COVID-19 AND YOU: IMPACT AND RECOVERY STUDY

A qualitative study of older adults' experiences living through COVID-19.

Rapid Report 2: Experiences of health and engagement with health services

Prof Louise McCabe, Dr Tamara Brown, Dr Cristina Douglas

Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith

Table of Contents

COVID-19 and You: Impact and Recovery Study

ACKNOWLEDGMENTS

COVID-19 and You: Impact and Recovery Study

EXECUTIVE SUMMARY

The COVID-19 pandemic significantly impacted all our daily lives. This rapid report describes the overarching themes arising from an in-depth qualitative study that explored the lived experience of the pandemic in adults aged over 50 living across Scotland. A co-production approach was undertaken to data collection and data analysis by a team of three academics and seven co-researchers. This rapid report is the second in a series of three reports detailing findings from the qualitative field work; this report focuses on findings relating to health and access to health services.

KEY THEMES

In terms of health, strong themes that emerged from the data concerned:

- Alternative ways of managing one's own health
- Attitudes around COVID-19 infection and getting the vaccine
- Appointments, particularly with GPs and dentists
- Mental health and wellbeing
- Hospitalisation due to COVID-19 infection or for other health issues.

MAIN FINDINGS

- There is variability in older adults' experiences of engaging with health care services
- Older adults discussed negative experiences of accessing health care services
- There is a concern about 'storing up' health problems for the future
- There is inequity in accessing and receiving NHS treatment
- Older adults spoke positively about looking after their own physical and mental health through improved nutrition and physical activity.

INTRODUCTION

During the COVID-19 pandemic, people's lives in Scotland changed significantly due to the impact of restrictions such as lockdowns and social distancing strategies that were introduced to restrict spread of the infection and to protect the NHS. These restrictions had repercussions on various aspects of our daily lives, and we wanted to explore how these changes were experienced by people aged 50 and over living in Scotland and how they responded both to the restrictions imposed and to their own understandings and knowledge of the pandemic.

Aims

This part of the COVID-19 Impact and Recovery study involved an in-depth qualitative exploration of older people's lived experience of the pandemic in order to develop a rich understanding of their pandemic related experiences, worries and behaviours.

METHODS

A co-production approach was adopted for the design of research tools, data collection and data analysis. The project team included seven people aged over 50 who worked on a volunteer basis alongside the three academic members of the team. The volunteer co-researchers were provided with training and support to develop the necessary skills to undertake data collection and analysis.

The project received approval from the General University Ethics Panel, University of Stirling, project ID 485.

Sample and recruitment

People aged over 50 living in Scotland were eligible. A one-page recruitment advertisement poster was posted on the study's website and social media (Twitter), the University of Stirling's website and placed on public libraries and supermarkets' boards. Participants were also recruited through snowballing using the co-researchers' professional and social networks.

A purposive sampling approach was adopted to recruit a diverse sample that includes experiences across age, gender, and locality as well as differing experiences of the pandemic including people who were shielding and unpaid carers.

Data collection and analysis

Data collection involved semi-structured individual or small group interviews. The interview topic guide (APPENDIX 1) was guided by the overall HAGIS project themes and included questions related to:

1. General feelings and thoughts about COVID-19 and related restrictions
2. Social connectedness
3. Health
4. Finance and work
5. Technology.

The interview schedule was developed in collaboration with the co-researchers who helped shape the specific topics as well as the wording of the questions to ensure these were engaging and easy for participants to understand.

Co-researchers also played a vital role in the recruitment of participants. The participants were asked whether they preferred to participate in an individual interview or a small group interview involving two or three participants. All participants gave informed consent and were given the option of written or verbal consent processes. The interviews were conducted online, using the platforms Microsoft Teams or Zoom, by telephone, or face-to-face subject to individual preference and COVID-19 regulations and restrictions. Thirty-six participants took part. We conducted individual interviews with 21 participants and 7 small group interviews with 15 participants (6x 2 participants and 1x 3 participants). For individual interviews, 13 were conducted online, 2 by telephone, and 6 face-to-face; all 6 small group interviews were conducted using MS Teams videoconference.

