healthwatch Suffolk



Digital Health & Care

A report on local experiences in Suffolk and North East Essex

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That includes every participant that has taken the time to respond to the surveys, complete a toolkit, participate in the Zoom sessions online or shared thoughts on the guiding principles document. Thanks are also extended to the Suffolk and North East Essex Integrated Care System (SNEE ICS), and the East Accord, which have endorsed and funded this work and also to colleagues in Healthwatch Essex who have supported this project jointly and encourage people to participate in the work.



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Introduction

NHS and social care services have been working very differently to make sure that people can access care throughout the coronavirus pandemic. Many of the ways people receive treatment or advice, have changed and may have been replaced by digital or remote services.

The NHS has long been on a path toward a digital future. In fact, the commitment that every patient would have the right to be offered digital-first primary care by 2023-24 was already in the NHS Long Term Plan.

However, the pace of change has markedly increased because of the pandemic and these long-term ambitions are being realised much sooner than anyone could have anticipated. This has meant that there has been little time to check that these digital services are working for everyone who needs to use them.

Data shows that digital participation in services has increased significantly because of the pandemic.



Our research has explored how people's experiences of using, or providing, health and social care services has changed, including those who may find it harder to engage with services digitally (digital exclusion).

NHS Digital statistics reveal that 81% of appointments in Suffolk and north east Essex took place face-to-face in January 2020, with just 14% on the phone and 1% on video and online. By February 2021, the percentage of face-to-face appointments had fallen to 59%, with 36% of appointments now held over the phone. The number of video and online appointments remained fairly similar.

As a result, the SNEE ICS commissioned Healthwatch Suffolk and Healthwatch Essex to complete research with local communities to understand how people have felt about these changes.

Each local Healthwatch devised a unique approach based on their individual strengths and the contacts they have with local people in communities. The results from both Healthwatch will be presented jointly to the SNEE ICS Partnership Board and used to influence the design and planning of future digital health and care.

This report outlines the findings of the research conducted by Healthwatch Suffolk. A summary of the phase two research completed by Healthwatch Essex can be read alongside the Suffolk phase two findings from page 74.

Why do we need to hear from local people?

The aim of this research has been two-fold:

- To develop the best possible understanding about people's current experiences of using health and care services, including things that might have prevented them from accessing digital care (digital exclusion).
- To gather people's thoughts on how things need to be different in the future.

What are digital services?



Online consultations



Telephone triage or appointments



Finding information online



Remote access to test results & records



Booking appointments online



Apps



Telephone consultation



Online prescription ordering

By seeking feedback, the SNEE ICS can learn more about the services and digital approaches that have worked well for people and encourage continued good practice. It can also determine where local NHS and social care services could do more to ensure that everyone is empowered to find the help and support they need.

Exploring digital exclusion in Suffolk and NE Essex

In an increasingly digitally driven society, those who lack digital skills or confidence can quickly become excluded from participation in services with lasting impacts on people's physical health and mental wellbeing.

There are many factors that can increase the likelihood of a person becoming digitally excluded, including:

- **Ability –** People may not have the skills to use the internet or online services effectively.
- **Connectivity –** People may not be able to connect to the internet or may have poor mobile signal.
- **Motivation –** Not everyone sees why using the internet could be relevant and helpful.
- **Confidence –** Some people fear that the digital world might expose them to risk or abuse. Others lack trust or don't know where to begin. Some might be worried about who sees their data or their privacy.
- **Design –** Not all digital services and products are accessible and easy to use.
- **Condition –** A physical or mental health condition may impact on a person's ability

to access digital services.

- **Accessibility –** Not all digital services are easy to access if you have a sensory impairment or a disability. People may also find it harder to access services if English is not their first language and translation services are not easy to access or identify.

Research suggests that people with no or limited internet access and low or limited digital skills are more likely to be over 70 years old, living in low income households, have lower literacy and educational attainment, and have a disability or long-term health condition.

This research aims to support the Suffolk and North East Essex Integrated Care System to learn more about the specific barriers people in our local communities have faced when trying to engage with services remotely. This will enable the ICS to re-design existing services, or commission new services, that seek to address these challenges in the future.

The research has increased importance when considered within the context of the ongoing COVID-19 pandemic, which has exacerbated existing health, care and community inequalities. It is widely recognised that the swift change to digital first offers of health and care may have contributed to this.
Consequently, obtaining a clearer understanding about the impact on local people is an important consideration for the ICS as it explores system recovery in the wake of the virus.

The guidance for local commissioners and providers

To support the ICS in this endeavour, and using this research as a source of evidence, Healthwatch Suffolk has been working with local people, professionals and organisations to co-create guidance for NHS or social care providers or commissioners to use when planning or changing digital health or care services.

You can read more about this from page 116.



Learn more about this work and download the guiding principles document from: www.healthwatchsuffolk.co.uk/digitalhealthandcare

“...After making numerous calls, each time holding on for what seemed an eternity, I conceded defeat and tried to make the appointment online. Unlike the advice on the phone, it was not a simple thing to do and was actually quite stressful. Thankfully a neighbour stepped in and helped me. I was left with the impression that if you don’t have a computer or computer skills, or the patience to hold on in the hope that somebody answers your call, then you won’t get treatment.”

- A local patient

Methodology

The project has been delivered in two phases, using a number of different approaches and tools to capture people's views and experiences.

Phase one - The surveys

The first nationwide coronavirus lockdown in March 2020, coupled with the need to protect staff and communities from the risk of exposure to the virus, meant that HWS was unable to engage with local people, either directly or through community groups, networks or services (e.g. local GP practices), about their digital health and care experiences.

For this reason, phase one of this research relied upon two online surveys, hosted on SurveyMonkey, to gather data.

One survey was designed for patients, the public and carers and a separate survey was created for NHS and social care professionals. The surveys were available in other formats, including hard copy format, for anyone who could not access the survey online.

The aim was to hear from anyone with an experience of accessing, or providing, health or care services digitally since the start of the pandemic. People could respond about their own experience, or the experiences of other people they know.

Broadly, the surveys sought to identify:

- The service(s) respondents had used or worked for as a professional.
- Whether anything had prevented people from accessing digital care.
- What had been good about the service(s) and what could have been improved.
- The digital changes people would like to see continue post pandemic.

The patient / public survey also included a series of statements designed to ascertain respondents' levels of digital competency/digital exclusion.

The total numbers of responses recorded for each survey were:

- Patients and the public: 423
- Health and social care professionals: 98

Promotion of the surveys

The opportunity to participate in the survey was promoted widely by Healthwatch Suffolk (including a paid social media campaign on Twitter and Facebook) and Healthwatch Essex.

Information about the surveys was specifically shared with many Healthwatch Suffolk partners and contacts, including, but not limited to:

- One hundred and thirty one care providers (including residential and nursing homes).
- Specific contacts within NHS and care commissioning organisations and senior groups responsible for coordinating the counties response to the COVID-19 pandemic.
- Fifty four GP Practice Managers and Patient Participation Groups.
- Two hundred and fifty-six parish council contacts.
- Fifty one VCSE contacts, including partner organisations of Healthwatch Suffolk.
- The Suffolk Voluntary and Strategic Partnership (VASP) network coordinated by Healthwatch Suffolk.
- A number of local newsletter editors with coverage achieved in, for example, the Needham Market community newsletter.

Health and care partners across the SNEE Integrated Care System were asked to distribute the survey links to their staff and also to promote the surveys online with patients and the public.

The opportunity to take part was shared in newsletters, on service intranet systems and on social media. Some specific examples of promotional activity by health and care providers and/or commissioners included:

- AHP Suffolk distributed the survey link to all of its staff and ask them to take part.
- West Suffolk NHS Foundation Trust committed to share the survey on its social media accounts and included the opportunity for staff to participate in its staff newsletter (The Green Sheet).
- East Suffolk and North Essex NHS Foundation Trust forwarded the request to participate onto its Patient Experience Team and its Council of Governors.
- The Suffolk County Council Communications Team shared information about the survey within various stakeholder briefings and on social media.
- A number of GP practices committed to sharing the survey on their websites and with Patient Participation Groups.

It is worth noting that the response rate from the NHS and social care workforce has been significantly lower than that relating to patients and the public. More continuous and proactive sharing of the survey by health and care partners might have helped to address this.

Phase two - Conversations with local people, organisations and networks

Phase two of this project sought to encourage people to participate in a more detailed conversation about digital health and care, and the impact of digital exclusion from support.

The engagement tools

A conversation "toolkit" was developed to facilitate data capture for this phase of the project.

The purpose of the toolkit was to guide free-flowing conversations and capture people's thoughts, ideas and sentiments about digital health and social care, including how to address issues associated with digital exclusion. It focused on the following key areas:

- How people's experiences of using NHS or social care services have changed because of digital access to care.
- Factors that might prevent, or have prevented, people from accessing digital care or support.
- How we make sure that all patients and carers can easily access treatment, advice and support when new services are being created.
- How digital health and social care should be delivered in the future.

The ambition was to enable as many people as possible to engage in the conversation regardless of their digital literacy or access to technology. To achieve this without the ability to engage face to face, HWS offered:

- **Direct toolkit completion -** People could complete the toolkit independently using a Smart Survey link. The toolkit was also produced in other formats (e.g. large font or plain text) and shared on the Healthwatch Suffolk website. People could also request a hard copy of the survey.
- **Telephone conversations with Healthwatch Suffolk staff (freephone) -** People could take part in a conversation with a member of the Healthwatch Suffolk Community Development Team or Research Team about their experiences and their thoughts on digital exclusion. The toolkit was used to guide these conversations.



People could take part in a way that was suitable to their needs, including a guided telephone discussion with Healthwatch Suffolk staff.

Conversations were facilitated using a toolkit that explored people's perceptions of digital care and what is needed to improve services in the future.

- **Facilitated online workshops using Zoom -** People had the opportunity to participate in two Zoom workshops led and coordinated by the Healthwatch Suffolk team. The first workshop engaged people in a conversation about the project, using the toolkit as a guide. The second focused on the development of co-created guidance for health and social care commissioners and providers about shaping future digital care.

- **The phase one survey -** The phase one survey remained live throughout phase two as the fastest way for people to participate in the research. This was particularly important for health and social care staff who may have otherwise struggled to commit more time to completion of a toolkit.

- **Informal feedback opportunities and wider community engagement activity -** Healthwatch Suffolk staff have engaged many partners and stakeholders across Suffolk and NE Essex in a discussion about digital services and exclusion from support during the pandemic (see secondary and tertiary contacts below). Their views and experiences were recorded using a specific informal feedback template.

Participants

Participants were recruited for phase two in a number of ways.

The Healthwatch Suffolk website

All participants in the phase one survey were re-directed to a phase two sign-up form on the Healthwatch Suffolk website.

The web form was also shared directly with participants that wanted to participate in phase two without needing to complete the phase one survey (e.g. because they did not have time to take part in the survey or preferred not to engage with the project using a digital tool).

Community engagement

Healthwatch Suffolk staff also directly engaged with representatives of organisations, groups and networks to ask for their support to reach communities and specific contacts known to have engaged with digital care.

Many of these contacts were connected with people that were at higher risk of being digitally excluded from services. They included:

- Ace Anglia
- Bury South Older People's Community Mental Health Team
- Citizens Advice
- Department for Work and Pensions, Suffolk
- Easy Read Ipswich
- The Iceni Project
- Leading Lives
- Reach Haverhill
- Realise Futures
- Rural Coffee Caravan
- Sensing Change
- Suffolk Association of Local Councils
- Suffolk Coastal Disability Forum
- Suffolk Libraries
- Suffolk Parent Carer Network

A number of professionals from these organisations gave feedback informally, completed a toolkit or attended one of the workshops. Many had experience of working with people who were digitally excluded, or had feedback about the barriers that people they supported faced when accessing services digitally. Several groups also promoted the link to the HWS website in their social media or other communications.

Some specific examples of how those engaged supported us to reach people included:

- Ace Anglia invited Healthwatch Suffolk staff to attend a weekly health meeting on Zoom. This is a forum where people with Learning disabilities have the opportunity to meet and discuss issues relating to their health and care.
- Volunteers from the Rural Coffee caravan agreed to include a couple of questions relating to digital exclusion within the calls they were making to isolated people during one of the COVID-19 lockdowns.
- Realise Futures facilitated direct contact with a couple of people it supports on a regular basis.



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The patient and public survey

Five hundred and seventeen people started the patient survey. Of these, 94 (18%) people only answered the first page of demographics questions.

Those who closed the survey early tended to be younger and had fewer vulnerabilities compared to those who progressed further into the survey. There was no particular difference between the two groups in terms of gender or ethnicity.

Age	Didn't answer beyond demographics	Answered beyond demographics
<35	19%	7%
35 - 44	38%	40%
65+	42%	52%

Table 1 - *The breakdown, by age, of the people who did or did not progress beyond the demographics section.*

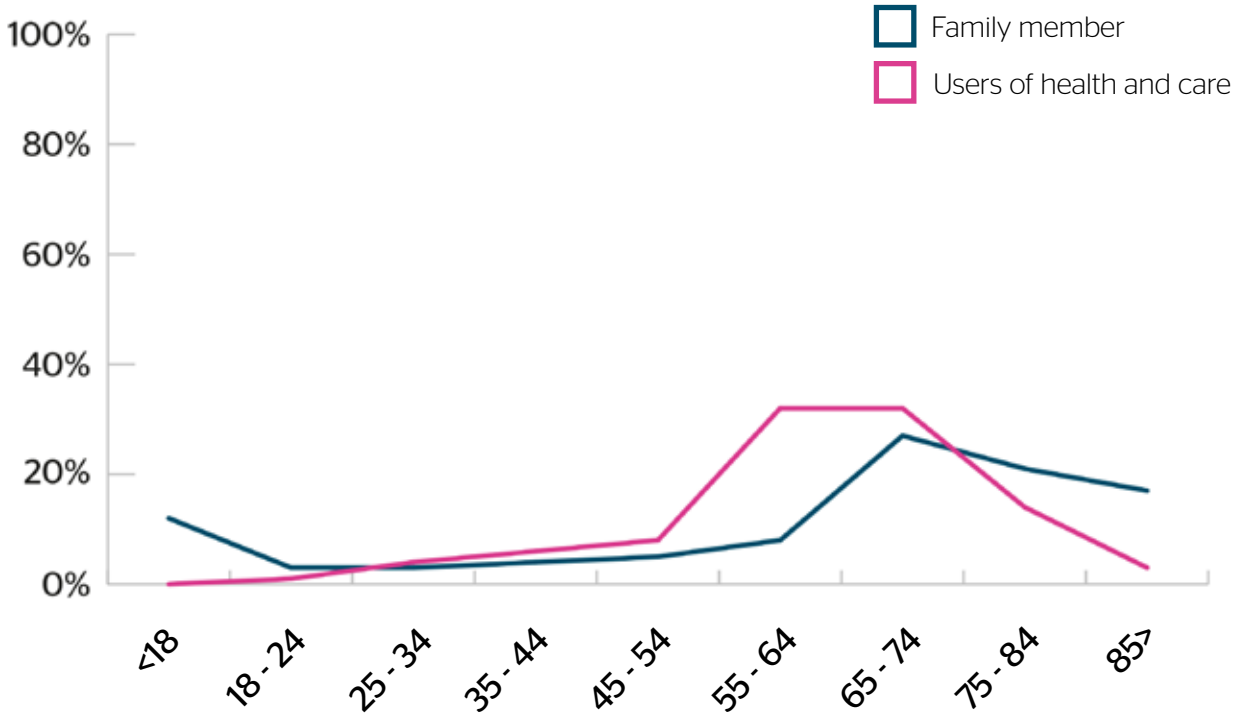
No. of vulnerabilities	Didn't answer beyond demographics	Answered beyond demographics
0	47%	32%
1	31%	37%
2	13%	17%
3	6%	10%
4	3%	2%
5	0%	1%

Table 2 - *The breakdown, by number of vulnerabilities, of the people who did or did not progress beyond the demographics section.*

The remainder of this section focuses on the 423 people who progressed beyond the demographics section. This does not mean however that every respondent completed all the remaining questions.

Our sample

- 82% (346) said they were a user of health and care services. The remaining 18% (75) were responding on behalf of a family member, carer or friend of someone who has used digital health or social care services.
- 66% (276) of responses related to the experiences of women and 34% (141) were about men. Less than 1% of respondents chose to describe their gender in a different way. The male/female split was less defined amongst those responding on behalf of someone else (43% female / 56% male).
- 59% (248) of the overall sample were aged between 55 and 74. The age profile given by those who were responding on behalf of someone else was different to those responding for themselves. They tended to be responding on behalf of people who were either under 18 or over 65 (see graph one below).
- 94% (396) of respondents said they were 'White British'. This was the same amongst both those responding for themselves and those responding on behalf of someone else.



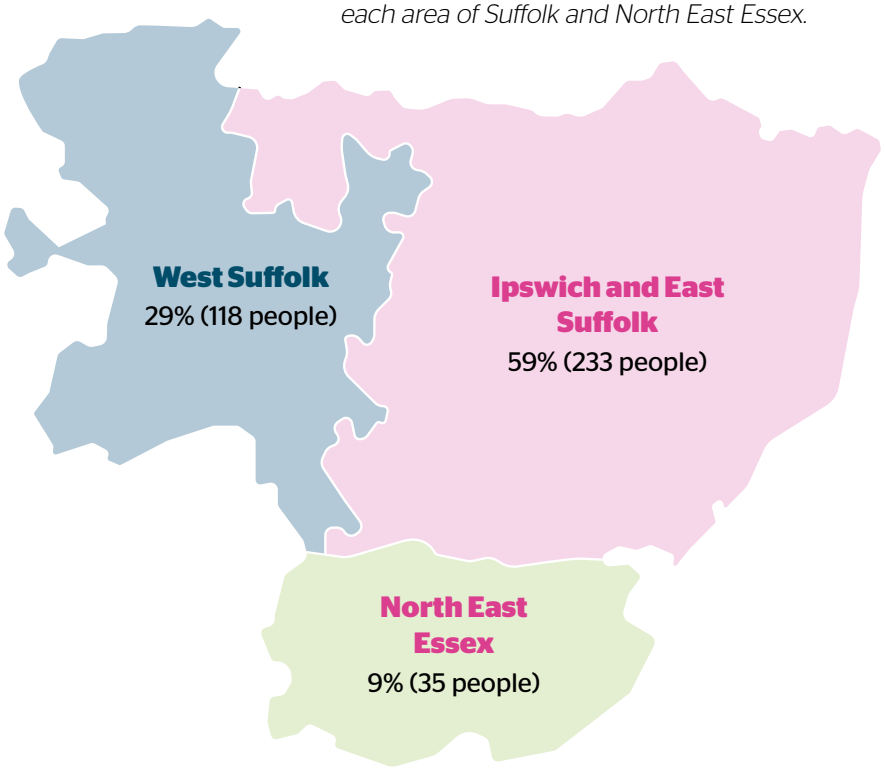
People responding on behalf of someone else tended to be responding on behalf of people who were either under 18 or over 65.

Graph 1 - *The age profile of respondents by respondent type.*

Only 24 respondents gave their ethnicity as anything other than 'White British'.

- Most responses (59%, 233) were from, or about, people who lived in the Ipswich and East Suffolk area, 29% (118) were from West Suffolk and 9% (35) were from people located in North East Essex. The remaining 6% (24) of respondents indicated that they lived outside of the Suffolk and North East Essex Integrated Care System footprint.
- 12% of those responding on behalf of someone else gave a postcode that was outside of the area.

Figure 1 - *The numbers of participants within each area of Suffolk and North East Essex.*



Vulnerabilities

Respondents were asked to indicate which of the descriptions listed in table three applied to them. For the purposes of this report these are referred to as 'vulnerabilities' as they indicate that someone may be at a disadvantage because of their personal circumstances.

- **Approximately a third (32%)** of the total respondents to the survey did not have any of the listed vulnerabilities. Just over a third (39%) had one vulnerability and just under a third (27%) had two or more vulnerabilities. In comparison, 56% (41) of those responding on behalf of someone else said their family member/friend had more than two vulnerabilities.
- **Overall, women were more likely** to say they did not have any of the listed vulnerabilities. **32%** of women indicated this compared to **26%** of men. Predictably, the proportion of people reporting vulnerabilities increased with age.
- **The most commonly reported vulnerability was having a long-term health condition (46% (195)** of the total sample). **19% (81)** of the sample said they had a physical disability, **15% (62)** a sensory impairment and **13% (55)** had a mental health condition.

See table three below for the full breakdown of responses.

Vulnerability statements	%
I/ they have a long term medical condition	46%
I/ they have a physical disability	19%
I/ they have a visual or hearing impairment	15%
I/ they have a mental health difficulty	13%
I/ they care for another adult (within the same household)	9%
I/ they care for/support another adult (not living in the same house-hold)	8%
I/ they have a learning difficulty or disability	4%
None of these apply to me/ them	30%

***Table 3** - The percentage of people that responded to each statement about vulnerabilities.*

***Graph 2** - The percentage of respondents with multiple vulnerabilities and their respondent type.*

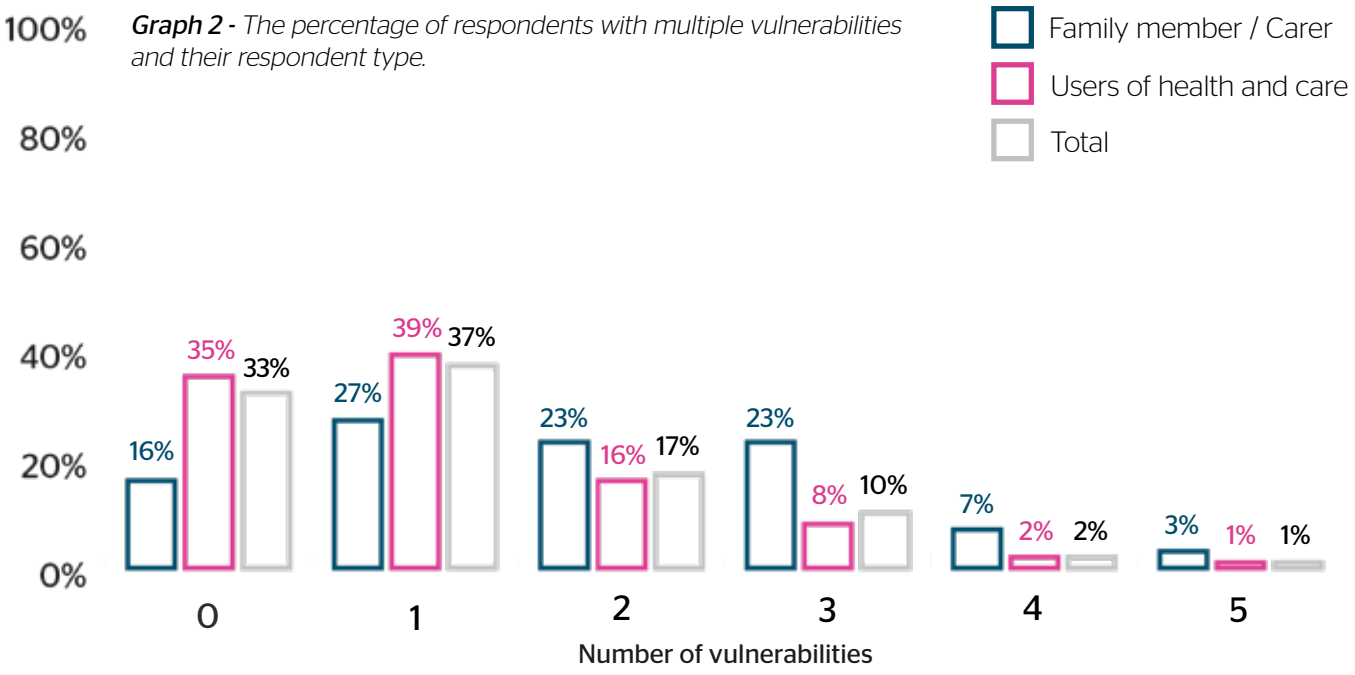




Figure 2 - *The percentage of respondents of each type that 'Agreed at all' with our digital exclusion statements.*

Digital exclusion

Respondents were asked to indicate how much they agreed or disagreed with a series of statements regarding digital technology and digital services.

Analysis of the data reveals significant differences in the attitudes of those responding for themselves and those responding on behalf of someone else (family members/carers).

- Users of health and care services were less likely to agree with the statements compared to those responding on behalf of someone else. Less than a quarter of those responding for themselves agreed with any of the statements.
- The statements this cohort were most likely to agree with were *"I don't want to use Digital technology"* (27% agreed at all) and *"I lack confidence using technology."* (20% agreed at all). Access to, and affordability of, equipment were the statements this group were least likely to agree with.
- In contrast, those responding on behalf of someone else reported their relative/ friend to be significantly more digitally excluded than those who responded for themselves. More than a quarter of carers/ family members agreed with each of the statements.
- Significant issues for this cohort were lack of confidence in using digital technology (68%), not knowing how to use digital technology (58%) and not wanting to use digital technology (54%). Access to, and affordability of, equipment were reported as being less of an issue for this group, but it was still a significant barrier for just over a third of this cohort (35% and 28%, respectively agreed at all to these statements).

See figure two above for the breakdown of responses across both sets of respondents.



More than a quarter of people responding about someone else agreed with our digital exclusion statements.

They were most likely to indicate their friend or relative did not know how to use digital tools or that they lacked confidence in using them.

Insight



Digital exclusion continued

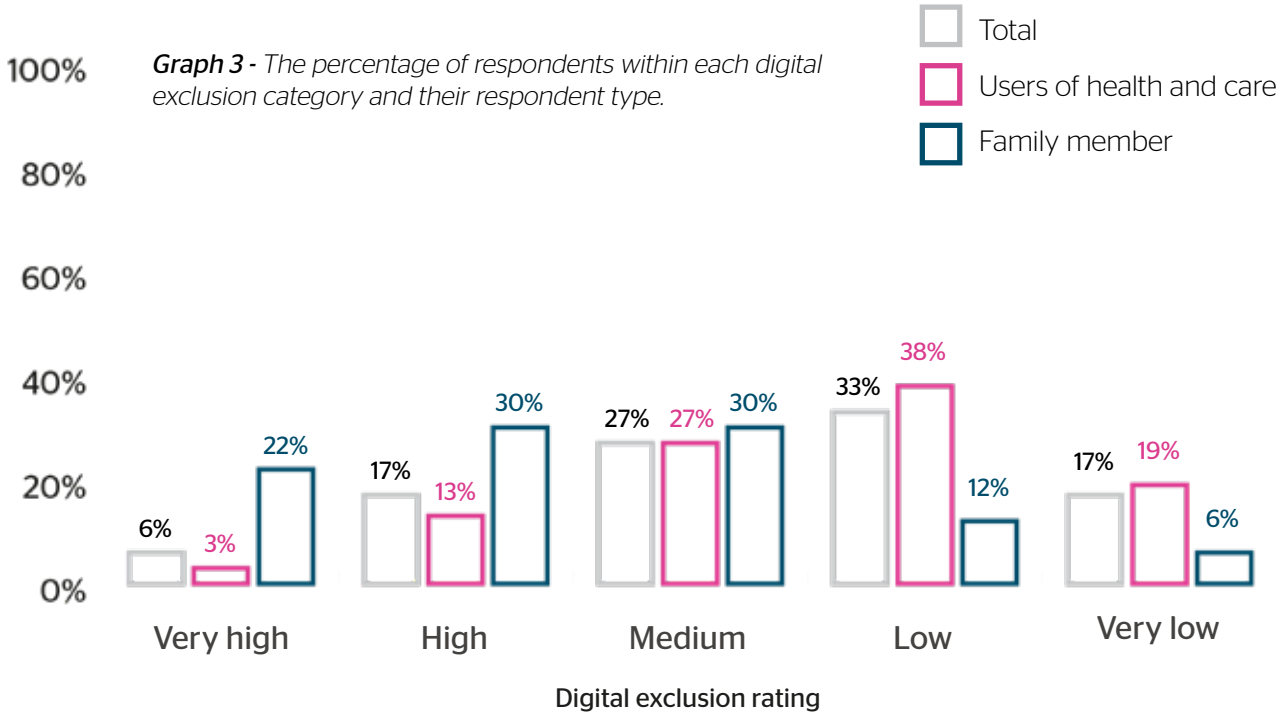
Three hundred and ninety two (93%) people responded to all seven of the digital exclusion statements on the questionnaire. These have been converted (using the table shown below) to give each respondent a score for digital exclusion.

