

# COVID-19 AND YOU: IMPACT AND RECOVERY STUDY

Health Service Engagement in Scotland During and After the Pandemic



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Healthy AGeing In Scotland (HAGIS) series of rapid reports present information, analysis and key policy recommendations on issues relating to health, social and economic engagement of older people living in Scotland. This and other reports are available from our website: [www.hagis.scot](http://www.hagis.scot). Readers are encouraged to quote or reproduce material from HAGIS for their own publications. As copyright holder, HAGIS requests due acknowledgement.

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## Executive Summary

This report describes engagement with health services of older adults living in Scotland during the pandemic and looking to the future.

A sample of older people (aged >50) responded to an invitation to take part in a survey on the impact of and recovery from Covid-19. Data were collected between October 2021 – January 2022 using electronic and postal self-complete interviews and telephone-assisted personal interviews. From a target sample of 15,674 older people, 3393 (41% men, 59% women) respondents completed the survey, of which 2,687 respondents completed the health module questions.

We asked people about their engagement with health services since the start of the pandemic. The sample was in general good health with half of the sample reporting that they contacted the health services the same amount during the pandemic as before. In general, the sample was mainly female, married, well-educated, retired, living in least deprived areas of Scotland, and self-identified as Scottish or British. The vast majority were double vaccinated against Covid-19 and had not shielded during the pandemic.

Forty percent of people experienced a delay or cancellation of their medical care; this was predominantly in dental and general practitioner services. Health service delay and cancellation was largely due to service provider issues; individual level concerns over Covid-19 were not indicated as a common reason.

The majority of older adults surveyed, did not have concerns regarding Covid-19 when engaging with health services. Worry about catching Covid-19 did not prevent older adults from attempting to engage with health services.



## Introduction

Global healthcare utilisation decreased by about a third during the pandemic, with considerable variation, and with greater reductions among people with less severe illness [1]. The COVID-19 pandemic had direct and devastating effects on health services in Scotland. The data collected as part of the COVID-19 wave of the HAGIS survey sheds light on how changes to the health services were experienced by older people living in Scotland.

### Aims

To explore engagement with and concerns for health services during and as we recover from the pandemic.

## Methods

### Sample and recruitment

The eligible participants were older people aged 50 and over living in Scotland. The recruitment was primarily targeted at the participants from two existing Scottish longitudinal studies - Healthy Ageing in Scotland (HAGIS) and Generation Scotland. Additionally, a predefined panel of 600 Scottish participants meeting the eligibility criteria was invited to participate. Data were collected remotely between October 2021 and January 2022. This was the period when most but not all public health restrictions were lifted in Scotland [2]; however, due to the rapid transmission of the new Omicron variant of the SARS-CoV-2 virus in December 2021, the restrictions on large gatherings and physical distancing in hospitality venues were re-introduced [3]. Multiple modes of remote data collection were used – electronic, telephone and postal interviews. Postal participants were additionally offered to take the survey online, referred to as 'nudge to web' mode (see Figure 1). More details on the participant recruitment to multiple modes of data collection are available in Appendix A.

The sample of 3,373 respondents were recruited from the HAGIS pilot study (n=225, 6.7%), the GS study (n=2,548, 75.5%), and a top-up panel of older Scottish adults (600, 17.8%). 2,671 (79.2%) respondents completed the survey online with 684 (20.3%) completing it via post and 18 (0.5%) via telephone. More details on the participant recruitment to multiple modes of data collection are available in Appendix A.

Figure 1. Sample

 2021-2022	OCTOBER–DECEMBER		DECEMBER–JANUARY	
				
<b>TARGET SAMPLE</b> n=15,674	HAGIS n=186 GS n=7,076	HAGIS n=190	HAGIS n=627 GS n=6,995	PANEL n=600
<b>ACHIEVED SAMPLE</b> n=3,696	HAGIS n=65 GS n=2,307	HAGIS n=18	HAGIS n=153* GS n=553*	PANEL n=600
<b>EFFECTIVE SAMPLE</b> n=3,373	HAGIS n=54 GS n=2,017	HAGIS n=18	HAGIS n=153 GS n=531	PANEL n=600

Note. \*Inclusive of 'nudge to web' participants

## Measures

### Socio-demographic

We asked respondents about their socio-demographic characteristics such as age, gender, marital status, education, and employment status. We also obtained postcodes in order to measure deprivation with the Scottish Index of Multiple Deprivation (SIMD).

### Health & Vaccination Status

We asked respondents the following questions about their general health:

- “In general, would you say your physical health is...” Response options were Excellent, Very good, Good, Fair, Poor, Don't know, or Prefer not to say.
- “What about your emotional or mental health? Is it...” Response options were Excellent, Very good, Good, Fair, Poor, Don't know, or Prefer not to say.
- “Do you agree or disagree that managing your own health has become more difficult during the COVID-19 pandemic?” Response options were Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, or Prefer not to say.