Interviews were carried out between October 2021 and April 2022. Twenty-five interviews were co-facilitated by one member of academic staff and one member of the co-researcher team, the remaining four were conducted by an academic researcher alone. The format for these data collection processes was relatively flexible, with the technical aspects (i.e., welcome and introduction, a brief presentation of the research, recording etc.) being covered by an academic researcher and the questions being asked by a co-researcher. For each interview and small group interview, the researchers met approximately 30 minutes prior to the participant joining to discuss how the interview and focus group should be conducted. The interviews took approximately an hour and small group interviews around

1.5 hours. After the interview concluded, the academic researcher conducted a debrief discussion with the co-researcher.

The data was transcribed using a University of Stirling approved transcription service and analysed in collaboration with the co-researchers using thematic analysis.[1] Open coding was initially undertaken to understand the breadth of issues covered in the interviews and to start to understand commonalities and differences across people's experiences. Deductive coding was then undertaken by academic and co-researchers supported by data processing utilising NVivo v.12.[2] The analysis progressed in a number of steps. Following the transcription of interviews all members of the research team read through a small number of transcripts and developed a set of themes and topics that had resonance in their sample. The group then shared written notes which were reviewed before the group met to construct the first set of themes. This coding framework was uploaded to NVivo and the academic team then coded all transcripts against this framework. Around halfway through this process the whole team met again to review the content of a sample of themes to help refine the coding framework. Coding then continued until all transcripts were coded. Inductive analysis of individual codes was then undertaken by different members of the team to develop the codes and findings presented below.

FINDINGS

Participant characteristics

We recruited 36 participants, 13 self-identified as male and 21 as female (2 did not report), aged between 50 years to over 80 years. The majority of participants self-identified as white British or White Scottish. Eleven participants lived alone. There was a good geographical spread although missing participation from people living in the North West of Scotland and a good mix of rural and urban. Just one participant explicitly identified as from a LGBTQ+ community. Sixteen participants self-reported good overall health, despite a few of these same participants also reporting other conditions including diabetes and asthma. Baseline characteristics of participants are described in Table 1.

Table 1. Baseline characteristics of interview/focus group participants (n=36)

Gender	Male	13	Geographical area	Aberdeen	4
	Female	21		Aberdeenshire	7
	NR	2		Borders	1
Age	50s	6		Dumfries and Galloway	2
	60s	17		Edinburgh	4
	70s	7		Fife	2
	80s	4		Glasgow	3
	NR	2		Inverness	1
Ethnicity	White Scottish	10		Kincardineshire	1
	White British	14		Lanarkshire	1
	White Irish	1		Moray	1
	British	1		Paisley	2
	Scottish	1		Perth	2
	White	3		Renfrewshire	1
	NR	6		South Ayrshire	1
				Stirling and Falkirk	2
Health conditions*	None/in general good health	16		NR	1
	Poor/average general health	2	Household composition	Lives alone	11
	Osteoarthritis	2		with spouse	13
	Heart	5		with spouse and child	1
	Hip replacement	1		with another adult	3
	Diabetes	4		with adult child	1
	Asthma	5		with adult child with additional needs	1
	High blood pressure	3		with child/children	2
	Lupus	1		NR	4
	No spleen	1			
	Non Hodgkins Lymphoma	1			
	Mobility issues	1			
	Anxiety	1			

*some participants reported multiple health conditions

Overarching themes

Our thematic analysis of the whole qualitative dataset revealed eleven overarching themes, listed below. These themes emerged from a deductive approach using the key HAGIS themes as a guide as well as inductive analysis looking for new themes and topics that had resonance across the dataset.

1. Behaviours
2. Daily Living and other activities
3. Difficulties
4. Feelings
5. Finances
6. Health
7. New habits and routines
8. Perceptions
9. Social relations
10. Technology
11. Temporality

The findings from the qualitative analysis are reported across an interconnected set of three reports. These reports draw out more detail on the themes that had most resonance in the dataset (subjective experiences of older people, opportunities emerging from the pandemic) alongside those that have relevance to the wider HAGIS project (technology, health and social connectedness). Each report focuses on a group of themes, but it should be noted that these themes are interconnected and we would recommend you read all three reports to get a full understanding of our findings. The three reports cover:

- Feelings, losses and opportunities emerging from the pandemic (Rapid Report 1)
- **Experiences of health and engagement with health services (Rapid Report 2)**
- Technology and social connectedness (Rapid Report 3).