Using this method, someone who agreed strongly with all seven of the statements was assigned a score of 35, whilst those who strongly disagreed with each statement scored seven. Scores have then been combined into categories to give an overall digital exclusion rating for each respondent.

Survey responses		Converted digital exclusion rating	
Response	Score	Category	Score
Strongly agree	5	Very high	29 - 35
Agree	4	High	22 - 28
Neither agree nor disagree	3	Medium	15 - 21
Disagree	2	Low	8 - 14
Strongly disagree	1	Very low	0 - 7

Table 4 - *How participants have been allocated a score for digital exclusion.*

Graph 3 - *The percentage of respondents within each digital exclusion category and their respondent type.*



23% of responses related to someone who is 'Highly' or 'Very highly' digital excluded.

Overall, half of the total sample (50%, 195) fell within the 'Very low'/'Low' category for digital exclusion, and less than a quarter (23%, 90) fell within the 'Very high'/'High' category.

In contrast, people who responded on behalf of a family member or friend reported much higher levels of digital exclusion with 52% (36) falling within the 'Very high'/'High' categories.

What else stops you from using online services?

Respondents were asked what else stops them/or their relative/friend from accessing online services. One hundred and twenty three people left a comment.

The majority of comments (70%) were made by people with a 'Very high', 'High' or 'Medium' rating for digital exclusion.

- Overall people tended to echo the same themes as outlined in the digital exclusion statements, namely lack of equipment (19 mentions), lack of computer skills (nine mentions) and lack of confidence (six mentions).
- In terms of other issues raised, disability or health condition was the main 'other' barrier people mentioned (28 mentions) that impacted their ability to access and use online services. Sensory impairments (hearing or sight loss) were the most commonly mentioned health conditions.

Other barriers to using digital services that respondents identified included:

- Technological failures (nine mentions)
- Lack of specified appointment times - meaning people were left waiting all day for a call back (eight mentions)
- Systems being over complicated and hard to navigate (eight mentions)
- Not all health providers offering digital services (six mentions)

Twelve people said they prefer face-to face contact with their health professional as they find it more personal. Six of the 12 were classed as 'High' for digital exclusion.

Theme - Mental health / Physical condition	Coded responses
Visual impairment/eye conditions/poor sight	10
Hearing loss/poor hearing	7
General mention of health/physical ability etc.	6
Learning disability/autism/mental ability	3
Mental health conditions including stress, anxiety, depression & paranoia	3
Non verbal/selective mutism	2
Alzheimer's/dementia	1
Migraine disorder	1
Lack of dexterity	1

Table 5 - *Respondents stated barriers to using online services.*

Theme - 'Other' barriers to using digital services	Coded responses
Disability/health condition	28
Lack of equipment/poor connectivity	19
Want to see someone face to face	12
Lack of computer skills	9
Technical failures	9
Waiting times/responsiveness	8
Complicated systems	8
Fear/lack of confidence	6
GP practice not offering digital services	6
Specific mention of eConsult	5
Reliance on someone else	5
Knowledge of what services are available	5
Literacy skills	2
Other	20

Table 6 - *Respondents 'other' stated barriers to using online services.*

Example comments about barriers to using digital services

Lack of access to technology

> *It is not acceptable that someone without access to a computer/ internet loses their independence to be able to access medical services themselves and has to rely on someone else to do it for them. Not having a computer or smart phone prevents access to video consultations. Having a hearing impairment makes using the phone difficult for phone consultations.*

(Carer, unknown digital exclusion rating)

> *Living in a black hole, there seems to be little point in buying technology which cannot be used.*

(User of services, high digital exclusion rating)

Lack of skills

> *Initially they were very worried as didn't know how to do it but with help they did it and now use it regularly on a support group online. Initially it was lack of confidence and technical skills.*

(Carer, high digital exclusion rating)

Disability/health condition

> *Having Alzheimer's presents not having the mental capacity to use a computer or have a telephone conversation.*

(Carer, Digital Exclusion Rating: High)

> *Chronic Migraine disorder can make digital use challenging for me.*

(User of services, medium digital exclusion rating)

Technology Failures

> *The security barriers to enable them to access services are too tricky and cumbersome.*

(Carer, high digital exclusion rating)

“I cannot log onto my health centre to make appointments as the central department holds an old company email address for me and the health centre can not get rid of it on their system.”

(User of services, medium digital exclusion rating)

“My GP online account is accessed by multiple platforms and although I logged in successfully to begin I can't get back into my account and my GP can't help.”

(User of services, low digital exclusion rating)

Lack of specified appointment

“Appointment times aren't kept to and you have to wait all day.”

(User of services, high digital exclusion rating)

“Working full time it is hard to pin down an exact time for a call back from a GP, resulting in either missing a call from the GP or disrupting the working day.”

(User of services, low digital exclusion rating)

“The fact that when you have a conversation with a receptionist the professional will call you back on a morning or afternoon of your choice if you miss the call because of anything you have to start from the beginning again or if you answer the call politely saying you are in a work meeting could they call back in 30 mins no you have to go back to reception. Being free and available to take a call for half a day when working from home is difficult.”

(User of services, medium digital exclusion rating)

Systems complicated and hard to navigate

“If making an appointment is too difficult and convoluted, I disengage as I find it very frustrating and difficult with my sight loss to go to several different areas to make an appointment. I prefer to be sent a link for a video call that I can just click on to make it happen.”

(User of services, medium digital exclusion rating)



“Too many different passwords to access different systems. GP changing systems, new passwords required just for repeat prescription requests, why can’t we just email requests!”

(Carer, very low digital exclusion rating)

Digital not being offered by all health services

“Some health departments such as physio and OT are not using video calls, frustrating not all services are using technology to support my son.”

(Carer, medium digital exclusion rating)

“GP not offering online services like Zoom.”

(User of services, very low digital exclusion rating)

“Lack of use of video calls by GP, NSFT.”

(Carer, medium digital exclusion rating)

Prefer face to face

“Wish to see my doctor in person who knows me and my problems well.”

(User of services, medium digital exclusion rating)

“I prefer to see and speak to someone as real.”

(User of services, medium digital exclusion rating)

Healthwatch Suffolk Feedback Centre data

To support this research, **174** experiences were exported from the Feedback Centre that include a reference to digital care. Feedback is from February 2020 to February 2021.

Things people said were good

Systems are easy to use

Twenty five comments indicate that services have been simple, easy to use or have supported services to be more efficient.

> *"It is so efficient at this surgery. You can ask to see a specific GP if you want to, booking appointments online is easy. I recently had a good referral to the hospital."*

Useful for booking appointments

Twenty nine comments make generally positive comments about the experience of booking an appointment using online systems.

> *"I personally find the new system much better for access to appointments. I am adept at a computer so does not phase me. I have never used the surgery much, but it used to be a nightmare on the telephone."*

Quick responses from services

Seventeen comments refer to prompt responses from services following digital, or remote, contact.

> "I have had to use askmyGP service quite a lot recently for myself, my daughters and my mum. I think it is a great service have always been contacted by someone the same day and everything I've asked for has happened. Far better than sitting in a telephone queue waiting to speak to a receptionist."

Things people said were bad

Systems are complicated

Twenty six comments suggest systems are over complicated or difficult to use. This includes that service websites and information can be hard to navigate or that the sign-up process for systems is cumbersome.

> *"Login was lengthy and confusing. New system is more complicated why does new always mean worse service?"*

Technical issues and restrictions

Twenty eight comments refer to technical difficulties when using systems. This has included technical bugs and comments that indicate inflexibility within systems has forced people to input incorrect information in order to find their way through digital processes.

> *"Ask my GP services is difficult kept putting back to the start when I tried to do a photo so had to type it all again for the same thing to happen. Cant get a face to face appointment, it all feels cold and detached."*

> *"I'm very technical and capable yet eConsult is a nightmare - keeps telling*

Featured insights

me to ring 999 or 111 when all I need is a medication review.

Slow or no response from services (15 comments)

Receptionists don't care and just tell you to use ask my GP. Ask my GP is the slowest way I've ever had help from a GP as it takes an age for them to reply. An over the phone conversation would be much quicker and simpler.

Concerns about security of information (four comments)

There is a external website called askmyGP but it is on a insecure network and takes two long with usernames and passwords to navigate to where you want to get to. The whole service is unsatisfactory.

No alternative (17 comments)

When I hit a 'yes' to one of the answers it told me that I needed to seek urgent medical advice by calling the surgery or 111. There is no option then to still submit the form, you have to either go back and say 'no' to the question... or you have to click on the statement that says something like 'I will seek my own medical advice'... the surgery only is allowing appointments through using EConsult, so even if you call the surgery it will then insist you use eConsult. It does not make any sense!

Accessibility (three comments)

They refuse to get BSL Interpreters for Deaf patients who use British Sign Language. They refuse to note our requirements despite the Accessible Information Standards stating preferences should be flagged up. Staff don't understand BSL. Doctor themselves has actually been ringing Deaf patients to make a voice call. Unbelievable.



The Feedback Centre offers an easy route for people to share their experiences of NHS and social care services in Suffolk. See more on: **www.healthwatchsuffolk.co.uk/services**

Convenience (Negative)

I really feel there should be some expectation set for a time that you will receive a call back within. On school runs and working means it is a bit stressful knowing you will get a callback, but not when.

No help (five comments)

Spent 20mins on the phone today as couldn't get website to load only to be greeted with a really unhelpful receptionist who basically told me to keep trying as she was able to access it. Didn't offer any other help. Absolutely not good enough.

“Every visit is really poor. I feel like a broken record. How many times do I have to say I have no email or Internet (have borrowed someone’s phone to post this on my behalf) - ‘cause you may listen then. Not everyone wants to make appointment by email or order their meds via email. I certainly don’t and won’t. As for phoning to get an appointment, receptionist acts like a doctor and wants to know what’s wrong and I feel that they’re deciding my fate when that’s for the GP to decide... so much for confidentiality between a doctor and their patient.”

- A local patient

Services used

Health and care services

Respondents were asked which health and care services they had used since the start of the pandemic. **Four hundred and seventeen** of the **423 (99%)** people who responded to the survey had accessed at least one health or care service, with GPs being the most accessed service (**90%, 380**). Over half of the sample (**54%, 228**) had used a pharmacy and just under half (**46%, 194**) had been to a hospital.

Older respondents, and those with more vulnerabilities, were more likely to have accessed multiple services than younger respondents and those with no vulnerabilities.

Respondents under the age of 35 were most likely to have accessed mental health services (**23%** compared with **9%** for 35-64 year olds and **5%** for the over 65's).

Forty five people had accessed 'other' health services during the pandemic. The most frequently mentioned 'other' services were NHS 111 (**six** mentions), X-rays/scans (**five** mentions) and Podiatry (**five** mentions). All other services received two or less mentions.

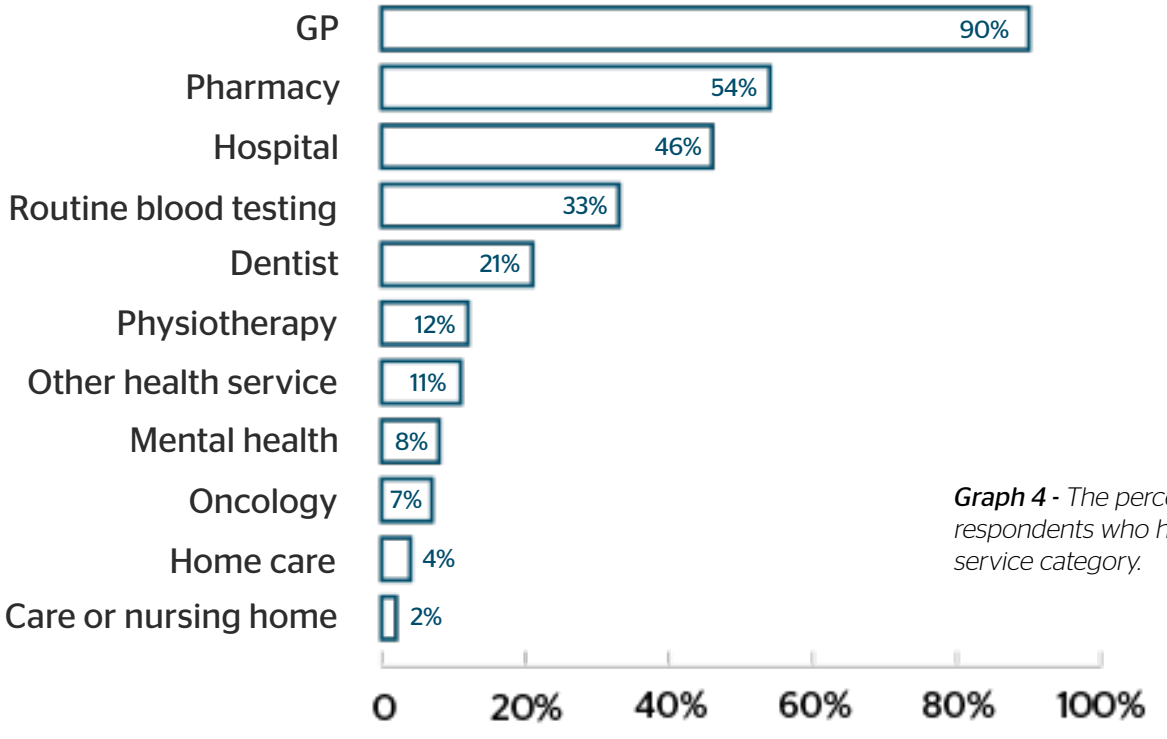


Most respondents had used at least one remote service. More than two thirds based their experience on remote telephone based consultations.

Digital/Remote services.

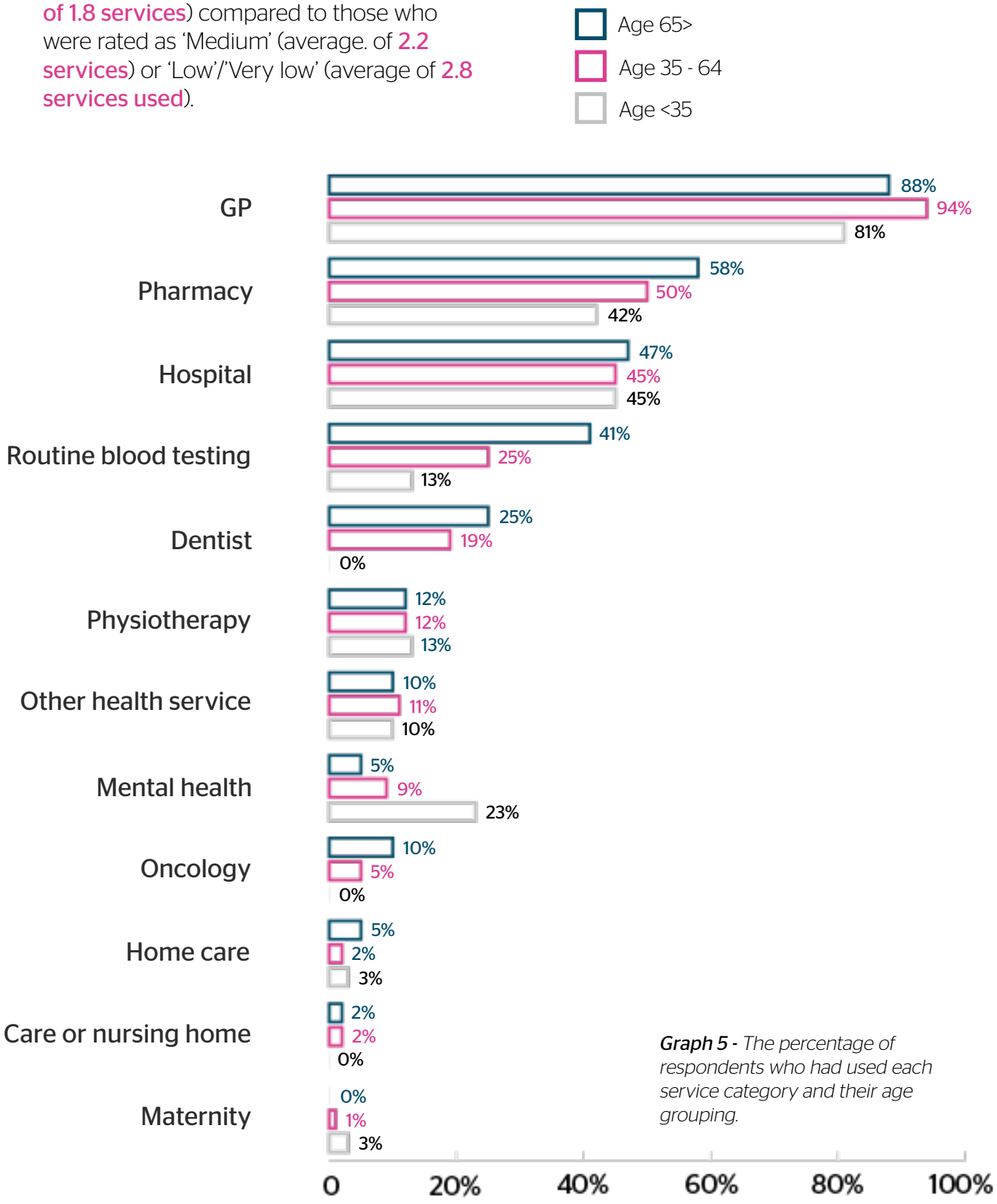
Respondents were asked which digital/remote services they had used since the start of the pandemic. **Four hundred and eleven** of the **423** (**97%**) people who responded to the survey had accessed at least one digital/remote service.

- Telephone consultations / treatment or review was the most commonly used remote service with three quarters (**316**) of respondents selecting this option. In contrast, **less than a third** of respondents had used each of the other digital/remote options.

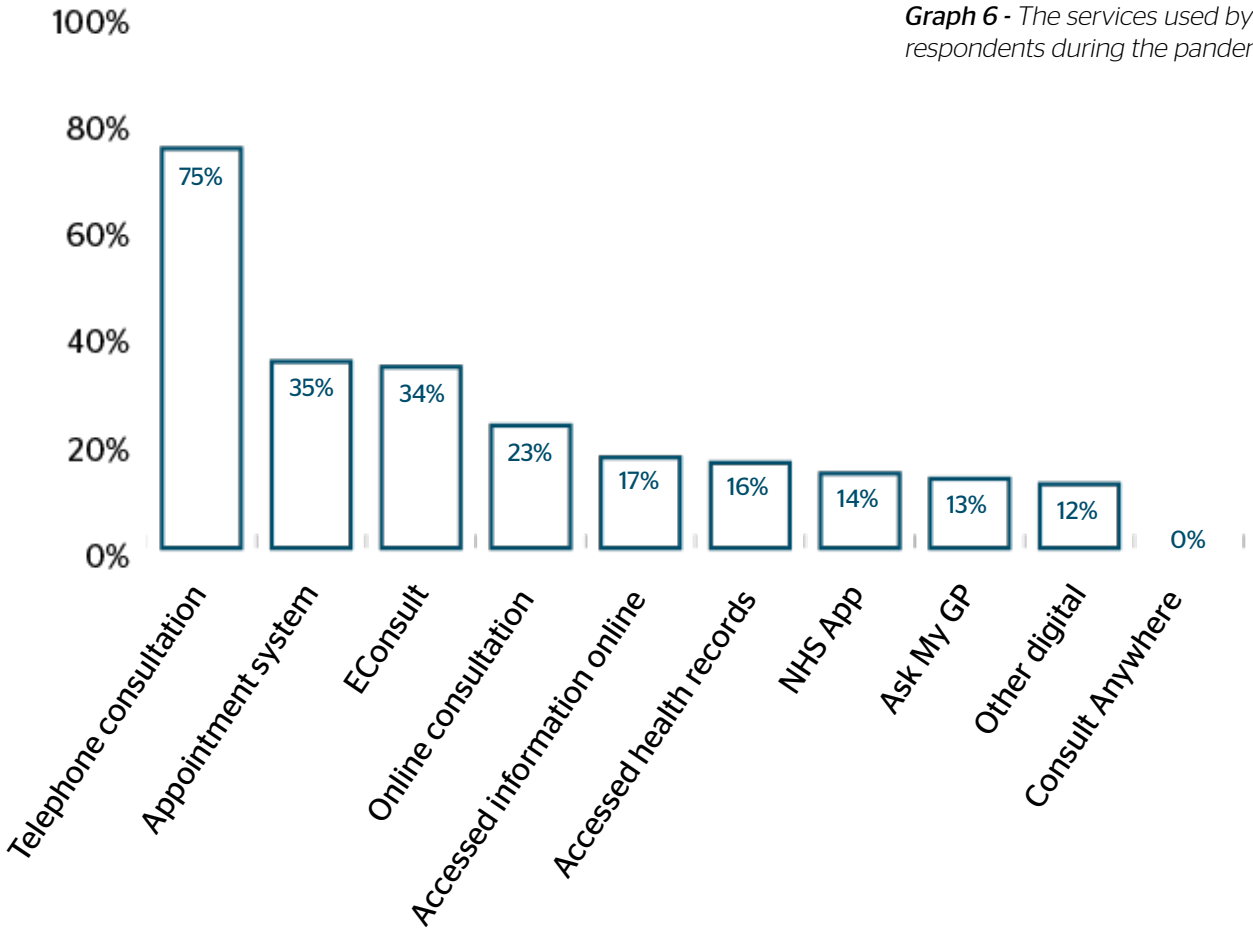


***Graph 4** - The percentage of respondents who had used each service category.*

- eConsult was the most commonly accessed of the 'bespoke' health solutions (34% compared with 14% for the NHS app, 13% for askmyGP and 0% for Consult Anywhere)
- On average, respondents who were rated 'High' or 'Very high' for digital exclusion had used fewer digital/remote services (average of 1.8 services) compared to those who were rated as 'Medium' (average. of 2.2 services) or 'Low'/'Very low' (average of 2.8 services used).
- The most frequently mentioned 'other' digital service used by respondents was ordering repeat prescriptions (23 mentions). All 'other' digital services received three or fewer mentions.



***Graph 5** - The percentage of respondents who had used each service category and their age grouping.*



Graph 6 - *The services used by respondents during the pandemic.*

What was good about Digital Technology?

Respondents were asked what had been good about using digital services to access health and care during the pandemic. Of the 361 people who responded:

- 61% (222) left a positive comment,
- 30% (101) left a negative comment,
- 8% (29) had mixed feelings about digital services,
- 2% (9) left comments that were neutral in sentiment.

Respondents rated as very high or high for digital exclusion were more likely to leave a negative comment (79% and 46% respectively) than those who were rated as low or very low for digital exclusion (12% and 10% respectively).

Figure 3 - *The top three digital services used by respondents during the pandemic.*

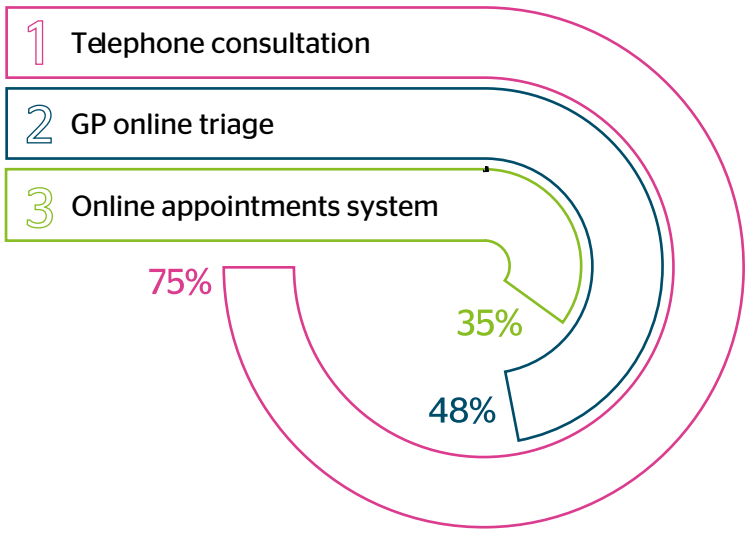




Figure 4 - *What has been good about using digital services to access health and care? Overall sentiment of respondents responses.*

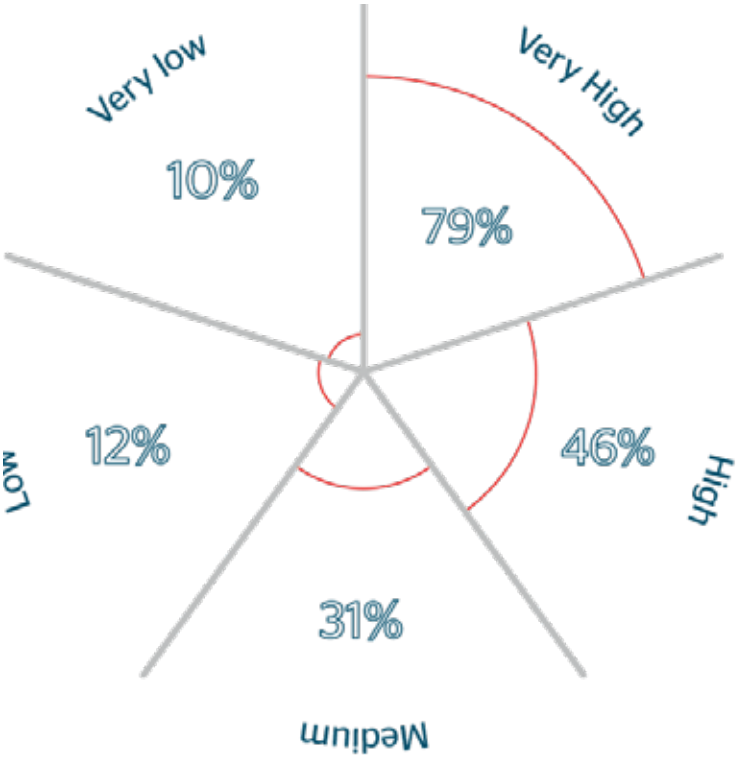


Figure 5 - *What has been good about using digital services to access health and care? Levels of negative sentiment in respondents comments and their digital exclusion rating.*

The figure shows that people rated 'Very low' for digital exclusion are far more likely to be positive about using digital services than respondents rated as 'Very high' for digital exclusion.