- “Do you have a physical or mental health condition or illness lasting or expecting to last 12 months or more?” Response options were Yes, No, Don’t know, Prefer not to say.
- “Does your condition or illness reduce your ability to carry out day to day activities?” Response options were Yes a lot, Yes a little, Not at all, Prefer not to say or Not applicable.
- “Do you have any health problems that you believe make you at increased risk of COVID-19?” Response options were Yes, No, Don’t know, Prefer not to say.
- “Has your GP or medical professional ever told you that you had any of the following health conditions: COVID-19, cancer, diabetes, dementia/Alzheimer’s disease, heart disease or stroke?” Response options were Yes, No, Prefer not to say.

We asked respondents about their health in relation to COVID-19 and vaccination status:

- “Have you received a COVID-19 vaccination?” Response options were Yes first dose, Yes both doses, No but I will be vaccinated when invited to attend, No I do not want to have the vaccine or Prefer not to say.
- “Were you 'shielding' during the pandemic?” Response options were Yes I am still shielding, Yes during lockdown, No, Don't know or Prefer not to say.
- “Have you, or any friends or family members that are close to you ever been diagnosed with COVID-19?” Respondents could select ‘Yes’ for themselves, a family member, a close friend, or prefer not to say who, or no-one. Response options were No, Yes or Prefer not to say.
- “If you have had COVID-19, did you have to go into hospital for treatment?” Response options were Yes, No, I did not have COVID-19, Prefer not to say or Not applicable.
- “Do you consider yourself to be at risk of getting COVID-19 in the future?” Response options were High risk, Medium risk, Low risk, Not at risk, Not sure, Don’t know or Prefer not to say.
- “Do you consider yourself to be at risk of becoming seriously unwell if you were to get COVID-19?” Response options were High risk, Medium risk, Low risk, Not at risk, Not sure, Don’t know or Prefer not to say.
- “If I caught COVID-19 I believe my chances of survival would be...” Response options were Excellent, Good, Fair, Poor, Very poor, Don't know or Prefer not to say.

### Engagement with Health Services

We measured health engagement by asking respondents about their contact with various health services and professionals, their experiences and feelings about accessing health services, and perceived barriers to accessing health services during the pandemic.

We asked respondents the following questions:

- “Since the start of the pandemic (March 2020), would you say you have contacted your GP (either by phone or video call, etc.) more or less than before the pandemic?” Response options were More, Just the same, Less or Prefer not to say.
- “Since the start of the pandemic (March 2020), was there any time when you needed medical (including dental) care, but it was delayed or cancelled?”. Response options were, Yes, No or Prefer not to say.
- “What type(s) of care or health services were delayed or cancelled: Major surgery (requiring a hospital stay of one or more nights)?” Respondents could select Major surgery, Public health or Community Nurse, Minor surgery as an outpatient or day case, Occupational therapy, seeing your General Practitioner, Physiotherapy services, Psychology/counselling services, Getting medications, Hearing services, Dental care, Respite services, Opticians, and ‘Other.’ Response options were No, Yes, Prefer not to say or Not applicable.
- “*Why was your care or health service appointment(s) delayed or cancelled....*” Respondents could select the following reasons: I could not afford it, I could not get an appointment, the clinic/hospital/doctor’s office cancelled, the clinic/hospital/doctor’s office rescheduled. I decided I could wait, I was afraid to go due to risk of COVID-19, I was afraid to go in general, I was embarrassed to go and ‘other’. Response options were No, Yes, Prefer not to say or Not applicable.

### Concerns about accessing Healthcare and NHS Services

We measured concerns about accessing health care and NHS services across time (and non-health settings), during the pandemic; in the three months ahead (following easing of restrictions); and in the year ahead. We also measured confidence in personal safety from catching COVID-19 across and variety of health and non-health settings..

We asked respondents the following questions:

- “*During the pandemic (from March 2020 until now), have you been worried about....*” Respondents could select from the following domains: social distancing, self-isolation, staying at home as much as possible, travel restrictions in your local area, wider travel restrictions, restrictions on who can work, home-based working, access to GP and NHS services, and school and nursery closures. Response options were Not at all worried, Slightly worried, Moderately worried, Very worried, Extremely worried or Prefer not to say.
- “*Now that restrictions are easing, do you have concerns for the year ahead about...*” Respondents could select from the following domains: your physical health, the physical health of others in your household, access to GP and NHS services for an existing health condition (not COVID-19), access to social care or other support services, access to medication, your mental well-being, t the mental well-being of others in your household, losing your job/not getting paid, getting a new job, household finances, not being able to pay

your mortgage or rent, your education, access to food, your relationship with your spouse/partner, your relationship with your child/children, your relationship with your friends or family members who do not live with you, and having life plans put on hold. Response options were Not at all worried, Slightly worried, Moderately worried, Very worried, Extremely worried or Prefer not to say.