Each rapid report provides an overview of each topic illustrated with quotes. Quotes are accompanied by a code that identifies the participant and whether they took part in a group or individual interviews, for example, GI01R1 refers to the first respondent in the first group interview and II21 refers to the respondent in the 21st individual interview.

This rapid report focuses on experiences of health and engagement with health services by people over fifty living in Scotland during the pandemic and as we emerged from restrictions.

This report contributes to our understanding of two of the main research questions in the wider project:

- How and why did people choose new ICT-enabled social, health and economic activities?
- What are users' perceptions of the social, health and economic benefits of using ICTs, and of the likelihood of their sustained use of activities?

Health

In terms of health, strong themes that emerged from the data concerned:

- Alternative ways of managing one's own health
- Attitudes around COVID-19 infection and getting the vaccine
- Appointments, particularly with GPs and dentists
- Mental health and wellbeing
- Hospitalisation due to COVID-19 infection or for other health issues.

The most commonly discussed issues were medical appointments, COVID-19 infection, overall health, and mental health and wellbeing. A number of participants also discussed new ways of thinking about and managing their own health. A small number of participants spoke about experiences while shielding during the pandemic and reported facing stressful and difficult situations often made worse by the response of health services.

Making a GP **appointment** was very difficult, and participants voiced their frustrations. Participants clearly missed having face to face appointments.

> *But I think part of the frustration was not being able to see a GP. You know, I could speak to them on the phone but it wasn't the same. And I found that difficult.* (GI03R1)

> *The receptionist would listen to what you've got to say and then say, well the GP will phone you back. Which one is going to phone me back? Pot luck. You didn't get to talk to the one you normally see, which was a bit disappointing on one occasion, but that's how it was.* (GI01R2)

If people managed to get an appointment it was usually by phone or videocall and often involved sending in photos. There appeared to be variability between health services in terms of the mode of consultation, even within the same practice.

Funnily enough I could go to my GP surgery to see the nurse to have bloods done but I couldn't actually see my GP. (GI03R1)

Feelings about these different ways of talking with the health professionals were mixed and depended on the type and timing of the health issue.

If I wanted something from the doctor, then I managed to get a telephone appointment and get what we needed. So from that point of view, we were alright. (GI01R2)

And certainly, my sister who was very ill, her GP practice has been really wonderful. She didn't, because she was shielding, she didn't want to go in and they didn't want to see her, but she had plenty video conferences and things like that, so she was quite happy with all of that, in fact she was delighted that she didn't have to go in person and see them. (GI05R1)

I've just recently had an operation on my leg and next Tuesday I've to have my first physio appointment, and I can't quite work out how that's going to work on the phone. To me a physio…I don't even understand why it's not being done on a Zoom like this. (GI01R1)

The most difficulty appeared to occur at this initial stage of making an appointment and any follow-up for the issue went more smoothly.

He (son) did develop bizarrely a growth in his armpit during lockdown, which we'd never seen before, didn't know what it was, all of that stuff, so trying to get a GP appointment was very, very difficult. So eventually we managed to convince someone that he needed to be seen, and someone eventually gave us a call back, and then we were asked to send a photograph of this growth, which I did. So once the process had started, it was okay, but getting that initial contact was really difficult. (GI07R1)

As well as not being able to get a GP appointment; some older adults did not want to take up the GP's time in response to messages being shared through the media and so put off making an appointment.

It took me almost a year to ask her to reduce my migraine medication, because I heard on the media so much that…how busy they are, how busy they are, so I

thought I will just have to continue on the medication even though I felt very nauseous all the time, I had side effects. But…anyway. I persisted and then I thought, no I have to. So I plucked up enough courage and phoned. And now I'm – with her help – reducing the medication. (GI01R3)

Participants voiced being grateful for not needing to access the GPs as well as concern that it was GP practices telling people not to attend.

