercise, poor diet. This has been due to COVID - it's the only real treat we've been getting, eating nice food!”*

### Age

84 (7%) respondents referenced their age to explain how they rated their health and wellbeing. Some used age as a qualifier to determine how well they thought they were compared to others of similar age. Others used age as a reason to explain why they were not so healthy.

*“I am 64 and I believe I am in very good health for my age. I generally do 10,000 steps a day. I have never smoked, have 1 bottle of wine about every month... and maintain a healthy diet.”*

### Friends and family

83 (6%) respondents mentioned how their health and wellbeing had been affected by changes in contact with family and friends due to Covid-19 restrictions. The majority felt that reduced social contact was affecting their emotional wellbeing. Some people said they were managing to maintain family contact by phone or virtually which helped to keep them well. Grandparents who helped look after their grandchildren said that this helped their wellbeing. Some people said they found it hard because Covid-19 restrictions meant they couldn't support family and friends properly, with some family carers finding that the lack of outside support was placing an additional strain on them.

*“I have been the sole carer for my husband who has terminal pulmonary ischemia. Due to all the restrictions and all my family living far away I have not been able to get help, but the nurses have been visiting to support me. The constant caring has taken a toll on my health. Before his illness I was very fit and physically active every day.”*

People who lived alone or who were shielding were experiencing more isolation than those who lived with family and had good relationships. Some people said that the increased time at home with their family was causing a rise in family conflicts.

Some talked about the difficulties of grieving in the current situation.

*“My mum passed away in her sleep in April. I can’t seem to find closure as there are things she wanted me to do but can’t due to present situation. I feel like a light has gone out and I can’t seem to find it... Feel as if I can’t be bothered. it’s hard!”*

### Accessing Health Services

75 (6%) respondents mentioned recent hospitalisation or treatment, or awaiting treatment as a factor affecting their health and wellbeing. Many mentioned that they were awaiting hospital appointments that had been cancelled or delayed due to Covid-19.

*“Due to Covid 19 my back surgery has been put on hold meaning that my mobility and pain has become severely worse.”*

Some mentioned difficulties accessing their GP including getting appointments, lack of face-to-face consultations or that their GP wasn’t providing the help that they thought they needed. Some people reported that their health conditions were worsening due to this lack of access to health services.

*“The problem is lack of access to my GP. Getting an appointment is almost impossible and as a result I have been taken to hospital by ambulance twice, which could have easily been avoided had the medical practices been functioning as normal. Getting through to our surgery by telephone is almost impossible and the E-Consult form of contact is an arduous task to complete. Last time I attempted E-Consult, it took more than 3 hours to complete and on two separate occasions the responses to my input was to take myself immediately to A&E, when I had only just been released a few days before.”*

*“I have back and hip problems that my present doctor refuses to help with or is completely ignoring. As time goes on it is getting worse”*

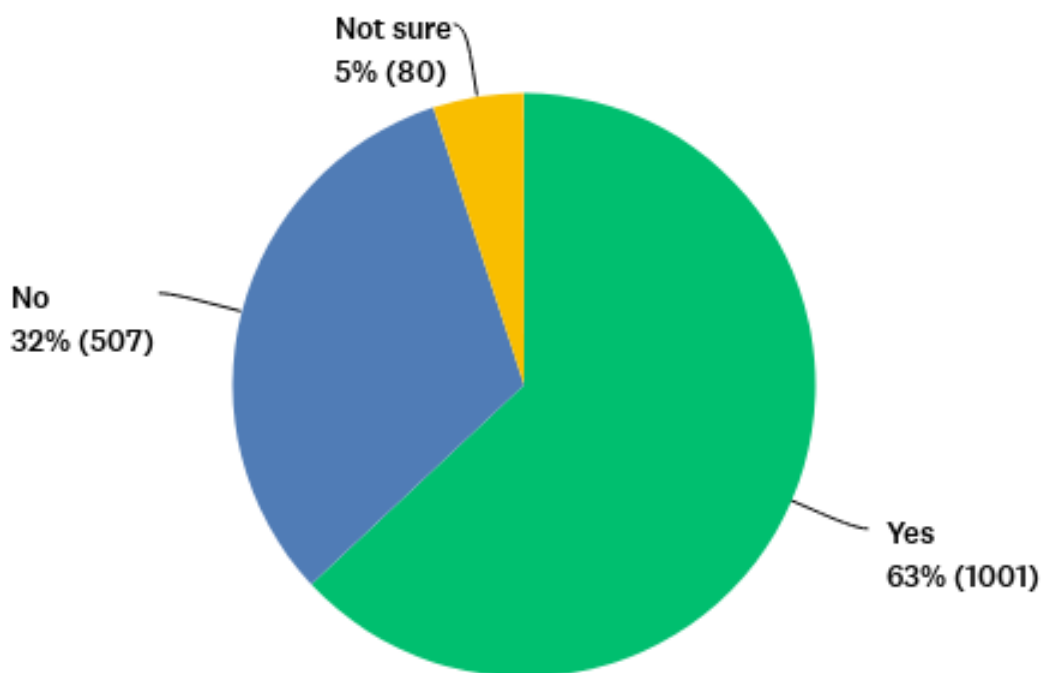
### Pregnancy and Parenting

36 (3%) respondents mentioned pregnancy or parenting as something that they perceived as affecting their health. Some parents reported feeling

isolated post birth because usual support networks and classes for new parents were not operating as normal. Some parents with young children said they had not been able to get as much exercise due to increased childcare responsibilities whilst children had been off school. Others said that walking the school run had been their daily exercise which had stopped when schools had closed. Some parents talked of the negative impact on their mental health of the demands of trying to juggle work, childcare and home life during lockdown.

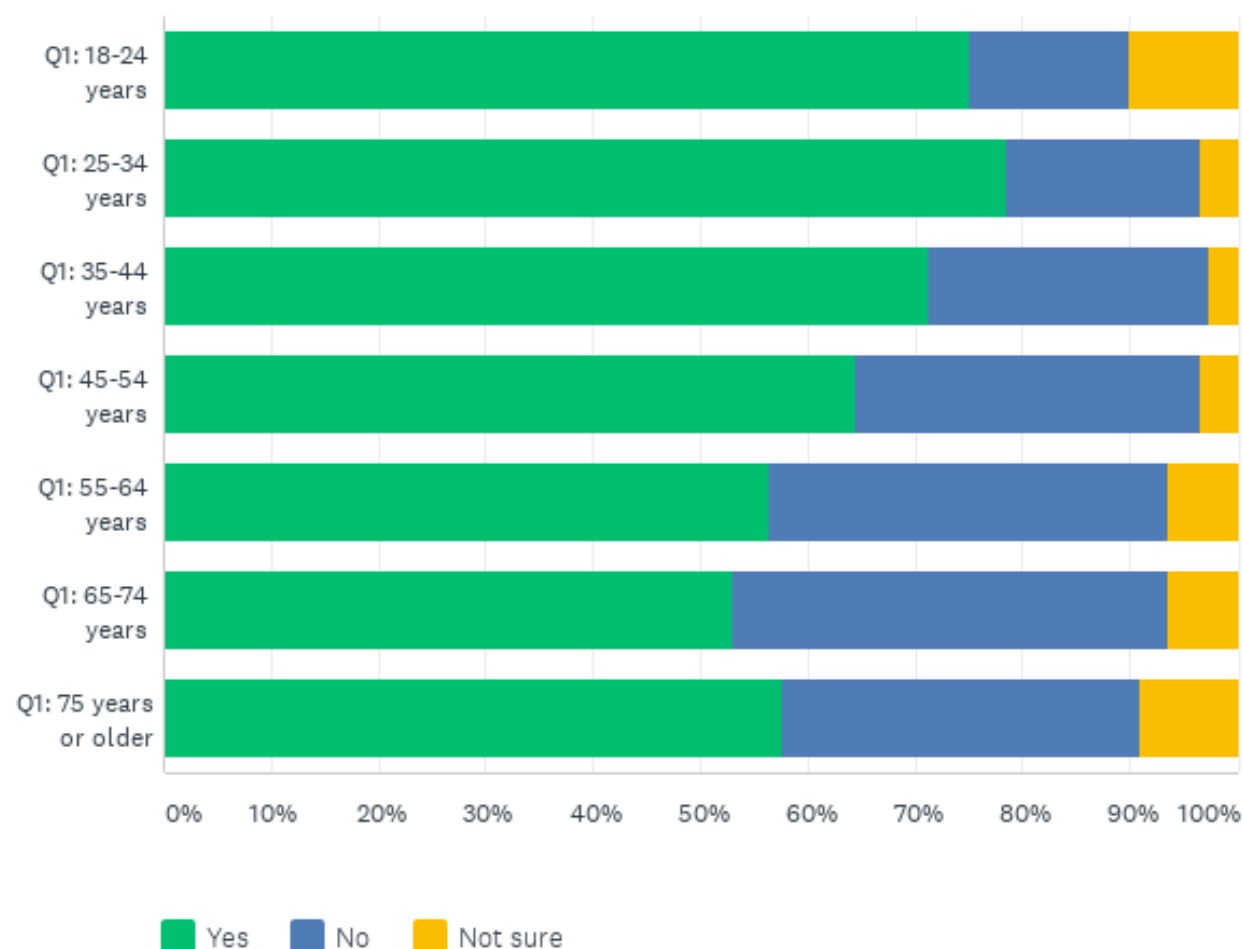
*“I am just getting better after going on sick due to work related stress. It was hard at home with the kids and also working 30 hours in a demanding job and heavy workload. I couldn’t manage.”*

#### Q18. Do you think your activity levels have been impacted by Covid-19?



The majority of people who reported a change in their activity levels said they had become less active, with a minority reporting an increase in activity. There were no significant differences between the percentages of males and females reporting that activity levels had been affected by Covid-19. Younger people were, however, more likely to report their activity levels being impacted by Covid-19, with this trend decreasing with age (see chart below).

## Q18. Do you think your activity levels have been impacted by Covid-19? (by age)



Of the 1001 (63%) respondents that said their activity levels had been impacted by Covid-19, 893 left a comment to explain their answer. The following came out as key themes (percentages are given as a proportion of the number of comments left):

### Difficulty accessing sports facilities, organised activities and classes (29%)

Many people said their activity levels had decreased due to facilities such as gyms, swimming pools and golf courses being closed, as well as the cessation of organised activities (such as Parkrun), groups and classes. Even though some classes and facilities were beginning to open, people said they still weren't accessing them because of limited availability and additional Covid-19 restrictions such as the requirement to pre-book. The other barrier people commented on was not feeling safe to access facilities. Although people said that some activities had gone online, some people said they did not want to participate in this way.