Negative comments

Analysis of the negative comments reveals that, for 64 people, there had simply been 'nothing' good about digital services. Eleven people commented on the poor or unsatisfactory outcomes they had experienced using digital services.

> *"Nothing, it has all being negative and resulted in poor service and delays."*
>
> ***(User of services, medium rating for digital exclusion)***

> *"None, used twice, first long wait message received wrong diagnose. 2nd time took hours to get change on prescription."*
>
> ***(User of services, high rating for digital exclusion)***

Nine people commented on their inability to use digital services, either because of their lack of access to the appropriate equipment or because the technology had failed them.

> *"The video call system didn't work either and it was a key time in my treatment. Very disappointing."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Absolutely nothing has been good!! As a vulnerable patient with ongoing kidney, prostate and diabetic problems, I cannot believe GPs are not physically seeing my husband.*
>
> *"Being told over the phone he has viral infection, could be up to 5 weeks and to call back if no better! After five weeks of seeing my husband decline each day, I insisted he has a blood test. Same day as blood test, 111 doctor phones to say ambulance is on its way. He had near to nothing kidney function!! To say we are angry is an understatement!"*

> *"Tried to download photo of ankle problem. After two phone calls from surgery that photo had not gone through tried again, said it had gone through but have heard nothing Back."*
>
> ***(Carer, low rating for digital exclusion)***

> *"Nothing (is good), he cannot access these facilities."*
>
> ***(Carer, very high rating for digital exclusion)***

Eight people commented on their need or preference for face to face interactions with health professionals.

“ Nothing. I want to see and speak to medical persons in person not by phone or online. ”

(User of services, high rating for digital exclusion)

“ Physical examination is a must for observation of limb problems. ”

(Carer, very low rating for digital exclusion)

“ Nothing much. I had an eye problem, and it was impossible for the GP to make a proper diagnosis from several photos. ”

(User of services, very low rating for digital exclusion)

“ Can't think of anything good about appointment by phone/video. How can you be examined? Physio by phone is pointless. Foot surgeons trying to see feet by pointing your phone just does not work. ”

(User of services, low rating for digital exclusion)

Ten people made other negative comments.

“ My father was unable to articulate clearly his issues. He felt let down because the GP refused to see him. ”

(Carer, medium rating for digital exclusion)

“ For me personally nothing. I consider the use of digital services could be detrimental to the therapeutic relationship between patient and GP. I also see it as a way of keeping patients away from services. ”

(User of services, low rating for digital exclusion)

Positive comments

Analysis of the positive comments reveals that speed, both in terms of ability to access services quickly (41 mentions) and promptness of response (39 mentions), was the main benefit people identified for using digital services.

“ Quick, easy access and saves time for me and the doctor. ”

(User of services, very low rating for digital exclusion)

“ It was very quick and easy, and when I wanted advice from a GP., I got it within 24 hours. ”

(User of services, low rating for digital exclusion)

“ Dr calls back saving me time and waiting in a waiting room. More efficient. Just as personal. Far prefer it. ”

(User of services, low rating for digital exclusion)

“ It was fast and efficient and the free text allowed me to clearly identify my issue and help I needed. ”

(User of services, very low rating for digital exclusion)

“ Saves time, fast response to questions .”

(User of services, very low rating for digital exclusion)

“The GP has rung me back on the phone, listened to my concerns, has visited the same day, and prescribed the appropriate antibiotics.”

(User of services, high rating for digital exclusion)





“ It took away his independence as he needed help all the time. ”

Thirty nine respondents mentioned that the reduction in the need for travel, and associated worries about parking and parking costs were a key benefit for them. This was particularly important for those who did not have easy access to transport.

> *"Not having to travel is the main advantage of using video or telephone appointments."*
>
> ***(User of services, medium rating for digital exclusion)***

> *"Not having to go out during pandemic. not having to travel far which is hard in a wheelchair."*
>
> ***(Carer, high rating for digital exclusion)***

> *"Travel is difficult, as an OAP with mobility problems I rely on my daughter for transport, using the internet for consultations, ordering prescriptions, talking to the physios and making appts is so much easier."*
>
> ***(User of services, medium rating for digital exclusion)***

In 39 instances, respondents highlighted specific digital services as having been particularly good. Amongst these:

- Ten people mentioned online booking services for GP appointments, blood tests and flu jabs.
- Nine people mentioned the repeat prescription service.
- Eight people liked the ability to access their patient records to get test results and check medical notes.
- Five people specifically mentioned EConsult, and a further 2 people highlighted the benefits of askmyGP.
- Three people mentioned that they had found Physiotherapy services to be particularly good.

> *"Booking blood test online is hassle free."*
>
> ***(User of services, very low rating for digital exclusion)***

> *"The prescription request service is very convenient."*
>
> ***(User of services, high rating for digital exclusion)***

> *"The online CBT is good in that I can do it at any time I feel up to it."*
>
> ***(User of services, medium rating for digital exclusion)***

> *"EConsult was reasonably easy to use and generated a response within less than 24 hours, as promised, from a GP at my surgery."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Could see my blood test results as soon as they were input. Easier to order prescriptions online than going to the doctors to request repeat prescription."*
>
> ***(User of services, low rating for digital exclusion)***

Convenience, and the fact that services could be accessed in a place and at a time that suited the individual, was mentioned by 31 people.

> *"I could access online physio and do it in my own time."*
>
> ***(User of services, low rating for digital exclusion)***

> *"The online CBT is good in that I can do it at any time I feel up to it."*
>
> ***(User of services, medium rating for digital exclusion)***

> *"I have conditions that cause severe fatigue so being able to stay at home has saved valuable energy."*
>
> ***(User of services, very low rating for digital exclusion)***



The speed of access to, and response from, services has been a particularly positive benefit of using digital services.

Digital services have also offered many a convenient way to access care, removing the need for travel and any associated expenses.

Insight

Thirty people said that they found digital services easy to use. It is not surprising that most of these respondents, (24), were given by respondents who were rated as either low or very low for digital exclusion.

> *"Easy to use and no need to telephone joining a long queue."*
>
> ***(User of services, low rating for digital exclusion)***

> *"It was very quick and easy, and when I wanted advice from a GP., I got it within 24 hours."*
>
> ***(User of services, low rating for digital exclusion)***

Being able to access health services safely, was important for 19 people, particularly those who had been shielding during the pandemic.

> *"Not sitting in a waiting room catching more germs."*
>
> ***(User of services, very low rating for digital exclusion)***

> *"It's safer than visiting a GP if you are shielding."*
>
> ***(User of services, low rating for digital exclusion)***

Seventeen people reported that they were satisfied with the quality of outcome they had received from health professionals through using digital services.

> *"I have had two telephone consultation and I felt more relaxed and communicated better with Dr and Nurse, it felt more personal."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Once I get to speak to the GP on the phone about me it is a good communication and I feel I'm being listened to and am able to make best use of the time."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Very good get more information, and discuss freely, a good experience."*
>
> ***(User of services, medium rating for digital exclusion)***

Fifteen people felt that digital services were good because they had meant that there was continued access to healthcare and advice during the pandemic.

> *"Gave me access to advice which wasn't otherwise possible."*
>
> ***(User of services, very low rating for digital exclusion)***

> *"That diagnosis and treatment however minimal continues during COVID."*
>
> ***(Carer, low rating for digital exclusion)***

> *"During the lockdown it was useful to be able to contact my GP surgery and access the medication I needed."*
>
> ***(User of services, medium rating for digital exclusion)***

Although only mentioned by a very small number of respondents (three), it is worth noting that for some people the use of digital services had positively improved their sense of control and empowerment in discussions.

> *"Digital services give me control over my health care."*
>
> ***(User of services, very low rating for digital exclusion)***

> *"I have a long-term condition and feel empowered now to work in partnership with my doctors to manage my care. Previously I would have been taking up appointment time but can now drop a quick line to my GP who can then email me back at their convenience. I am also using the hospital patient portal so can see my blood results with it an hour of them being taken. Amazing."*
>
> ***(User of services, very low rating for digital exclusion)***



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Improvements for digital services

Respondents were asked what would have improved their experience of accessing health and care in a digital way. Three hundred and seventeen people left a comment.

Responses were quite varied in nature, and reflected the level of exposure people had to digital services and whether they had experienced satisfactory outcomes. Responses also served to highlight the inconsistencies in the way digital services have been offered across the locality.

For example, in the previous section people highlighted the benefits of being able to access their personal medical records and test results online, while within this section respondents have highlighted this as an improvement they would like to see to the digital offer.

- Forty four people simply said 'nothing' would have improved their experience. In 11 cases it was clear that this was meant negatively ("Nothing. I don't want it." or "Nothing, face to face is the best way."), however, in the remaining 33 cases it is not possible to discern the sentiment behind these comments.

  It may be that people were satisfied with their experience and therefore nothing could have improved it. Equally, it could also mean that they were so opposed to the use of digital services that no changes or improvements would change their attitude.

- Forty six people said that being able to speak to someone, or see someone face to face, would have improved their experience. Responses reveal a number of underlying concerns that influence people's preference for face-to-face interaction with healthcare professionals.

For eight people, the need for face-to-face contact was a result of having experienced unsatisfactory or poor outcomes from health care providers during the pandemic.



Figure 6 - *Sometimes, use of digital services had led to poorer health outcomes and misdiagnosis. People felt face-to-face contact is an important part of treatment for some conditions.*

> *"Telephone appointment did not diagnose possible DVT correctly and could have put my life at risk. Face to face appointment 4 days later was effective, personal, professional and informative."*
>
> ***User of services, medium rating for digital exclusion)***

> *"Sometimes you just need to SEE someone. I've just completed a course of antibiotics completely needlessly because I was misdiagnosed over the phone."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Speedier recognition that face to face contact was needed. This did happen eventually but by this time my relative was very unwell and had to be admitted to hospital."*
>
> ***(Family member or friend, low rating for digital exclusion)***

Seven people highlighted that phone or video consultations are simply inappropriate for some health conditions/issues, where physical examination is necessary.

> *"You can't examine inside the ear over the phone now deaf in one ear."*
>
> ***(Family member or friend, unknown rating for digital exclusion)***

“Face to face is only way. Digital appointment to fix toothache.....yeah right.”

(Family member or friend, medium rating for digital exclusion)

“It was hard to explain symptoms during a phone call and impossible to show my problem via video call.”

(User of services, low rating for digital exclusion)

“For a pacemaker check, a telephone call can only check how you are feeling. It does not check that everything is working.”

(User of services, low rating for digital exclusion)

Five people felt that seeing someone ‘in person’ provided a level of assurance and confidence that was simply missing through digital interactions.

“Seeing the GP is much more effective and reassuring.”

(User of services, high rating for digital exclusion)

“It is just confidence that a physical examination gives which is missing.”

(User of services, medium rating for digital exclusion)

Four people expressed a concern that ‘something will be missed’ if they were not seen in person by their GP.

“I do worry that something may be missed by not seeing me face to face as often.”

User of services, very low rating for digital exclusion)

I feel like I was being told not to worry about something I am worrying about and my side of the conversation was not heard as the GP could not see my face and had a list of calls to make so did not take on board my anxiety about my issue.

User of services, medium rating for digital exclusion)

“The absence of face to face consultations means that deteriorating conditions are not recognised and I am left with the impression that the doctor thinks I am malingering.”

User of services, medium rating for digital exclusion)

“(My partner) had spoken to his GP on the phone (no video), telling them he didn’t feel too bad. If they had seen his skin colour and the way he stumbled when walking they would have realised he was a lot worse than how he described himself on the phone. I think this demonstrates the problems of telephone consultations - unless the patient is honest with themselves and the GP, and able to communicate in a certain educated/ empowered way, things are missed on the phone which would have been picked up immediately had the patient been seen by the GP.

“So there needs to be better use of video and a return to proper use of physical, in-person consultations - the systems currently are not good enough for picking up when people should be seen, or protecting against the risks of dealing with a patient who’s keen to play down how bad they’re feeling/is unable/ unwilling to disclose exactly what’s going on for them over the phone.”

(User of services, low rating for digital exclusion)



Figure 7 - *Some people have concerns that things can be missed if a person is not honest when using digital service offers, or if they are unable to express their concerns fully.*

The need for some visual contact with a healthcare provider was further highlighted by the fact that 24 respondents asked for more access to video/online consultations.

> *“Some kind of video consult would have been better than just typed responses.”*
>
> **(User of services, medium rating for digital exclusion)**

> *“Perhaps a visual face to face using something like Zoom might have allowed for a more in-depth consult..”*
>
> **(User of services, low rating for digital exclusion)**

> *“Video calls have to be made a compulsory requirement for surgeries to offer so that I can see the person who is diagnosing me and that they 1) are fully engaged with me i.e. no multi-tasking 2) I can express myself both in words and through non-verbal clues.”*
>
> **(User of services, very low rating for digital exclusion)**

Thirty three people said they wanted more user friendly systems, that were easier to navigate and which were supported with good communication and information.

> *“The system itself was rather clumsy and not really person level friendly.”*
>
> **(User of services, very low rating for digital exclusion)**

> *“Ordering my prescriptions - the website needs to be made clear in its communication/ wording.”*
>
> **(User of services, low rating for digital exclusion)**

> *“It wasn’t clear at first how to register to use askmyGP. The letter that I received asking me to make contact didn’t really explain much about it and read as if I was expected to phone. More clarity for regular but occasional users would have been good.”*
>
> **(User of services, low rating for digital exclusion)**

> *“More updates by my GP online on website, Facebook etc. they have been slow to keep it updated.”*
>
> **(User of services, very low rating for digital exclusion)**



Thirty one people said that EConsult, and other triage forms, could be improved. Common criticisms included:

- Inability to save information to prevent users having to fill out the same information every time e.g. prescribed medication.
- Inability to skip irrelevant questions.
- Healthcare practitioners not bothering to read EConsult forms before phoning back.

> *“The eConsult questionnaire had many questions that we’re irrelevant to me but which I still had to find an answer for.”*
>
> **(User of services, low rating for digital exclusion)**

> *“On the eConsult, the whole questionnaire is lost if your pain score is high, so after filling in all symptoms you then have to go through it all again by phone.”*
>
> **(User of services, low rating for digital exclusion)**

> *“The eConsult is long-winded and I gave up in the end. All I wanted to do was give an update on my conditions so my doctors has records of what was happening and I spent a*

long time going through the eConsult which is very thorough.”

(User of services, low rating for digital exclusion)

“ eConsult form could ‘save’ basic info (e.g. allergies/family health history) so you have option not to re-type it each time.”

(User of services, low rating for digital exclusion)

“ When staff do not read the notes it is annoying. As once I was told to go into the surgery but when I got there nobody could help me with my mental health as they were not trained, even though I had stated that in the form. ”

(User of services, low rating for digital exclusion)

While in the previous section respondents said they liked digital services for their convenience and flexibility, the inconsistencies and uncertainty of knowing when a GP would call back was a source of irritation for 24 respondents. Having pre-bookable appointment times for telephone consultations, that health professionals adhered to, would have been preferable.

“ Whilst telephone slots are booked at a fixed time doctors often ring well before that time leading to me missing their calls. ”

(User of services, medium rating for digital exclusion)

“ Been given a more exact appointment time. When doing a telephoned GP appointment, they just say morning or afternoon, this band of time is far far too wide and not reasonable. ”

(User of services, medium rating for digital exclusion)

“ There was a long wait for one of the video calls, where I felt I could not move away from my laptop in case it then started. ”

(User of services, low rating for digital exclusion)

“ They could book the video call in a time window. Often, they say you will get a call today and this means you need to be near the computer all day. Whereas I believe that a time window should be possible. Between 10 and 11:30 for example. ”

(Family member or friend, low rating for digital exclusion)

“ I am unhappy with the suggestion that I should ‘have my mobile with me’ so that the surgery can call when it suits the clinician. That devalues my time and assumes that I am happy to be taking surgery calls in the bus queue or wherever I may be. ”

(User of services, low rating for digital exclusion)

Fifteen people reported that technical issues, which had prevented them using digital services effectively, would need resolving.

“ Secure email won’t work with my iPad. Appointments and documents still have to be posted. ”

(User of services, very low rating for digital exclusion)

“ The app for booking appointments doesn’t always work - I had thought I had my flu jab booked but it hadn’t saved and I had to rearrange the date over the phone. ”

(User of services, low rating for digital exclusion)

“ The booking system for the video consultations with my Physiotherapist have been quite frustrating. I was left without an appointment when I should have had one because my details had been incorrectly entered on the Ipswich Hospital system. ”

User of services, low rating for digital exclusion)

“ Systems being difficult to use for families. For GP have to have an account for each family member which request a unique email address for each person. My 4 and 9 yr don’t have they own emails. ”

(Family member or friend, very low rating for digital exclusion)

Nine people said they needed better access to equipment or better broadband connectivity in order to improve their experience of digital services.

> *“My computer equipment would need to be upgraded to use online services meaningfully.”*
>
> ***(User of services, low rating for digital exclusion)***

> *“Sometimes on hospital video calls I get an error message that my internet speed is not fast enough for video calls.”*
>
> ***(User of services, medium rating for digital exclusion)***

> *“Better connections, talking to my consultant I had to wait for the sound to catch up with his mouth movements .”*
>
> ***(User of services, medium rating for digital exclusion)***

Lack of continuity of care was an issue raised by seven people.

> *“Different doctors reply who do not know my history.”*
>
> ***(User of services, low rating for digital exclusion)***

> *“Would have preferred to speak to my own go who knew me on ask my GP, but only realised after conversation with other GP.”*
>
> ***(User of services, very low rating for digital exclusion)***

> *“ Being able to see the GP who helps you on a regular basis. Not adhoc.”*
> ***(User of services, medium rating for digital exclusion)***

Eighteen people left general positive comments.

> *“Nothing could have improved it in the circumstances. Replies were prompt and thorough treatment.”*
>
> ***(User of services, medium rating for digital exclusion)***

> *“Can’t think of anything, very pleased to have the digital service.”*
>
> ***(User of services, high rating for digital exclusion)***

> *“I thought it was fantastic and really met my needs.”*
>
> ***(Family member or friend, low rating for digital exclusion)***



People have enjoyed the convenience of access to digital service options, however, comments indicate that broad timeframes for responses from services are not reasonable and have led to missed calls from clinicians. Some expressed that being offered a time slot for call back would be helpful.

Insight

Changes to continue

Respondents were asked what changes they would like to see continue after the pandemic. Three hundred and sixty one people left a comment.

While 25 respondents said they did not want to see any of the changes continue, and 102 people said they wanted to see the re-introduction of 'face-to face' contact with health and care professionals, there was still a significant amount of support for the continuation of remote/virtual services amongst this sample.

Ninety seven people said they would like telephone services to be retained and 73 said they would be happy for online/video consultation to continue. For many, however, their support for digital services was conditional:

- On it being offered as part of a mix of options that also included face-to-face.
- On individuals having choice about whether they want to use digital services.
- On it only being used in certain circumstances e.g. for triage, 'simple ailments', routine contacts.

Example comments include:

> *"Ok for routine stuff."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Telephone appointments as a choice please."*
>
> ***(User of services, medium rating for digital exclusion)***

> *"Telephone consultations for uncomplicated conditions."*
>
> ***(User of services, low rating for digital exclusion)***

> *"Definitely continue using virtual services as part of the pathway."*
>
> ***(User of services, very low rating for digital exclusion)***

> *"Online appointments, non-urgent enquiries etc. but online doesn't replace in-person consultations."*
>
> ***(User of services, medium rating for digital exclusion)***

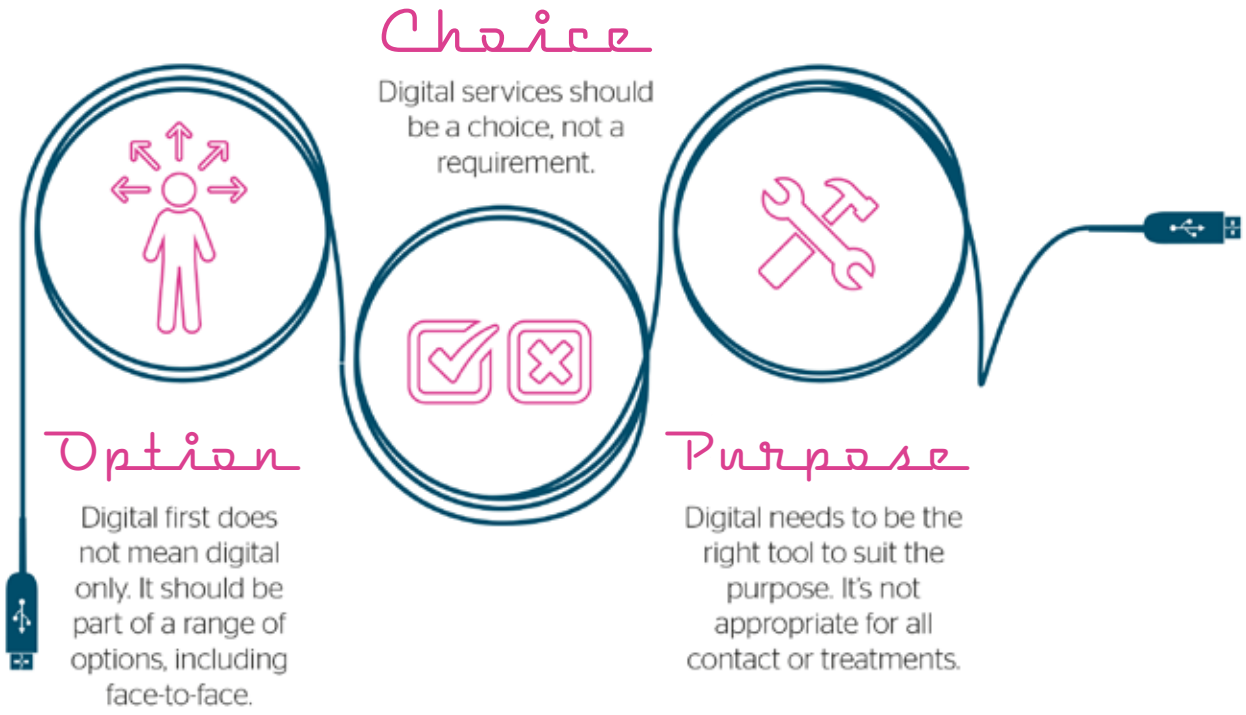
> *"Good for very straightforward issues but if needed would feel MUCH better if I could actually see to a GP or other clinician."*
>
> ***(User of services, high rating for digital exclusion)***

> *"I feel very positive about all the digital ways of accessing health and care so long as these are optional/preferred rather than 'required'."*
>
> ***(User of services, low rating for digital exclusion)***

> *"An initial telephone consultation with my GP is useful..... BUT telephone consultations are limited in what they can achieve, sometimes I do actually need to be able to SHOW the doctor what the problem is rather than trying to explain it over the telephone."*
>
> ***(User of services, medium rating for digital exclusion)***

"Online does not replace in person consultations"

Support for digital services is strong amongst our sample, however, continued use and development of this type of care was often conditional...



"Go back to old style consultations for those that need or want it. Bring back choice. Some patients will welcome online contact."

(Family member or friend, high rating for digital exclusion)

"Lots of options including for those who are digitally challenged."

(Family member or friend, high rating for digital exclusion)

"Use this for TRIAGE purposes only, not provide diagnostic or prescriptive treatment. It is not an appropriate platform."

(User of services, high rating for digital exclusion)

"I would like to see continued development of digital services which respect patient choice and work..."

(User of services, low rating for digital exclusion)

Other changes respondents said they would like to see continue included:

- Bespoke healthcare apps/solutions such as EConsult (21 mentions) and 'Ask My GP' (nine mentions)
- Online appointment booking services (19 mentions)
- Online repeat prescription ordering services (14 mentions)
- Online access to medical records and test results (10 mentions)

Bespoke apps and services

"I do not mind the online EConsult at all, as I work it allows me to contact them without having to wait on the telephone for ages. But the system needs to be tweaked and be robust,

so you are confident that it works ALL the time. ❞

(User of services, low rating for digital exclusion)

❝ *Continue with the eConsult..... For eConsult I don't have to drive 7 miles to the surgery, or sit and wait for my appointment. I know I will get a quick response and if I need a face to face appointment I will be notified.* ❞

(User of services, high rating for digital exclusion)

❝ *I would like to keep the 'askmyGP' service as think it is great for minor ailments. I don't think it should replace face to face consultations as these still have their place. I do think by dealing with minor ailments in this way it will help to free up appointments for those that need face to face consultation or those that can't use technology.* ❞

(User of services, very low rating for digital exclusion)

Appointment booking services

❝ *Online booking for appointments - can be done any time and anywhere.* ❞

(User of services, low rating for digital exclusion)

❝ *I'd like to go back to making appointments online.* ❞

(User of services, medium rating for digital exclusion)

Repeat prescription ordering

❝ *I would like to continue with online appointments and prescription services.* ❞

(User of services, low rating for digital exclusion)

❝ *I can order repeat prescriptions online. The only benefit to me.* ❞

(User of services, medium rating for digital exclusion)

Medical record access and sharing

❝ *I would like the use of digital technology to be maintained and invested in especially the sharing of patient data and images, both X-ray and scans and MRI.* ❞

(User of services, low rating for digital exclusion)

❝ *Online access to test results and letters - everything is in one place and easy to find.* ❞

(User of services, low rating for digital exclusion)

❝ *I would want to move to a fully functioning patient portal where I could review my test results, letters etc. and post my own results when I have been asked to monitor my own health.* ❞

(User of services, low rating for digital exclusion)

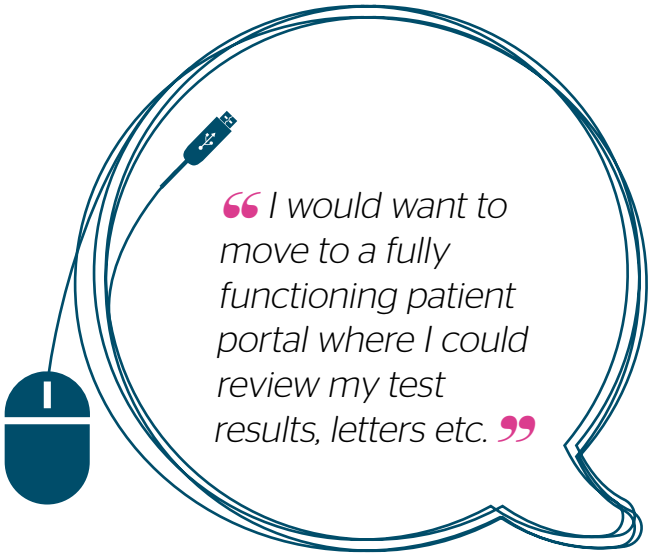
Finally, 22 people left general positive comments in support of the continuation and even broadening use of digital services within the health and care sector.