Our GP was obviously under a lot of strain, the GP practice, which is quite a big one in (town). But we were getting texts in saying, you know, don't come up to the surgery and we don't accept harassment. And some of the texts were getting quite…personal. (GI08R2)

Seventeen participants spoke about difficulties accessing the **dentist**. The difficulties encountered were for routine appointments which were cancelled and more urgent things like fillings that were seen but with delay. Many interviewees went privately for their dental care when they were not able to access care from the NHS.

The dentists, I've not been able to get treatment and I know I need treatment. They won't even treat me privately: I've tried and they said it will probably be six months or more. (GI03R1)

I phoned in September and managed to get a dentist appointment in December, and I went on Monday and I wanted to hug my dentist. I was… So yeah, I was eventually able to see her 20 months after. So that was amazing. Although I had to wait three months for an appointment. But it doesn't matter, I was so pleased. (II06)

I had to go private for that. They wouldn't fix it…Aye, I had to private. Because they couldn't…they wouldn't…the NHS weren't allowing drilling, you know, because of the…but he said he could do private and I wanted the tooth fixed so…yeah. But that's okay if you can afford it. I mean, there's a lot of people can't. (II13)

There was some suggestion that some dentists were encouraging their patients to go privately and in one case, even perhaps charging private rates without making this obvious upfront when making the appointment.

He (dentist) charged me private rates instead of the National Health rates…they said apparently they reckon that the government are not supporting them properly,

COVID-19 and You: Impact and Recovery Study

financially wise that is, so they're charging all their patients private costs, private charges. (II02)

There seemed to be large variability between NHS and private dental care and also between different NHS dental practices, both in terms of procedures carried out during restrictions and in terms of waiting times.

My wife and I, we go to different dentists, both in [place], I found I have been able to have an appointment…But my wife, the one my wife goes to…she still hasn't been…just for a check-up, I mean, it's not 'til I think next February or something. (GI07R2)

There was a concern that not having these routine dental check-ups and only receiving temporary treatment for more serious concerns as older adults, is 'storing up' problems.

Participants shared concerns about becoming infected with **COVID-19** themselves and concerns about family members who they felt were vulnerable due to their health conditions or risks faced at work.

I have been lucky because my middle son and his family all had it. They were lucky, you know, it wasn't bad but they all had it. So… But then I wasn't in their bubble at the time so… You know, if I had been, I hate to think… But no, I've stayed clear of it. (II07)

My husband, he worked in a care home so we think that's where we got it, but we're not sure. So the immediate reaction from my family was you are both retiring, you're going to be put in cotton wool and you're never leaving the house again. (GI03R2)

There were frustrations shared when participants were not able to care for family members with COVID-19.

My daughter has had COVID as well. I was very concerned for my daughter because she actually has a little heart monitor fitted and she's got vitamin B12 deficiency, so I was really quite worried about her…'cause I'm a mum and a family member, one of your kids, is not well, then the first thing you want to do is go and do what you can to help them. And I couldn't even go across and help with the kids, to take a bit of a burden off her and her husband. So that just felt really, really odd. Really strange. (II10)

Participants had experiences of being seriously ill in hospital themselves with COVID-19 and losing people within their immediate family and wider social networks to the disease.

> *Obviously we've all got experiences of people who might have passed away or somebody knows somebody that knows somebody. I used to play football with this guy a long time ago and apparently I think he had diabetes, I think he went to Blackpool for a few days, believe it or not, with his missus and he must have caught COVID and two weeks later he's away. You think, jeez, that could be me. You think, flip, you know.* (GI02R1)

One participant shared a distressing story of her father contracting COVID-19 during a hospital stay and dying as a result; she shares the added distress and frustration caused by poor communication with hospital staff.