*“The classes I attended ceased and have not yet restarted. Other classes reduced in size so unable to attend... online classes are not the same as I enjoy being with other people and finding space to do it at home is an issue.”*

*“Sports centres have been closed. Normally play badminton but courts are not open yet. Not a big fan of ‘going for a walk’. I need to be motivated.”*

### **Changes in working conditions (20%)**

As in the answers to question 17, one of the main factors affecting activity levels for people was working from home. Whilst for some people, the lack of commuting time, furlough or redundancy had freed up time to do more exercise, the vast majority had reported less activity. Reasons given for this were: not having their daily walking or cycling commute to either their place of work or the bus stop; not doing the normal physical activity required by their job; and an overall increase in sedentary lifestyle. Some people reported increased demands in their jobs and longer hours because of Covid-19 which had meant less time for other activities.

*“During lockdown when I could work from home I was exercising more as I had more time! I could also encourage my children to get out and exercise too. Now I am back at work (teacher) and my children are back at school there isn’t as much time to go out and exercise.”*

*“I have been working from home since the start of lockdown. I would average around 10k steps per day traveling to and from my workplace as well as taking a daily walk on my lunch break. This has now reduced to approximately 3k on average.”*

### **Anxiety about Covid-19/Not feeling safe (12%)**

Many people said they had limited their activity because they didn’t feel safe or comfortable going out to do activities. This ranged from anxiety about leaving the house to ‘not feeling comfortable’ being in places where there were other people. People also mentioned how worsening mental health issues due to the pandemic had affected their motivation and ability to participate in activities.

*“I’m frightened to go out, so I don’t unless it’s a hospital appointment. Get everything online delivered.”*

*“I used to go to the gym for exercise on machines to help hip and knee strength, but am afraid that there are too many people there who don't stick to the Covid rules”*

### Reduced Social Activity (10%)

People reported not being able to meet up with friends and family as a result of Covid-19 restrictions which in turn had an impact on their activity levels. For many people exercise had an important social element in terms of being able to meet up with friends to exercise. Some of these people had found it more difficult to exercise alone.

*“I have stopped walking with my friends which I used to do several times a week”*

Some grandparents reported not having the usual activities they would have had when providing childcare to their grandchildren.

### Less motivation (5%)

*“Motivation has dropped off; the endlessness of the pandemic has made it hard to motivate.”*

Some people reported reduced motivation to do activities for a number of reasons such as:

- Facilities and classes being harder to access
- Declining mental health,
- Lack of social motivators when there was more need to do solo exercise
- The big break in routine during lockdown
- General sense of it being “easier to stay at home”

*“Encouragement is essential for exercise and I run with a club and Parkrun that cannot meet. Being motivated to exercise can be challenging alone.”*

### Walking/running as a key activity (11%)

Many people mentioned that this was their main and only form of activity, particularly now that other activities were less available. Some people reported having to do shorter walks than normal due to not being able to travel outside their local area. Others reported walking and exploring the local area more. Others said that they didn't want to walk on main roads near their home.

### Less places to go (10%)

With shops, cafes and visitor attractions closed and being unable to travel outside the local area, people reported staying in more and going out less. Even with places starting to open, having to book in advance for some places, and not wanting to mix with others meant people were less likely to go.

### Change in parenting demands (4%)

Parents reported less time and energy to do exercise when schools were closed. This was exacerbated for some families due to grandparents, who had previously provided childcare, having to shield. Parents also reported being out and about less due to no school run and clubs and activities being cancelled.

*“Less motivation to do things - normally I walk from work to collect the kids every day - this is improving with my return to the office and children to school.”*

### Shielding or isolating (7%)

People who were shielding or who lived with someone who was, saw a reduction in their activity levels. Some people also reported having to self-isolate on a number of occasions had also had an impact.

### Long Covid (1%)

People who were experiencing longer term effects of Covid-19 reported fatigue and breathlessness as a contributing factor to reduced activity levels.

## Q19. Have you continued or started any activity since the beginning of lockdown?

875 (55%) respondents answered ‘Yes’ to this question, 677 (43%) said ‘No’ and 36 (2%) were not sure.

Of the people who answered ‘Yes’ to this question, 785 left comments to give more details. The table below shows the types of activity people said they had been doing, broken down by gender. People commonly mentioned more than one activity in their responses.

Activity started or continued since beginning of lockdown (by gender)				
Activity	All genders	Male	Female	Other/prefer not to say
Walking	408 (52%)	125 (50%)	281 (53%)	2
Exercise at home	116 (15%)	22 (9%)	93 (18%)	1
Running	105 (13%)	36 (14%)	69 (13%)	0
Cycling	89 (11%)	44 (18%)	44 (8%)	1
Classes	69 (9%)	7 (3%)	61 (12%)	1
Gardening	61 (8%)	23 (9%)	37 (7%)	1
Other activities at home	48 (6%)	14 (6%)	34 (6%)	0
Yoga	38 (5%)	3 (1%)	35 (7%)	0
Going to the gym	32 (4%)	12 (5%)	20 (4%)	0
Pilates	23 (3%)	0 (0%)	22 (4%)	1
Golf	18 (2%)	13 (5%)	5 (1%)	0
Swimming	18 (2%)	5 (2%)	13 (2%)	0
Total number of responses	785	250	530	5

‘Other activities at home’ refers to activities such as DIY, housework, baking and other hobbies that can be done at home such as art and craft.

The types of classes people mentioned were for a variety of activities (e.g. gym, dance etc), and included those at venues such as gyms and sports centres as well as classes that took place outside such as bootcamps.

75% of the people participating in doing classes mentioned they had been online for at least some of the time. Similarly, 40% of people who said they did some type of exercise at home said they had used online videos, apps etc to help them.

Types of activity or sports included in the ‘other’ category were things like cricket, football, horse riding, physically active jobs and general ‘exercise’.

Men were more likely to engage in activities such as cycling and go to the gym than women, were more likely to do exercise at home, participate in classes or engage in yoga and Pilates.

Activity started or continued since beginning of lockdown (by age)								
Activity	Total	18-24	25-34	35-44	45-54	55-64	65-74	75+
Walking	408 (52%)	4 (29%)	30 (38%)	61 (45%)	83 (53%)	115 (60%)	89 (54%)	26 (63%)
Exercise at home	116 (15%)	6 (42%)	17 (22%)	29 (21%)	24 (15%)	25 (13%)	12 (7%)	3 (7%)
Running	105 (13%)	2 (14%)	17 (22%)	37 (27%)	29 (18%)	17 (9%)	3 (2%)	0
Cycling	89 (11%)	0	5 (6%)	27 (20%)	23 (15%)	25 (13%)	7 (4%)	2 (5%)
Classes	69 (9%)	3 (2%)	16 (21%)	9 (7%)	13 (8%)	15 (8%)	11 (7%)	2 (5%)
Gardening	61 (8%)	0	0	2 (1%)	5 (3%)	19 (9%)	26 (16%)	8 (20%)
Other activities at home	48 (6%)	0	3 (4%)	3 (2%)	5 (3%)	17 (9%)	18 (11%)	2 (5%)
Yoga	38 (5%)	0	6 (8%)	12 (9%)	8 (5%)	5 (3%)	6 (4%)	1 (2%)
Going to the gym	32 (4%)	1 (7%)	5 (6%)	7 (5%)	3 (2%)	9 (5%)	5 (3%)	2 (5%)
Pilates	23 (3%)	1 (7%)	2 (3%)	4 (3%)	4 (3%)	9 (5%)	3 (2%)	0
Golf	18 (2%)	0	1 (1%)	0	0	8 (4%)	8 (5%)	1 (2%)
Swimming	18 (2%)	0	0	3 (2%)	4 (3%)	7 (4%)	3 (2%)	1 (2%)
Total number of responses	785	14	78	136	157	192	164	41

In terms of age, the main trends were:

- Younger people were less likely to have continued or taken up walking as an activity than older people. Popularity of walking appears to increase with age.
- Exercise or workouts at home are more common amongst young people, decreasing with age.
- Running was most popular amongst the 25-44 age bracket.
- Cycling was most popular amongst the 35-54 age bracket.
- Classes were most popular amongst the 25-34 age bracket.
- Gardening, golf and 'other activities at home' were most popular amongst older people, decreasing with age.

**Q20. What activities do you feel comfortable doing in the current climate?**



Outdoor activities such as walking, cycling, running and gardening were by far the most common activities. Indoor exercise at home was also commonly mentioned, including home workouts, home gym, yoga and pilates. Some people said they felt comfortable doing any activities although there were still some concerns around social distancing. For this reason, some people said they preferred activities that they could do alone.

123(8%) respondents said they didn't feel comfortable doing any type of activity, mainly because they wanted to 'stay at home', were scared or didn't want to risk going out.