- *“Now that restrictions are easing, do you have concerns for yourself in the three months ahead about...”* Respondents could select from the following domains: going back to life as it was before the pandemic, meeting up with friends and family (that you don't live with) in a family home, going for a drink in a bar, going for a meal in a café or restaurant, going to the cinema or theatre, going to an indoor sports/exercise class, going back to the workplace, : using public transport (e.g. bus, train, taxis), travelling abroad, physically going to a GP or hospital setting, going to outdoor events (e.g. football, concerts, etc.), going to the shops, going to large indoor events (e.g. conferences, festivals). Response options were Not at all worried, Slightly worried, Moderately worried, Very worried, Extremely worried or Prefer not to say.
- *“How confident are you that you would be safe from catching COVID-19 while attending ...”* Respondents could select from the following domains: an appointment at your GP surgery, a hospital appointment, a dental appointment, your local pharmacy, a supermarket, a crowded supermarket, a crowded shopping centre, a cinema, a church, an indoor class gym or swimming pool, a café or restaurant, a bar, an overnight stay in a hotel or B&B. Response options were Not at all worried, Slightly worried, Moderately worried, Very worried, Extremely worried or Prefer not to say.

## Analysis

Descriptive data for each of the questions asked is presented in the main text or in Tables and Figures to illustrate comparisons.

## Results

The results are based on a sample of 2,687 respondents who were asked health-based questions. We report unweighted data.

### Socio-demographic characteristics

Of the total health sample, 74% were aged 60 years and over: 25.6% were in age group 50-59, 41.5% in 60-69, 27.7% in 70-79 and 4.6% in 80+. The median age was 66 years, mean age was 65.5 (SD 8.4) years. There were more female respondents than male (58% versus 42% respectively). In response to a question on marital status, 72% indicated they were living with another person, mainly a spouse, and 26% were living alone.

In terms of education, 66% of respondents had received some form of further education. The majority were retired (59%) with one third of retirees (n=534/1,597, 33%) becoming such during the pandemic. A further 28% were paid employees. There was representation across all Local Authority areas, 23% of respondents lived in the least deprived areas compared to 6% who lived in the most deprived areas. In terms of ethnicity, 79% identified as Scottish and 17% as British.

## General health

The majority of respondents consider their physical and mental health to be good, very good or excellent, but 31% report that managing their own health during the pandemic has been more difficult.

Having a physical or mental health condition lasting or expected to last 12 months or more was reported by 36.8% of our sample, with 21.5% of them reporting that their condition affected their day-to-day activities 'a lot'. The majority of the sample had never been diagnosed with one of the six key conditions most affecting older adults which are covid-19, cancer, diabetes, dementia, heart disease, stroke (Table 1).

**Table 1 Has your GP or a medical professional ever told you that you had any of the following health conditions?**

Condition	Response n(%)		
	Yes	No	Prefer not to say
Covid-19	129 (4.8%)	2459 (91.5%)	99 (3.7%)
Cancer	309 (11.5%)	2279 (84.8%)	99 (3.7%)
Diabetes	223 (8.3%)	2365 (88.0%)	99 (3.7%)
Dementia	<10 (<1%)	2582 (96.1%)	99 (3.7%)
Heart Disease	223 (8.3%)	2365 (88.0%)	99 (3.7%)
Stroke	53 (2.0%)	2535 (94.3%)	99 (3.7%)

When respondents were asked if they had any health problems that they believed made them at increased risk of Covid-19, 68% said no.

## Covid-19

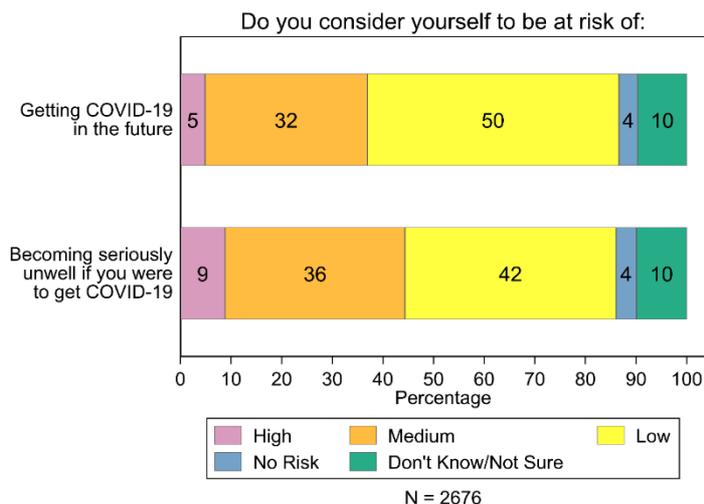
Ninety-eight percent of respondents reported that they had received two doses of the Covid-19 vaccination, and 1.3% (n=35) reported not having, nor wanting, to have the vaccine. 75% percent of respondents said they had not shielded during the pandemic and 2.6% (n=69) reported that they were still shielding (post lockdown). Only 8% of respondents reported having been diagnosed with Covid-19, of which 5% reported they had to go into hospital for treatment.