> *And I got a 'phone the Thursday before he died on the Monday from some person, some physiotherapist, saying that he'd been assessed to come home…So eventually I spoke to a doctor. Well, actually I 'phoned up to speak to a guy I knew there and said, can I speak to the guy [name] there? He said, he's away on holiday for a week. Great. And I said who's second in command, can I speak to them? Eh no, they're not here. Can I speak to the third person in command? I don't know who that is.* (II19)

Many participants spoke about the COVID-19 **vaccines** in a positive manner, expressing their willingness to be vaccinated and the feelings of safety that being vaccinated brought. One participant who worked in health and care settings felt 'lucky' to be able to access vaccines earlier than the general public.

> *I feel safer 'cause we've had the vaccines. If we didn't have our vaccines, I think we'd be in rather sad place. But we've got the vaccines so we're there. So I feel safer because of the vaccines.* (II14)

Participants linked the concept of being vaccinated with milder symptoms from COVID-19, less severe waves of each variant and milder types of variants going forwards. Participants also acknowledged that people still needed to be careful and that protection from each dose of the vaccine did 'wane' and there was an overall keenness to receive all doses.

There were times when those living in more rural parts of Scotland faced difficulties accessing vaccines as they were told none were available in their area. There were varied

COVID-19 and You: Impact and Recovery Study

experiences of getting the vaccines; some participants faced long queues in the cold weather to receive their vaccines while others shared very positive and 'slick' experiences.

For those who were **shielding** their experiences with NHS services were often stressful. Participants report distressing conversations with their GPs regarding do no resuscitate orders and withholding of hospital care. Participants also report frequent letters and text messages with detailed information about their risk from COVID-19 that felt overwhelming.

> *But it was 4:30 or something that the doctor was meant to be ringing me. And he didn't ring me until quarter to six…And he just launched straight into this conversation about, if I get COVID I don't really want to go to hospital, do I, I don't want to be resuscitated, do I? You don't want an ambulance to come for you, you'd rather be left at home, wouldn't you? And I could hear him typing as he was talking to me, I could actually hear him clacking on the keys. And it was just such a coldblooded conversation.* (II24)

Another participant reports a more supportive conversation with her GP.

> *I'd been talking to my doctor and, oh, I was just letting rip because I was down and she said, would you like one of these, and it's a do not resuscitate. She didn't force me into it. She just asked me if I would like one.* (II26)

Participants also spoke experiences with **hospital** care during the pandemic. These experiences included waiting for planned procedures, time in hospital, visiting relatives and friends in hospital and follow-up care following discharge. The data we collected under the theme of hospital care is very difficult to read. Many people sharing the pain of either being in hospital without visitors or bring unable to visit relatives in hospital and the pain this separation brought.

> *I fell on the ice and I fractured my skull and had a bleed on the brain…Now, that was particularly scary because my husband couldn't come into hospital with me. A&E left me sitting for 40 minutes on my own before anybody looked at me. And then about three hours later they told me I'd fractured my skull and had a bleed on my brain and I was sitting there on my own. And that was particularly scary. And I, kind of, resented not being able to have him with me.* (GI03R1)

COVID-19 and You: Impact and Recovery Study

Relatives often struggled to get accurate information about their relatives while in hospital and one interviewee shares a very distressing account of her challenges finding out about her father's condition shortly before he died in hospital following a diagnosis of COVID-19.

> *And I said who's second in command, can I speak to them? Eh no, they're not here. Can I speak to the third person in command? I don't know who that is. Oh no, they were away home with COVID…I said, that's really good, thanks for that very much. Who's the fourth person in command? I've no idea, it's my first day here.* (II19)

For many the care they received once they got into hospital was good and much appreciated.

> *I would certainly support that because when I finally got into hospital on the two occasions during this year, once I got into hospital, they were fantastic and they were…The care they gave me was terrific.* (GI02R1)

As with dental treatment, some people chose to pay for treatment privately due to very lengthy waiting times for NHS treatment.

> *I found out the NHS waiting list was 18 months to five years. So I had to make the decision to go into my coffers and go privately.* (II01)

For others their frustrations related to poor communication following discharge from hospital.