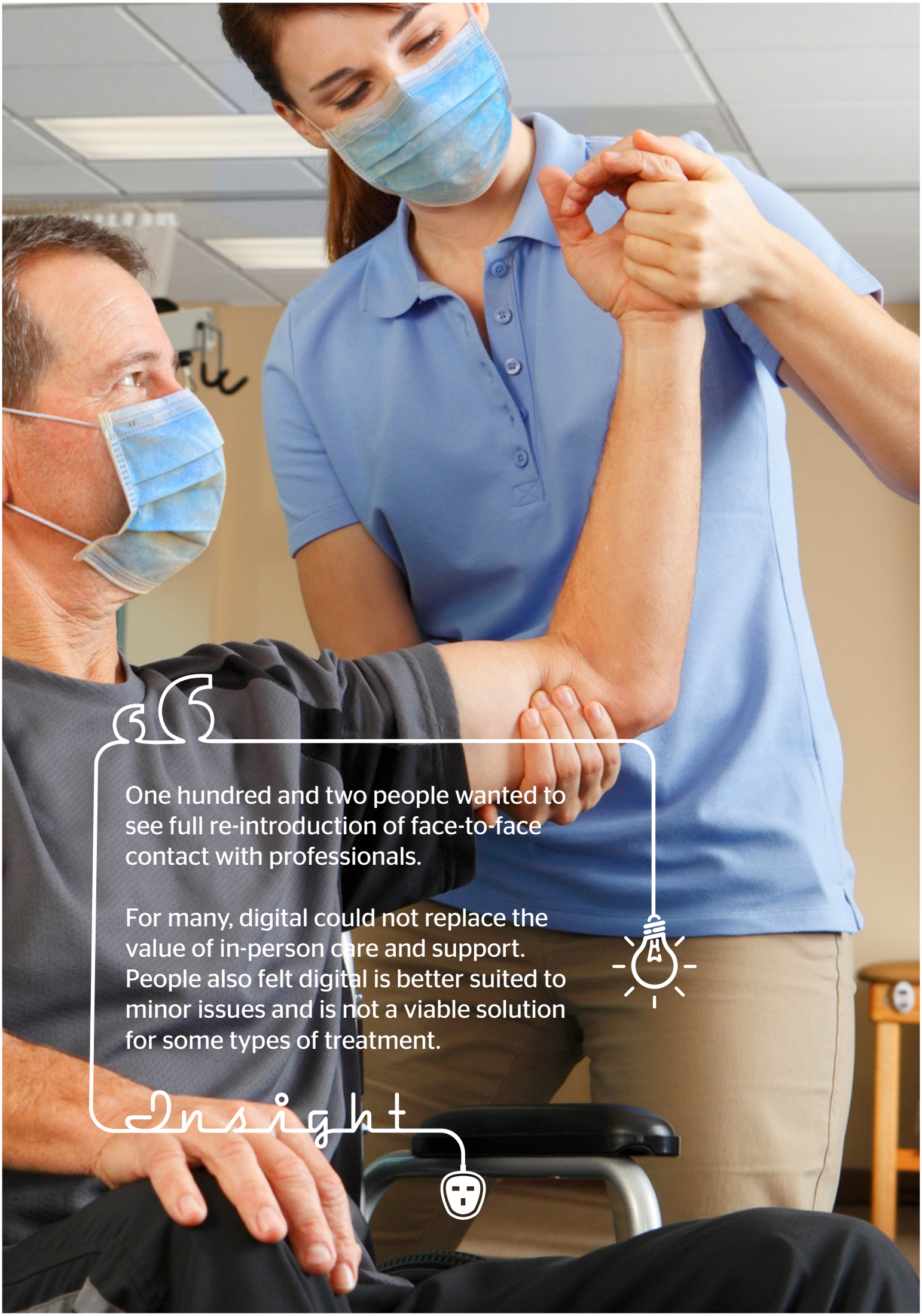
❝ *I would like to continue with and expand the use of digital services. I believe it could help ease capacity issues within the NHS and is convenient, easy and effective.* ❞

(User of services, very low rating for digital exclusion)

❝ *Online services could be continued and broadened.* ❞

(User of services, low rating for digital exclusion)





One hundred and two people wanted to see full re-introduction of face-to-face contact with professionals.

For many, digital could not replace the value of in-person care and support. People also felt digital is better suited to minor issues and is not a viable solution for some types of treatment.

Insight



My Health, Our Future - At Home

In the first COVID-19 lockdown, Healthwatch Suffolk heard from more than 5,000 children, young people, parents / guardians and education staff about how the pandemic had been impacting on their mental health and wellbeing. The report included some insights from all groups regarding the move to remote support services.

The scope of the survey related to people’s experiences of wellbeing support from education settings and the wider health and care system. Irrespective of where the support came from, the feedback and learning is relevant to all forms of digital contact and remote support.

Young people

Some young people said they had struggled with the move to digital or telephone services and it was clear that a number of young people felt this sudden change during the pandemic had led them to feel both isolated from sources of help and unsupported.

In total, **seventeen** young people said there had been a change in the way their support was being delivered, for example having consultations over the phone or online instead of face-to-face.

> *“ I was meant to be receiving access to a councillor before lockdown however due to social distancing that access is no longer available unless I use video call (which*

featured insights

Featured insights

I chose to decline due to personal preferences). This has left me trying to deal with things on my own, which makes school work difficult and everyday tasks a bit harder than they would be if I wasn't struggling with my mental health. ❞

Male (Age 15)

❝ *My therapy for OCD and basically life stress is now online, this makes it harder to talk openly as there is a very thin wall between my room and my brothers room and he can hear everything.* ❞

Female (Age 17)

❝ *I have spiralled massively and my issues are now completely out of control, I have to learn to cope with new therapists and supports online without the consistency of face-to-face interaction.* ❞

Female (Age 15)

Education staff

Many of the comments from education staff included a concern about students lack of access to devices or digital literacy skills to navigate them. Education staff also highlighted concerns that access to IT may also prevent vulnerable young people from seeking support when they need it.

❝ *Disadvantaged students struggle to engage with learning due to lack of or limited access to computers.* ❞

Reflecting the concerns of respondents to our patient and public survey that people can mask the true nature of their condition online, school staff also expressed that the nature of remote contact with young people can mean important things go undetected. That included that remote services can mean young people become disengaged from support or that serious concerns or issues can be masked (or filtered by others).

❝ *That they are not able to complete the work without us! Many have mental health issues and are not responding to phonecalls or emails.* ❞

❝ *It is harder for us to spot warning signs that something is wrong and harder for children to tell us if something is wrong/how they are coping.* ❞

Parents and guardians

181 parents and guardians said that at least one of their children was receiving mental health support before lockdown. Of these:

- **64%** said that their child's support had changed since lockdown.
- **37%** said that changes in support had affected their child's mental health.

Some directly referred to the impact of the change to digital support.

❝ *She has waited longer for assessment due to having to do it by phone/video which causes her to panic.* ❞



Comments from school staff expressed concern that lack of regular observation may mean problems go unnoticed or may be deliberately masked by students or parents.



We heard from people working in more than **35** different health and social care roles, including...



Who we heard from

Ninety eight people responded to the professional survey.

Respondents were asked for their job role. **Fifty four** people (**55%**) also indicated what health/ care sector they worked in (e.g. mental health, acute setting etc.).

- Physiotherapists were the largest group represented within the sample, (18 respondents),
- Twelve respondents were GPs.
- Nine worked in general management roles - seven within GP practices and two within Acute settings.
- Eight registered nurses responded to the survey – five mental health nurses, two district/ community nurses and one from an acute/hospital setting.
- Seven people worked in admin roles – two within physiotherapy services, two with GP practices, one from an acute setting and two from mental health services.
- Seven worked within the social care sector – five were social workers, one was a social care manager and one as a social care support worker.

Twenty four 'other' job roles were reported by respondents. They included:

- Assistant Practitioner
- Care Navigator
- CBT Therapist
- Wellbeing Practitioner
- Clinical Information Lead
- Clinical Support worker
- Dementia Navigator
- Exercise Therapist
- Expert by Experience
- Health Visitor
- IPS Employment Specialist
- Lead Cancer Nurse
- Lymphoedema Specialist
- Manager
- Midwife
- Non-exec
- Nurse practitioner
- Nursing/Healthcare Assistant
- Paramedic
- Patient Services Coordinator
- Pharmacist

Table 7 - *The job roles of respondents.*

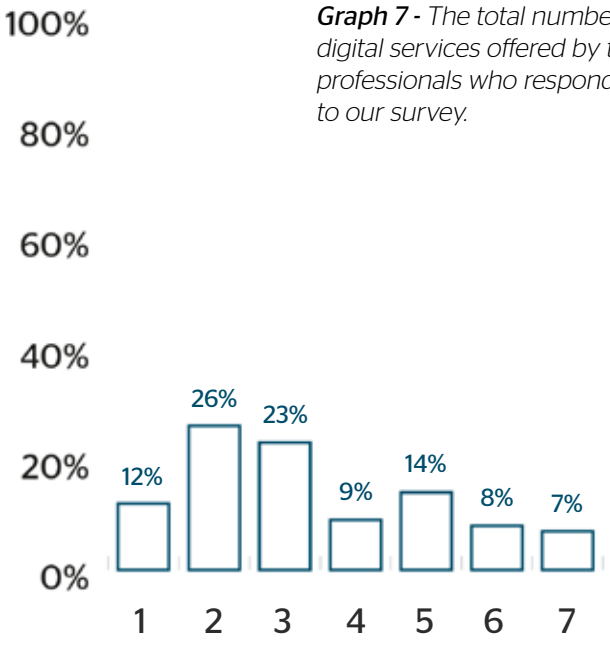
Theme - Mental health / Physical condition	No. of respondents	% of respondents
Physiotherapy	18	18%
GP	12	12%
General management	9	9%
Registered Nurse	8	8%
Admin and Clerical	7	7%
Social Care Worker	7	7%
Clinical Psychologist	4	4%
Psychotherapist	3	3%
Medical Consultant	2	2%
OT	2	2%
Assistant Psychologist	2	2%
Other	24	24%

- Physiologist
- Tech lead

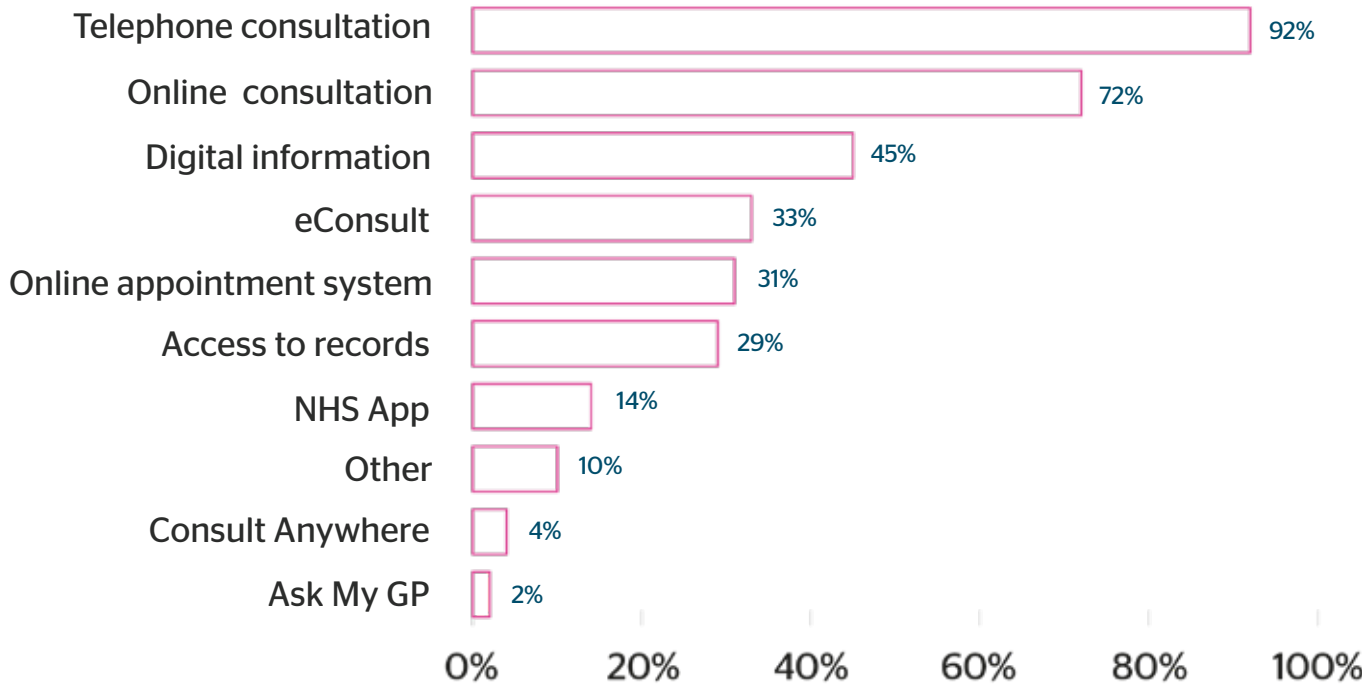
Digital/remote services provided:

97% (95) of the sample said they offered at least one digital service to their patients/users, with the majority of providers (49%) offering two to three services.

- The most commonly provided digital/ remote services were telephone consultations (92%), followed by online consultations (72%).
- EConsult was the most frequently mentioned of the bespoke NHS apps (33% vs 14% for NHS App, 4% for Consult Anywhere and 2% for Ask my GP).
- Online self-referral (three mentions) and WhatsApp/MS Teams/Skype video calls (two mentions) were some of the 'other' examples of digital services being used.



Graph 7 - *The total number of digital services offered by the professionals who responded to our survey.*



Graph 9 - *The digital offers respondents said their services currently provide.*

Digital statements

Respondents were asked to indicate how much they agreed or disagreed with a number of statements about digital technology/digital services.

As with the patient data, responses have been converted into a numeric score and combined to give an overall indication of respondents' confidence in and ability to use digital services.

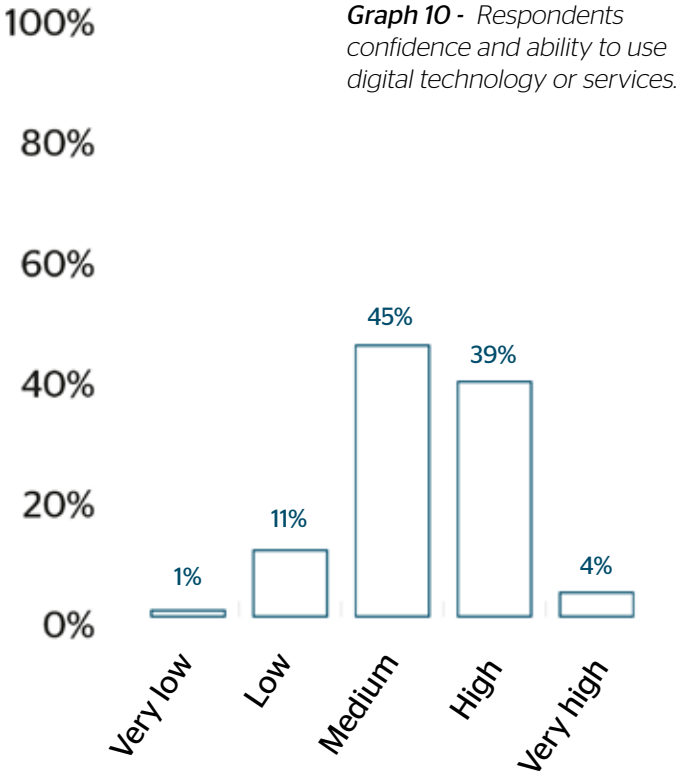
In general, the sample were quite confident in their use of digital technology. Over 60% of respondents agreed with the statements:

- 'I find it easy to communicate using digital technology' (60%)
- 'I feel digital appointments are effective' (68%)
- 'I feel confident using digital technology' (83%).

In addition, 79% of the sample disagreed with the statement 'I don't have access to the technology that allows me to provide digital services'.

Poor internet connectivity however was an issue for over a quarter of respondents (26%)

Graph 10 - *Respondents confidence and ability to use digital technology or services.*



“Elderly people will not have a computer and will often have no intention to buy one. This could be due to them not be comfortable or familiar with using technology or something that they would even aspire to. Or, they could be at a point now that they can’t use the technology that could be available to them as they can’t see properly or know how to touch it, perhaps because of their eyesight or arthritis.

“They may not have the digital dexterity to use keyboards buttons etc. Older people often experience mental blocks. They may also perceive that this is ‘for young people, not for old people.”

(Registered Nurse)

Figure 8 - *Professional respondents confidence with, and ability to provide, digital services.*



11%
Do not have access to the technology needed to provide digital services.

83%
Feel confident using digital technology.

26%
Struggle to provide services because of poor connection or signal.

68%
Feel digital services are effective.

What do professionals believe prevents patients/Service users from accessing online services?

Professionals were asked what prevented patients and service users from accessing online services. 83 people left a response.

Lack of access to equipment

Lack of access to appropriate equipment (48 mentions) was the most commonly mentioned barrier to people using digital services.

> *“Some of our patients do not have computers or even mobile phones.”*
>
> ***(Physiotherapist)***

> *“Patients that fall under my umbrella of service within primary care (aged 70+) tend to not have the ability to use technology or own the tech to use this service.”*
>
> ***(Paramedic)***

> *“Education and access to the internet or smart phones. The rapid role out of digital services has not allowed time to promote them to patients.”*
>
> ***(General Management GP practice)***

Skills and knowledge

Thirty seven people mentioned that patients/ service users lacked the necessary skills and knowledge to be able to use digital services



> "Using digital technology for individuals with shame issues is not ideal. They don't like, or cannot function, seeing themselves on screen without it being shame inducing. They find the camera too exposing."
>
> *(Clinical Psychologist)*

> *"Lack of knowledge regarding technology and services."*
>
> ***(Registered Nurse)***

> *"Lack of knowledge on systems used. Lack of general IT knowledge."*
>
> ***(Exercise Therapist)***

> *"We might have someone who has the means to access tech and wifi but lacks the understanding, motivation, capacity or desire to utilise it."*
>
> ***(Tech Lead)***

Poor connectivity

Poor connectivity, particularly in rural areas, was mentioned by 18 respondents.

> *"The internet signal can be very poor which makes communication difficult."*
>
> ***(GP)***

> *"Access to hardware and connectivity issues."*
>
> ***(Social Worker)***

> *"No internet access - we are rural and are penalised digitally as a result, wifi is highly unreliable."*
>
> ***(Medical Consultant)***

Age differences

Seventeen respondents made reference to patient's age within their responses. The implication in most of these comments (16) is that older people find using digital technology particularly problematic. One respondent commented on the difficulty of using digital technology to assess children.

> *"More elderly patients don't always have the technology for this or the confidence to use it to its full potential."*
>
> ***(Physiotherapist)***

> *"The age of the children we see - really hard to assess and work therapeutically with younger group and effectively risk assess."*
>
> ***(Clinical Psychologist)***

> *"Some elderly patients are not confident in using online referrals/ resources. Instead we complete phone referrals/ post information out to them."*
>
> ***(Physiotherapist)***

In contrast to the patient survey, where the majority of respondents said Health/disability or condition was a significant barrier to using digital services, only 12 professionals mentioned it within their responses.

> *"Have physical or mental health concerns that mean they struggle sometimes to even answer the phone, let alone utilise technology for healthcare access and purposes."*
>
> ***(Assistant Practitioner)***

> *"People with low mood, for instance, may be less motivated to learn how to use this or access something online without support to do so."*
>
> ***(Job role not recorded)***

> *Mental health impacts on cognition, they may have the skills to use it but there are also psychological barriers that hold them back.*

(Clinical Psychologist)

Confidence

Eleven people mentioned that patients/service users lacked confidence to access services digitally.

> *They are not confident or don't have devices.*

(Occupational Therapist)

> *Lack of knowledge/confidence to use online service.*

(Social Worker)

> *More elderly patients don't always have the technology for this or the confidence to use it to its full potential.*

(Physiotherapist)

Lack of help and support

Seven respondents reported that their patients/service users lack the necessary support that would enable them to use digital services. Relatives were often regarded as being the source of support, particularly 'younger members of the family.'

> *Not being on the Internet and unable or unwilling to ask for help.*

(Admin/Clerical role)

> *For older people – isolation, no younger family members around to set it up.*

(Assistant Psychologist)

> *Using some of the tech that has been available for individual due to COVID-19 - has been incredible but it is the unknown of how to use and having someone available to support the set up for them to use the technology.*

(Social Care support worker)

Face-to-face preference

Seven people highlighted that many people have a preference for face to face consultation/assessments

> *Some teenagers do not want video calls but I speak on the phone and use professionals in schools for example to also check on young people.*

(Social Worker)

> *Some service users that we support have never used the internet let alone have wifi in their homes. These people have requested not to use internet so their support has been limited. We have only been able to use the telephone or post for this group of people.*

(Social Care Support worker)

Language barriers

Language barriers were mentioned by **five** professionals.

> *Not all advice on line is available in all languages.*

(Physiotherapist)

> *Language barriers are a problem: both in direct conversations but also in making BAME/non-English speaking populations in accessing or being aware of the other options.*

(GP)

Other issues mentioned by less than **five** people were:

- Fear / anxiety
- Lack of privacy
- Concerns regarding GDPR, security of information and confidentiality
- Technology failures



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What has been good

Respondents were asked what has been good about providing digital access to health and care services. 91 people left a comment.

For 19 respondents the key benefit of using digital services was the removal of inefficiencies, particularly in relation to the loss of time associated with travel, but also because practitioners felt they could organise their workload more effectively.

> *“Significant gains in efficiency and makes managing workload much easier.”*
>
> ***(Clinical Information Lead)***

> *“Some things can be managed well digitally and can save time.”*
>
> ***(Physiotherapist)***

> *“More time to chase things up as not travelling everywhere for face to face meetings.”*
>
> ***(Social Worker)***

> *“Remove of inefficiencies, like travel time and fix appointment slots. We can match the time need, and triage effective to the right team/ clinician.”*
>
> ***(GP)***

An associated benefit of the removal of inefficiencies was the ability to reach/see more people. This was mentioned by nine professionals.

> *“Can speak to more patients.”*
>
> ***(Registered Nurse)***

> *“Ability to see more patients and to fill slots if people don’t answer.”*
>
> ***(Social Worker)***

> *“I am able to access more clients who live rurally or who cannot drive or access clinic spaces. We have limited clinic space and so we can offer more appointments without being limited by physical clinical spaces.”*
>
> ***(Children’s wellbeing Practitioner)***



Professionals noted the service benefits of digital delivery of care. This included staff productivity, service capacity and that services could continue to offer support in spite of pandemic restrictions.

> *“I have been able to support a larger pool of patients as there hasn’t been any travel time between appointments.”*
>
> ***(Employment Specialist)***

> *“Increased reach. I work in MSK outpatients so by increasing provision of telephone consults and commencing video consults we can reach patients that may otherwise not have been able to make it to clinic/would require community visits.”*
>
> ***(Physiotherapist)***

> *“We can help so many more people more quickly with Initial telephone triage.”*
>
> ***(GP)***

Eighteen people mentioned that using digital services had been instrumental in their ability to continue to offer a service to patients/the public, during the pandemic. A couple of people commented on the potential for technology to

help keep services 'running' at other times in the future (e.g. winter/severe weather).

> *"We can still provide A SERVICE."*
>
> ***(Social Care Manager)***

> *"Enabled the service to continue running."*
>
> ***(Exercise Therapist)***

> *"It has been invaluable in keeping our service running smoothly. Making sure our service users are still able to have contact with our services and have regular appointments."*
>
> ***(Admin & Clerical worker, Mental Health)***

> *"It has helped us to be able to still see people and reassure them and support them with the day to day concerns."*
>
> ***(Social Care Support Worker)***

> *"During COVID, if not for technology we would not be able to engage with anyone at all."*
>
> ***(Registered Nurse)***

> *"Will help us continue to deliver service when the weather worsens in the winter as we always get some cancellations."*
>
> ***(Physiotherapist)***

> *"Able to still provide services to those who are shielding or do not wish to attend clinic. This has been of benefit not just to Covid related scenarios but for those who struggle to attend clinic due to other commitments e.g. childcare, work, transport. I suspect it will be valuable in the event of adverse weather where our cancellation rate is commonly high."*
>
> ***(Physiotherapist)***

Fourteen people highlighted specific digital services or aspects of digital services that have been of particular benefit.

> *"Video consultations, eConsult, learning telephone triage."*
>
> ***(GP)***

> *"Using photographs to gain a visual without F2F is great if the device used has the ability to take clear pictures."*
>
> ***(Paramedic)***

> *"Telephone consultation for long-term conditions seem to work without putting patients at unnecessary risk from COVID."*
>
> ***(Registered Nurse)***

> *"Effective for signposting to other digital partner services."*
>
> ***(Occupational Therapist)***

> *"Online eConsults enable patients to access non urgent clinical support at their leisure and prevent all the telephone call back DNAs.."*
>
> ***(Medical Consultant)***

Convenience for patients was another advantage of digital services that 14 respondents highlighted within their responses. Respondents felt this was particularly beneficial for those who are working and find it difficult to make time for appointments.

> *"Allows people to complete consultations at work, and be more accessible rather than needing to take time to attend clinic."*
>
> ***(Physiotherapist)***

> *"Comfy own home. Nice drinks. Not have to go out. Comfy at home with therapy, times they want."*
>
> ***(CBT therapist)***

> *"It is a solution for those who can't access GP services during their own working hours."*
>
> ***(GP)***

> *"Improved patient experience: saves journey times and subsequent environmental impact."*
>
> ***(GP)***

> *Increased patient choice, less travel and cost for patients.*

(Lead Cancer Nurse)

The ability for services to be delivered in a COVID-19 safe manner was mentioned by nine people. This was particularly of benefit for those who have been shielding.

> *Less contact so protection for patients.*

(OT)

> *It means that some patients and myself are protected from unnecessary contact during a pandemic.*

(Physiotherapist)

> *During COVID, if not for technology we would not be able to engage with anyone at all. We have been able to help family, carers and patients themselves. This is particularly important to older individuals, as it is very likely that they are in a 'shielding group' as they are clinically extremely vulnerable or they are in a care homes, and additionally some staff/team members themselves are isolating/shielding depending on state of lockdown level. So, it can be a good and consistent opportunity to engage with people, but only if it works.*

(Registered Nurse)

Seven professionals commented that digital services gave patients and service users easy access to help and support.

> *No waiting times. Patients are managed the same day and online e-consults enable patients to access non urgent clinical support at their leisure and prevent all the telephone call back DNAs.*

(Medical Consultant)

> *Able to offer appointments quickly and more efficiently.*

(Social Worker)

Five people highlighted the benefit that digital services gave in helping to ease social isolation during a time when people have been cut off from physical contact with friends and family.

> *One lady that I support can, she's joined some groups. It's been good for loneliness and provided her with some connection.*

(Registered Nurse)

> *Most patients, including those on a poor income, have a digital mobile phone with an email account. They use FaceTime, WhatsApp and other social media to talk to their friends and family.*

(Health visitor)

> *New options and inclusivity for groups generally excluded structurally (thinking particularly around disability here).*

(Assistant Psychologist)

> *Dementia Together have also been able to set up virtual group meet ups for wellbeing and for quizzes to bring people together, this has been recognised as a weekly support by service users.*

(Social Care support)

Finally five professionals reported that digital services had enabled them to involve family and friends in assessments/consultations more easily.