Of those who were willing to answer questions on perceptions of risk (n=2676), the majority (82%) considered themselves to be at low (50%) or medium risk (32%) of getting covid in the future. Only 4% were of the opinion that they were at no risk of getting covid-19.

With regard to becoming seriously unwell if they were to get covid, opinion was evenly split with 46% considering themselves to be at a low or no risk and 45% at a moderate to high risk (

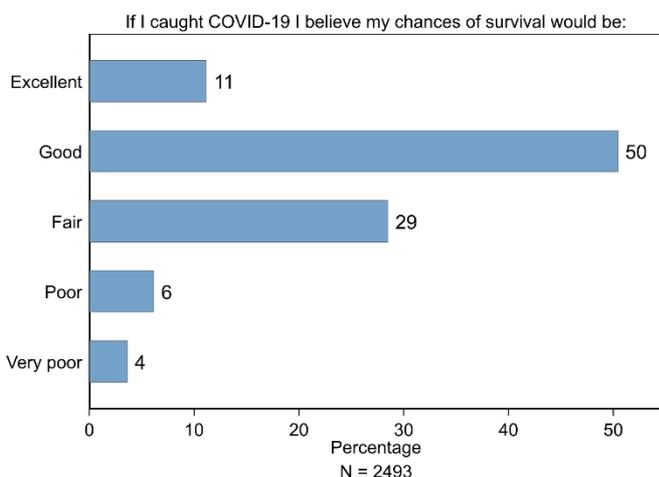
Figure 2). Of those who felt at high risk of getting Covid-19, 69% also believed they would be at a high risk of becoming seriously unwell if they contracted the virus.

**Figure 2 Perceived risk of getting COVID-19 and becoming unwell**



When asked what they thought their chances of survival would be if they caught Covid-19, 2493 respondents were able to give a definitive answer: 61% said 'good' or 'excellent' and only 10% said 'poor' or 'very poor' (Figure 3).

**Figure 3 Perceived chances of survival if COVID-19 is contracted**

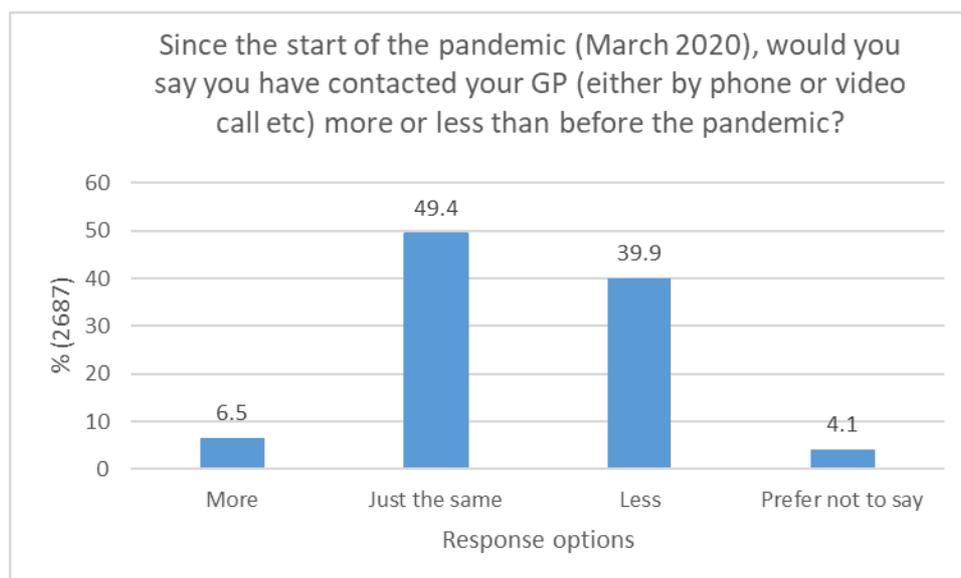


**Health service engagement**

Since the start of the pandemic in March 2020, 49.4% of people reported that they contacted their GP the same amount as before the pandemic and 39.9% reported contacting their GP less than before the pandemic (

Figure 4). Of those people with a long term physical or mental health condition, 44.3% have contacted their GP less often, 44.3% the same, and 11.1% more (with 0.3% preferring not to say).