> *Getting the input that he needed at home was very hard, so things like my mum having to kind of be hanging onto the phone for 40 minutes, 50 minutes, just to get someone to answer, so I picked up a lot of that from her, because she was becoming increasingly stressed about all of that stuff…It was difficult, and I won't lie.* (GI07R1)

> *Well there just seemed to be muddles everywhere in terms of, like, coming home, we were to let the GP know when I'd had the operation. My husband and my daughter actually made numerous calls to try and get that logged. And found it really, really difficult. They actually couldn't even get through to the GP…it was a case of they were always in a queuing system and they would always get so far and then be cut off.* (II10).

For many people the pandemic meant having the time and space to pay more attention to **looking after own health** in terms of physical and mental health, through diet and outdoor

activity (walking, cycling, gardening). The idea of time and space is linked to having a simpler life and slowing things down. There is a sense that as we return to normal lives this sense of having more time is fading. "But people are struggling to get back to work and trying to make their lives work again and they don't have the time the same." Int 24

Self-care was prominent and linked to the fact that GP surgeries were less accessible, so people had to take better care of themselves. Self-responsibility was not limited to physical health but to mental health as well.

> …the best approach here is really to take responsibility for your own mental health, isn't it. Not just your, kind of, physical health but your mental wellbeing. (II10).

> Once the children went back to school, they came down with everything obviously. And I dosed up on vitamin C and was fine. And I put that down to the fact that I spent time trying to rebuild and reset and re-centre myself, including from food aspect. But from an emotional and mental health point of view. So that's what I put it down to, to be honest. (II18)

Food, cooking and diets were an important part of health and wellbeing for participants and could both improve or have negative impacts on health and wellbeing. Healthier home-cooking was mentioned by some participants as a benefit to their health alongside making the most of what food was in the cupboards due to concerns about waste and reduced access to food shopping. For some the pandemic meant less takeaways but for others takeaways replaced eating out in restaurants. On the flip side there was discussion of weight increasing; eating due to boredom and being at home all the time meant there was the potential to eat at times during the day that weren't possible when in work. 'Spoiling ourselves', deserving a treat and comfort eating were also mentioned.

> I was still a little conscious of trying not to eat too much, there was always the temptation to eat maybe at a time of day when you wouldn't normally be eating. A bit bored so I'll go and have a bag of crisps or something, and I thought, oh, I'd better watch this a bit, but it wasn't too big a problem. (II21)

Exercise was also an important part of people taking responsibility for their own health and wellbeing. Walking and cycling were the most frequently mentioned form of exercise and there was a sense that peoples' activity levels increased, either because there was nothing else to do and/or as an excuse to meet up with friends. People exercised differently as

gyms and swimming pools were closed. Exercise was performed mostly outside and getting some fresh air and was linked with helping with mental health and meeting with others. Being outside in the fresh air and gardening was linked to maintaining good mental health.

I love my garden, I like my garden, that's my therapy, is doing stuff in the garden. So I was out, I managed to do stuff still in the garden and see that nature was still continuing. That was one aspect of life that was continuing and wasn't affected by COVID, thank goodness. So that grounded you again. (II1)

But to see nature was very health giving. (II22)

As well as the benefits of exercise for mental health, other activities to maintain good mental health included doing creative activities such as drawing, painting, writing, photography, woodwork. And talking with other people was very important to mental health.

You know the old saying, like the Irish call it craic, have a craic, and it's one of the best medicines going. (II23)

As discussed earlier, social contact was often facilitated through online videoconferencing and phone calls.

We were both, as I said, fortunate, because of our circumstances, and the fact that we had this sort of network of friends that were all willing to participate in this variety of online sessions was really helpful. And I would say from the point of view of maintaining that sort of mental health is doing something creative was really good. (GI07R2)

DISCUSSION AND CONCLUSION

There appears to be variability in older adults' experiences of engaging with health care services during the pandemic. Older adults discussed negative experiences of accessing health care services during the pandemic. There is a concern about 'storing up' health problems for the future. Some older adults chose to pay privately for health care but recognised that this is only an option for those who can afford it. Older adults expressed their willingness to be vaccinated and the feelings of safety that being vaccinated brought. There were varied experiences of getting the vaccines with people living in more rural parts of Scotland facing difficulties in getting vaccinated. Older adults spoke positively about looking after their own physical and mental health through improved eating patterns and increased outdoor activity and having the time and space to look after themselves.