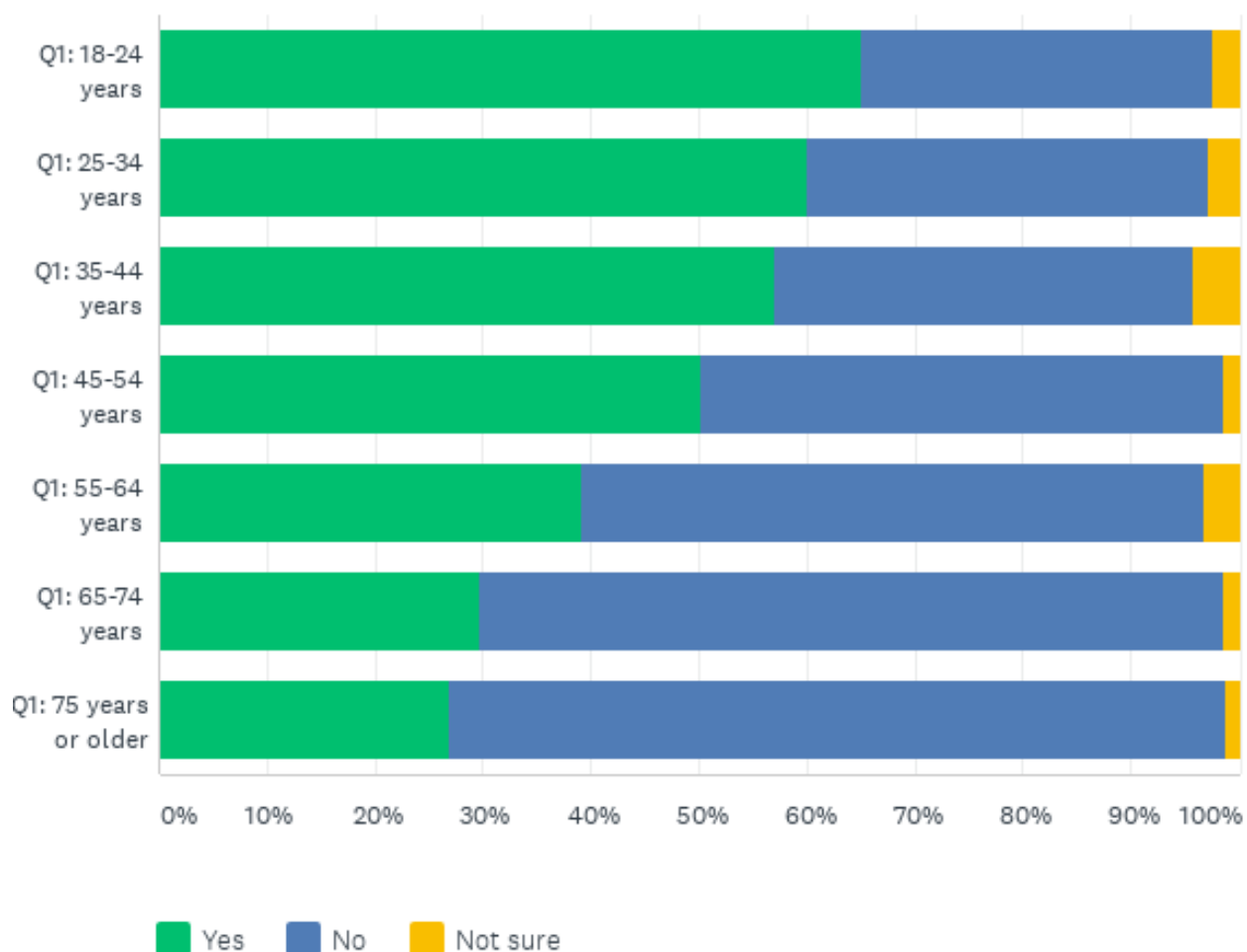
*“None - I do not go outside unless I have to, as I do not trust people I do not know.”*

## Your diet under Covid-19

### Q21. Has what or how you eat changed during Covid-19?

Overall, 705 (45 %) people said they'd changed what or how they ate during COVID-19, 818 (52%) said they hadn't and 39 (3%) weren't sure.

#### Has what or how you eat changed during Covid-19? (by age)



The graph above shows that the younger the person, the more likely they are to have reported a change in diet.

Men were less likely than women to report a change in diet, with 34% males answering 'Yes' to this question compared to 50% females.

**Q22. Compared to the period before lockdown, have you done any of the following more or less often?**

	A LOT MORE	A LITTLE MORE	ABOUT THE SAME	A LITTLE LESS	A LOT LESS	I NEVER DO THIS	TOTAL
Had an online food delivery from a supermarket	20% 319	11% 169	13% 196	2% 33	4% 63	50% 780	1,560
Purchased food from a take away or online food delivery company	7% 111	16% 244	29% 448	7% 116	16% 249	25% 392	1,560
Purchased food from a local supplier, either direct or online	11% 166	23% 362	20% 318	2% 29	3% 50	41% 633	1,558

Overall, people reported being more likely to have an online supermarket delivery and purchase food from local suppliers.

The groups that reported being more likely to purchase from local suppliers were in the 18-54 age groups. This then decreased within the older age groups; over half of the 75+ group (57%) said they never did this and only 13 (16%) they did it a lot or a little more than before lockdown.

There were some comments relating to difficulties in getting online food deliveries for people who were disabled but not classed as clinically extremely vulnerable.

*“Trouble getting online deliveries as not classed as vulnerable but housebound and bedridden”*

Another person commented on how a change in shopping habits had affected their diet.

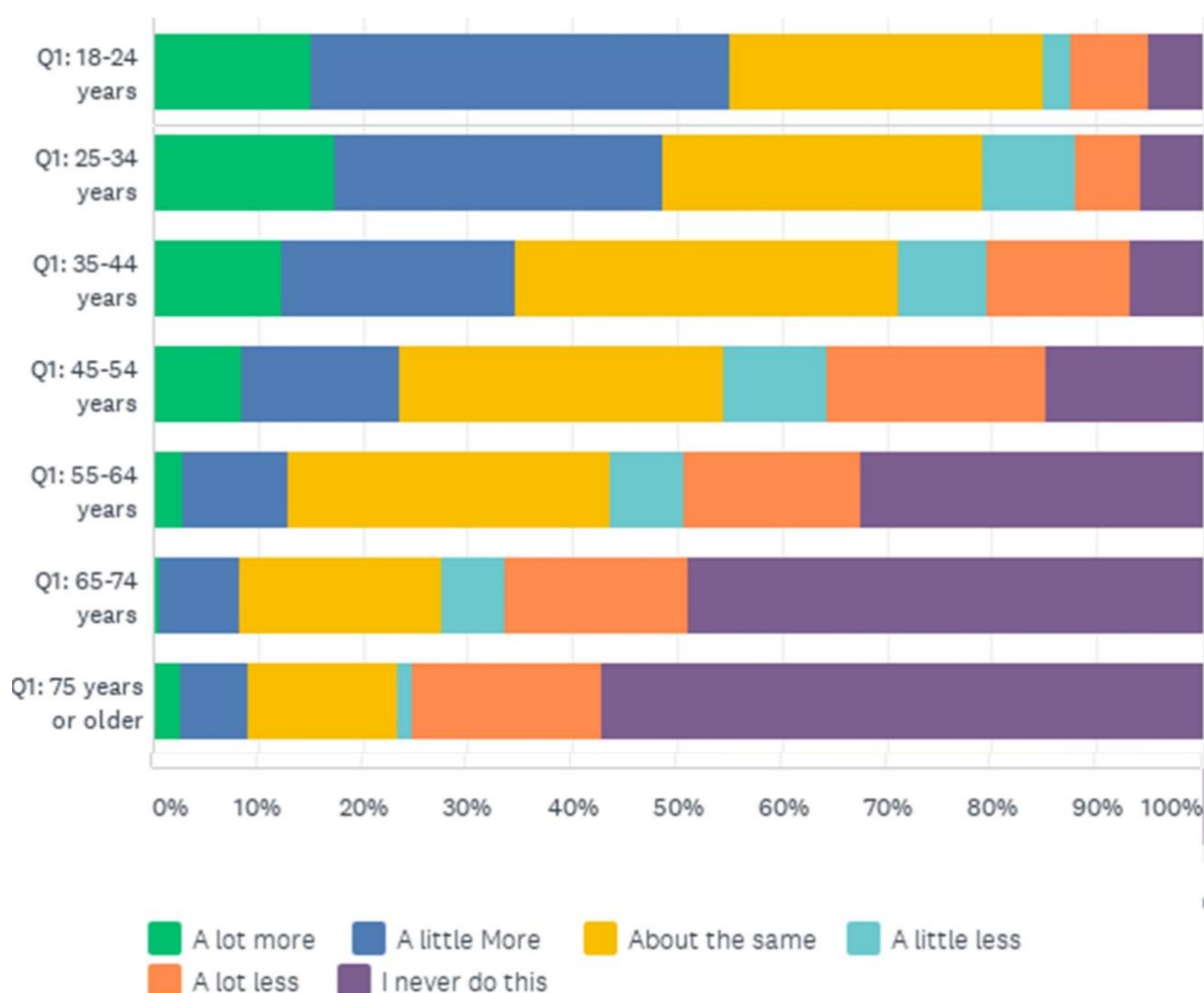
*“I have had to shop at local express or convenience stores for my weekly shopping as I don’t feel comfortable being in supermarkets. Due to the additional cost this has incurred, I’ve had to make do with much simpler (low protein) meals which is the opposite of what I am meant to eat. But being on disability benefits £20 a week shopping money doesn’t go as far.”*

When it came to the likelihood of purchasing food from a takeaway, the response was more balanced; 33% of all respondents said they would be a

little or a lot more likely to do this, 29% said they did it about the same, and 33% said they did it a little or a lot less often.

However, when comparing age groups, there is a clear pattern of the likelihood of increased purchase of takeaways being most common amongst the 18-24 age group and then decreasing by age.

### Frequency of purchasing takeaways or online food deliveries compared to the period before lockdown (by age):



There were no significant differences between male and female responses to this question.

**Q22. In the following month, have you done any of the following more or less often?**

	A LOT MORE	A LITTLE MORE	ABOUT THE SAME	A LITTLE LESS	A LOT LESS	I'VE NOT DONE THIS IN THE PAST MONTH	TOTAL
Cooked food from scratch	16% 249	17% 259	59% 927	3% 44	2% 35	3% 48	1,562
Wasted or thrown away food	3% 43	9% 140	47% 728	16% 254	11% 178	14% 216	1,559
Eaten different food as I rely on others for my supplies	2% 28	8% 132	32% 502	1% 16	1% 21	55% 859	1,558
Eaten together with the family	10% 152	11% 165	48% 746	5% 85	15% 229	11% 177	1,554
Snacked on cakes, biscuits, confectionary and savoury snacks	16% 250	28% 437	37% 574	6% 101	6% 101	6% 99	1,562
Bought food from local shops	16% 249	27% 414	45% 700	2% 29	3% 54	7% 112	1,558
Eaten healthy meals	9% 133	13% 207	66% 1,024	7% 113	4% 62	1% 19	1,558
Eaten meat	2% 30	5% 73	76% 1,185	7% 108	3% 53	7% 112	1,561

The table above shows that for most eating habits, the percentages of people changing what they do under Covid-19 has been relatively small. The majority of respondents either said that the habit had stayed the same or that they hadn't done it in the last month. The most significant changes were:

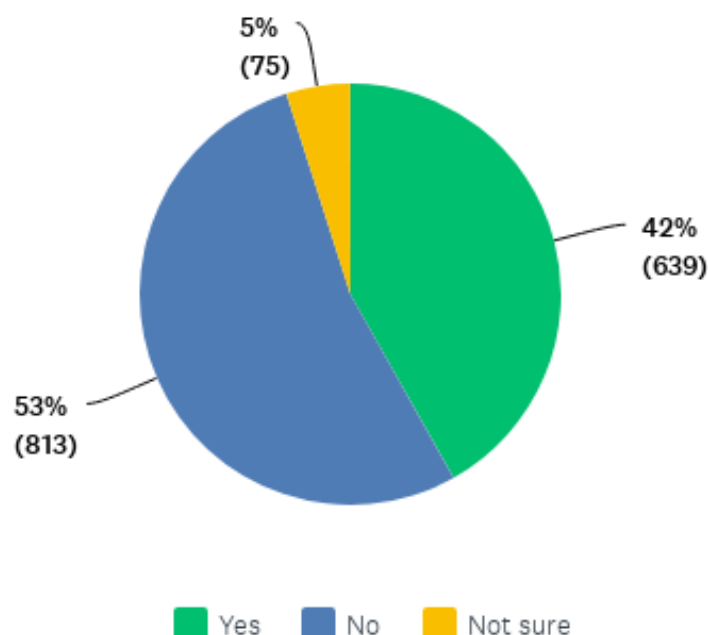
- People reported an increase in eating healthier meals (22% said they had done this a little or a lot more often)
- People reported an increase in cooking food from scratch (34% females compared to 31% males said they had done this a little or a lot more often)
- People reported an increase in eating different food due to reliance on others for supplies (10% said they had done this a little or a lot more often)

- Females were less likely overall than males to have eaten different food due to reliance on others for supplies; 58% of females reported they hadn't done this in the last month, compared to 48% of males.
- People reported an increase in how often they were snacking (49% females compared said they had done this little or a lot more often compared to 34% of males)
- People reported an increase in how often they bought food from a local shop (38% females said they had done this a little or a lot more often compared to 45% of males)
- People reported a decrease in how often they wasted or threw away food (22% said they had done this a little or a lot less often)
- There was a balance of responses in terms of changes in meat consumption (7% said they had done this a little or a lot more often and 10% said they had done this a little or a lot less often).
- There was a balance of responses in terms of how often people had eaten as a family (21% said they had done this a little or a lot more often and 20% said they had done this a little or a lot less often).

There were no significant differences in responses to this question from people of different age groups.

### Healthy lifestyle and changes you would like to make

Q24. Has lockdown affected your lifestyle in any other way, positively or negatively, e.g. smoking habits, or alcohol consumption?



A lot of the respondents who answered ‘No’ to this question commented that they hadn’t drunk alcohol or smoked before lockdown, and so there was no change.

Of the respondents who answered ‘Yes’ or ‘Not sure’, 619 left comments to explain their answer. The majority (83%) of these comments indicated a negative effect on lifestyle, with the remaining 103 (17%) saying that lockdown had a positive effect on their lifestyle.

Negative impacts on lifestyle (by gender)					
Impact	Total	Female	Male	Non-binary/ Other	Prefer not to say
More alcohol consumed	264 (43%)	180 (42%)	83 (44%)	0	1
Social isolation	92 (15%)	67 (16%)	24 (13%)	0	1
Negative affect on mental health	64 (10%)	53 (13%)	10 (5%)	0	1
Less active	60 (10%)	38 (9%)	22 (12%)	0	0
Increased smoking	42 (7%)	30 (7%)	11 (6%)	0	1
Eating more	30 (5%)	27 (6%)	3 (2%)	0	0
Work/debt issues	22 (4%)	18 (4%)	4 (2%)	0	0
Other negatives	30 (5%)	22 (5%)	8 (4%)	0	0
Positive impacts on lifestyle (by gender)					
Less alcohol consumed	65 (11%)	33 (8%)	30 (16%)	1	1
More active	20 (3%)	13 (3%)	7 (4%)	0	0
Reduced or stopped smoking	9 (1%)	8 (2%)	1 (1%)	0	0
Other positives	14 (2%)	9 (2%)	4 (2%)	1	0
<b>Total responses</b>	<b>619</b>	<b>424</b>	<b>190</b>	<b>2</b>	<b>3</b>

The main negative impacts cited were increased alcohol consumption (43%), social isolation (15%), negative impact on mental health (10%) and becoming less active (10%).

Some cited not being in work or having to be at home more as reasons for an increase in alcohol consumption.

*“I’m on furlough so I can drink at 2pm with no consequences now or get drunk on a Tuesday and not worry about being hungover for work.”*

21 people commented that they had drunk alcohol more at the beginning of the lockdown but had since moderated this habit.

*“I definitely drank more alcohol during lockdown, as a mechanism to escape from the stress. My alcohol consumption probably double or tripled. Now I'm back in the office and my children are back at school and nursery I'm back to pre-lockdown consumption.”*

Others said that their drinking habits had changed; they drank more often but their overall consumption remained the same.

*“I think I'm probably drinking more regularly - but I don't think I'm drinking any more in quantity, as I rarely go out, so no long boozy nights.”*

There was also a significant number (10%) of responses reporting a reduction in alcohol consumption during lockdown.

The 22 people who cited work/debt issues talked about factors such as working from home, being on furlough, redundancy, or having to work longer hours as a key worker leading to a change in lifestyle..

There were no major differences between the responses of different genders. The table above shows:

- Women were slightly more likely to report social isolation than men (16% vs 13% respectively)
- Men were slightly more likely to report increased alcohol consumption than women (44% vs 42% respectively). Men were also twice as likely to report a reduction in alcohol consumption when compared to women (16% vs 8% respectively)
- Women were more likely to report negative impacts on their mental health than men (13% vs 5% respectively)
- Men were slightly more likely than women to report that they had become less active (12% vs 9% respectively)
- Women were more likely than men to report that they were eating more (6% vs 2% respectively)

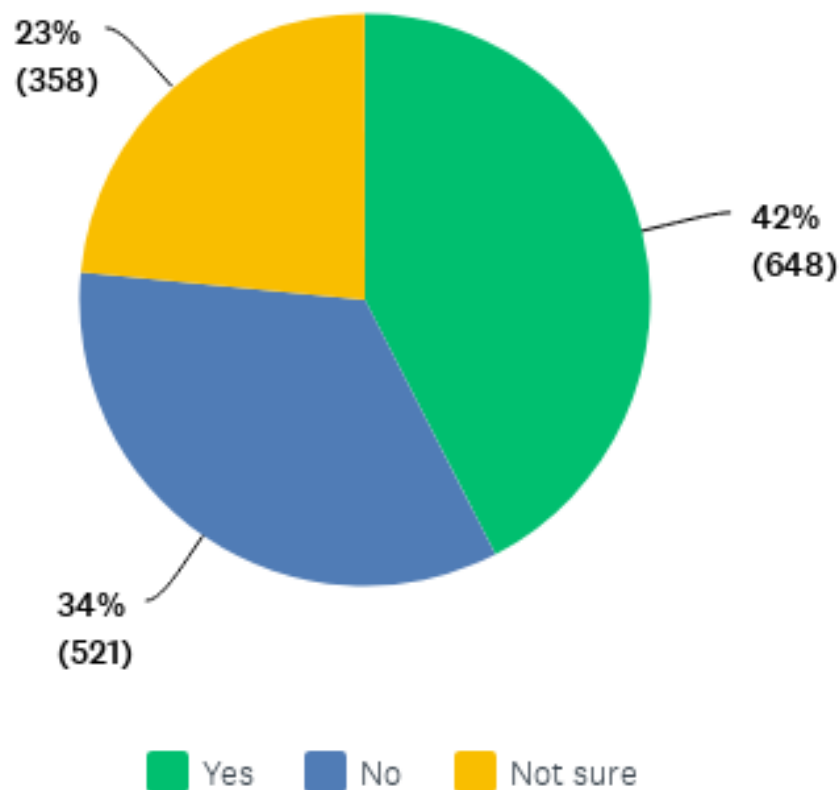
Negative impacts on lifestyle (by age)								
Impact	All ages	18-24	25-34	35-44	45-54	55-64	65-74	75+
More alcohol consumed	264 (43%)	10 (59%)	34 (49%)	58 (49%)	77 (49%)	58 (41%)	21 (23%)	6 (25%)
Social isolation	92 (15%)	1 (6%)	6 (9%)	6 (5%)	21 (13%)	22 (16%)	29 (32%)	7 (27%)
Negative affect on mental health	64 (10%)	4 (24%)	9 (13%)	16 (14%)	10 (6%)	13 (9%)	9 (10%)	3 (12%)
Less active	60 (10%)	1 (6%)	4 (6%)	11 (9%)	16 (10%)	13 (9%)	12 (13%)	2 (18%)
Increased smoking	42 (7%)	3 (18%)	12 (17%)	9 (8%)	8 (5%)	8 (6%)	1 (1%)	1 (4%)
Eating more	30 (5%)	2 (12%)	4 (6%)	8 (7%)	5 (3%)	6 (4%)	4 (4%)	1 (4%)
Work/debt issues	22 (4%)	0 (0%)	3 (4%)	6 (5%)	11 (7%)	2 (1%)	0 (0%)	0 (0%)
Other negatives	30 (5%)	2 (12%)	0 (0%)	4 (3%)	7 (4%)	6 (4%)	8 (9%)	3 (12%)
Positive impacts on lifestyle (by age)								
Less alcohol consumed	65 (11%)	1 (6%)	8 (11%)	12 (10%)	14 (9%)	17 (12%)	10 (11%)	2 (8%)
More active	20 (3%)	0 (0%)	4 (6%)	4 (3%)	3 (2%)	7 (5%)	2 (2%)	0 (0%)
Reduced or stopped smoking	9 (1%)	0 (0%)	1 (1%)	4 (3%)	2 (1%)	2 (1%)	0 (0%)	0 (0%)
Other positives	14 (2%)	1 (6%)	1 (1%)	4 (3%)	4 (3%)	2 (1%)	3 (3%)	0 (0%)
Total responses	619	17	70	118	156	141	91	26

The table above shows the data broken down by age group. Some of the key themes are:

- The 18-24 age group were the most likely to report an increase in alcohol consumption (59% responses). This decreased in older age groups. This age group were also the least likely to report drinking less (6% responses).
- The age group that most commonly reported reducing alcohol intake were respondents aged 55-64 (12%).
- People in the 65+ age groups were the most likely to report feelings of social isolation.
- Negative effects on mental health were most frequently reported in the 18-24 age group (24% responses).
- Younger age groups (18-34) were least likely to report becoming less active. This was more common in the responses from people aged 35+.
- Increase in smoking was most frequently reported by people aged 18-34. This became less common in older age groups.