**Figure 4 Frequency of GP contact**



#### Availability of Care and Health Services

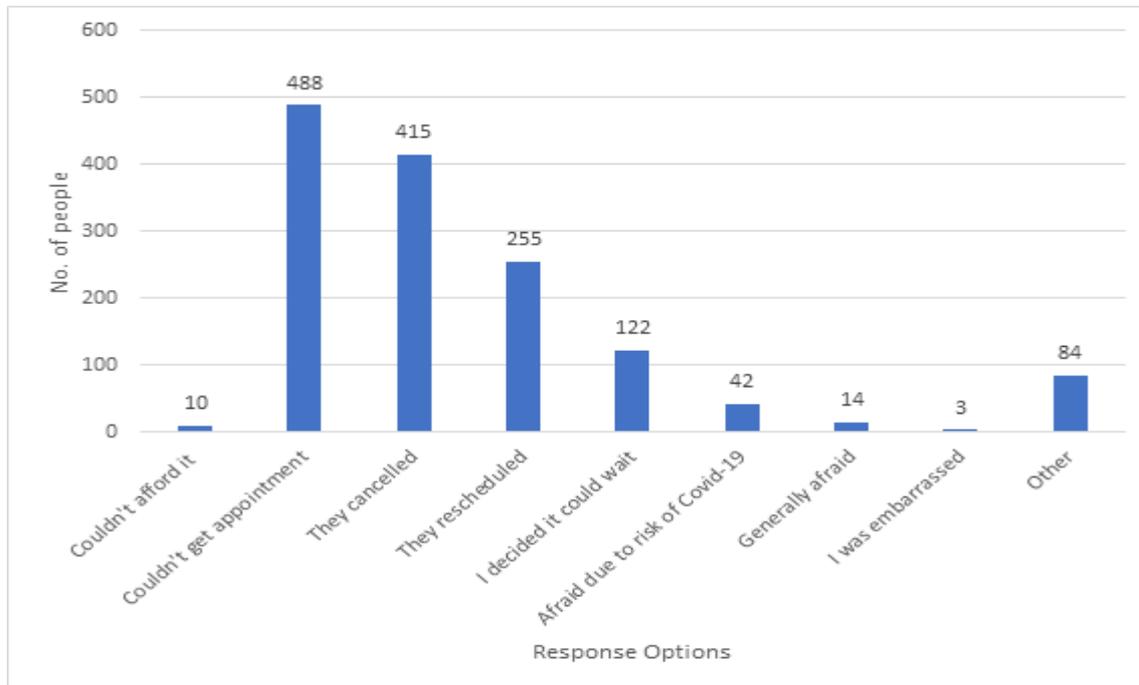
Since the start of the pandemic, 40.1% of respondents indicated they had experienced a time when they needed medical care, and this was delayed or cancelled. The main types of services that were indicated as having been delayed or cancelled were dental services (73.8%), GP services (33.6%) and optician services (21.7%) (Table 2).

**Table 2 What type of care or health services were delayed or cancelled?**

Type of health service	Yes	
	n	%
Major surgery	67	6.2
Public health or community nurse	48	4.5
Minor surgery	129	12.0
Occupational therapy	24	2.2
Seeing GP	362	33.6
Physiotherapy	95	8.8
Psychological/counselling services	28	2.6
Getting medications	71	6.6
Hearing services	72	6.7
Dental services	796	73.8
Respite services	6	0.6
Optician	234	21.7
Other	112	10.4

Of the respondents who experienced delays or cancellations (n=1077; 40.1%), the majority reported that this was because they could not get an appointment, or the service cancelled or rescheduled (Figure 5).

**Figure 5 Reasons why care or health services were delayed or cancelled**



Why was your care or health service appointment(s) delayed or cancelled? (1433 Reasons selected by 1077 people)