> *It has been nice to be able to include family members in therapy sessions, where the patient has consented to this.*

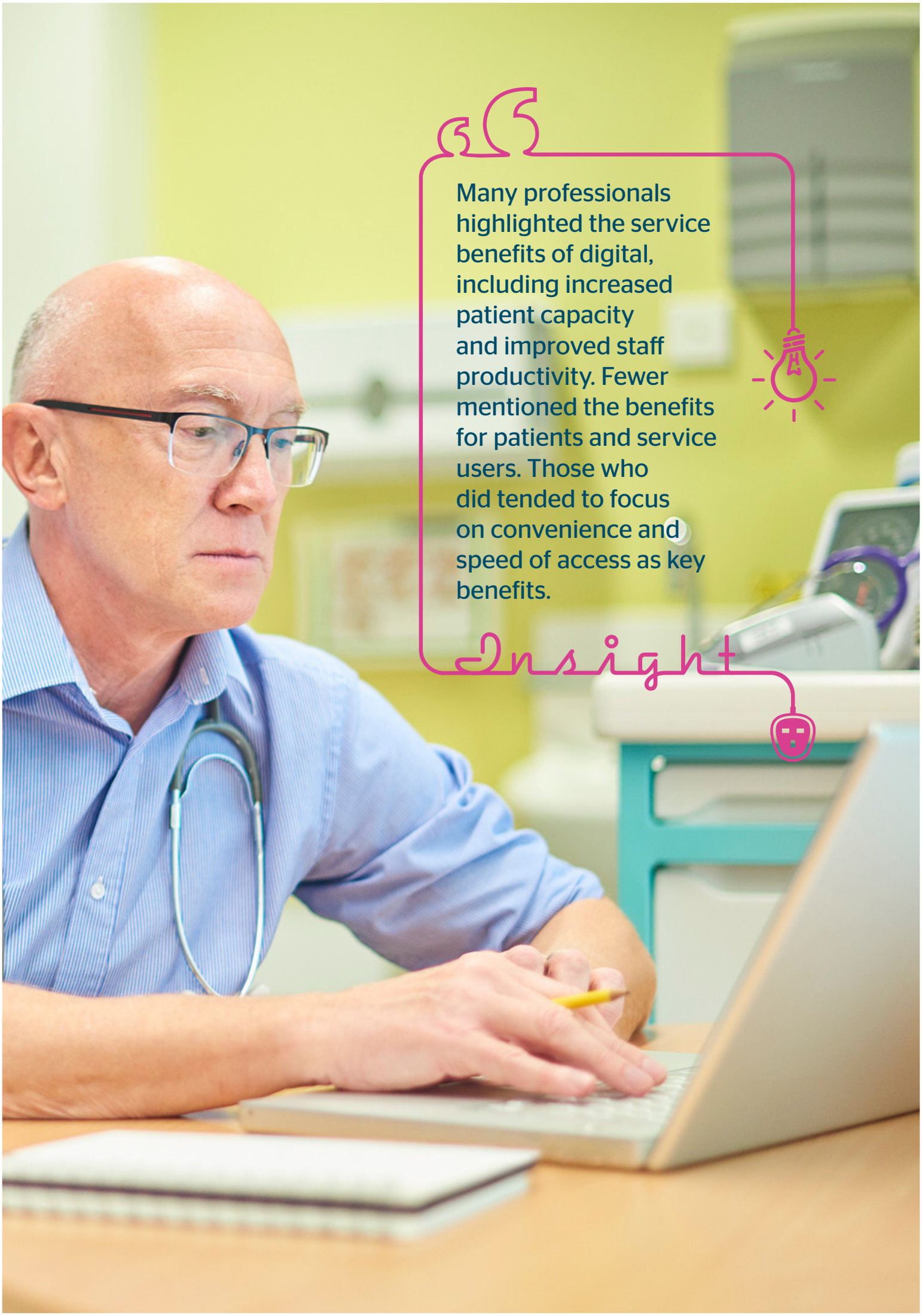
(Assistant Psychologist)

> *It can enable us to connect with distant family members.*

(Dementia Navigator)

> *Allows other family members to be part of the consultation.*

(Admin & Clerical, Acute)


Many professionals highlighted the service benefits of digital, including increased patient capacity and improved staff productivity. Fewer mentioned the benefits for patients and service users. Those who did tended to focus on convenience and speed of access as key benefits.
Insight

What to improve

Respondents were asked what could be improved about digital access to health and care services. Eighty one respondents left a comment.

As with the patient survey, responses from professionals were quite disparate and reflected the different levels of exposure they had to digital technology, and their experiences of the effectiveness of digital services.

The biggest issue, mentioned by 20 respondents, was access to equipment, for patients and professionals. Consideration of financial support for patients to access technology was also highlighted by a couple of respondents within this theme.

> *"Having headsets, having webcams allowing us to see and demonstrate exercises."*
>
> ***(Physiotherapist)***

> *"The computers used for Microsoft Teams, if not fit for purpose slow the meeting down, connections too. The online consultation require webcam enabled computers that are not easily available."*
>
> ***(Physiotherapist)***

> *"Our technology is outdated - our computers freeze, our work system crashes regularly, sometimes our site servers shut off completely and we lose both phones and computers. We do not have enough laptops to provide regular videocalls to improve our ability to assess and treat our patients. Alongside that, the online content we have for patients for self-help is notably outdated which does not help. In order for us to provide a good digital service, we really do need a full IT update and better facilities/tech to allow us to deliver this."*
>
> ***(Physiotherapist)***

> *"Access to technology, more than anything. And the right level of support to use it, most older people are vague with technology."*
>
> ***(Registered Nurse. Mental Health)***

> *"For patients to have access and support to use technology, if they decide that's what they like, as not everyone wants to do that."*
>
> ***(Registered Nurse, Mental Health)***

> *"For digital access to work, the social and economic status of the people we work with needs to be looked at. We can signpost for support, but if someone is unable to afford the right equipment to access the services they need, more needs to be done to support them ."*
>
> ***(IPS employment specialist)***

Nineteen people felt there should be more education/training for people in how to use digital technology. This was not just about training for the public and patients, but for clinicians and health professionals as well.

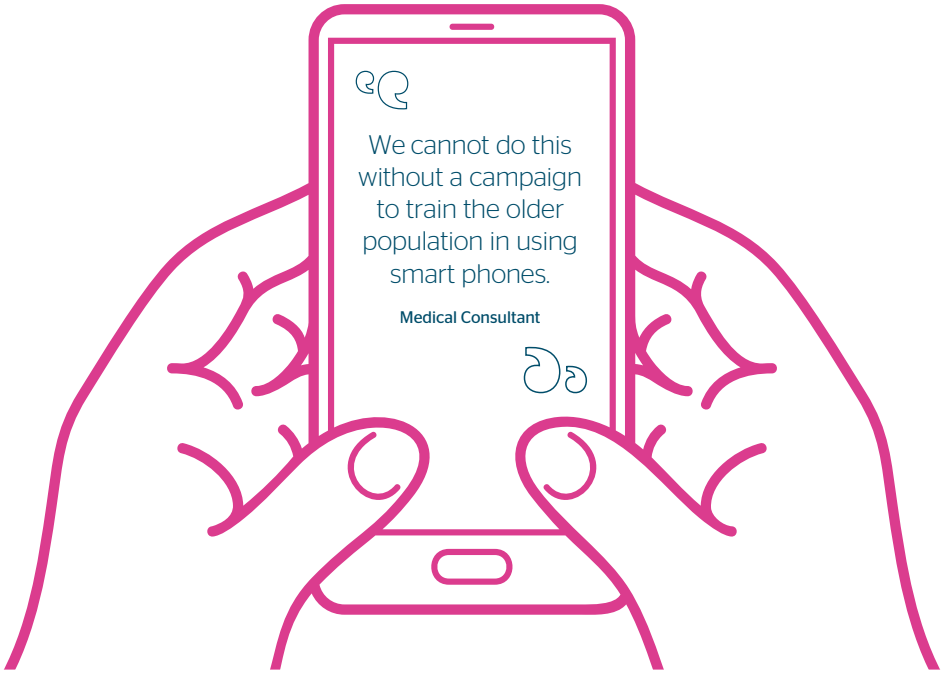
> *"More training for clinical staff as to how to use the technology and support for when it goes wrong."*
>
> ***(Registered Nurse, Community)***

> *"Provide more opportunities for learning. Show people how to do it. I know, even for myself, I need to be shown more than once."*
>
> ***(Registered Nurse, Mental Health)***

> *"Could there be tutorials/adverts/resources explaining digital/remote access to healthcare better?"*
>
> ***(Physiotherapist)***

> *"Service users need support with the setting up and gaining confidence in using the technology."*
>
> ***(Social Care Support Worker)***

> *"Training group OP/ Hospice training groups, day centre. Shopping too, zoom friends. Groups. Could be different and better experience IT specialist to teach. NSFT IT specialist OP, patient ts get online. Part of support service we ought to be offering to them and social care. Wouldn't need telephone*



if we taught how to use computer digital. ❞

(CBT Therapist)

❝ *Someone in IT who could actually teach older adults how to use technology.* ❞

(Assistant Psychologist)

Nine respondents called for improvements in digital infrastructure, particularly better Wi-fi/ broadband connectivity within rural areas.

❝ *Improved wifi and internet speeds in rural communities.* ❞

(GP)

❝ *Better mobile phone reception if making calls from work mobiles.* ❞

(Physiotherapist)

❝ *Better connection when working remotely.* ❞

(Dementia Navigator)

❝ *Better internet speeds county wide would help.* ❞

(Physiotherapist)

Seven respondents commented that developing Integrated/unified systems would not only improve joined up working across health partners, but would also streamline systems making them easier for patients to navigate.

❝ *Unifying systems so that patients and staff don't have a confusing array of platforms to understand.* ❞

(GP)

❝ *Joined up working across the region, systems that talk to each other.* ❞

(Lead Cancer Nurse)

❝ *Improve the seamless data recording in patient record, allow easier secure data sharing between patient and teams.* ❞

(GP)

❝ *Better access to local information/pathways/ resources for patients (e.g. a central hub linking to various services).* ❞

(Physiotherapist)

❝ *We also need alignment across the alliances of one integrated system so the care is seamless.* ❞

(Medical consultant)

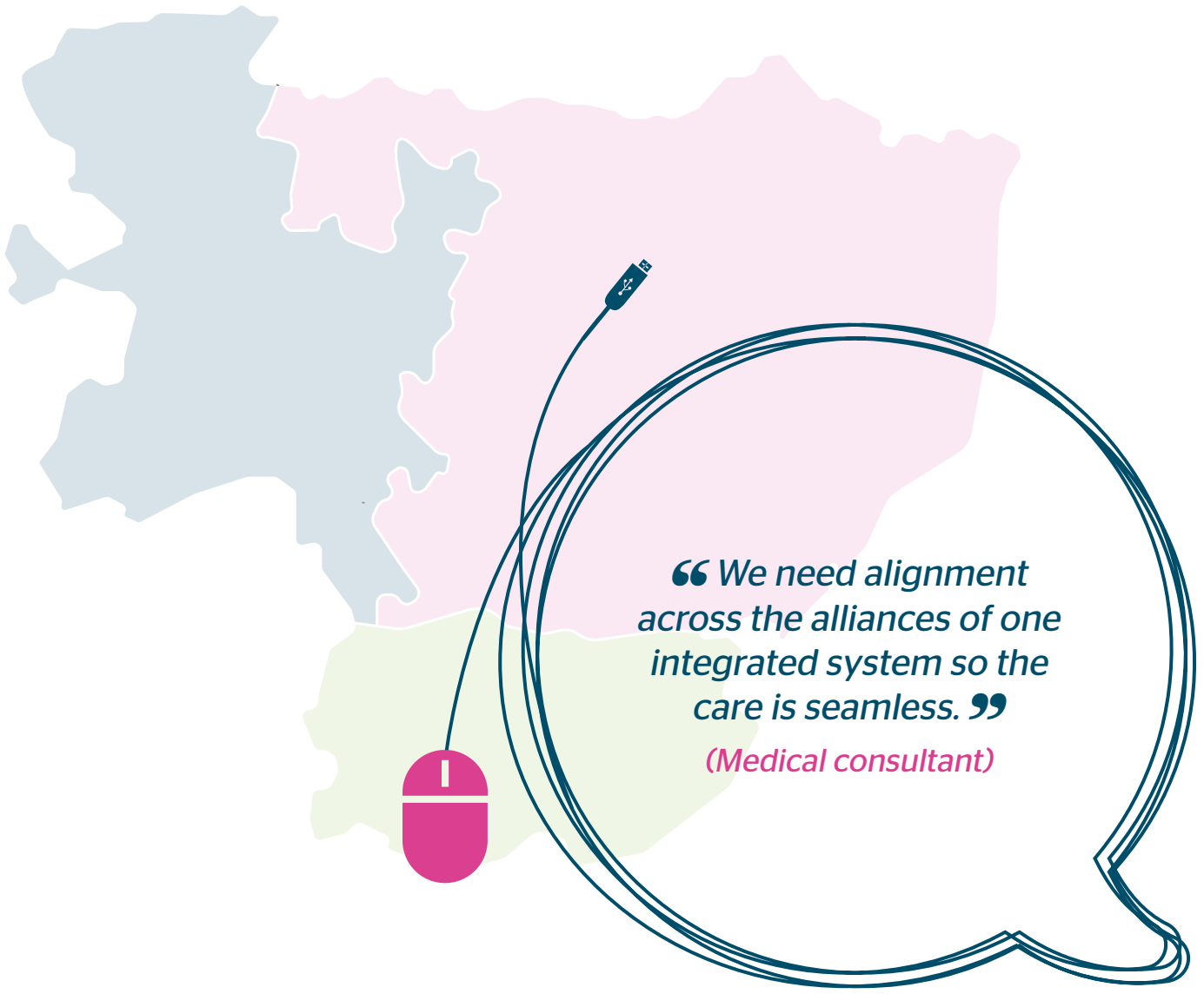
Twenty three respondents left 'other' comments. Many of these were specific to their own circumstances or were more general comment about digital services.

> *"Clinical competence in standardisation and focus on effective provision."*
>
> ***(GP)***

> *"Funding for digital healthcare development can be difficult to source at times."*
>
> ***(Clinical Information Lead)***

> *"Perhaps having more clear guidance around when this is the best option in terms of making decisions around supporting someone."*
>
> ***(Clinical Psychologist)***

> *"What could come from all of this is a recognition that older people do not access services in the same way that younger people can. Therefore, we have a changed landscape to see how to work differently. There have been challenges through the winter and with covid, now we need to think- how do we prepare services to help older people? This is a huge opportunity to look at how to help older people access, engage and embrace technology."*
>
> ***(Registered Nurse)***




Insufficient, or outdated, equipment was cited by some professionals as a barrier to providing effective care.
Insight

“Some service users that we support have never used the internet let alone have wifi in their homes. These people have requested not to use internet so their support has been limited. We have only been able to use the telephone or post for this group of people.”

(Social Care Support Worker)

What to continue

Respondents were asked 'If the pandemic ended, what changes would you like to see patients/ service users continue using and why?'. Eighty eight people left a comment

Like the patient survey, there was a significant amount of support for the continuation of remote/ digital services amongst professionals.

Twenty six people said they would like to see the continuation of telephone appointments, 27 said video consultation had been of benefit, and a further 19 people said 'virtual services' should carry on beyond the pandemic. However, like patients, many professionals qualified their comments by indicating that digital services:

- Should only be used for certain 'simple' conditions.
- Should only be used for initial triaging.
- Should only be used 'where appropriate' or 'useful'.

"Video calls/telephone appts where appropriate."

(Admin/Clerical, Physio)

"Video consultations when useful or preferred by patients."

(GP)

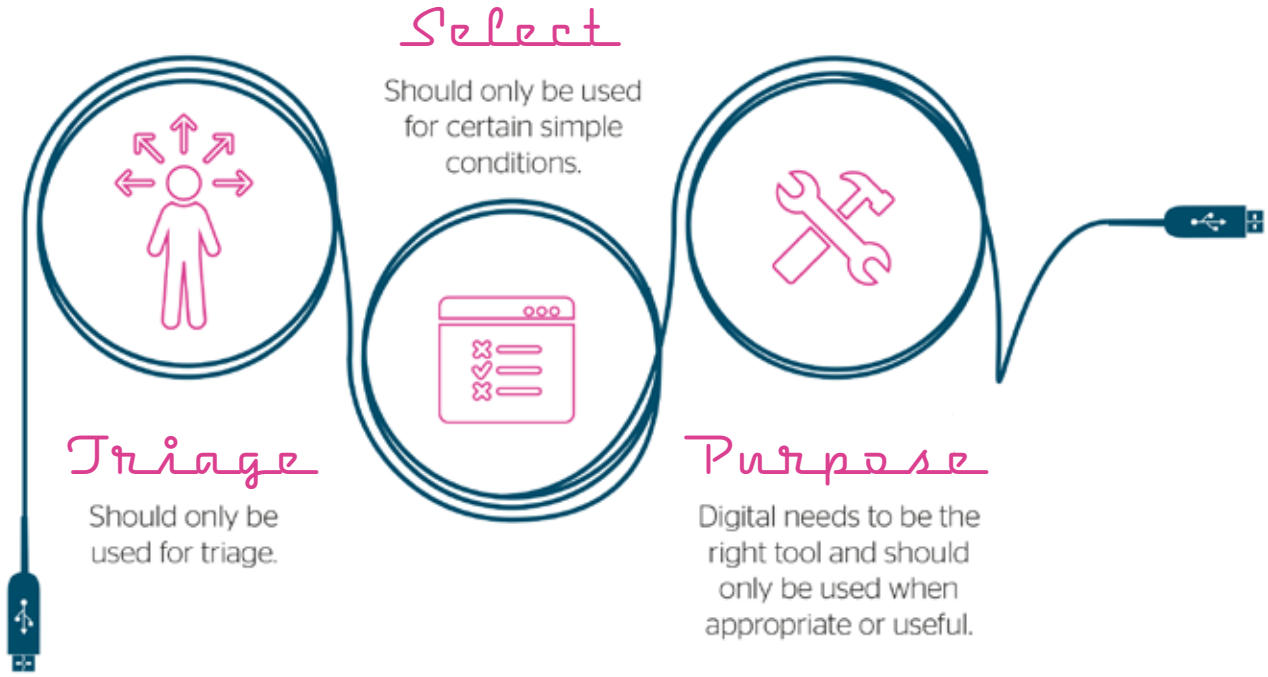
"Keeping non essential reviews to phone appointment and getting rid of paper notes."

(Specialist practitioner)

"Telephone consultations for routine follow-ups."

(Physiotherapist)

Support for digital services is strong amongst our sample, however, continued use and development of this type of care was often conditional...



“ Certain conditions can be managed remotely. ”

(Physiotherapist)

“ It would be great to continue video and telephone reviews to customers who find it useful. There will always be people it does not work for or is just not suitable for but for some it is preferable to face to face contacts and for them I feel it should continue. ”

(Social Worker)

“ Initial telephone assessments. We can help so many more people more quickly with Initial telephone triage. ”

(GP)

Fifteen respondents highlighted the need for patients to be given the choice as to whether they want to use digital services.

“ I would offer virtual follow ups as an option. ”

(Clinical Psychologist)

“ To have video consultations as an option but not main way of delivering therapeutic support. ”

(Psychotherapist)

“ Offering a choice for virtual or face-to-face appointments. ”

(Physiotherapist)

“ I have noticed and overtly heard older people state that they prefer talk on phone than to have health professionals come and visit, or that they can have the experience of ‘face to face’ over Zoom or other means. It means that we can be as flexible as patients want us to be, they can choose how we engage with them, as well as being flexible with how we work. ”

(Registered Nurse)



Seven people said they would like to see the continued use of bespoke systems (e.g. AccurX, eConsult and Attend anywhere).

“ eConsult - frees up clinical time. ”

(Admin & Clerical, GP practice)

“ eConsult, this has relieved pressure on the receptionists and offers easy access to a clinician. ”

(General Management, GP practice)

“ I would like to see the continued use of Attend anywhere for our service users it offers them the chance to have an appointment with out having to travel. and more service users can be seen so waits for appointments are shorter. ”

(Admin & Clerical, Mental Health)

Five people said they would like to see an expansion in the amount of information available to patients online, to build on the sense of 'self-help' that has already begun to develop. One respondent further developed this theme by suggesting the development of systems that enable self-recording of health data by patients e.g. blood pressure etc.

> *"Patients continuing to research their own conditions and find resources online to aid understanding."*
>
> ***(Physiotherapist)***

> *"More use of online information and signposting."*
>
> ***(Lead Cancer Nurse)***

> *"Keeping online content as a source of information for discharged patients."*
>
> ***(Exercise Therapist)***

> *"I would also like our online template of exercises to be further expanded to allow ease of progression with remote consultations as treatment continues."*
>
> ***(Physiotherapist)***

> *"Self recording of health data by patient i.e. bp, oxygen. Up-skilling, more self-care and patient ownership of disease monitoring."*
>
> ***(GP)***

Other aspects of digital services practitioners would like to see continue included:

- Text and email messaging services (three mentions).
- Ability to send in photos, particularly in relation to rashes and other skin conditions (two mentions).
- Sharing of patient records (two mentions).
- Use of Microsoft Teams for team meetings (one mention).

Phase two results

Phase two of the project changed focus from collecting quantifiable insights to exploring people's thoughts, feelings and experiences of digital access to health and care in greater detail. Using these exploratory conversations as a basis, HWS aimed to co-produce a set of guiding principles for health and social care services and commissioners on implementing digital solutions.

Phase two had two main outcomes:

1. To co-produce guiding principles for health and social care service providers and commissioners with recommendations from local people about how to improve digital access and service user experience.
2. Further qualitative understanding of people's experiences of digital health and care to build on those gathered from the patient and professional's surveys in phase one.

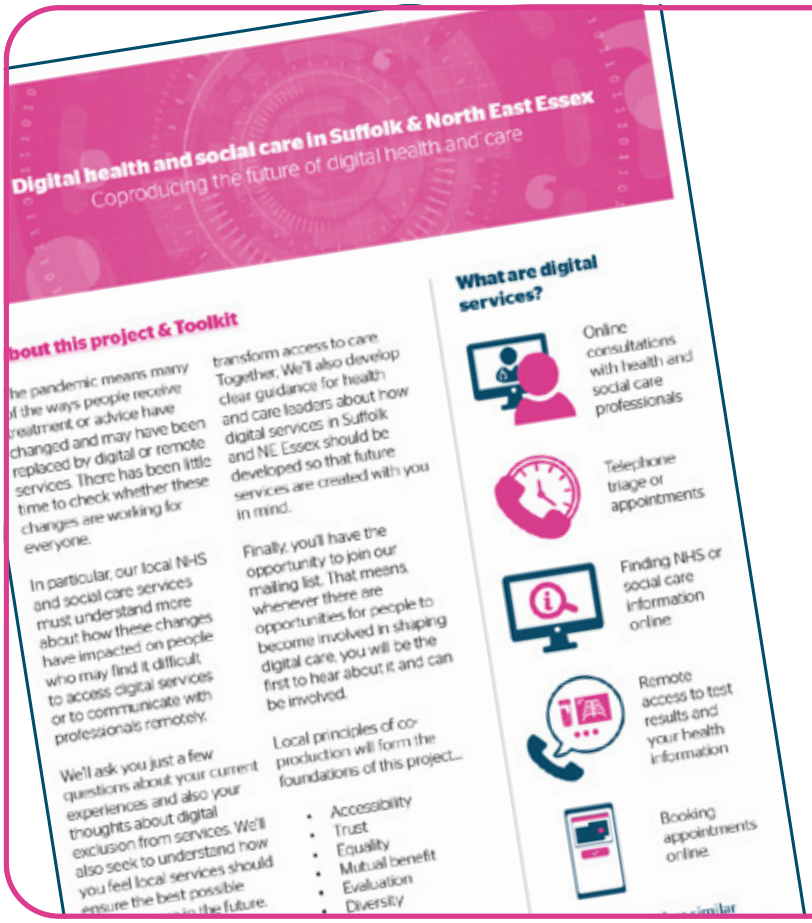
Pages 112 and 113 outline, in brief, the guiding principles HWS has co-created with people that have participated in phase two. This includes patients, carers, service users and professionals involved in supporting people who may find it harder to engage with digital services.

For more information and to download the guidance document in full, please visit www.healthwatchsuffolk.co.uk/digitalhealthandcare.

Method

A detailed review of the methodology for phase two of the project is available from page eight. A brief overview is included below:

1. The focus of phase two was on co-production. HWS invited individual service users, carers and professionals to co-create and influence the recommendations and guidance that HWS has produced for digital health and care services.
2. In phase one, HWS asked people who completed the surveys to sign up to co-produce the phase two work. HWS received over 50 expressions of interest using this method.
3. HWS also promoted the opportunity to participate with its Voluntary, Community and Social Enterprise (VCSE) partners and member base of over 3,000 individuals with an interest in health and care. HWS ensured no members were excluded from participation and sought to involve people more likely to be digitally excluded in the project by writing directly to those who preferred not to receive information in email format.
4. HWS offered a number of ways for people to respond to make participation in the research as accessible as possible:
    - A co-production 'toolkit' was created featuring open-ended questions to guide a conversation about people's experiences and thoughts on what services could do to improve digital access. Toolkits could be completed online, by mail, or by having a telephone conversation with a member of the HWS engagement team. The toolkit could be completed both independently or with the support of HWS staff.
    - HWS facilitated two online co-production workshops using Zoom:
        i. The first workshop focussed


Digital health and social care in Suffolk & North East Essex
Coproducing the future of digital health and care
bout this project & Toolkit
he pandemic means many
f the ways people receive
reatment or advice have
changed and may have been
replaced by digital or remote
services. There has been little
time to check whether these
changes are working for
everyone.
In particular, our local NHS
and social care services
must understand more
about how these changes
have impacted on people
who may find it difficult
to access digital services
or to communicate with
professionals remotely.
We'll ask you just a few
questions about your current
experiences and also your
thoughts about digital
exclusion from services. We'll
also seek to understand how
you feel local services should
ensure the best possible
transform access to care.
Together, We'll also develop
clear guidance for health
and care leaders about how
digital services in Suffolk
and NE Essex should be
developed so that future
services are created with you
in mind.
Finally, you'll have the
opportunity to join our
mailing list. That means
whenever there are
opportunities for people to
become involved in shaping
digital care, you will be the
first to hear about it and can
be involved.
Local principles of co-
production will form the
foundations of this project...
Accessibility
Trust
Equality
Mutual benefit
Evaluation
Diversity
What are digital services?
Online consultations with health and social care professionals
Telephone triage or appointments
Finding NHS or social care information online
Remote access to test results and your health information
Booking appointments online

The toolkit

Phase two data collection was guided by a co-production toolkit that people could complete independently online or by post, as part of a telephone conversation with Healthwatch Suffolk staff or collectively as a part of an online Zoom workshop.

on gathering feedback about people's experiences, and offered an opportunity for people to work through the co-production toolkit in a group setting. The first workshop was carried out in December 2020.

ii. The second workshop focussed on producing the guidance for health and care services and commissioners using digital technology. The facilitators of the workshop guided the conversation using broad themes identified from the analysis of phase one survey responses and any toolkit submissions prior to the workshop. The second workshop was carried out in March 2021.

- People could also participate in phase two work informally by feeding back to HWS by email or telephone.