Where we go next

Further exploration of the main themes captured in this rapid report will improve our understanding of older adults' experiences and guide policymakers and health care practitioners to help older adults in terms of their physical and mental health and wellbeing in this period of recovery.

An issue that emerged across a number of themes, was a link between perceptions and behaviours in response to government messages about staying at home and protecting the NHS. Further exploration is required around the potential relationship between the perceptions and behaviours of self-help and reduced engagement with health services.

It would be interesting to capture how older adults are still reacting to the experience of living through the pandemic, exploring the notion of 'social long covid' linked to findings reported in rapid report 1 about resilience and communities.

APPENDIX 1 INTERVIEW TOPIC GUIDE

General

- How do you feel when you think about COVID-19?
- Thinking back to summer 2020 – do you feel differently now compared to then? (safety, stress, anxiety, happy, sad etc.)
- What have you enjoyed (if anything) during the pandemic?
- Have you missed physical interaction – how has that impacted for you?

Social connectedness

- How did your family and social life change during the lockdowns? (probe for intergenerational activities)
- What have you been doing since the lockdowns have lifted? (same/different to pre-COVID)?
- What influences your decision making about when and where to go out and about? (probe for COVID fear)
- What influences your decisions about who to meet and where to meet them? (probe for COVID fear)
- In what ways has COVID affected your feelings about seeing friends and family?
- Was there anything that you couldn't do during the pandemic? (probe for whether they managed to stay in touch with the people from these activities or whether things came to a total stop)

Health

- How has your health been during the pandemic (physical and mental)?
- What new things, if any, did you do to look after your health during the pandemic? (Diet, exercise, supplements, self-medication etc.)
- Have you developed any new routines or habits since the start of the pandemic? (hand washing, carrying masks, antibacterial gel, going out at certain times, etc.) – and will they continue now that lockdowns are lifting?
- Did you have any direct experience of COVID-19 (Self or close friend/relative)? If yes, can you tell us about this?
- What contact have you had with health services during lockdown?
    - How did you access your normal health services during lockdown (doctor, dentist, health visitor, chiropodist, physiotherapist, counselling service, pharmacy etc)?

- How many regular or planned appointments did you miss or have cancelled? How did this affect you?
- What alternative arrangements, if any, did you make if your normal health service wasn't available?
- And since lockdowns have lifted?
- Have your feelings about attending health appointments changed and if so, in what way?
- Are there health appointments you are more or less likely to attend now? (prompt re cancer screening, vaccinations, hospital and/or GP appointments)

Finance and work

- During the Covid-19 pandemic were you in paid employment, voluntary work or retired?
- Has the pandemic affected the money coming into your home and if so, how has this affected you and your family? (furlough, redundancy, supporting others)
- How have your spending habits changed during the pandemic? Do you think these changes will continue post-pandemic?
- If working, has your way of working changed since the start of the pandemic and will those changes continue now lockdowns are lifting? (home vs office based work)
- If working, what are your feelings about attending an office/shared working space?

Technology

Questions are about everyday technology (computer, laptop, tablet computer, Alexa (or similar), smart phone, mobile phone, landline phone)

- What new ways have you been using technology during the pandemic? (probe for: staying socially connected/accessing health services/working - shopping, family chats, medical appointments, baking, learning, social events etc.)
- What activities do you think you will continue to undertake using technology now that lockdowns are lifting and why? (probe work/health/social)
- What have been the benefits to you of using technology?
- Is there anything that concerns you about using technology?

COVID-19 and You: Impact and Recovery Study

REFERENCES

1. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology 2006;3:77-101.

2. QSR International. NVivo 12, 2018. Available: https://www.qsrinternational. com/ nvivo/ enabling- research/ the- new- nvivo

COVID-19 and You: Impact and Recovery Study

Contact us

Healthy Ageing in Scotland (HAGIS)

University of Stirling

FK9 4LA

Stirling, Scotland

UNIVERSITY *of* STIRLING

UK RI Economic and Social Research Council

COVID-19 and You: Impact and Recovery Study