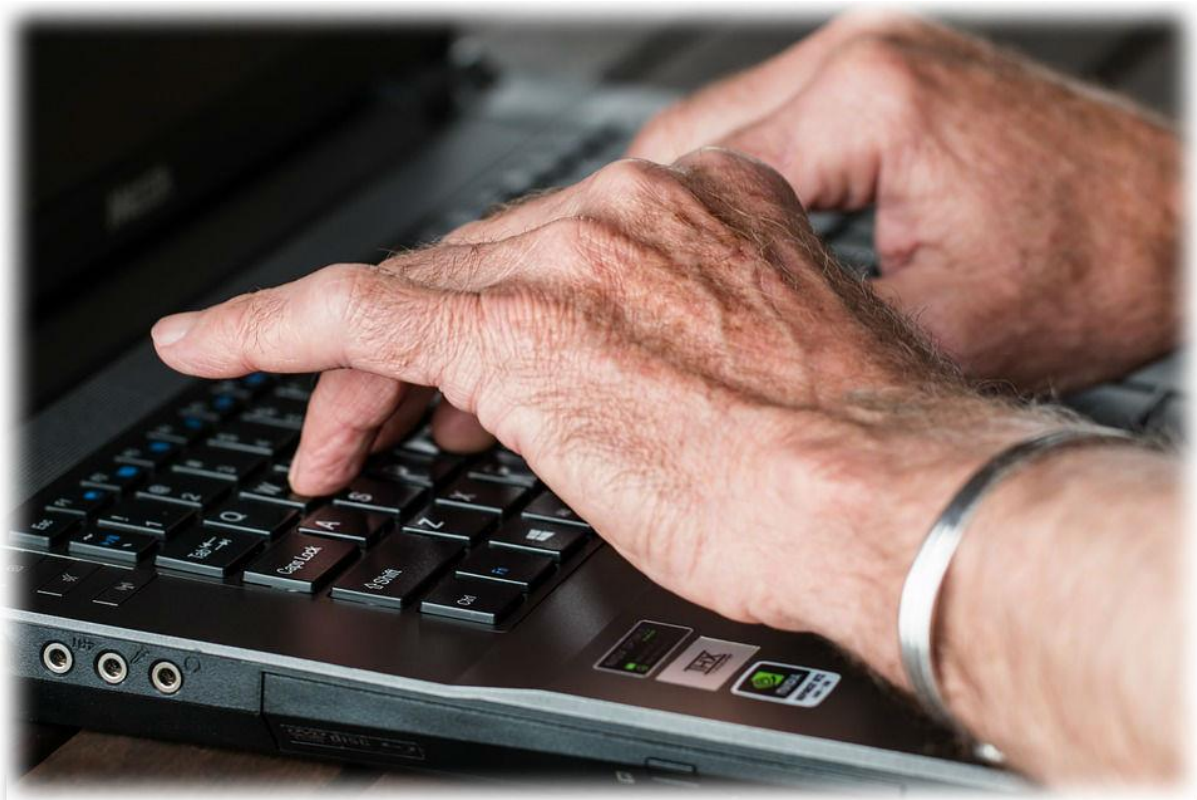


Sticking with IT

The Approach to Information Technology and
Online Services for Health & Care by Older
Manchester Residents - a Review



April 2019

Foreword

I am very pleased to provide the foreword to Healthwatch Manchester's report 'Sticking with IT'.

Firstly, I would like to congratulate the staff and volunteers at Healthwatch Manchester for their hard work in a yearlong investigation. This has involved over 150 conversations with older people and forms the basis of this report.

Our ageing population in Greater Manchester faces daily challenges and the growing need to become digitally engaged and internet savvy is, for many, a complex and often daunting matter.

It has become clear that the best way to tackle issues such as this is to go and ask people directly. It is my experience that people respond far better to an enquiry which is face to face and in a familiar environment.

Of particular note are the findings that most older people in the report are supported by their loved ones and carers or can manage themselves around IT. There is nonetheless an evident need for improvements to the way our older people are supported in online health and care services with reassurance figuring strongly. A tailored approach to the way this is addressed shines through and it is great to see the more vulnerable members of our older population have been listened to and their voices being made heard this way.

I am looking forward to this report galvanising some local and Greater Manchester changes and innovation around IT and access for older people.



A handwritten signature in blue ink that reads "P. Smith".

Pam Smith

Lead for Age-Friendly Greater Manchester and Equalities

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Executive Summary

Healthwatch Manchester conducted an investigation into older Manchester residents; their experiences and approach in using online services to access health and care and toward online use in general.

Older people from a range of backgrounds and communities across the city were interviewed regarding this matter and their responses analysed to provide the key findings and recommendations in this report.

Most older people in Manchester are not obliged to access health and care services online, and where they are doing, they report less difficulty than was envisaged. Local support is available through friends, family or carers.

There is a need to reassure, educate and inform older people on an ongoing basis regarding access to health and care services using Information Technology (IT) and to address some of the limiting assumptions made around security and confidentiality.

There is a need to frame the above in a tailored manner, which addresses older people's needs according to issues such as gender identity and ethnicity.