Sample

Toolkit completions

- **Seventeen** people completed a toolkit online, by mail or with the support of the HWS team in a telephone call.
- **Sixteen** people shared their experience as a patient using digital services. One person commented about the experience of an older relative.
- **Eight** people commented about the experience of a partner, friend, family member or neighbour in addition to their own experiences.
- **Five** toolkit respondents also responded using their broader knowledge of access to digital services through community groups or their employment with VCSE, health and care organisations. These included (amongst others):

i. Two GP Patient Participation Group members.

ii. A previous member of an East Suffolk and North Essex Foundation Trust (ESNEFT) patient group.

iii. A member of the Suffolk Guide Dog Forum.

iv. A Parish Councillor.

The co-production toolkits asked if the response included the experience of anyone who had additional health or communication needs or vulnerabilities.

- Seven respondents said they had at least one vulnerability.
- Two responses were about someone with two or more vulnerabilities.
- One toolkit response was about someone with at least four vulnerabilities or additional needs.

The reported vulnerabilities were:

- Five people had a long-term health condition.
- Two people had a physical disability.
- One person had a mental health difficulty.
- One person had a learning disability.
- One person lived on a low income.

Participants were also asked to respond to a series of statements relating to potential factors that may lead them, or the person they were responding about, to become digitally excluded from care. This included their access to digital services, levels of confidence and ability to use digital service options.

- Four respondents indicated that they, or someone they were responding about, was digitally excluded or had difficulty with digital access to health and care. The responses to the statements included:
- Three agreed that they or someone who they were responding about didn't know how to use digital technology to access digital services.
- Two agreed that they or someone they were responding about didn't have access to the technology that would allow them to use digital services.
- One respondent agreed that their family member found it difficult to access digital services because they lacked confidence using technology.

Four respondents identified themselves, or someone they were responding about, as digitally excluded in the quantitative questions. However, in the qualitative feedback, nine respondents talked about an experience of digital exclusion or reflected on a friend, relative or community members' experience.

Workshop attendance

The two co-production workshops were both attended by a wide range of patients and service users, as well as VCSE, health, and social care professionals with an interest in health and social care.

Six people attended the first co-production workshop, where they discussed their experiences of digital health and care and talked through the questions in the toolkit. The first workshop included views from:

- Two patients, service users, family members or carers.
- Three Voluntary or Community Sector professionals representing various organisations.
- One GP practice Patient Participation Group member.

Thirty people attended the second workshop,



The online Zoom workshops were attended by a range of individuals able to offer a perspective on what it is like to be digitally excluded from services. They included patients, services users, carers, Voluntary and Community Sector professionals representing various organisations and health and social care professionals.

which was themed around co-producing the guidance document and asking for suggestions from the group about what they would like health and social care providers and commissioners to consider when delivering or planning digital services.

The second workshop included views from:

- Thirteen people who were not health or social care professionals (patients, service users, carers or family members).
- Eleven Voluntary and Community Sector professionals representing various organisations.
- Six health or social care professionals.

Informal feedback

Eighteen people fed back informal or anecdotal experiences as part of the phase two work. These informal sources included:

- Telephone conversations, and remote meetings (e.g. using Microsoft Teams) with VCSE organisations about the experiences of people they contact or support.
- Telephone conversations with HWS members who did not want to complete a toolkit over the phone, but were happy to feedback informally.
- E-mail feedback from members of the public who had seen information about the project and decided to get in touch.



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Healthwatch Essex (Phase two findings)

This project has been completed across Suffolk and north east Essex (SNEE) by both Healthwatch Suffolk and Healthwatch Essex. The findings from both local Healthwatch offer the SNEE Integrated Care System a comprehensive account of people's thoughts, experiences and wishes relating to digital health and care. Each local Healthwatch devised a unique approach based on their individual strengths and the contacts they have with local people in communities.

These pages have been compiled by Healthwatch Essex as a summary of its phase two approach in north east Essex. The results of both research projects are complimentary of each other, with many similar themes identified within people's responses. The findings from both projects will be presented jointly to the Suffolk and North East Essex Integrated Care System Partnership Board.

Methodology

Phase two of the digital transformation project involved expanding the pilot survey from phase one out to a larger demographic, with a keen emphasis on exploring if similar or different findings and recommendations were present within other groups in Essex.

We utilised our already established ambassador groups, stakeholder connections and friends/family to collect data. We also wanted to explore residents' feelings on the current digital offer by conducting several unstructured one to one interviews.

Interviews gathered insight into opinions of what contributes to someone being considered digitally excluded, how a digital offer could be incorporated in the future and whether any training could contribute.

Survey findings

For the phase two survey, we gathered responses from 33 individuals, representing multiple groups within Essex. This was broken down by the following.

- Five Healthwatch Essex staff
- One Maternity Ambassador
- Four Young Mental Health Ambassadors
- Twenty one service users
- One professional / service staff

Reponses were categorised by the following;

Seeking health & social care information online

It is clear that many individuals, who are comfortable in using digital technology or have support in doing so, can access the internet to search for queries regarding health & social care. It is the already established reputation of the NHS or Government website which give individuals the assurance that what they are

reading is the most reliable information.

Personal information being stored digitally

Most individuals were happy with their information being stored online.

Some individuals had no concerns, while 30% were happy only if their information was secure. Individuals recognised the advantages of data storing within the context of health & social care, particularly the benefits of easier data sharing across multiple NHS teams.

Training to improve digital skills

Respondents recognised that the need for digital skills was important due to the rapidly changing nature of technology within health and social care.

It was recognised that not everyone wants to learn to use technology but, to ensure we avoid as many inequalities as possible, both training and the technology itself should be provided if practicable.

General views on a digital offer

Generally, most participants felt that a move to digital services was positive. Individuals mentioned the relief digital services offered those who cannot travel due to mobility, potential cost saving to the NHS and how it could make the current service more efficient was also discussed.

Participants understood that digital was seen as the way forward and that this will be a new service used within the NHS. What was clear is that consistency is key and that the digital services introduced should be easy to use and navigate.

healthwatch Essex

Interview Findings

A number of interesting points were raised regarding peoples experience of using digital services and how they believe digital should be used in the future. We have gathered these points into some key findings presented below.

Digital is not the only way forward

There was clear evidence that the use of digital has allowed for greater flexibility to access appointments etc.

> *“My nan had a stroke recently and is doing appointments virtually. She is vulnerable but there is less risk of catching it (Covid), less visits to hospital, less having to go out and less tiring herself out.”*
>
> ***Interview respondent***

It is clear for some, accessing services virtually has cancelled out the need for excessive traveling and has positively impacted their life. However, interviewees made clear that not everyone feels the benefits from using digital.

One individual spoke about having to use virtual services for an appointment that they believe, required physical examination by a GP. Due to the lack of face-to-face appointments, it took multiple video appointments, medication and eventually a physical visit to determine the actual cause of their problem.

Participants also highlighted that if services were offered only as digital, the number of individuals considered digitally excluded could potentially increase.

“The internet has become such a central part of lives. What was once a luxury, has become a basic utility.” ***-Jeremy Corbyn (2019)***

Seven million households, over a quarter of all energy customers, were worried about paying their energy bills in the winter of 2020. If we now consider the internet a utility, we can speculate that even more households will struggle with these bills. Therefore it’s still important to use digital as another option for patients, rather than the only one, if we want to take steps in bridging the gap for those considered digitally excluded.

Confidence is key to gaining technology skills

Participants acknowledged that it is about equipping everyone with the confidence in technology that allows them to gain the much-needed skills to use digital. One participant acknowledge they had gained skills from having access to digital from a young age.

> *“I have had a smartphone since I was 14 and my brother since he was 9, so he and I know what we are doing. At school & doing my undergraduate, we had laptops and reading was online.”*
>
> ***Interview Respondent***

Participants believe that it’s this continued exposure to digital that has equipped individuals with much needed skills to use digital services. Individuals indicated that they believe if those with no digital skill were taught the basics, this would help in installing confidence to use digital services.

> *“I think an awful lot of people would benefit from some basic training word processing, emailing, use of internet etc.”.*
>
> ***Interview Respondent***

Individuals highlighted that the best way to deliver such a service is to have a training hub in local venues across the county, easily accessible by all.

What’s clear is participants believe that training hubs can work and the installing of digital skills in those who want to gain such insight, even if it’s basic, will lead to more confidence in accepting the use of digital as part of NHS services.

Consistency across platforms

Participants made clear that if we expect people to have a basic understanding of digital skills for digital services to succeed, then the NHS needs to play a part in ensuring the system is user friendly and as easy to navigate as possible.

> *“One of my complaints is all the areas of the NHS that I’ve dealt with have used different video platforms. One was via text link, whereas therapy for you used Whereby.”*
>
> ***Interview Respondent***

This individual highlighted that, because they have used other platforms, they managed to find their way around these new ones. However, they emphasized that those with little to no digital skills, or no friends or relatives to help navigate, would struggle to adapt to this number of systems. Therefore, the need to have as much consistency between departments, across the NHS would be extremely beneficial.

Consistency would allow for those who struggle with their digital skills to adapt to using digital services as they would feel confident in using the platform.

Patient at the centre

As mentioned, digital & face-to-face need to be offered together to ensure that those who are digitally excluded are not left behind. Participants expanded on this point in conversation, indicating that it should be made possible that the patient has control over their own appointments with something such as a triage system.

> *“Triaging can be done automatically and will release the pressure on phones. Going online, people can be triaged to the right service reducing the impact on phones.”*
>
> ***Interview Respondent***

This individual highlighted how implementing a triage system has a positive impact on other areas.

Comments across the board mentioned the long delays many had experienced when trying to book appointments over the phone. In some cases, people knew the individual they needed to book an appointment with, due to a long-term health condition, but would end up waiting over 30 mins to speak to a receptionist.

With a triage system in place, participants emphasised how an individual can take back control over their care, easily selecting when they need appointments, either online or face-to-face and at a time convenient for them.

Recommendations

From conversations with participants in interviews and comments mentioned in the survey, the most common themes have been identified and from this, the following recommendations have been suggested.

1. Digital must work alongside current practices

It was extremely apparent that, moving forward, digital services are unlikely to be viable for everyone.

Instead, digital needs to find a place alongside the current way services are offered. We suggest working to develop digital services for those individuals who are confident enough to use them and then spend time adapting and improving this service for others over the next couple of years.

There will always be individuals who are either unable to or are not comfortable using digital, therefore, we still need to offer the same level of service as those who use digital.

2. Consistency is key

Digital platforms must remain as consistent as possible across multiple services within the NHS to allow for understanding and user acceptance.

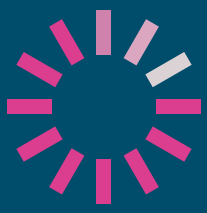
We recommend that this is implemented as much as possible and, if not viable, patients are given clear access to support on how to use different platforms and in plenty of time.

3. Basic skills have a larger impact

What was clear is that having confidence in understanding technology is essential for people to take up a digital offer.

Schemes should be created to provide free, and easy to access, digital training to those who need it. These should be available in organisations embedded within communities, such as libraries and community centres, which already benefit from having the technology available to them.

A range of training should be available, for those with no skills, the option of bringing your own technology and a technology buddy system.



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What were people's experiences of digital health and care?

This section of the report details people's direct experiences of using digital health and care services. The analysis uses experience data from the toolkits, informal feedback records and the first Zoom workshop. Data from the second workshop is included to a lesser extent, as the second workshop focussed on co-producing the guidance document.

Most feedback HWS received during phase two of the project was entirely qualitative (speech or text), and semi-structured. The feedback also frequently referred to the experiences of more than one individual (e.g. a family member's view of the experience of someone who was digitally excluded, VCSE professionals reporting the experiences of their service users, or a carer's perception of digital access for the person they cared for).

This type of feedback provided a deeper, and broader, understanding and insight into people's experiences of digital health and social care. However, it also limited the ability of the researchers to quantify the numbers of people who have had a particular experience or encountered specific barriers to using services.

The experience data below is therefore presented as the total number of sources of feedback that referred to a particular theme, rather than a count of individuals.

Benefits of digital

Unlike the phase one survey responses, the benefits of digital services were discussed less by phase two participants than the potential challenges. This may relate to the nature of the toolkit, which specifically sought suggestions for how services should work in the future as opposed to a more thorough exploration of the benefits of digital services that have been covered in phase one.

Despite this, there were several references in the toolkits, workshops and informal feedback about how the move to remote services had kept health and social care accessible during the COVID-19 pandemic. Several patients and carers, in responses to the toolkits and workshops, said that some digital services made their access to results and appointments easier.

Two respondents from VCSE organisations who fed back informally highlighted that digital engagement had allowed them to continue contact with their members during lockdown. One of these also said that their digital offer had also allowed them to expand their support to people who lived in areas that would have previously prevented them from being able to access it.

> *"On the positive, people who would have otherwise struggled to access support due to geographical distance from the hub, e.g. those in Lowestoft, are able to access the digital offer and as a result they are intending to continue the online offer into the foreseeable future."*
>
> ***(VCSE Professional)***

> *"With the lockdowns and social distancing, things have obviously changed and provision of support and communication has largely gone digital. Despite having been working effectively from home, I had been able to continue providing support using WhatsApp video chat and communicating in BSL [British Sign Language]."*
>
> ***(VCSE Professional)***

Similarly, one response in the toolkits and one in the first workshop acknowledged the benefit of digital services in removing the need for people to travel to an appointment:

> *The advantages for more vulnerable people of not having to battle with parking or public transport and being in the security of home, with a supporter alongside if you want, seems to me to be something well worth exploring.*

(Patient or service user)

> *One person had a consultant in London and it saved her a day and a lot of stress and money to have a video consultation.*

(Patient or service user)

One HWS member who fed back informally, and a workshop participant, shared positive experiences of accessing care online or by telephone. Their comments included:

> *I received a text for my COVID vaccination but because I'm not online I called my surgery to find out what to do. They quickly booked my appointment for me with no problems. The staff were great. The majority of my appointments have been on the phone over the last year and I'm happy with this, it has worked well and is the safest way at the moment.*

(Patient or service user)

> *I do like telephone doctors and practice nurse appointments. I feel less guilty somehow, I feel less bad. I feel like I am taking less of their time if it is a telephone appointment and if it is something simple, not anything complicated. It feels more efficient to do it on the phone.*

(Patient or service user)

One toolkit respondent, and one individual in the first workshop, indicated accessing results online had been a positive experience. These comments included:

> *Have a nurse come each fortnight to take INR and results show up quicker online than by post.*

(Patient or service user)

> *GP results online - access is good with this and no particular issues, can be worrying seeing the results but generally results are explained well.*

(Patient or service user)

One toolkit respondent, who cares for multiple family members, said that the patient portal at the hospital had worked well for them:

> *I've had a good experience with the patient portal system at the hospital. I could log on and look at any appointment letters etc. I found that very useful. To have letters coming through the post, when I am busy caring for all these various people, I find a bit of a pain.*

(Family member, carer or friend)

Finally, one respondent to the toolkits expressed that they liked the move to eConsult. One VCSE professional, in their informal feedback, shared that they had not heard any specific complaints about eConsult from their members. Comments about eConsult specifically included:

> *I have used eConsult a couple of times, which I love. If it is something you just want to ask a question about, rather than going to the GP, it is fantastic. So I really like that, for me.*

(Patient or service user)

"I've had a good experience with the patient portal system. I could log on and look at any appointment letters etc. To have letters coming through the post, when I am busy caring for all these various people, I find a bit of a pain."

“My in-laws do not have any access to broadband or anything like that, they had paper prescriptions, and overnight they said no paper prescriptions were allowed, so very quickly I had to... deal with it, ring up and ask how on earth was I going to get their prescriptions? How were we going to get this sorted out? I had to take a list of medication from my mother-in-law who is profoundly deaf, which was not easy, down the phone, for me to input online so that could be fired off and then they get that delivered now. Now we have gone back to paper prescriptions again.”

Digital Exclusion

This section reports on patient's, carer's and professional's experiences of digital exclusion, as well as their perceptions of the key barriers.

Defining digital exclusion

The open-ended approach to this research has enabled people to share experiences relating to a broad spectrum of individuals, communities and groups. However, this means that it has not been possible to adopt a standardised measure of digital exclusion and to attribute that measure to all of the experiences people have shared.

Instead, for the purposes of this work, researchers have sought to identify experiences relating to possible digital exclusion by reference to the UK Government Digital Service 'Digital Inclusion Scale for Individuals'.

The Digital Inclusion Scale aims to categorise individual's digital inclusion by common levels of skill with digital technology and people's attitudes toward using digital tools. More information on these categories, taken from the Government Digital Inclusion Strategy Policy Paper, is available on page 84.

When analysing the phase two data, HWS researchers attempted to identify those experiences that generally reflected the first three categories of the digital inclusion scale (the least digitally included). Comments and contributions reflective of these categories are considered to relate to 'digital exclusion' and are included in the analysis below (arranged by theme) accordingly.

The first three categories of the digital inclusion scale include those who have little to no access to computer, online or smartphone-based technology, or ability to use these technologies.

Broader challenges to using digital or remote services are discussed in the next section about challenges to service access from page 94.

Access to equipment

Lacking access to digital equipment, such as computers, smartphones and broadband was a key theme around digital exclusion in the phase two responses.

Two respondents to the toolkits said that they had friends or acquaintances who had no access to computer or smartphone devices.

> *"I am happy to use digital services, but have concerns with some neighbours. I sometimes tell one in particular what's happening at the local medical centre, and the local council, as she doesn't have a computer or smartphone."*
>
> ***(Patient or service user)***

> *"I also have a friend who is an older person, a wheelchair user and someone with very long standing health issues. Her only access to technology is through a landline and she relies on making face-to-face appointments using that."*
>
> ***(Family member, carer or friend)***

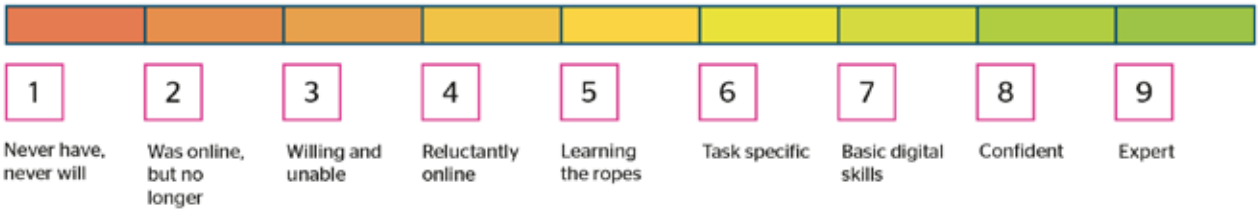
Six of the toolkit respondents also speculated that access to devices could be a barrier when asked what they thought could stop people from accessing services remotely. These comments included:

> *"Obviously, no computer, tablet or smartphone is a great deterrent."*
>
> ***(Patient or service user)***

> *"Reasons for not accessing digital services: lack of clear signposting of what to do and how to do it, individuals who do not have access to the necessary digital equipment."*
>
> ***(Patient/ PPG Member)***

Comments about a lack of access to devices causing digital exclusion were also common in the informal feedback that HWS received.

Digital Inclusion Scale



1. Never have, never will	2. Was online, but no longer	3. Willing and unable
This category predominantly includes older people or people who were born before digital technology became common. They may feel they have 'missed the boat' and that learning how to use the internet doesn't fit into their lives. These people often have negative perceptions of the internet. People will need varying degrees of help to get online for reasons like: • Personal attitudes • Low motivation • Low confidence in digital skills • Physical or cognitive impairments	This category predominantly includes those users who have been online, but have now stopped using the internet. For example, they might have lost trust in the internet. They might be afraid of fraud or seeing inappropriate things online. They might have lost internet access because of cost or physical or mental capability. These people have varying degrees of digital skills. They need a 'light touch' approach, like refresher training, or concentrating on an online experience they want to have, like learning to use Skype to communicate with friends and family.	People in this category predominantly have a positive perception of being online but have problems with a lack of: • Access • Confidence • Skills They are mostly 'empty nesters', late in their working lives, with low skills and who struggle to learn. They may have low levels of literacy. Cost may also be a problem.

Source:
Government Digital Inclusion Strategy Policy Paper (2014). Available from:
www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy#annex-2-digital-inclusion-scale-for-individuals

Seven of the VCSE professionals who HWS spoke to mentioned a lack of access to devices as being a significant barrier to digital inclusion for some of the people they support. Their comments did not relate exclusively to health or social care, but also included general comments about people's access to online services. Comments from this informal feedback included:

> *"Social isolation is a big issue in Suffolk, we are a highly rural county with some areas very poorly served with community groups and access to Suffolk-wide support networks. Online is one way of reaching out – but only to those with the tech."*
>
> ***(VCSE Professional)***

> *"No IT equipment or internet access at home. I have participants that do not have access to this technology and due to the current restrictions they are not able to access the local library, Department for Work and Pensions or internet cafés to use computers to search for work, or complete online courses."*
>
> ***(VCSE Professional)***

> *"Before the pandemic they made provision for people who were digitally excluded by providing two computers in the front entrance of their building for people to use. People using these to access their Universal credit and check emails etc. A number of their customers were quite proficient to be able to do this by themselves, it was simply that they didn't have access to the equipment at home. However, now we are in the pandemic this facility has had to be removed."*
>
> ***(VCSE Professional)***

The cost of digital technology was also raised in the phase two responses. Three of the VCSE professionals who fed back informally to HWS mentioned the cost of technology in their responses. Examples included:

> *"In general, it falls into lack of broadband and suitable devices; poor digital skills and fear of technology; older people with mobile phones which are not 'smartphones'; and low income affecting ability to change these circumstances which is causing issues accessing online health/government services. Affording the equipment and Wi-Fi on benefits/low income. Public places i.e. Library and Internet Cafés are closed and have been for ages."*
>
> ***(VCSE Professional)***



> *"Digital exclusion isn't just skill, tools and literacy, but there's connectivity in there too. Broadband isn't available everywhere nor is it cheap."*
>
> ***(VCSE Professional)***

> *"Make broadband cheaper. Why do I want to go on broadband? My mobile phone costs me £20 a year, if I go onto a smartphone, I have the cost of buying a more expensive mobile plus it is £8 a month which is a big difference for some people."*
>
> ***(Health or Social Care Professional)***

One of the toolkit respondents reflected that cost could be a barrier to digital access:

> *"People need the money to afford the technology to access services. Not all families can afford the internet access either."*
>
> ***(Patient or service user)***

In addition to the comments above, one further respondent in the toolkits and one in the workshops mentioned not having broadband or the poor quality broadband available in some parts of the county. These comments included:

> *"My in-laws do not have any access to broadband or anything like that, they had paper prescriptions, and overnight they said no paper prescriptions were allowed, so very quickly I had to... deal with it, ring up and ask how on earth was I going to get their prescriptions, how were we going to get this sorted out. I had to take a list of medication from my mother-in-law who is profoundly deaf, which was not easy, down the phone, for me to input online so that could be fired off and then they get that delivered now. Now we have gone back to paper prescriptions again."*
>
> ***(Family member, carer or friend)***

> *"Also an issue with the speed of broadband. We live within spitting distance of BT tower and we couldn't run two Zooms. It is appalling, really, really bad. My parents have just moved up the road, when they were in Woodbridge they were on really speedy fibre broadband, now they are closer to BT they can't get fibre at all."*
>
> ***(Family member, carer or friend)***

Knowledge, skills and confidence

After access to technology and broadband, knowledge and skills was the next most common theme in the responses about experiences of digital exclusion.

Three respondents mentioned knowledge and skills in the workshops. Their comments included:

> *"Know a lot of people who cannot use digital, they haven't got smartphones or PCs and they have no intention of having it because they say "it is beyond me" or they have been scammed."*

> *"It tends to be older people who are not proficient. My parents can't operate a mobile phone, it is the way it is."*
>
> ***(Family member, carer or friend)***

One of the respondents in the toolkits reflected on what might stop people from accessing services digitally:

> *"Not having the equipment or the know-how. An unwillingness to engage with the technology and wanting things to remain the same."*
>
> ***(Patient or service user)***

VCSE professionals who fed back informally to HWS often said they were aware that some of their service users did not have the knowledge, skills and confidence to use digital technology. There were seven mentions in total, and examples of these comments included:

> *"Some who need new referrals have, however, struggled due to either reluctance to 'bother' the GP during the pandemic; or when they are not comfortable with or do not possess the appropriate technology, they are unable to self-refer, which is increasingly becoming the standard route to mental health, physiotherapy, prescription and phlebotomy services."*
>
> ***(VCSE Professional)***

> *"I also have participants who have IT equipment but they are unable to use to use it or set it up. They have been put on the waiting list for the basic computer skills course but they are waiting for the face-to-face one because they don't know how to complete basic tasks let alone completing the online basic computer skills course. This situation has become more*

“I also have participants who have IT equipment but they are unable to use to use it or set it up. They have been put on the waiting list for the basic computer skills course but they are waiting for the face-to-face one because they don’t know how to complete basic tasks let alone completing the online basic computer skills course. This situation has become more difficult that we are currently in a lockdown so we are not able to provide basic support to get them started.”

(VCSE professional)


“...he would have a ‘go’ at most things digital, but he wasn’t confident... He described himself as ‘all the gear, no idea’.”

> *“I do however not wish to always have to learn new technology. With getting older change is more difficult. An apprehension about not having the personal contact. ”*

difficult that we are currently in a lockdown so we are not able to provide basic support to get them started. ”

(VCSE Professional)

“ Confidence – not able to access face to face support (demos) – it scares them ”

(VCSE Professional)

One service user who fed back informally reflected on their experience:

“ He has a tablet which he uses for online banking and to do his Tesco shopping. He says that he has not got the hang of things like Zoom though. He says that he would have a ‘go’ at most things digital, but he wasn’t confident that he would be able to accomplish it on his own. He described himself as ‘all the gear, no idea’. ”

(HWS engagement staff on the experience of a patient or service user)

Motivation, intentions and choice

Having the motivation, intention and desire to want to use digital was discussed as another potential barrier that could cause digital exclusion.

Respondents reflected that choice and attitudes can be an important factor preventing someone from accessing digital services. These comments related to a wide range of factors such as lacking confidence and skills, preferring face-to-face communication or by telephone, or just not wanting to be forced to use digital technology.

Respondents who completed a toolkit offered a number of reasons for not being motivated, or having the inclination, to use digital technology. Some examples of these comments include:

“ I do not have a computer myself and actually I am not interested in using it really, I might be interested in learning if someone wanted to show me but I'm not too fussed, I prefer using the phone. ”

(Patient or service user)

“ Husband doesn’t use any form of social media or online service and won’t, he prefers face to face contact or phone calls. ”

(Patient or service user)

“ I do however not wish to always have to learn new technology. With getting older change is more difficult. An apprehension about not having the personal contact. ”

(Patient or service user)

“ My mother-in-law is not at all interested in using digital to access any services and also reluctant for others to use it on her behalf. She says that she does not see any value in this, it’s a big change and she doesn’t have time to bother to learn all this, and I don’t trust it. Unless it is used regularly everyday she would lose any skills that she may have learned... [she] doesn’t want to use the services and services are not offered in a way that make it work for her. ”

(Family member, carer or friend)

Motivations and intentions were mentioned three times by VCSE professionals in the informal feedback HWS received.