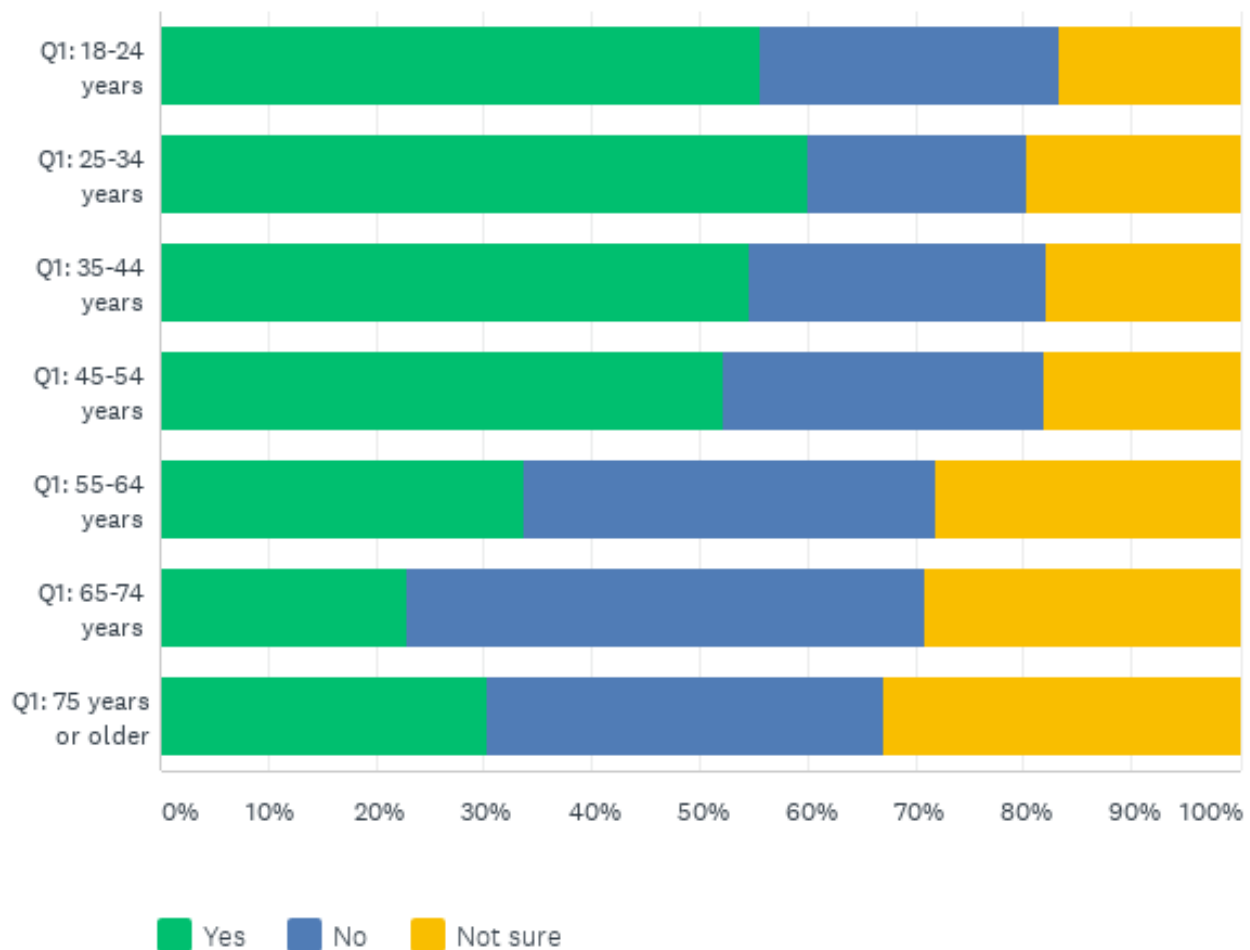
- People in the 35-44 age group were most likely to report a reduction in smoking (3% compared to average of 1%)
- 18-24 was the age group with the highest incidence of reporting that lockdown had made them eat more (12%, over twice as high as the average which was 5%)
- Work or debt issues were most frequently reported amongst the 45-54 age group (7% compared to average of 4%)

**Q25. Are there lifestyle changes you would like to make as the country faces a 'new normal' during Covid-19?**



Women were more likely than men to say that they would like to make lifestyle changes (45% vs 38%). Younger people were also more likely than older people to say that they wanted to make lifestyle changes.

**Q25. Are there lifestyle changes you would like to make as the country faces a 'new normal' during Covid-19? (by age)**



**Q26. What kind of support/activities in your area would help you with these changes?**

Although there was a total of 528 responses to this question, only 326 were relevant. The table below shows responses broken down into themes by age and gender.

What kind of support/activities in your area would help you with these changes? (by gender)					
Kind of support/activities	All genders	Female	Male	Non-binary/Other	Prefer not to say
Sports and leisure facilities	104 (32%)	60 (27%)	35 (35%)	1	0
Fitness groups and activities	95 (29%)	87 (38%)	16 (16%)	0	0
Travel and transport	53 (16%)	29 (13%)	22 (22%)	1	0
Weight management	33 (10%)	10 (10%)	23 (10%)	0	0
Support groups and networks	32 (10%)	28 (12%)	15 (15%)	0	0
GP access	13 (4%)	6 (3%)	7 (2%)	0	0
Other	44 (13%)	28 (12%)	15 (15%)	0	1
<b>Total responses</b>	<b>326</b>	<b>225</b>	<b>98</b>	<b>2</b>	<b>1</b>

What kind of support/activities in your area would help you with these changes? (by age)								
Kind of support/activities	All age groups	18-24	25-34	35-44	45-54	55-64	65-74	75+
Sports and leisure facilities	104 (32%)	4 (57%)	5 (14%)	29 (40%)	26 (30%)	19 (28%)	9 (22%)	3 (20%)
Fitness groups and activities	95 (29%)	2 (29%)	12 (33%)	26 (36%)	29 (33%)	22 (33%)	8 (20%)	5 (33%)
Travel and transport	53 (16%)	1 (14%)	6 (17%)	14 (19%)	15 (17%)	6 (9%)	8 (20%)	3 (20%)
Weight management	33 (10%)	1 (14%)	2 (6%)	4 (6%)	13 (15%)	11 (16%)	2 (5%)	0 (0%)
Support groups and networks	32 (10%)	0 (0%)	7 (19%)	8 (11%)	8 (9%)	4 (6%)	4 (10%)	1 (7%)
GP access	13 (4%)	0 (0%)	2 (6%)	1 (1%)	2 (2%)	3 (4%)	4 (10%)	1 (7%)
Other	44 (13%)	0 (0%)	9 (25%)	4 (6%)	10 (11%)	8 (12%)	8 (20%)	4 (26%)
<b>Total responses</b>	<b>326</b>	<b>7</b>	<b>36</b>	<b>72</b>	<b>87</b>	<b>67</b>	<b>41</b>	<b>15</b>

## Sports and leisure facilities

People wanted these facilities to remain open, have improved access, longer opening times and more affordable prices. Some people mentioned the need to specifically improve leisure centres at Garforth, Kippax and Rothwell and others said it would be good to have a swimming pool in Garforth.

*“Re-open the gym, think about upgrading Garforth more people are working from home, so we are more local. People aren’t going to facilities near their work anymore.”*

People talked about wanting to have increased confidence that leisure facilities were safe to use when they were open.

*“Increase online contact from Leeds Leisure, even though Garforth Leisure is now open I don't feel comfortable going back especially with their statement regarding the cleaning of equipment statement: ‘Bear in mind that we are not able to clean or inspect equipment and facilities after each use’”*

Some people mentioned they would like to see more outdoor fitness equipment in communal outdoor spaces.

There was a higher percentage of males (35%) who reported that leisure facilities were something that would help them, when compared with the same responses from females (27%).

### **Fitness groups and activities**

This issue was much more prevalent amongst female respondents (38%) compared to male respondents (16%). Younger respondents were also more likely to raise it as an issue, with the 18-24 age group being most likely to make suggestions as to how it could improve. As well as availability of more groups and activities, another important factor was accessibility. For example, more groups for beginners, older or disabled people and those with health conditions, as well as family friendly sessions.

*“The national involvement in the Joe Wicks campaign was really good. It kept kids happy and exercised, and their parents joined in and created a family moment. Parents in school yards were taking about and it encourages the whole family. Could we do a local thing?”*

*“Next month I will be embarking on a six week COPD rehab course via Zoom... I am hoping this will help me understand what types of activities I should be undertaking. Help from GPs with personalised fitness workouts would be beneficial. Although I know there are many good exercise programmes on the NHS website, it's difficult to know your limitations if you have a chronic health condition.”*

People mentioned activities such as seated exercise classes, walking groups for slow walkers, and swimming sessions for disabled people at the local

leisure centre. People mentioned that having a local group to attend that suited people's ability level would help with motivation.

*“Walking groups, outdoor boot camps for non-fit people etc. Park walks rather than park run to suit all ages and abilities - less competition and more encouragement!!!!”*

## Travel and transport

The predominant theme was that people wanted safer cycling and walking routes; more and better maintained footpaths, and more segregated cycle paths.

*“While I can drive to lovely open spaces, the option to walk or cycle there doesn't feel safe, as there are no cycle paths and footpaths are very narrow or not continuous, so it requires me walking on a busy road which is national speed limit.”*

Better street and cycle path lighting were also mentioned as something that would help, particularly in places such as the canal paths.

*“I use the upgraded cycle path on the canal from Woodlesford to Leeds a lot when light, but as it's getting darker, I don't feel safe cycling along this route due to poor lighting.”*

A frequent suggestion was having better cycle routes into the city centre.

*“A better cycle route into Leeds... I work in Leeds and I'm not getting the train because it's not safe. It's bad for the environment to drive but it's also not safe to cycle on the roads, and the cycle path into Leeds by the canal is broken up and you have to carry a bike up some steep stairs which stops me cycling in.”*

These issues were raised more by men (22%) than women (13%).

People also said they would like more wheelchair accessible paths, and routes with rest areas. Traffic calming measures such as lowering speed limits were suggested in places like Barwick in Elmet, where people said traffic was bad.

*“Car free times on Sundays. 11:00 to 16:00 so we can do safe bike rides as a family”*

Other suggestions included a cycle loan scheme, cycle groups and maps showing local walks and cycle routes available online.

A few people mentioned the need for improved public transport in order to help them access leisure facilities and activities.

*“No activities in the village I could join at the moment and bus service is two hourly”*

### Weight management

*“Slimming World is too expensive”*

People wanted free or low-cost, accessible support to lose weight, for example by phone or online and available outside work hours. Some people also suggested free exercise classes or personal training for people who were overweight.

### Support groups and networks

People mentioned the need for more local support for mental health, new parents and older people. This issue was most commonly cited by respondents in the 25-34 age group.

*“A chance to meet new people? I don’t know anyone in Leeds. I feel really secluded now I cannot see my family and I live alone”*

*“Would like some socially distanced toddler activities to be available for support and socialisation - it can feel very lonely with two small children.”*

*“Maybe people contacting each other just a little chat sometimes makes all the difference. Maybe people who have lost someone and like me can’t get closure maybe share their experiences.”*

### GP Access

People spoke about wanting improved access to their GP. The main concerns were difficulties getting an appointment and wanting face to face consultations rather than just over the phone.