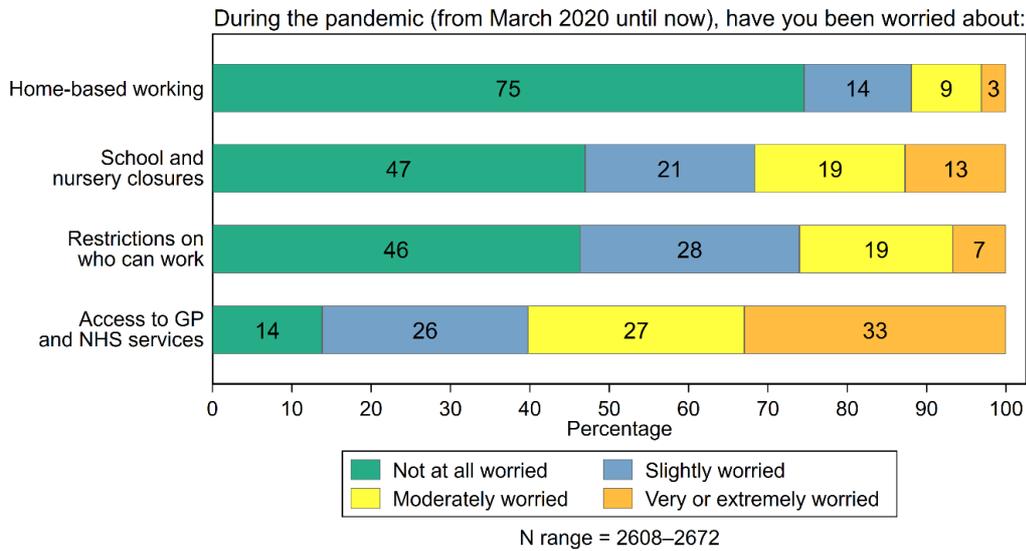
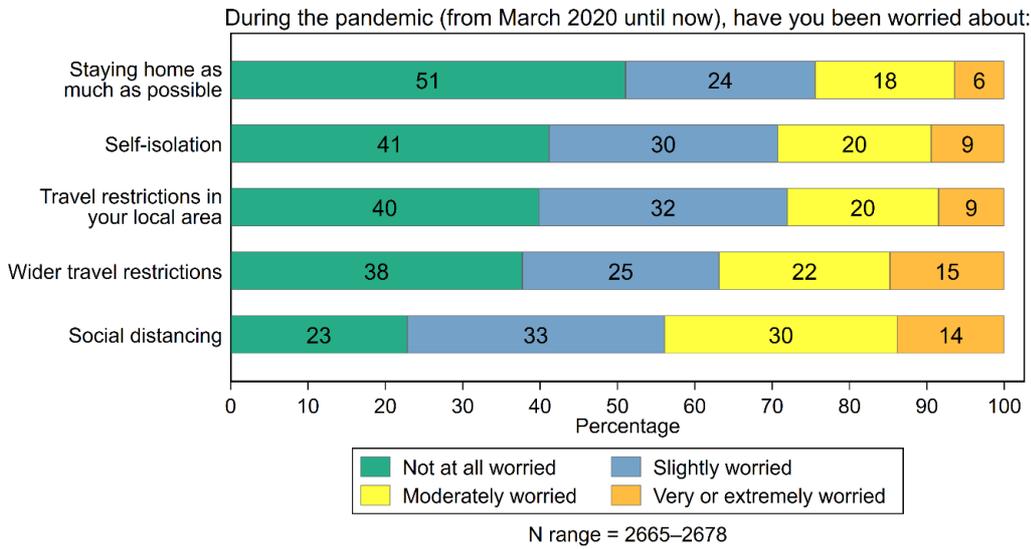
### Concerns about accessing Healthcare and NHS Services

We asked four similar but distinctive questions about access to healthcare and NHS Service. The level of concern expressed about accessing GP and NHS Services changed depending on the timeframe: during the pandemic; in the 3 months ahead (following easing of restrictions); in the year ahead.

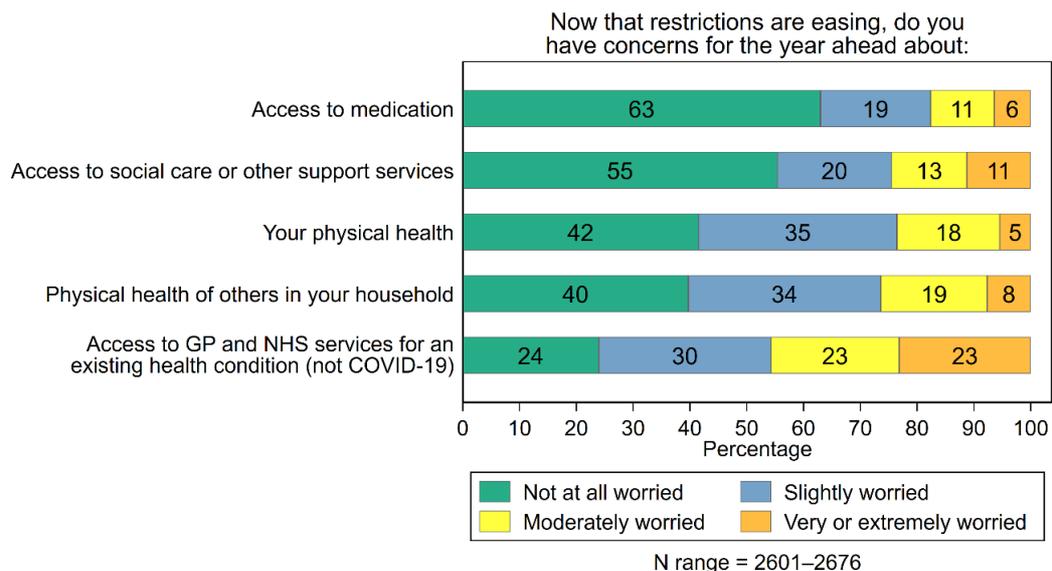
Sixty percent of respondents were 'moderately' or 'extremely worried' about getting access to GP and NHS services during the pandemic, which was a particularly high level of concern when compared to other activities linked to the pandemic such as home-based working (12%) or social distancing (44%) (See Figure 6 (a and b) for a visual comparison). This worry for access was reduced when thinking about the year ahead, although it remained a substantial issue: 46% of respondents indicated moderate to extreme concern over getting access to GPs and NHS services in the coming year (

Figure 7).