> *[One of our service users] is thinking of getting rid of her computer, she is fed up with everything being directed towards being online and digital... generally wants to speak to someone not a machine. She finds that it is causing more stress and worry.*

(VCSE Professional)

> *[One of our service users is] not very good online – gets her daughter to do most things for her. She has the internet and a smartphone. She can use Facebook and messenger but everything else she relies on her daughter to do. This includes organising online shopping, booking her COVID test etc... She says she can manage texts but would have difficulties with an email... She says she has no interest in learning about how to use the technology for herself.*

(VCSE Professional)

> *Some people would rather have face-to-face meetings whereas others do not like having to have the computer camera on in meetings.*

(VCSE Professional)

Health needs, language and accessibility

Experiences of digital exclusion in the data were extremely varied. Personal circumstances, health needs, language barriers and disability were all referenced in phase two as possible reasons for digital exclusion.

A number of respondents across the phase two responses reported that their health needs or disability prevented them from accessing health and care digitally or remotely, or that they were aware of others who had difficulty accessing services digitally because of a health need or disability.

Two respondents to the workshops said that people living with Alzheimer's would find it difficult to access digital or remote technology and services. One of these comments included:

> *Representing people who have issues connecting into digital services. Father has Alzheimer's, so I do a lot of inputting for him. [And I'm a] carer for my mother and in-laws (both 89) who have no intention of using computers or digital services and they live independently.*

(Family member, carer or friend)

One of these comments reflected that people who were digitally enabled could become unable to use digital or remote services through the progression of conditions such as Alzheimer's and other degenerative conditions or diseases:

> *I spoke to someone the other day who said I won't be able to use my tablet for much longer and I hadn't thought about that. I had thought that once people had the skills they wouldn't lose them but there is an issue that because of the conditions that they have got or if it is Alzheimer's or something, they lose the ability to use the technology. It is not about whether you ever knew how to use it but whether you can continue to use it.*

(VCSE Professional)

One respondent to the toolkits, and one respondent in the workshops, indicated that people with a hearing or sight impairment may be unable to access some forms of digital or remote communication:

> *What has been said here demonstrates that 'a one cap fits all' will not ever work. There have to be various options for different people because we all have very different needs from the very able to the not able at all. That can be through a disability or an impairment, through to operating proficiently the equipment, or not having the equipment at all or having no interest in it.*

(VCSE Professional)

> *People's condition can stop them. Example given of a friend with dementia and with hearing impairment, they do not want to use the telephone. Those with poor eyesight do not*

wish to use the website. ❞

(PPG Member)

Two professionals from one VCSE organisation highlighted some of the challenges faced by people with sight or hearing loss to accessing digital health and care, including those who primarily communicate using British Sign Language:

> ❝ *Technology seems to be something that the majority of the people we work with, do not use, are not familiar with or are reserved to try. Again, as with everything there are exceptions... The issues that usually are found are: confidence/familiarity/accessibility/connection issues/screen and control limitations/cost.* ❞
>
> ***(VCSE Professional)***

> ❝ *Communication with some service providers, obtaining information and seeking advice remain difficult for some of the Deaf customers who may not have ease of access to the internet, telephony and support of family or friends. British Sign Language (BSL) mainly is the primary form of communication by some of the customers and may not have a strong use or understanding of English language.* ❞
>
> ***(VCSE Professional)***

English as an additional language or not speaking English at all as a barrier to digital access was only mentioned twice in the phase two data, once in the informal feedback and once in the second workshop. One VCSE professional in the informal feedback said that language barriers can cause disengagement, and that they "have significant Eastern European and Roma language users who often struggle to access English Language services."

HWS also received feedback from a VCSE professional about the experiences of English-speaking adults who are unable to read written communications or read well enough to be able to access basic information about their healthcare. Highlighted experiences from these individuals included:

- An individual who was unable to access written information about their son's healthcare. This individual has lost trust and confidence in services, feeling that they "always let you down".
- An individual who was unable to comply with requirements for the Department of Work and Pensions to prove that they were looking for work because they could not access written communication.
- An individual with no smartphone or computer access who relied on their neighbours for support.

Many of these individuals had no access to a mobile phone and would be unable to access smartphone apps due to the basic literacy skills required.

The VCSE professional whom HWS spoke to also reported that people with little or no literacy skills face significant social stigma.

Healthwatch Suffolk Feedback Centre data

To support this research, **174** experiences have been exported from the Feedback Centre that include a reference to digital NHS or social care. Feedback relates to the period February 2020 to February 2021.

A number of the comments, featured below, relate specifically to digital exclusion.

Digital exclusion

Skills and knowledge

> *"Too long wait - 20 plus in queue. Mum's anxiety increased, so added to this as I am having to step in to help her. When I called there were 16 in the queue, and I gave up as 10 mins later there were still 13 in queue; I have tried to register her with online booking but I would need to do this as she is not confident with computer access. Increasing marginalisation of elderly."*

> *"I was frustrated earlier this year... I had a scan on my shoulder and it was discovered that I had a tear and was told not to lift anything until healed. My work understandably said they needed a doctors note to verify and so I came to the surgery to ask the reception staff who were adamant that sick notes could only be sourced online now, this was very frustrating to me as I am not that good on the computer."*

> *"I am a pensioner with a limited experience in computer skills. Tried phoning to make an appointment but having navigated pressing various buttons and listening to advice about making an appointment online was the most convenient and simple way I held on hoping to speak with a human being. After making numerous calls, each time holding on for what seemed an eternity, I conceded defeat and tried to make the appointment online. Unlike the advice on the phone it was not a simple thing to do and was actually quite stressful. Thankfully a neighbour stepped in and helped me. I was left with the impression that if you don't have a computer or computer skills, or the patience to hold on in the hope of somebody answers your fall then our won't get treatment."*

> *"My extremely vulnerable parents in Aldeburgh, a 92-year-old father with terminal cancer and an 85-year-old mother with dementia have suffered massively... They are not able to easily use a computer and to my mind, in what should be a close knit community service, should not have to rely on being computer literate. The receptionists have never been that helpful or gone any step beyond their remit. My parents are now struggling to access support for their coronavirus vaccine, for which I gather they will have to drive to Woodbridge.. is there no one within this practice who can support vulnerable elderly?"*

Featured insights

Access to technology

“Every visit is really poor, I feel like a broken record how many times do I have to say I have no email or Internet (have borrowed someone’s phone to post this on my behalf) cause you may listen then Not everyone wants to make appointment by email or order there meds via email I certainly don’t and won’t...”

“In attempting to contact the surgery on behalf of an elderly friend, I am frustrated by the fact, apparently you do not answer your phone. My friend has no landline or internet access, consequently he asks me to make contact with his requests (generally wanting a phone call from his doctor.) This simple task is complicated by the fact I am not him , the start page is artfully concealed and is not easy to find , it doesn’t remember who I am so we have to go through the same rigmarole as to whether or not I have COVID symptoms (I am still not him remember!). Once I am through with the form, I get a response which I need to submit his DOB (which I don’t know, so I made up the first time I did this) I know he (via me) requests frequent contact, but this is a symptom of his malaise. It is almost as,though, in some perverse way you have made it impossible to contact you - that can’t be right, can it? ”

“Although I was worried when I would get my vaccination it actually was a very good experience with everything organised so well. I received text messages saying that I was eligible but because I’m not online I called my surgery quickly and easily booked the appointment. A friend gave me a lift to the surgery and the whole process went smoothly. Staff were great and I was out and on my way home really quickly. Really can’t fault how it all worked. I’m just waiting to find out when I can have my second injection. ”



The Feedback Centre offers an easy route for people to share their experiences of NHS and social care services in Suffolk. See more on **www.healthwatchsuffolk.co.uk/services**

Challenges to digital access

Beyond experiences of digital exclusion, respondents in the phase two work highlighted broader challenges to accessing services digitally. Not everyone who responded to the phase two work had an experience of digital exclusion, however, broader challenges outside of absolute digital exclusion can prevent someone who has some level of digital access and skills from accessing digital health and care.

Challenges relating to telephone, face-to-face, video call and website communications are discussed before moving on to more general themes in the data. Comments related directly to the experiences of mental health service users can be found at the end of this section.

Using telephone services

Participants were directed in phase two to think about telephone access to services as part of the broader digital offer. Many of the comments in phase two talked about challenges with using telephone consultations.

Six of the toolkits made direct reference to receiving a consultation or clinical appointment by telephone. Two respondents said they, or someone they knew, had difficulties with hearing over the phone.

> *“Parent with hearing impairment found the 'options' on the telephone difficult to hear so can end up pressing the wrong one or getting thrown off the line and that is very frustrating.”*
>
> ***(Family member, carer or friend)***

One of the toolkit respondents highlighted that they would benefit from using a video call rather than telephone because of a hearing difficulty:

> *“Several consultations have been done by telephone, which is hard for me because I have moderate to severe hearing problems. I have asked for video calls to be made, so I can lip read if necessary, plus facial expressions help. I've been told that video calls are only used if symptoms can be displayed by the patient. Not good enough.”*
>
> ***(Patient or service user)***

Six comments across the toolkits, and the first workshop, referenced concerns that people might find it difficult to communicate their needs to a health professional over the phone. Some felt that communication about health issues or symptoms could be lost or misinterpreted over the phone, or that it was important for a healthcare professional to be able to physically see them. Two referred specifically to the way in which physiotherapy services were delivered over the phone.

Examples of these comments included:

> *“She would have originally seen a GP for an appointment face to face. She is having a COPD check over the phone instead she would have seen a nurse practitioner face to face. Diabetes also would have been face to face but now over the phone. She now has a telephone triage to get an appointment for a flu jab before it would have been a phone call without a triage, it relies heavily on how well she can verbally communicate this to the GP over the phone.”*
>
> ***(Family member, carer or friend)***

> *“Annoyance – only one issue at a time and is allowed to be discussed with a GP but issues may be related and this could mean that problems are missed, it's like they are rushing patients through. Now however, it's difficult to get a face-to-face appointment everything is done by phone and this is concerning because issues can be missed or the severity if not realised by the patient is not conveyed to the GP in the right way.”*
>
> ***(Patient or service user)***


“...consultations have been done by telephone, which is hard for me because I have moderate to severe hearing problems. I have asked for video calls... so I can lip read if necessary, plus facial expressions help. I've been told that video calls are only used if symptoms can be displayed by the patient.”

> *Now accessing physio online. Only a telephone call given. Trying to describe the area of pain is difficult on a phone call.*
> ***(Patient or service user)***

> *I should have seen my Parkinson's consultant last week face-to-face but I had to have a telephone consultation instead, it was fine on the whole but he obviously wasn't able to see me physically.*
> ***(Patient or service user)***

There were also a number of comments about more general challenges using phone systems including lengthy phone queues and automated messages. Examples of these comments included:

> *Not having face to face contact takes time to adjust to and is often very frustrating dealing with long automated messages.*
> ***(Patient or service user)***

> *Phone calls - triage works well but there have been a few issues with contacting the surgery as the waiting time / queue on the phone can be quite long.*
> ***(Patient or service user)***

Two comments about phone services from the workshops reflected similar challenges with using telephone services, including difficulties hearing over the phone and the GP not being able to see the patient over the phone. Examples of these comments included:

> *The thing I find most difficult is the phone consultation. For me, because it is hard for me to hear and understand, and a lot of people find that. I hear so much better when I can see. It is much better to have a digital view. I think the whole change in lockdown to phone consultation has been unsatisfactory and I think it is a lot to do with the way the conversations go. GPs are not taking into account how hard it is for people to understand on the phone.*
> ***(Patient or service user)***

> *When I explain to reception that I am visually impaired they say they will get someone to call me so it automatically reverts back to a phone call. That has its own issues – the GP is not seeing me, if it is something they could look at easily they can't see it.*
> ***(Patient or service user)***

Face-to-face contact

Nine respondents across the toolkits and the workshops expressed a preference for face-to-face contact, or felt they could communicate better in a face-to-face appointment. It was clear that some respondents valued face-to-face interactions over other types of appointment, and that they felt that face-to-face contact with professionals and clinicians could facilitate better treatment and care. Examples of these comments included:

> *Sometimes you need to just talk to someone. Do feel that until you see someone face-to-face, you could be not explaining it correctly.*
> ***(Patient or service user)***

> *Over the past year my GP appointments have been by phone, I would prefer face to face appointments however, I understand that this is not possible. If I had been worse, I do think that I would've been able to request a face-to-face appointment. At the moment there has not been any detrimental impact on my health with the change to telephone calls but I do hope they are able to return to face to face at some point.*
> ***(Patient or service user)***

> *Allied gave info for OneLife Suffolk. Most of the programme got through then 'lockdown' happened. Classes stopped. Weekly telephone call happened then they spoke about doing a Zoom. Did not appeal to me at all to do Zoom. Being physically there was what motivated me and if it had been Zoom from the start I would not have gone.*
> ***(Patient or service user)***

Using online video services

Feedback about using online communication and conferencing platforms such as Teams, Zoom or Skype to access healthcare was mixed.

A number of respondents felt that using these platforms was a positive development and that it could help to address some of the limitations associated with telephone appointments. This included, for example, that a patient's body language and symptoms could be observed by clinicians.

However, there were still some issues raised about video appointments, including privacy on a video call, skills and accessibility of video calls and ensuring compatibility of video appointment links. Feedback about the accessibility of video calls generally was mixed. Some people with additional communication needs, such as those with visual or hearing impairments shared that a video call was easier to access than a telephone appointment.

Examples of these comments included:

> *"Several consultations have been done by telephone, which is hard for me because I have moderate to severe hearing problems. I have asked for video calls to be made, so I can lip read if necessary, plus facial expressions help. I've been told that video calls are only used if symptoms can be displayed by the patient. Not good enough..."*
>
> ***(Patient or service user)***

> *"I can't actually see a screen anymore, I have to rely on voice over, which is a smartphone (gave demo) that reads out emails to me.. I go on to a link to arrange a virtual appointment with a GP. When I explain to reception that I am visually impaired they say they will get someone to call me so it automatically reverts back to a phone call. That has its own issues – the GP is not seeing me, if it is something they could look at easily they can't see it ."*
>
> ***(VCSE Professional)***

> *"I have the opposite. I have hearing loss and I use hearing aids but on Zoom, I don't need to use the hearing aids, I find it much easier to hear so I much prefer Zoom to the phone, or FaceTime to the phone. I don't even need my hearing aids with it. It must be different for different systems."*
>
> ***(Patient or service user)***

> *"For people with Parkinson's it has got a lot of potential... The feedback about video conferencing is better than telephone and I hear that from both sides, both patients and professionals. They say that what you miss on the telephone is the visual cues, which for Parkinson's is very important. Speech in Parkinson's becomes quite difficult, it becomes very quiet, which is an obvious problem with the phone."*
>
> ***(VCSE Professional)***

However, one toolkit respondent with a hearing impairment highlighted that they had experienced challenges with the volume of a video call and were lacking the skills or knowledge to address this on their own:

> *"If you are slightly deaf, Zoom is very difficult unless you get special speakers, but if you are on your own and you don't know how to increase the volume, or get speakers, that is impossible. We know someone who can't hear on the mobile phone any longer, she is in hospital. She can't hear on her laptop because it is not loud enough. She needs speakers but you can't go in and put them in for her, so you can't communicate with her. Normal laptops are not that loud."*
>
> ***(Family member, carer or friend)***

Like accessibility, feedback about skills and access to video technology was also mixed. One individual with limited digital skills, who fed back informally, was able to access a video call, but another highlighted that this could be a challenge for some:

> *"A phone call is less of a problem to a person*

“Sometimes you need to just talk to someone. Do feel that until you see someone face-to-face, you could be not explaining it correctly.”

to access a service than a zoom or a teams call. ❞

(Family member, carer or friend)

Two people who fed back to HWS informally and one of the toolkit respondents felt that patients' privacy could be compromised in a video call, or that patients could feel "exposed". Comments on the privacy of video calls included:

❝ *Some clients have said that they do feel particularly exposed on zoom, since it is an 'eye into their homes'.* ❞

(VCSE Professional)

❝ *Can be afraid. Don't want to look at self on screen can make her feel vulnerable.* ❞

(Family member, carer or friend)

Two of the respondents to the toolkits mentioned that they had been unable to access links to video calls sent to them by their GP surgery. Both of these explained that the link had been incompatible with their device. One further toolkit respondent suggested services needed to use 'mainstream' platforms like WhatsApp or Zoom to communicate digitally. These comments included:

❝ *A video 'link' was sent to me to have a video consultation. It did not work. No alternative offered and was told 'there is something wrong with your phone'.* ❞

(Patient or service user)

❝ *Video call with my GP did not happen as they sent a link that did not work with my phone, that is a very up to date phone. I have no idea what they use.* ❞

(Patient or service user)

Websites

Challenges with accessing information on websites was a common theme in the phase two data. A number of the phase two respondents expressed that they had difficulties accessing web forms and online triage. Some also reported issues with the placement of key information and inconsistent web design between services.

Four toolkit respondents, and two respondents who fed back informally, highlighted that individuals could experience barriers to accessing web forms. Issues around forms focussed on having the correct links and information, as well as forms crashing or not accepting the individuals' details. Examples of comments about difficulties accessing web forms included:

❝ *In the past I have been given a sign in code to access GP website test results but it didn't work so gave up with it. After a while I went back to the surgery for another code and the second attempt worked but for someone who finds online access more difficult this would've put them off.* ❞

(Patient or service user)

❝ *Occupational Therapist assessment needed for a friend. Form online that they would not have been able to access it due to their medical condition. Had to fill it out on their behalf, and after this a 'real' person made contact.* ❞

(Family member, carer or friend)

❝*They have an online appointment system which I think is quite a barrier. I was filling it out and... none of the boxes applied to what I was asking about. And then it went on to ask about 20 questions about this condition that I didn't really have. I just had to tick it to get through the form.*❞

(Patient or service user)

Two of the toolkit respondents indicated they had found it frustrating that they had completed an eConsult form but had still needed to ring their GP surgery. One also said that people do not always trust eConsult and questioned where their data was going. Negative comments about eConsult included:

❝ *People do not always trust for example eConsult. Not clear on where information is going. It does not explain how it works. It*

needs to be explicit in this to give confidence that your information is kept that the surgery. Information needed at start to then keep you on it to the end and not at the end tell you that you need to call the surgery instead. ❞

(PPG member)

❝ *It is frustrating that when you use eConsult it does not at the beginning work out if you need to continue with the form or speak to the surgery by telephone. It has been the case that you spend 20 minutes on it then at the end it tells you to ring the surgery. There should be something at the start to work this out sooner.* ❞

(Patient or service user)

Online access to repeat prescriptions also appeared to be a barrier for some individuals in the toolkits and the informal feedback. These comments included:

❝ *For repeat prescriptions we have to go online and I have to rely solely on my wife to do this for me.* ❞

(Patient or service user)

❝ *When she requires a new prescription she phones the GP practice and requests a repeat prescription. The GP sends this over to the pharmacy who delivers it to her. The GP practice has encouraged her to go online to request her prescriptions but she says she wouldn't be able to do this.* ❞

(Family member, carer or friend)

❝ *He said he phoned the doctors who would send the prescription to the pharmacy. They would then deliver it to him. He said the practice had encouraged him to use the online repeat prescription facility however he said he found phoning much easier. He said he found the online forms difficult to navigate.* ❞

(Family member, carer or friend)

One of the toolkit respondents reported that a lack of consistency and accessibility standards in websites could be a barrier for people with sight loss:

❝ With various screen readers working in different ways people with sight loss can have a very different experience even trying to access the same thing. It does not help that there are no standard regulations to adhere to in producing digital information and the lack of consistency in websites and apps is astonishing. ❞

(VCSE Professional)

Recording and meeting accessibility and communication needs

It is clear in the feedback above that there is no 'one size fits all' approach to digital and remote communication.

Some individuals with a visual or hearing impairment might find that a Zoom call meets their needs better than a telephone call, whilst others might find it difficult to access Zoom at all. Accessing a service remotely might benefit one person who does not want to travel to their appointment, whilst another might want face-to-face contact to feel that they can communicate their needs better.

However, multiple comments in the phase two, including those above, highlighted that communication needs were not always adequately recorded and met. These comments included:

❝ *Several consultations have been done by telephone, which is hard for me because I have moderate to severe hearing problems. I have asked for video calls to be made, so I can lip read if necessary, plus facial expressions help. I've been told that video calls are only used if symptoms can be displayed by the patient. Not good enough...* ❞

(Patient or service user)

❝ *Patient records could be kept up to date so that it flags up straight away that if I ring up about S - S is registered blind, but you wouldn't*

Useful to know - The NHS Accessible Information Standard

1. Identify
2. Record
3. Flag
4. Share
5. Meet



All NHS and publicly funded social care organisations are legally required to follow the Accessible Information Standard. However, knowledge about this important requirement is limited across services. Indeed, over time, some services have expressed to Healthwatch Suffolk that they have been entirely unaware that it exists.

The guidance in the Accessible Information Standard (AIS) supports many of the conclusions of this guidance, including asking about and recording communication needs, passing this information to professionals involved in people's care wherever possible and ensuring that people receive information in a format that they understand.

The Accessible Information Standard, formally known as DCB1605 Accessible Information, is made up of a Specification and Implementation Guidance that must be reviewed by all involved in the design and development of digital service offers.

General information about the AIS can be found on the NHS England and Improvement website: www.england.nhs.uk/ourwork/accessibleinfo/

believe the amount of things that come through from the NHS that haven't even noted that he is visually impaired at all. It makes you feel bad straight away or frustrated and angry before you even get into the system. Someway of flagging up on peoples notes that someone is allowed to speak, or so you don't have to keep going through the same hoops every time you make a contact. It is tiring. ❞

(Family member, carer or friend)

❝ *Got a phone call to say can you go for a scan, they gave me the appointment date and asked shall we send you a letter – I said that I was blind – they just said 'oh' and there it stopped and there was a long pause. In the end I said 'don't bother sending the letter, I won't be able to read it'. I find that a bit of a let down to be honest... I have it in the back of my mind that 2 or 3 years ago, that GPs and hospitals asked visually impaired people what was their preferred method of communication. For me, and many VI people, email is best because we can read our emails by listening to them. I find the medical people very adverse to doing it on email. They seem to think it is non-secure, but a letter is just as insecure in my opinion, and I can't read it.* ❞

(Patient or service user)

Informal Support

A number of phase two responses highlighted the importance of informal support from carers, family, friends and others. Whilst this informal support can be invaluable for some who may not be able to access digital support otherwise, some respondents in phase two referred to the challenges they had faced when undertaking this role.

Three respondents at the first workshop discussed potential barriers associated with supporting individuals with limited digital access to engage with health and care services. Their conversation focussed on experiences of being challenged or questioned about their authority to discuss the patient's health and care. They felt that health and care services should have a way of recording that an individual patient was receiving informal support to prevent them from being queried or having to repeat themselves.

"Sometimes I found when I was helping my mother I had to pretend I was her, because in the end I just gave up. I said I have POA, had all of the papers, in the end I just pretended I was her. ... I don't like to do that at all, it goes against all of my principles, but what else can you do to get someone their medication, or an appointment. You have to tell lies to do it. It is crazy, especially when you are dealing with someone who is dying."

(Family member, carer or friend)

"I prefer things more digital now myself, but speaking on behalf of my elderly parents and in-laws, I found a few barriers. We went into lock down very quickly. My in-laws do not have any access to broadband or anything like that, they had paper prescriptions, and overnight they said no paper prescriptions were allowed... They weren't always accepting that I have power of attorney even though it is red flagged on their systems that I have, and a number of times they refused to take information from me



Family carers, and supportive friends and neighbours are an extremely valuable asset to the digital health and care system because of the role they play in ensuring people are included and able to find their way through services. Without their valuable contribution, the impact of digital exclusion across all services would be felt much more acutely.

and I was only trying to help... Sometimes it is just about how people talk to you because I did feel pretty awful sometimes the way they were saying to me 'You don't have authorisation' well, actually I do. It was all on the records, they were just not reading the records properly. ❞

(Family member, carer or friend)

❝*Some way of flagging up on peoples notes that someone is allowed to speak, or so you don't have to keep going through the same hoops every time you make a contact. So that you feel valued straight away. So that is it more of a personalised health service to you as an individual. I would like to be able to ring up about my father and not be asked 20 million questions about who you are, do you have the right to talk on behalf of your father. If it is flagged up straight away – oh that's his daughter – I don't mind answering a security question, and then off we go but I don't want to keep on jumping through these hoops every time.*❞

(Family member, carer or friend)

The impact from a patient's perspective of relying on informal support was discussed less in the phase two responses than the experiences of family members and others. However, one patient in the informal feedback records who was unable to access digital health and care themselves also said that she felt bad about having to rely on her daughter:

❝ *She says she feels bad about always having to ask her daughter to do everything for her. She feels she is putting on her a lot especially as she has her granddaughter to look after and she is running her own business.* ❞

(HWS engagement staff on the experience of a patient or service user)

Integration and information sharing

Three respondents in phase two indicated that they would like to see better integration of information between services.

One of the informal feedback sources discussed the recording of communication needs specifically:

❝ *Noted that one system does not talk to the other. So, GP notes something such as you need 'Large Font,' but this does not carry across to the Hospital for example, so when they make you an appointment, they want to send a letter out of normal font. Those with a vision impairment of course cannot see any font, but no alternative is offered to send the details. It was suggested that an email would be good and/or a text message reminder would be good.* ❞

(HWS engagement staff on the feedback from a VCSE meeting)

One respondent in the first workshop, and one in the toolkits, discussed that there was a lack of communication between digital systems more generally:

❝ *One thing I find really silly is that you can go to hospital for something but they can't get information from your GP. You go to the doctor and they can't get information from the hospital. And even in the hospital if you go from one ward to another ward, you have to answer all the same questions every time. There is no connection in the digital world between the doctors and the hospitals and the wards. We can't get it right from the top end so how on earth are we supposed to get it right from the bottom end.* ❞

(Patient or service user)

❝ *Husband - ultrasound requested for a second time as GP couldn't see details on electronic notes to say one had been done even though the patient was saying it had been. Other staff members could see it on the notes. The cost and time implications for the NHS need to be considered.* ❞

(Family member, carer or friend)

Communication and awareness

Three of the respondents to the toolkits highlighted that communication from services about their digital offer is important because a lack of awareness is a potential barrier to accessing services. Their comments included:

> *"Reasons for not accessing digital services: lack of clear signposting of what to do and how to do it."*
>
> ***(Patient or service user)***

> *"Also awareness is crucial, it's no good having a fancy facility running digitally but people not being made aware of the feature."*
>
> ***(Family member, carer or friend)***

> *"First thing that is different is people generally do not know what is going on. Experiencing significant change that is being communicated digitally. E.g. Triage, Care navigation. Ordering Medication."*
>
> ***(Family member, carer or friend)***

One of the informal feedback records talked about the experience of a patient who had not received communication from their surgery about alternatives to online repeat prescription services:

> *"They were told by surgery that that is now the only way to get their repeat prescriptions was 'online.' So, they now had to hand over the management of this to their daughter in law. I did question that this was the only method, as there should be a way they can hand in a repeat at a pharmacy. But it was clear that this was their understanding, so the communication there is poor if there are other options."*
>
> ***(HWS engagement staff on the feedback from a VCSE meeting)***

Finally, two toolkit respondents highlighted that there was a perception of digital services as being a "second best" option forced because of the pandemic. These concerns could be addressed through communication from services about the advantages of digital access and giving clear reasons for the move to digital. One of these comments reflected:

> *"The idea that GP's will now only offer telephone or video consultations is widespread and underlined by the fact that a patient may have to book 'even' a telephone appointment weeks ahead. This says to me that digital consultation is widely seen as second best and this is in danger of overwhelming the obvious advantages for many people."*
>
> ***(Patient or service user)***

Lack of support

Four respondents to the toolkits referenced a lack of support to resolve or address issues with digital service access. These comments tended to highlight that services, or individual health or care staff, had been unwilling to take responsibility for helping people to access or solve problems with an appointment or service. Such comments included:

> *"When the issues with booking the blood test were relayed to the doctor, he refused to accept that it had been an issue and that I should have been able to complete the process with no problems."*
>
> ***(Patient or service user)***

> *"Difficult to get problems sorted as no one will take responsibility or seems to know how to deal with the situation. Still been accessing appointment information which is wasting NHS money as have asked to have digital access but it won't work and no one seems able to sort the issue."*
>
> ***(Patient or service user)***

> *"Ipswich Hospital staff being unaware or unable to help sort the issue. When I've called to get access arranged I'm passed all around with each staff member saying they either don't know how to sort the problem or they are unwilling to help."*
>
> ***(Patient or service user)***

Tone and digital interactions

Two respondents in the toolkits, and one in the informal feedback, mentioned the tone of digital interactions. Both respondents felt that accessing a health or care service without face-to-face contact could lead to communication being less friendly or person centred. These comments included:

> *“Interest is that - we are used to 'face to face' contact to have conversation. When fired questions over the phone it feels less human. We have to use them, and they need to be as 'people friendly' as possible.”*
>
> ***(Patient or service user)***

> *“The social care process is a very oppressive field of interaction – where there are overtones of criticism and judgement. Being on a Teams call with no supportive body-language, or small reassuring smiles, listening to the hard facts of events can be extremely tough and potentially dis-engaging.”*
>
> ***(VCSE Professional)***

> *“You do not feel you have the access to 'people' in the same way. Your GP knew you and you knew them. No personal approach. Lost through using digital .”*
>
> ***(Patient or service user)***

Mental health

A few comments in phase two related directly to the experiences of people living with mental health difficulties. Respondents talked about similar challenges to other service areas, such as privacy, preferred communication formats and effective communication. However, they also emphasised that people with mental health difficulties can experience additional barriers when trying to access services, including those with a digital offer.