*“E-Consult is a nightmare and telephone consultations with a faceless GP you cannot see, or you’ve never met is just not working. Call 111 and you are told to ring your GP. Ring your GP and you are lucky if your call is answered within 1 hour. If you do get to speak with a receptionist, you could still be waiting days for a GP to call you. Our local medical centre is impossible to get into without the COVID-19 ‘Spanish Inquisition’ and when I have managed to get in, the most senior medical professional I have been able to see is a Health Care Assistant. Where*

*are all the doctors? ...COVID-19 is not the only ailment affecting the public.”*

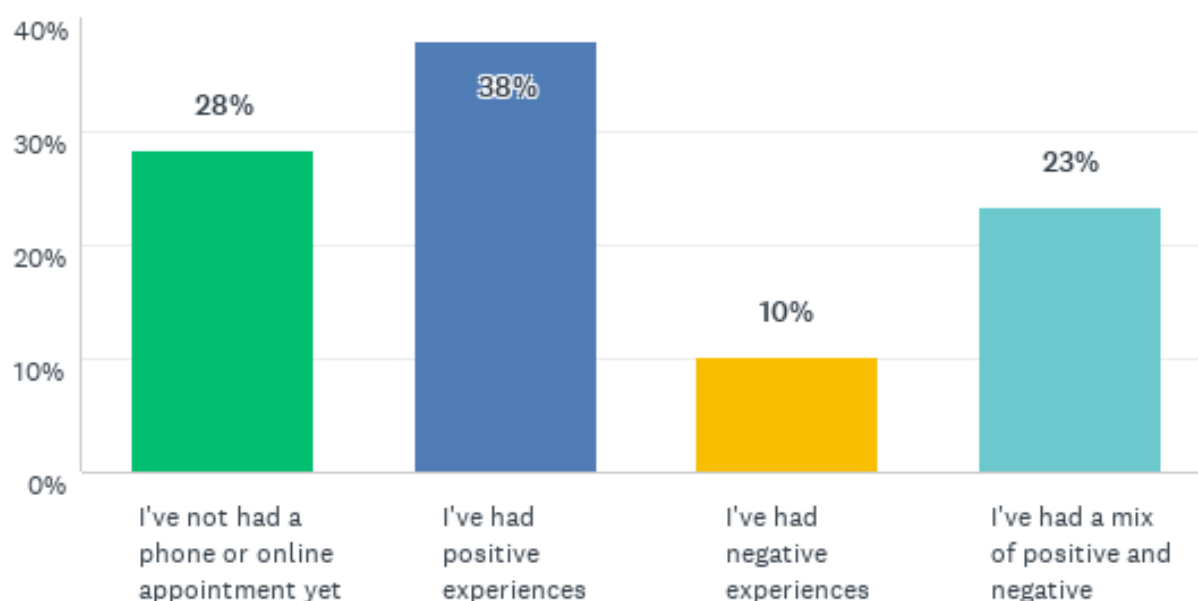
## Other

Some of the other types of support and activities suggested were:

- Local support for people recovering from Covid-19
- Clearer information about what’s available and help to find what’s out there (one suggestion was “more advice from local people on places to go and workout or walks that can be done alone.”)
- Public toilet facilities so make it easier to be out and about and therefore active outdoors

## Accessing Services Digitally

**Q27. How are you finding having health and care appointments by phone or online?**



1,505 people responded to this question. Out Of those who had phone or online appointments, more respondents reported their experience to have been positive compared to negative. For 352 (23%) of respondents, the experience was mixed.

It is important at this point to recognise that this survey was mainly completed online, and therefore it is highly likely that the vast majority of respondents will have had a certain degree of digital literacy. This means

that the data is unlikely to be representative of the LS25/LS26 population as a whole. An interesting example of this is that the highest 'positive experience' response rate came from the 75+ age group, with 52% reporting a positive experience compared to 38% across all age groups. We know that there was a low number of survey respondents from this age group (only 5%, see appendix 1), presumably only those who have some degree of digital skills and access to online platforms.

Respondents with positive experiences spoke highly of the efficiency and convenience of the service they received, saying it was easy and efficient to access. Some people who were still working, said it had been more convenient than having to visit in person because they didn't have to take time off work to go to their appointment.

*"GPs are able to respond faster Consultant phone appointments run to time and I have less travel time. Zoom helps for diagnosis."*

*"Very positive. Easy to access. Quick and efficient. The doctor knew the problem before I spoke to them making difficult conversations easier. Can fill in the form at a convenient time and not reliant upon finding an appointment around work. Only issue online not available for under 18s."*

There was recognition that although virtual consultations were good for minor ailments, face to face appointments were still needed for more serious health conditions and thorough examinations.

*"I found it much easier to have access to doctors when I really needed it, and advice has been quick, concise, and very useful. The thing I hate most is having an appointment for something that could be solved quickly over the phone or by online consultation. I imagine it's freed up a lot of appointments for people who desperately do need to see a doctor as well."*

*"When telephone triage was first introduced, I found this a great improvement. I preferred it to coming into surgery, it had barely any impact on my working day. My experience with online triage was more mixed. I found typing out symptoms really helpful. When I'm speaking directly to doctor/nurse, I tend to miss symptoms or minimise them. Filling in a form forced me to be factual and I could read it back to check for things I missed. However, it did complicate things. My migraine symptoms flagged up as needing urgent attention - after calling 111 it was established urgent care wasn't required and I should*

*speak to my GP as soon as possible. This meant going back through the form, but it wouldn't let me proceed because my symptoms flagged up as needing urgent care."*

The main concern of those reporting a negative experience was difficulty in getting an appointment, which people said was even more difficult than pre-Covid-19. The following were the most commonly raised issues:

- Difficulties getting through on the phone to book an appointment - phone lines engaged, or excessive time being held in a queue
- Unable to call at 8am when appointments released
- Long waits for appointments or no appointments available
- Not enough out of hours appointments, making it difficult for people in full-time work (especially key workers)

*"I have had two reminders that I am due a cervical screening but can never get through on the phone. I do not have any others means of contacting the surgery."*

*"It is very difficult to get an appointment for full time key workers. The health and well-being of full-time key workers does not appear to be a priority with no appointments available after the normal working day e.g. late evening appointments or weekend appointments."*

Another key concern was around whether a virtual consultation provided enough opportunity for medical professionals to give a thorough enough examination and effective diagnosis. Some people said they were worried that the doctor couldn't effectively examine them by just looking at a photo or video. Some people also said they found it hard to explain and describe all their symptoms over the phone.

*"Given medication without been looked at."*

Particular concerns were raised around the effectiveness of virtual consultations for babies (including developmental check-ups) and physiotherapy appointments.

*"Routine GP appointments have been okay. However, things like my daughters 27 month review have to be completed over telephone which I don't feel is a good way to assess a 2 year old's development and could result in children with additional needs, and parents who need support not having their needs identified."*

*“Physio appointment was over the phone which was not particularly helpful as there couldn’t be any proper assessment unfortunately.”*

In some cases, people said that their issues had not been picked up properly by a phone or video consultation, resulting in their condition worsening, and in some cases hospitalisation.

*“One consultation with an out of hours doctor when I was diagnosed with a UTI was actually bladder retention and I ended up in A&E the following day. A physical examination would have seen this immediately.”*

There were some comments from people with long term conditions, disabilities (including mental health or learning disabilities) and hearing impairments, who said they found telephone or online consultations difficult or that this form of support service didn’t meet their needs.

*“When you have a learning disability you do not always understand what people are asking you and it can be difficult and people are not always patient or understanding.”*

*“Almost impossible for older people without mobile phones or computers to access health care. Land line is difficult especially for those with impaired hearing. These people have been abandoned.”*

*“I do not cope well when speaking on the phone so a lot of my appointments have had to be put on hold till face-to-face appointments can continue.”*

Others just said they generally found it harder to explain things or open up about their health concerns over the phone.

Several of the comments showed people’s underlying frustrations around GPs not offering face to face appointments for physical examinations or complex health issues.

*“Don’t understand why I cannot be SEEN by a doctor. I have heart issues, sciatica and arthritis and telephone appointments do not satisfy my needs.”*

Other negatives included difficulties around communication (eg. having to wait around for a call back) and barriers faced by those without online access or knowledge.

*“I’ve had telephone appointments with the doctors. The only downside is that they are unable to give an approximate time for the call, so you feel like you’re hanging around for a call.”*

*“Difficulties communicating online as I am not very good with technology. I have been trying to send an email but can’t seem to find out how.”*

## **Q28. How do you feel about services continuing to be telephone or digitally based, rather than face to face?**

There were 1505 responses to this question.

- 781 (52%) said they would prefer a mixture of face to face and digital/phone services.
- 394 (26%) selected that they would prefer to return to face-to-face appointments as soon as possible
- 327 (22%) stated that they were happy continuing with phone and digital services
- Only 3 respondents (less than 1%) said they didn’t have access to a phone or computer but would be willing to learn

The biggest identified theme was that people felt face-to-face appointments were still necessary. This was followed by lack of digital access (e.g. lack of devices, Wi-Fi or skills) and the strong view that people should be able to choose the type of appointment, depending on their needs and reason for seeking help.