**Figure 6a and b Areas of concern during the pandemic**



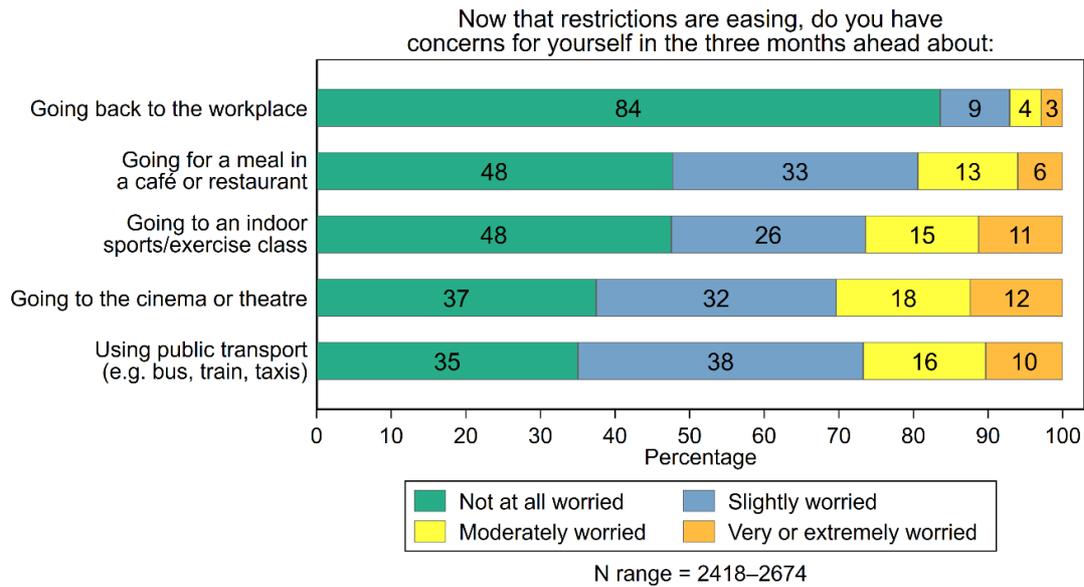
**Figure 7 Concerns for the year ahead**



As indicated in an earlier question, few respondents indicated that delays and cancellations had occurred due to their own fear. When we asked about concerns in the immediate 3 months ahead, only 16% of respondents stated moderate to extreme concern with physically going into a GP or hospital setting. Indeed, the majority (55%) were not worried at all (Figure 8). Concerns in the immediate future were more linked to attending large indoor events and travelling abroad (see Figure 8 for a visual comparison).

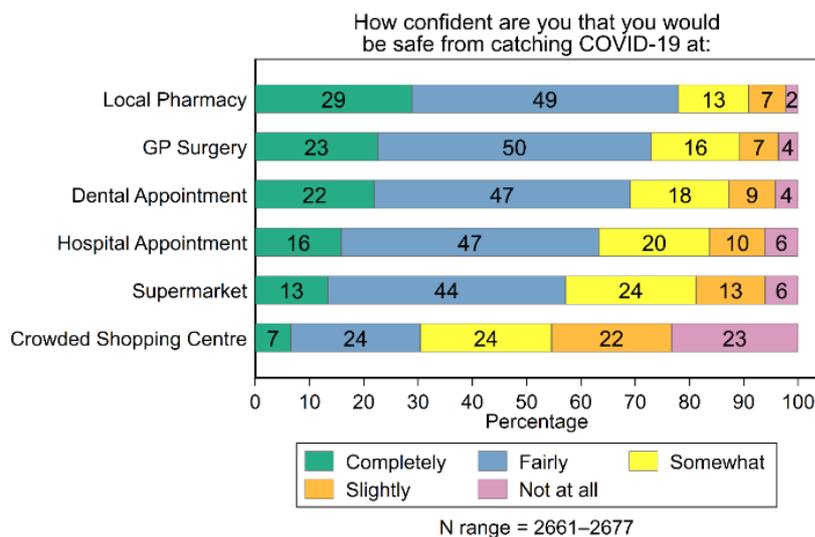
**Figure 8a and b Concerns in the next 3 months**