Four respondents in the second workshop made a direct reference to the experiences of people with mental health difficulties. One respondent in the second workshop, and one in the toolkits, mentioned the need for privacy and confidentiality in addition to feedback about mental health.

General comments about the experiences of people with mental health difficulties in the second phase two workshop included:

> *“There is only so much information you can take in at a time - this is particularly true for people with mental health difficulties - it can leave you feeling overwhelmed.”*
>
> ***(Feedback from the second workshop)***

> *“Mental health patients are not just one big homogeneous group, so some people just want face-to-face, but others really like the remote services. One size doesn't fit all, even when you have the same/similar health conditions.”*
>
> ***(Feedback from the second workshop)***

> *“Example of a person with mental health difficulties who couldn't even understand the instruction to 'tilt the device down' so that her face could be seen on the screen by her therapist. A small concept of just tilting screen wasn't understood.”*
>
> ***(Feedback from the second workshop)***

One respondent who fed back informally was a carer for someone with a mental health difficulty. Their feedback is included that:

- There can be an assumption digital access is for everyone, but this is not always the case. Within mental health services, there was an emphasis on digital services initially but now there is a better understanding that some people find using these options more difficult. Other services do not always have the same understanding of the difficulties people experience.
- Whether due to medication or physical illness some people struggle to use touch screens or other computer systems. The individuals husband shakes and, for him, using digital services to access support is

very difficult.

- Medication can affect motivation and make concentration on digital systems difficult.
- Using email, text or other online services can cause stress and anxiety and can trigger additional wellbeing issues for people. It can make people anxious because they are having to make quick decisions and people worry that they will be misunderstood. People may have worked themselves up to contact a service, or send a reply, only for a reply to come back quickly then requiring a further response which causes more anxiety.
- Those experiencing paranoia can find that virtual conversations are misunderstood and lead to additional problems, such as missed appointments. In some cases, having a webcam in the room is too much as the person believes that they are being watched.
- Some people find being online gives them information overload and affects their mental concentration.



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Discussion

The aims of this project have been to provide the Suffolk & North East Essex Integrated Care System with a better understanding of people's experiences of digital health and care services, the things that might have prevented them from accessing digital care (digital exclusion, literacy and poverty), and to gather people's thoughts on how things need to be different in the future.

Healthwatch Suffolk (HWS) has collected data from a range of sources, including surveys and extensive qualitative feedback (structured and unstructured) on experiences of digital care and exclusion. In addition, HWS has worked in co-production with patients and service users, family members and carers and health, social care and Voluntary, Community and Social Enterprise (VCSE) professionals to co-produce guiding principles for the future development of digital services.

Participants throughout the research, particularly those with greater digital access and ability, reported benefits to the increased use of digital services. In particular, they highlighted that digital and remote access had kept health and care services open during the pandemic, in a safe way. Participants also said that digital services could be effective for routine care, follow-up and triage, as well as for administrative functions like booking appointments or accessing health records. Finally, some participants acknowledged the benefits of not having to travel to appointments.

Most health, care and VCSE professionals consider that digital services are effective, although around a third did not agree with this statement. In their qualitative responses, many professionals noted the service benefits of digital care delivery. This included that staff are more productive and that they can treat and support more people. Staff have also commented that digital provision has enabled them to continue to offer safe support in spite of pandemic restrictions and lockdowns.

When considering how best to improve digital services, it is important not to lose sight of these benefits. However, although there was strong support for digital provision amongst the sample, these benefits were often conditional on digital tools being used only when appropriate (e.g. for less complex treatments or for specific purposes such as basic triage) and on them being part of a range of options for treatment, care and support. This was true of both service users and professionals providing services.

Encouraging services to gather more insight into who benefits from digital, and who might find digital access more difficult, should ensure a continuous improvement of digital care in order that people do not inadvertently miss out on the support they need.

Alongside the benefits, this research has identified many examples where people have been unable to access digital care because they are excluded to some extent. It was common for carers, family members, friends and VCSE professionals to report these experiences on behalf of individuals, however, experiences from people who have little or no digital skills or access, were also captured in both phase one and two of this research.

Common reasons for digital exclusion included:

- **Not having access to digital technology –** This included devices, such as smartphones, laptops or computers, and the technology required to access services (e.g. connection to broadband). In some cases, this was related to the cost of this equipment. Others had no broadband connectivity in their area.

- **Lacking the necessary skills or confidence to use digital technology –** A number of participants reflected that people may not have the experience and knowledge to be able to use digital services. Even for those who have basic skills and access to devices, individuals can lack confidence to use them without support.

- **Not wanting to use digital technology to access health and care –** Some individuals do not want to use digital technology and are not motivated to want to learn how to use it to access health and care. These behaviours often related to not having the skills to use technology, however, some people simply wanted to retain traditional methods of accessing health and care. Several family members expressed the view that their relative cannot use technology, doesn't want to and never will.

- **Having health or accessibility needs that make digital access difficult or not possible –** Some individuals find it harder to access digital care, or are unable to access services this way altogether, because of a health need or disability. Common health and accessibility references concerned progressive conditions such as Alzheimer's or Parkinson's disease, sight loss and hearing loss.

- **Security and trust -** Some respondents highlighted that distrust in the security of systems and websites was an issue preventing them from using digital services.

Although digital literacy is likely to improve at a whole population level over time, commissioners must understand there will always be people unable to use digital services by virtue of unique social, economic and health factors. Investment in digital inclusion initiatives will help but is unlikely to fully address some of the issues people have described in this research.

Therefore, the impact of digital exclusion must be considered when designing services. Digital first does not mean digital only. Services must provide alternatives to digital access, such as telephone or face-to-face contact, to prevent continued exclusion from health and care.

For those who lack access to the necessary devices, professionals should signpost to community locations and/or services where people can access a device and internet connectivity (e.g. local libraries and VCSE initiatives). This, alongside the continued provision of alternative forms of care, will help to ensure that everyone within the SNEE ICS area is enabled to access health and care long into the future.

Support for those who are beginning to use digital tools will enable them to make the best possible use of technology and could improve the numbers of people within SNEE who are digitally enabled overall.

Equipment, and access to the right technology, has also been an important consideration for professionals who responded to the phase one survey. Some felt their ability to provide effective care had been limited by the quality and availability of appropriate tools and also inadequate digital infrastructure (e.g. connectivity when working remotely in rural areas). This included systems becoming frozen mid-appointment, down time on servers and connection, and insufficient laptops (with web cam functionality) to meet the demand for video-based services.

The current significant variations in systems, websites and approaches are unhelpful to those seeking to learn how to make the most of digital care (this applies to both users of services and those providing care).

To support new learners who have access to devices but lack confidence, skills or trust, services must provide simple and consistent websites and digital communication solutions (e.g. a single, mainstream video platform across services and similarity between service websites across health and care). Services should also be aware of, and signpost to, wider training and information offers in the county. Naturally, training offers will need to be accessible to the range of service users there are.

Services should provide clear communication about their digital offer, security policies, where information is stored and for what purposes. This information must be available in other non-digital formats and presented in a way that people can understand. User testing and co-production of websites and pathways must be carried out with individuals that have a wide range of communication needs and preferences. This will help to anticipate, and address, problems with the user journey through systems before they are made live.

Services have a statutory duty under the NHS Accessible Information Standard to provide communications and support for people who might otherwise find it difficult to access services because of a health, disability, accessibility or language need. It is the law, yet some providers are unfamiliar with the standards they are required to meet. A commitment to accessible information and support will empower some individuals, who might not otherwise be able to access services, to take control of their own care. Providing information in an accessible way means that health and care services are ensuring equal access, regardless of need.

It is possible to read more about the NHS Accessible Information Standard on the NHS England website. Visit:
www.england.nhs.uk/ourwork/accessibleinfo

It is clear that people appreciate having a variety of options for accessing care and favour a personalised approach. Participants stated clearly that there is no 'one size fits all' approach to health, care and support and that people should continue to maintain the right to choose an option for care that is suitable for them. This applied equally to those who might face challenges accessing digital health and care, as well as those that are digitally confident, but who have additional access or communication needs.

Video consultancy and appointments can be a challenge for some, and services can help to address this by providing information, in advance, about how to use an online video service where it is required. In addition, services can help people to know what they should expect in an appointment with health or care professionals so that people are prepared to get maximum value from the interaction. Video services and links need to be correct and compatible with end users' devices. This ensures that those who have the skills and devices to be able to access this type of appointment can do so.

Another challenge with video consultations reported by participants was effective communication using a video platform. Some individuals may find it difficult to explain what they need when using a remote service, or may find it harder to understand the information being given to them as well as they would if they were receiving it face-to-face. Difficulties with communication has also been an issue for health and care professionals, with 40% indicating that they do not find it easy to communicate using digital technology.

Services must ensure a 'customer' focus and that professionals are trained in how to engage effectively, and safely, with service users in an online space. When services are communicating with someone who has not used a video platform before, they should aim to give that individual more time in their appointment to ensure that their consultation is not impacted by their ability to use the required software. Furthermore, professionals must ask follow-up questions, and check the patient or service users' understanding about what has been discussed.

Some reported concerns around privacy using video calls, and the impact of this technology on those who may feel anxious in front of a camera. In particular, people may feel exposed or they might mask the true nature of their concerns under the influence of others around them. In addition, some participants expressed concern about taking a video call about mental health care, at home where other household members could be present.

Depending on the health and care need, alternatives to video appointments might be

considered for individuals who have concerns around the privacy of a video call. For others, the ability for a health professional to be able to see them was a distinct benefit over telephone appointments when using remote services.

It was clear that telephone appointments were preferable to video for some individuals. For example, a telephone appointment could be easier for someone with little or no digital ability, or who was anxious about receiving a video call. However, participants also highlighted that both telephone and video calls could have different accessibility benefits and challenges. For example, a person with a visual impairment may find it more difficult to access video services than a person who benefits from visual cues to understand the information being relayed to them (e.g. lip reading or body language).

Services need to make more effort to design digital care around the needs and convenience of the service user, and not the needs of the service. For example, people have expressed frustration at appointments missed because they were not made aware of when the service would be calling them back. These missed calls were sometimes not subsequently followed up by services. This can have consequences for people's health and wellbeing.

Like ensuring that video links are accessible for patients and service users, services need to communicate key information about telephone appointments, such as when they will take place, who will make the call and from what number (e.g. because some people do not answer unknown telephone numbers, or unknown numbers are blocked, to avoid scams).

Both telephone and video remote consultations need to be deployed effectively. A number of participants reported that they felt remote consultation had been inappropriate and that they would have preferred face-to-face contact. Some shared examples of misdiagnoses or delayed treatment and care that had consequences for health and wellbeing outcomes.

Some patients also felt that digital interaction can feel impersonal and that some of the "friendliness" and warmth of a face-to-face appointment is lost when meeting remotely. These comments reinforce concerns voiced about the effectiveness of communication via remote services. If services make increased use of remote consultation, the aim must be for them to be as effective, and human (as far as possible), as a face-to-face consultation. Staff should be trained in how to interact with people online, with a particular focus on techniques that put people at ease.

In addition, services need to provide choice and control around preferred contact methods. Both telephone and video communication can be used effectively for remote consultations. However, offering patients and services users a choice of communication methods (including the option of a face-to-face appointment) will help services to provide the best possible standard of health and care for that individual.

Once a person has told services that they have additional communication needs or preferences, they should expect that those needs are recorded, flagged and consistently met. These preferences should also be relayed to other services upon onward referral. In some cases, not recording or meeting patient's communication needs had led to them receiving communications that they could not access (for example, a patient with a visual impairment was sent a physical letter that they could not read and another patient with hearing loss was contacted by phone by a doctor without the use of a relay service or other assistive technology).

Ensuring that patient and service users' communication needs and preferences are recorded and accessible to service staff can improve patient experience by preventing them from having to state these needs multiple times. This can also be applied to onward referrals by sharing records of communication needs with any services that the individual is referred on to. Recording, meeting, and sharing patient's communication needs when services have permission to do so is a requirement of the

Accessible Information Standard and good practice for health and care services.

Getting this right is important because it improves confidence that information has been received and understood, makes it more likely that a person will act upon the information they have been given and improves patient experience exponentially.

Both phases of the project learned of participants who helped someone to use digital health and care services. Some expressed facing barriers that prevented them from offering such help. For example, two people reported feeling that they were subjected to unnecessary questioning or challenges, despite having power of attorney to handle their relatives' care. Some felt that they had to keep 'jumping through hoops' in order to be able to access care and support for their relative.

Like patients' communication needs, family members and carers felt that their legitimacy to access health and care on someone else's behalf needed to be recorded and consistently applied. Family carers, and supportive friends and neighbours are an extremely valuable asset to the digital health and care system because of the role they play in ensuring people are included and able to find their way through services. Without their valuable contribution, the impact of digital exclusion across all services would be felt much more acutely and this must be recognised by providers and commissioners of services.

Patients in both phases highlighted that reliance on others as a source of support to access digital services could reduce a person's independence, further highlighting the need for accessible alternatives to be available for those who are less digitally enabled.

Some respondents said that they were not always aware of all available digital options from services. A few also expressed concerns about people's negative perceptions of digital transformation. For example, this might include the perception that services were trying to stop them from being able to access healthcare. Participants recommended that there needed to be better communication from services that seeks to address some of these fears or anxieties about using digital health and care.

Participants reported some improvements that could be made to health and care websites. These tended to focus on using online forms, technical issues and websites containing the right information in a clear location. Some participants with visual impairments said that websites could often be unsuitable for them, depending on the assistive technology they use.

Outside of a consultation, websites contain most of the information about a service for patients or services users. It is therefore crucial that the information stored on websites is correct, up-to-date, easy to use and accessible (meeting international standards of website accessibility). Services could make a single individual or team responsible for maintaining their websites to help ensure it is continuously updated and accurate. In addition, participants reported that having a consistent web design across services could help facilitate access.

Co-production of content and end-user testing will also help to ensure that websites contain the information users want in an accessible format. Focussing on web development, including online forms, will give service users and patients who have the ability to use web services easy access to the information that they need and prevent barriers.

Conclusion

The acceleration of the digital transformation of health and social care that has taken place since the beginning of the COVID-19 pandemic has brought a significant number of both benefits and challenges for users of services, and those providing care.

For many service users and professionals, the move to increased use of digital solutions has meant a more convenient experience of receiving, and providing care. For some service users, increased use of digital tools may enable them to take more control of their care, at a time and a place that suits them. Furthermore, information is more readily available to people through online services and remote access to the expertise of professionals.

However, despite the benefits, some people are unlikely to ever use digital services in their lifetime. This reluctance is driven by many factors, including their motivation, trust in services, digital skills, health needs and access to finances. Digital inclusion initiatives have helped to support people to access care, but are unlikely to ever prevent digital exclusion entirely.

This means that services must plan for the presence of digital exclusion by providing alternative means of access for those who need them. Although the NHS Long-Term Plan includes the ambition for services (particularly primary care) to enable digital first access to care, this must not be implemented at the detriment of those who cannot access digital care, or who choose not to access digital care.

Both professionals and service users have expressed the view that digital must remain a choice. As discussed above, it also means planning for a wide range of accessibility needs and personal circumstances, such as the support of family carers to access services.

Providing services in a way that can meet the needs of those who may be digitally excluded, and planning to improve access for those who face barriers, can also help our local health and care system to meaningfully address health, care and community inequalities. This research has shown that economic factors can play a part in digital exclusion, along with language, literacy, culture, disability, age, wellbeing, economics and ability. Improving digital access can therefore help to ensure more equitable access for the SNEE population overall.

The scale of the challenge to address digital exclusion means that services and commissioners will be unable to address every issue on their own. However, there are other services and organisations working to address many of the issues highlighted in this report. For example, work around better broadband connectivity in Suffolk is carried out by Suffolk County Council, community assets (e.g. local libraries) have provided computer and internet access to those who do not have access to a device or connection and local VCSE organisations have provide support for those with accessibility needs or disabilities to access healthcare.

The challenge is for those providing care and support to maintain an awareness of, and work together with, these initiatives to promote digital inclusion and ensure people are enabled to access care when they need it. Where possible, services and commissioners must seek to further the digital inclusion agenda with investment.

The co-produced guidance document published alongside this report was developed with service users, patients and professionals. This includes health and care professionals and people employed by local VCSE organisations. The principles outlined within it serve as a timely reminder for the SNEE system about the factors

that must be considered if we are to ensure fair and equal access to our local services.

Ultimately, this research has demonstrated that people are willing to engage in the development of local digital health and care service design. A commitment to co-production, with both those providing care, and those using services, will help to lay the foundations for care that is truly person-centred, integrated and accessible. That means involving people in service design right from the start and ensuring people know how they can offer feedback (directly and independently) to promote continuous improvement.

By continuing to seek feedback, and demonstrating a willingness to learn from people's experiences, there is an opportunity to ensure that the SNEE system is at the forefront of successful digital transformation. A transformation that aspires to find innovative digital solutions that will benefit the SNEE population, whilst continuing to ensure people have access to alternatives if they need them. Partnership working and seamless integration across health, care and VCSE organisations will be an absolutely fundamental part of ensuring people are included in their care now and into the future.



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Guiding principles

As previously outlined, this research has sought to understand more about the experiences of local people in Suffolk and north east Essex when it comes to their use of digital health and social care. The evidence outlined in this report has been used, alongside online co-production sessions using Zoom, to develop a set of guiding principles for health and social care providers and commissioners to use when planning local services.

The guiding principles are intended for any services or organisations planning, commissioning or designing new digital services, as well as those with existing digital service offers. The guidance aims to provide co-produced information about how to best meet the needs of service users, patients and local people.

The document:

- Aims to provide a helpful reference to remind providers and commissioners of health and social care provision about what people need from their local services to be able to fully engage with them.
- Has been created from the suggestions of patients, service users, carers, health or care professionals, Voluntary, Community and Social Enterprise representatives and the wider public.

The full guiding principles document is available for download from the Healthwatch Suffolk website. Please visit:

www.healthwatchsuffolk.co.uk/digitalhealthandcare

See the highlights

For quick reference, we have created a graphic on page 118 and 119 that highlights the main issues people said providers and commissioners needed to consider when planning local health and social care. This graphic is also available as a separate download from the website above.

If you would like more information about this research, and the co-production of the guiding principles document, please contact Healthwatch Suffolk on 01449 703949 or by email to info@healthwatchsuffolk.co.uk.

These details can also be used to enquire about how Healthwatch Suffolk can support local sevices with research and to work in co-production with local people and communities.



The Healthwatch Suffolk team can offer helpful advice, guidance, training and support to develop co-production projects. Please email **co-production@healthwatchsuffolk.co.uk** or call **01449 703949**.

Guiding principles

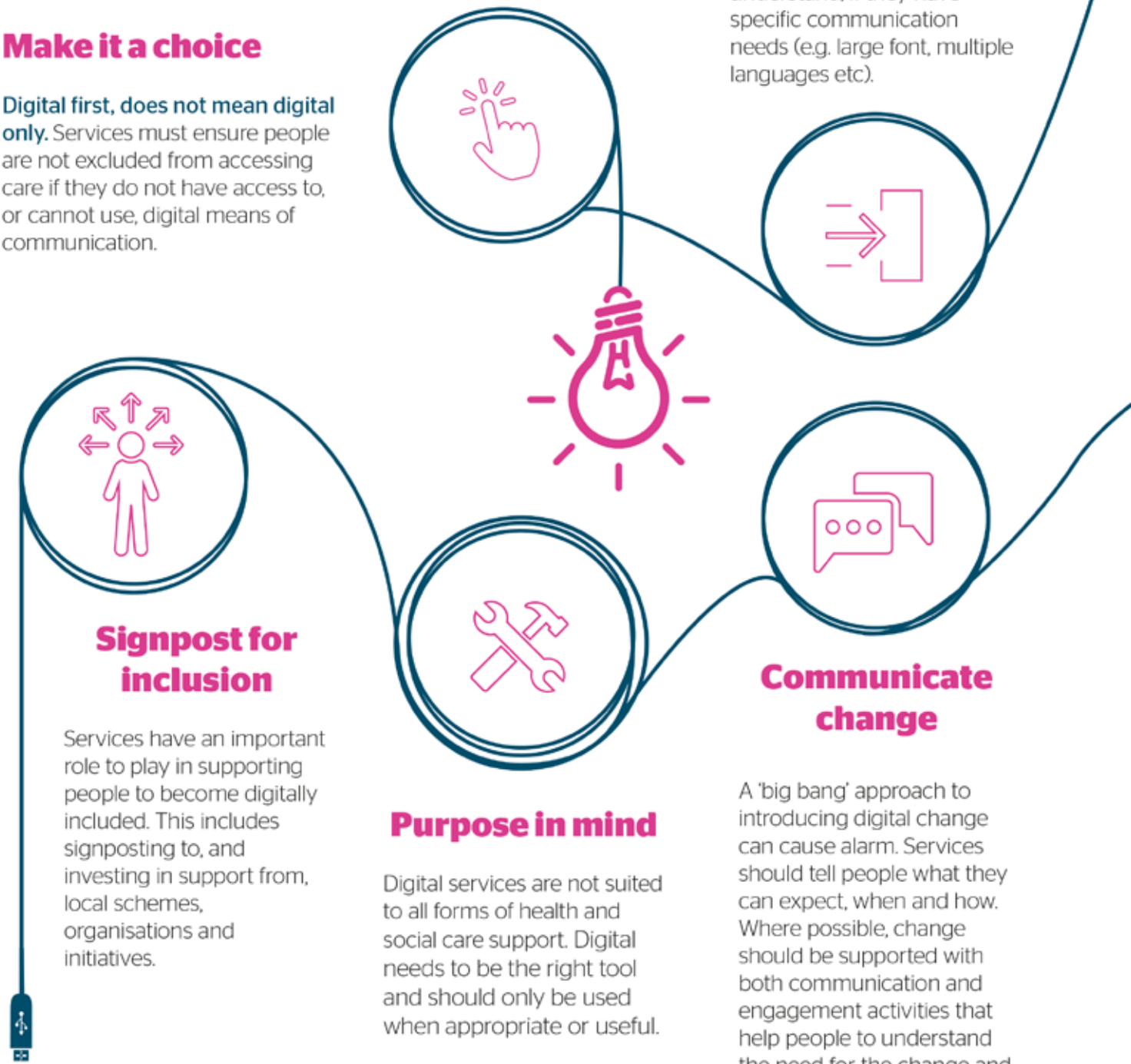
These principles for the design of digital NHS and social care services have been co-produced with people in Suffolk and north east Essex. They aim to provide a helpful reference to remind providers and commissioners of health and social care provision about what people need from their local services to be able to fully engage with them.

Make it a choice

Digital first, does not mean digital only. Services must ensure people are not excluded from accessing care if they do not have access to, or cannot use, digital means of communication.

Keep things accessible

Services must ensure that digital information is made available in formats that people can engage with, and understand, if they have specific communication needs (e.g. large font, multiple languages etc).



Signpost for inclusion

Services have an important role to play in supporting people to become digitally included. This includes signposting to, and investing in support from, local schemes, organisations and initiatives.

Purpose in mind

Digital services are not suited to all forms of health and social care support. Digital needs to be the right tool and should only be used when appropriate or useful.

Communicate change

A 'big bang' approach to introducing digital change can cause alarm. Services should tell people what they can expect, when and how. Where possible, change should be supported with both communication and engagement activities that help people to understand the need for the change and to ask for thoughts and ideas.



Simple websites

In a digital world, websites have become a 'shop front' and are therefore critically important in helping people to find their way around services. They must be easy to navigate, consistent across services and kept up-to-date.



Support carers

Family members, friends and carers have an important role to help people to access digital care. Where possible, they should be recognised and supported for the assistance they provide. This means being flexible and responsive to the needs of carers.



Help on hand

Sometimes people need help to use digital services, or to access information. Support must be easy to access online and staff should be prepared to offer help and assistance where needed.



Security

Digital services must be secure, with the highest standards of data protection. Providers and commissioners can increase people's confidence and trust in services by providing clear information about how personal information and data about them is stored, who it is shared with and why.



Personalise care

Digital communication can feel impersonal. People value positive interaction with professionals. Services must focus on appropriate 'customer care', adapt approach to meet the needs of the individual and train staff in how to engage with people effectively, and safely, online.



Co-produce

Services are better when they are created with the people that use them. Digital care offers many opportunities to gather feedback from people and to direct people to where they can feedback independently. New services should always be designed in co-production wherever possible.

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This document has been produced as part of a project exploring the digital health and social care experiences of patients, carers and professionals on behalf of the Suffolk and North East Essex Integrated Care System.

It will be publicly available on the Healthwatch Suffolk website. It will also be made available to Healthwatch England and bodies responsible for the commissioning, scrutiny or delivery of local health and care services. This may include Suffolk Clinical Commissioning Groups, the Suffolk Health and Overview Scrutiny Committee, the Suffolk Health and Wellbeing Board and Suffolk County Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us on 01449 703949 or by email to info@healthwatchsuffolk.co.uk

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Learn more about this research and download the full report from:
www.healthwatchsuffolk.co.uk/digitalhealthandcare

You can also contact **info@healthwatchsuffolk.co.uk** or call **01449 703949**.