*“I think digital contact has its place, but that should be supplemented by an accessible face to face service rather than a facility that is only available after considerable hurdles have been crossed. The latest is don’t come to our intercom unless you’ve phoned first. The phone service leaves a lot to be desired as it can take ages to get through.”*

*“Feel it’s better face to face especially if you have pains which the doctor can’t see. I’m not very technically minded. If telephone calls have to continue that’s ok but I would prefer face to face. We don’t all have these smart phones!”*

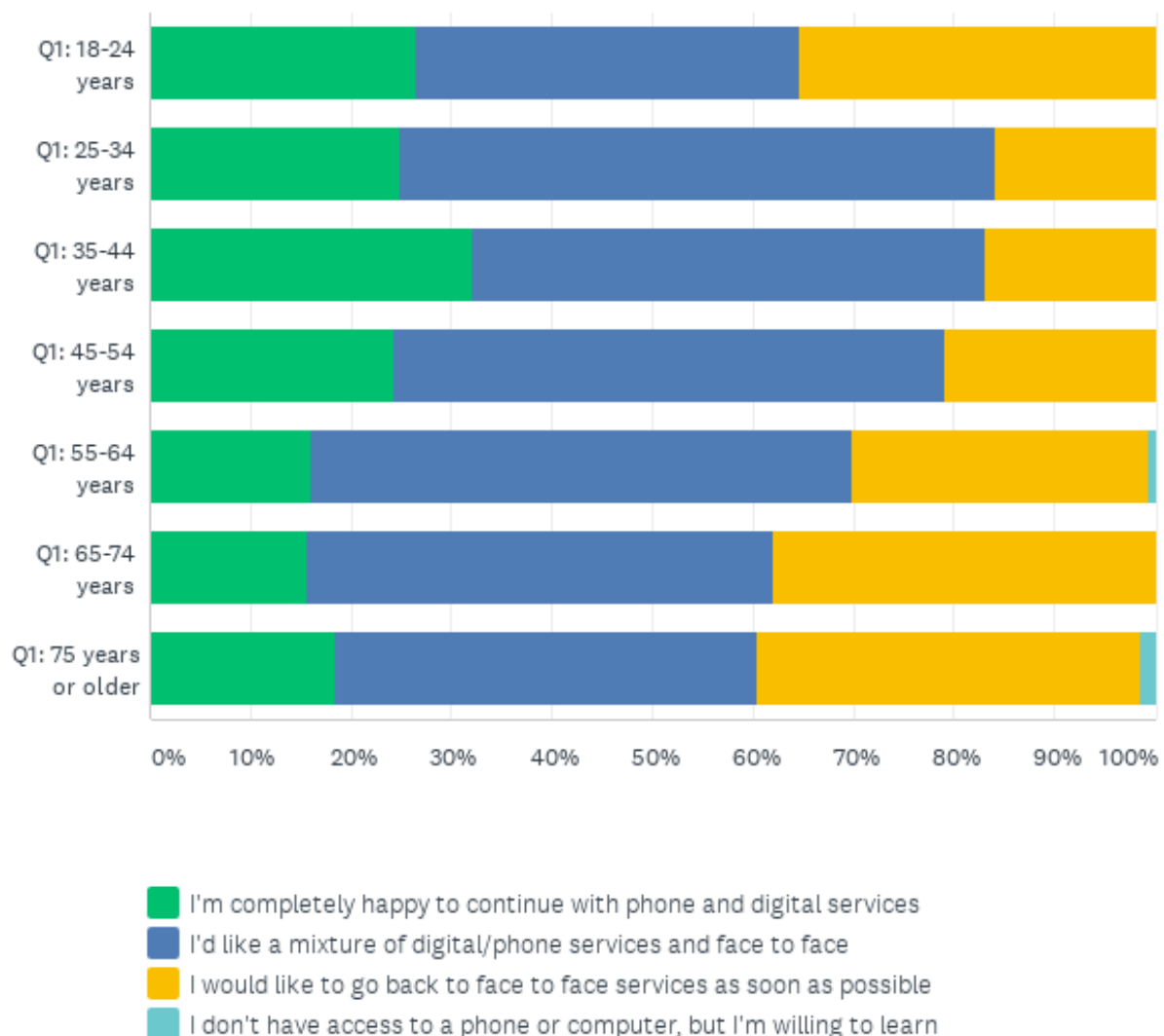
Other comments indicated that:

- Digital/phone appointments could feel more impersonal

- Concerns around confidentiality - not wanting to talk to the receptionist about personal health issues, or not always being in an appropriate place to talk when the doctor calls (e.g. lack of privacy in the workplace)

*“I think face to face contact in the main is much more beneficial and effective. There's definitely scope for doing certain things via technology but I worry about losing the human aspect to health care”*

Q28. How do you feel about services continuing to be telephone or digitally based, rather than face to face? (by age)



The age category that appears most keen to return to face to face appointments were those aged 75 and older. This decreased with age. Somewhat surprisingly, the 18-24 age group also had a higher rate of

respondents wanting to return to face to face, although the sample size was fairly small (34 respondents).

The age group most happy to continue with phone and digital services were the 35-44 years category. The age group that were most keen for there to be a mixture was the 25-34 years age category.

There was no clear difference in answers to this question between different genders.

Several people said they would be happy to continue with digital/phone appointments but there was a need for improvements to the system such as:

- System for booking appointments needs to be improved as the current system and staff levels are not able to meet current call volumes
- Video calls need to be offered as well as the phone option so that health professionals can see the patient during the consultation (it is apparent from responses that some surgeries in the area were not making this offer at the time of the survey)
- Make the software for sending pictures to the surgery more user friendly
- Make sure that the extensive information requested on the e-consult form is passed onto the GP regardless of outcome.

*“I think a few improvements would help. It needs to be more predictable when the practitioner will call, numbers they will call from should be communicated in advance, there needs to be clear guidance for what will happen if a call is dropped accidentally or you don’t quite make it to the phone.”*

## Our Suggestions

- Explore what extra support people need in order to be more positively motivated to adopt a healthier lifestyle to tackle obesity (e.g. use of health coaching).
- Look at ways of improving access to local sports and leisure facilities
- Look at introducing more local and accessible fitness activities and groups. Consideration should also be given to targeting activities at particular groups who may face additional barriers to participation

(e.g. beginners, older and disabled people or those with long-term health conditions, and also families)

- Consider initiatives to promote more cycling and walking, such as safer and better maintained cycling and walking routes.
- Look at local free or low-cost support to lose weight that is accessible virtually or by phone both during the day and outside office hours.
- More local support for mental health, new parents and older people.
- Better access to GP appointments and ensuring that going forward, people have a choice of face to face and digital/phone appointments.

### Local Care Partnership response

There is a wealth of information in this report about how people's attitudes and lifestyles in LS25 and LS26 have been impacted by the COVID-19 pandemic. It highlights some of the key issues and barriers faced by local people and provides clear suggestions for what residents feel are the greatest opportunities to improve wellbeing and reduce obesity. It's put the local voice at the centre of our decision making, and as such it is very timely, and will be invaluable to shaping the priorities, direction and future actions we can take as a local care partnership to improve the health and wellbeing of our local area. We will be working up an action plan in response to the report over the next few months.

If there are members of the public who completed the survey and would like to be involved with further work of the local care partnership, please let Healthwatch Leeds know so they can pass this on so that the right person to get in touch with you.

### Next Steps

This report will be shared with the LS25 & LS26 Local Care Partnership. We will ask them to report back to us any actions they propose to take in light of the findings of this report. We will also follow up with them in 12 months' time to find out any progress they have made.

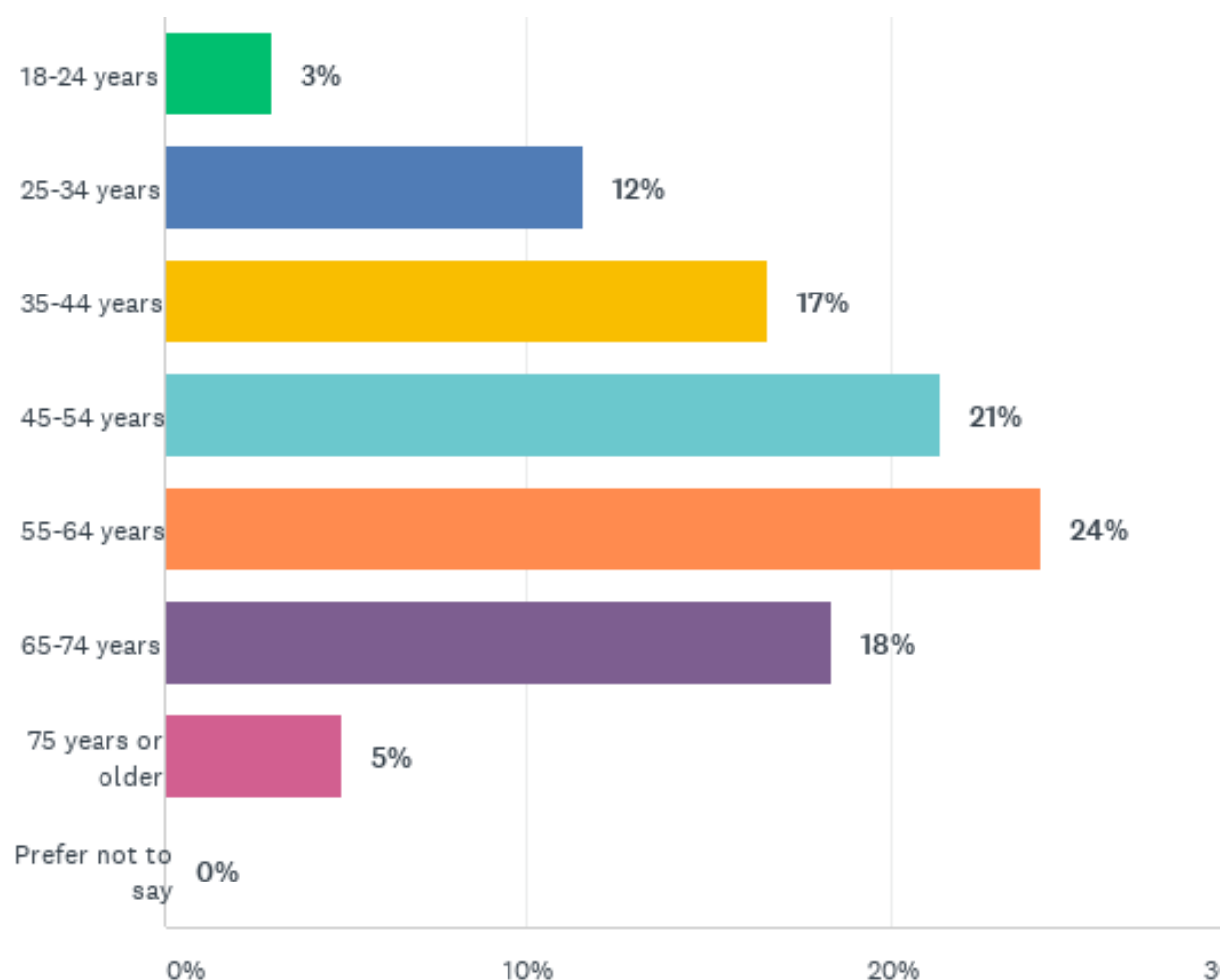
The report will also be published on the Healthwatch Leeds website.

## Thank you

This report has been written by Harriet Wright, Community Project Worker at Healthwatch Leeds in collaboration with our excellent volunteers Francis Poitier, Eve Gittins and Mike Shaw who helped with the data analysis. Thanks also to our volunteer Ellie Roberts who did a marvellous job proofreading the report.