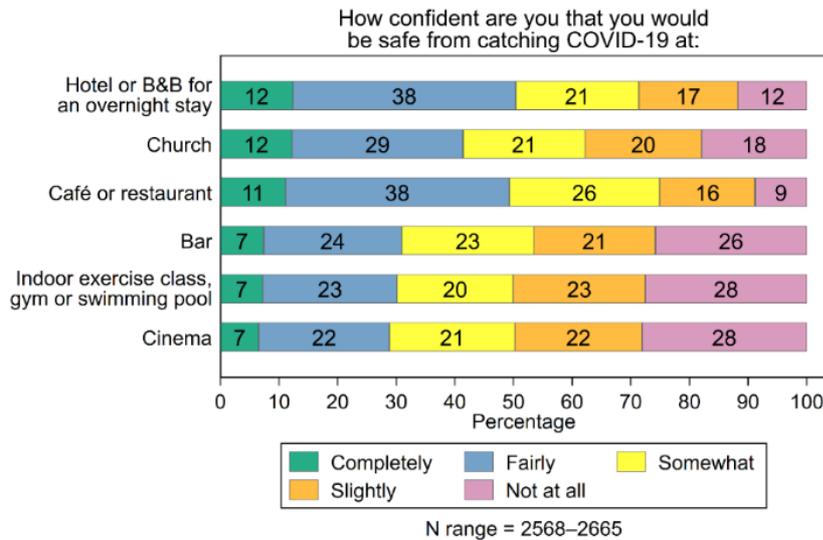




When asked how confident they were that they would be safe from catching Covid-19 in various settings, health service settings came ‘top’ compared to other non-health settings. Sixty-nine to 78% of respondents were ‘completely’ or ‘fairly’ confident they would be safe from catching Covid-19 at the local pharmacy, GP surgery, dentists, and hospitals. This indicates that respondents felt safe from Covid-19 when attending health settings (Figure 9).

**Figure 9 a and b Confidence in being safe from COVID-19 in a variety of places**





## Discussion

Respondents were generally in good health and double vaccinated which perhaps resulted in perceptions of low/medium risk of getting COVID-19 and not believing the virus would cause them to be seriously unwell. This perhaps suggests a positive attitude towards the vaccination process and confidence in its efficacy.

One of the main concerns through the pandemic and as restrictions were easing towards the end of 2021 was access to GP and NHS/healthcare services. Many had experienced delays and cancellations to healthcare due to services being unavailable and this remained an immediate concern. For the majority of people, the possibility of contracting COVID-19 while attending a healthcare setting was not an issue and therefore did not act as a barrier to attending such appointments. Very few respondents were worried about physically attending a GP or hospital settings.

Indeed, our data indicates respondents were most confident about being safe from COVID-19 in healthcare settings. Reasons for this are not clear within this dataset but may relate to trusting that healthcare settings will be managed in a way to keep risk of transmission low as this level of confidence contrasted with larger, indoor public events and activities where perhaps the support of people to abide by risk reducing measures was less guaranteed. This is important to note as if there was another wave of COVID-19 or another pandemic, it is unlikely that people would be put off contacting health services, and that the availability of services is key to minimising health related worries. People need reassurance that they will be able to see a doctor and obtain medical help and procedures when required.

## **Conclusion**

In a generally healthy sample of older people living in Scotland, changes in access to healthcare services was due to provider limiting factors not due to individual-level reasons. Fear of Covid-19 is not stopping people trying to access the dentist and the doctors.

## References

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## Appendix A

### Participant Recruitment to Multimodal routes of Data Collection



**Online mode:** Eligible online participants from two existing Scottish longitudinal studies received an electronic invitation letter with an enclosed link to the study website and a personalised link to the survey. The website described the study, how to take part in the survey and get more information about the study. An email address and a freephone number was provided to connect directly to HAGIS researchers for clarifications. The survey was hosted on the Qualtrics XM Platform. Participants received a reminder to complete the survey following 2 weeks post-invitation. DJS Research (a social marketing research agency) recruited panellists to the study by sending an initial electronic invitation. The panellists who expressed an interest to participate were directed to the survey hosted by DJS Research using Nebu Platform. Panellists are paid for completing the survey, at a rate of £12 per survey.



**Telephone mode:** Participants for phone interviews were approached by DJS Research. Interviewers explained the study and ways to get more information about the survey. For participants who were interested to take part, interviewers arranged a suitable time for the interview. Survey responses were entered initially into the Telephone Assisted Personal Interview (TAPI) system, followed by the transfer into the Qualtrics XM Platform.



**Postal mode:** Eligible postal participants received the postal invitation letter, information leaflet and postal survey, with an accompanying reply-paid envelope. All postal participants were offered an option to take part in the survey electronically through

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