## Appendix 1: Monitoring information

### Q1. What is your age bracket?



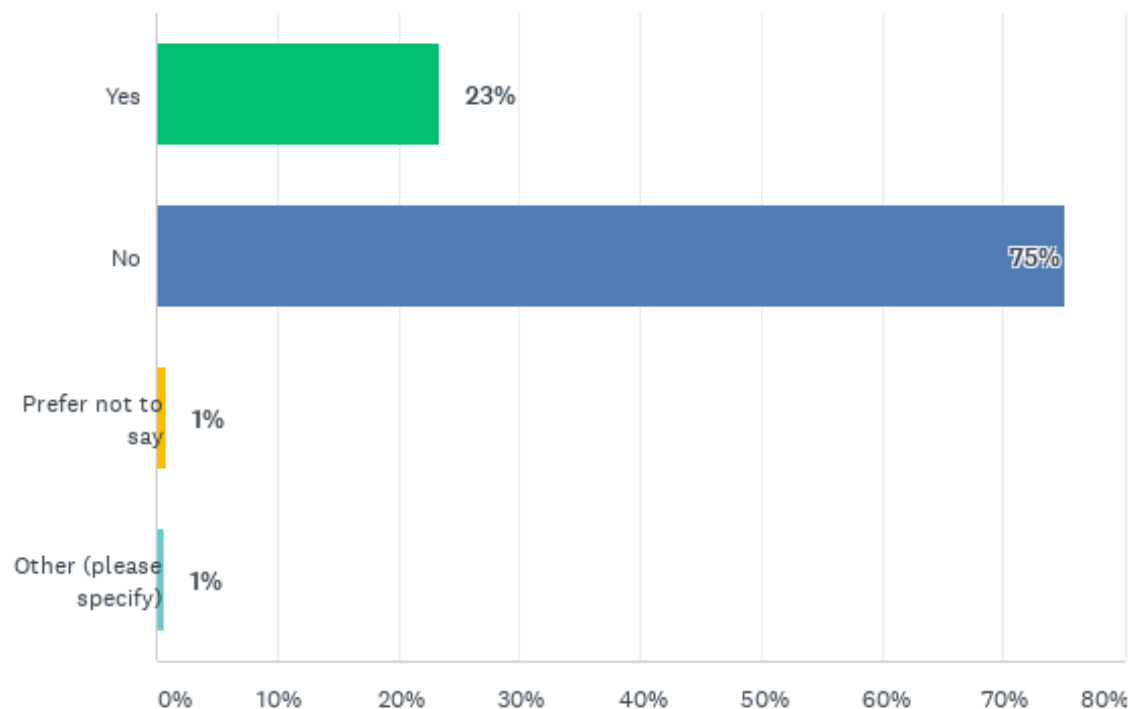
### Q2. Please describe your gender identity

ANSWER CHOICES	RESPONSES	
Male	32%	546
Female	67%	1,133
Non-Binary	0%	2
Prefer not to say	0%	7
Other (please state)	0%	5
TOTAL		1,693

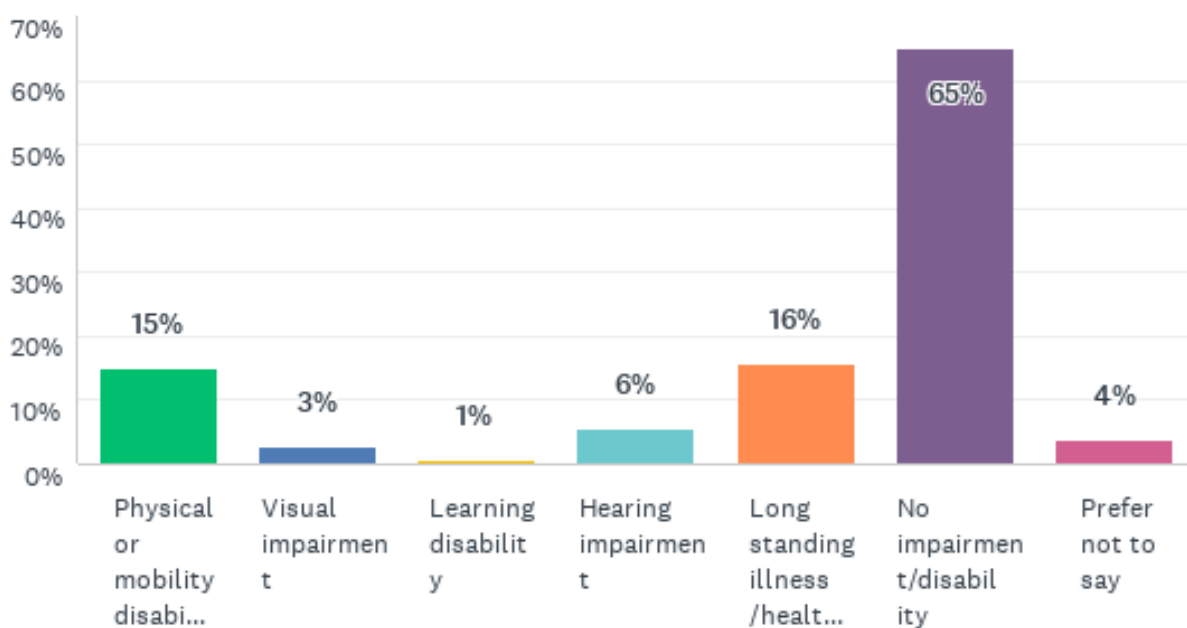
### Q3. What is your ethnic origin?

ANSWER CHOICES	RESPONSES	
Bangladeshi	0%	0
Indian	0%	4
Pakistani	0%	2
Kashmiri	0%	0
Other Asian or Asian British	0%	2
African	0%	4
Caribbean	0%	0
Other Black or Black British	0%	0
White British	95%	1,608
White Irish	1%	18
Other white	1%	16
Mixed heritage: White & Asian	0%	4
Mixed heritage: White & Black African	0%	2
Mixed heritage: White & Black Caribbean	0%	6
Mixed heritage: Other	0%	3
Chinese	0%	7
Gypsy /traveller	0%	1
Prefer not to say	1%	11
Other (please specify)	0%	5
<b>TOTAL</b>		<b>1,693</b>

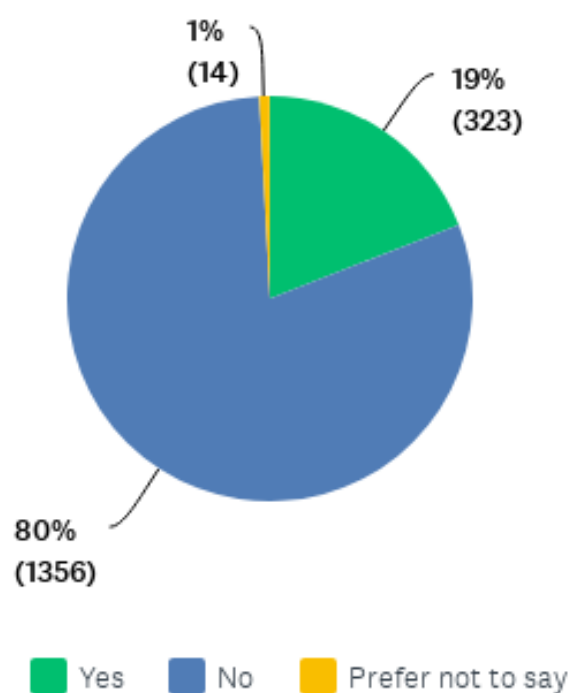
**Q4. Have your day to day activities been limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**



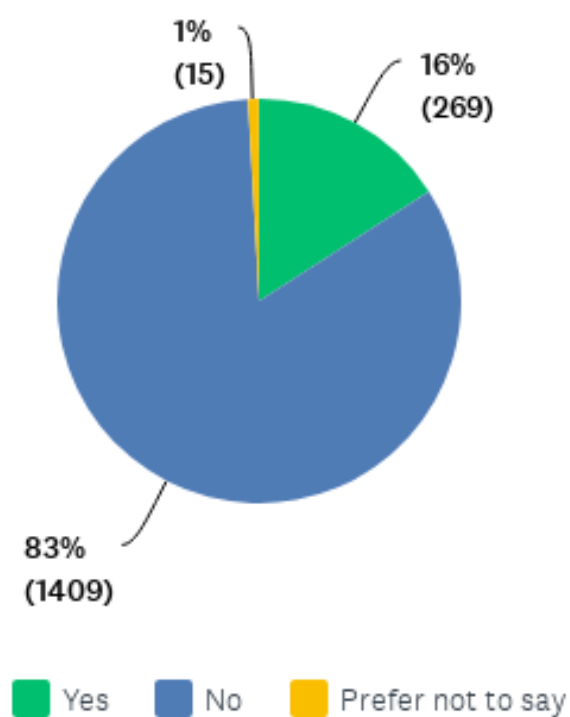
**Q5. Please indicate which of the following would best describe any impairments that you consider you may have. You may indicate more than one.**



**Q6. Have you or any of your household been identified as clinically vulnerable to Covid-19 and been previously asked to shield?**



**Q7. Have you ever shown any symptoms of Covid-19?**



## Q8. What is your postcode?

First part of postcode	Number of respondents
LS25	693 (41%)
LS26	710 (42%)
WF10	176 (10%)
LS15	52 (3%)
WF3	46 (3%)
Other	16 (1%)

## Q9. Can you tell us what you enjoy about living in this area?

ACCESS walking distance lived life Garforth enjoy town city centre motorway network  
 community feel Quiet friendly safe countryside walks local shops still  
 Nice area family live location friends Good community love  
 peaceful Everything Good transport close family village  
 close motorway living good access good schools access motorways  
 s quite open spaces nature reserve local travel people  
 area good shops neighbours Easy access quiet area  
 lots place live community plenty  
 countryside easy close surrounded Quiet  
 motorways good services area Low crime  
 amenities life walks Good amenities nice Nothing  
 friendly close city transport links nice people near etc  
 green spaces feel safe park Good local local amenities  
 access countryside facilities Proximity great feel friendly people  
 close countryside schools good neighbours also family friends work lovely area  
 Family friendly community community spirit outdoor spaces rural close Leeds  
 nearby small city convenient lovely places walk Semi rural country side

### Q9. Can you tell us what you enjoy about living in this area?

Theme	Number of responses
Outside space	454
Sense of community	383
Local amenities	335
Quiet/peaceful	254
Good motorway access	165
Public transport links	154
Friends or family live close by	142
Rural	100
Good schools	97
Feels safe	84
Close to both city and countryside	29
Clean environment	20
Easy commuting to Leeds	17

### Q29. How did you hear about this survey?