Recommendations

1. Health and social care providers in Manchester need to signpost older people to services where they can acquire the necessary skills for internet and wider IT use. These should be readily accessible and where possible in situ with the healthcare provider.
2. Trained advocates need to form part of this service and be ready to support older people particularly around learning and reiterating and reinforcing the required steps in using an online system.
3. The wider benefits of IT and internet use need to be made explicit to older people as well as the benefits to their health and social care. These need to include the benefits of connecting with other people such as group interaction, peer learning and sharing of experience. The use of social media to create and sustain online communities with shared interests at neighbourhood level is an example.
4. Older people require a comprehensive guide to internet and IT use, which is tailored to specific need. This may, for example, include a support package containing basic printed instructions and/or an embedded video.
5. There needs to be long-term investment in IT and online skills training for older people, which includes regular refresher training. Manchester's ageing workforce needs to be engaged and educated on technology and internet use in preparation for older age.
6. Older people need reassurance that increased internet and IT use need not decrease social engagement, control and choice or lead to longer waiting times for appointments and/or treatment & care. The fear of isolation in older people needs to be addressed by promoting internet use as an enabler of wider communication.
7. Further reassurance for older people is needed regarding their fears that technology will have a damaging effect on their privacy and the security of their personal information.
8. This reassurance needs to be included in any initiative which addresses the barriers to internet and IT use. As previously mentioned, the ability to use social media in a non-person specific way such as neighbourhood pages is an example.
9. The effective forms of reassurance will vary depending upon an unavoidably diverse range of social, cultural and environmental factors experienced by older people. Stakeholder engagement and co-design of this form of reassurance is required in order to ensure its effectiveness.
10. Alongside this reassurance there needs to be a clear message to older people that IT and online services are not the only option regarding access to health and social care services.
11. Face to face contact needs to be maintained where possible in health and care and especially where there is further inequity for older people such as language and cultural barriers present in Manchester's BAME communities.
12. Where a specific community of older people has indicated consistently low uptake of IT and internet services and where this may be detrimental to their healthcare then further investigation may be required to address this issue.
13. Manchester's Age friendly Neighbourhood teams are a possible avenue for these recommendations to be implemented.
14. These recommendations may also apply to other members of the public who encounter access issues regarding internet and IT use.

1. Introduction

1.1 This report aims to provide clarity on the needs and wishes of older people in Manchester around accessing healthcare using Information Technology (IT) and their approach to IT generally. Access to healthcare using IT is a complex matter and Manchester health and social care providers have yet to agree upon a standard approach that enables ease of access. More services migrate toward an online system of access in health and care each year.

1.2 Key commissioned functions of Healthwatch Manchester are to:

- Inform and signpost people to local health and care services
- Respond to and investigate information received from local people regarding these services where there is cause for concern

1.3 In March 2017 the Healthwatch Manchester board agreed to include an investigation into this matter within the organisation's annual plan. This piece of work was identified as a priority due to the high volume of comments and complaints received by the Healthwatch Manchester Office from local people regarding their difficulty, fears and frustration around IT and access to healthcare services.

This investigation was carried out using one to one interviews conducted by Healthwatch Manchester staff and volunteers over a period of 12 months between December 2017 and December 2018.

1.4 The main objectives of this report are to:

- Present an analysis of the investigation through review methodology and key findings and
- Make recommendations regarding areas for improving online access to health and care services for older people and around IT and online access in general.

2. Background & Rationale

2.1 Figures from the Office for National Statistics (ONS) (2014) found that 13% of UK adults (6.4 million) have never used the internet. Those over the age of 55, represent 5.6 million of UK adults.

2.2 Older adults face a specific set of difficulties that have been identified as barriers to using technology. These difficulties include deterioration in visual function that affects their capacity to see what is on the device's screen, or cognitive impairment on short-term memory that affects their ability to retain new information. Other conditions, such as chronic pain, are also barriers to sustained use.

2.3 Usability barriers met by older adults can incorrectly be interpreted as lack of interest rather than accessibility issues. Older people are more likely to perceive technology as difficult to use than not useful.

2.4 The Department of Health claims that digital advancements will create a 'Patient Power Decade'. Advancements in technology-enabled care (TEC) towards health applications, remote monitoring devices and wearable technology means that although there is tremendous potential benefit to older people, their lack of skills and knowledge mean they are unlikely to contemplate them as options for themselves

2.5 An increasingly ageing population in Manchester along with a substantial technological shift towards online services means that the needs of a significant proportion of the population could be at risk of being left unaddressed.

2.6 As people grow older, their abilities change, and this may have an impact upon their uptake and use of technology and the internet. The capabilities of each individual will vary, which may

also broaden out their needs around access to IT and online services and present further challenges.

2.7 Healthwatch Manchester received a substantial and recurrent number of negative accounts from or relating to older people about their health and care services going online. These accounts were not only about online services causing barriers to healthcare access, but also around an apparent inability to have any say in this service transformation or any means to complain when difficulties were encountered as a result.

2.8 Services are increasingly being digitised or designed to have an online element that raised further concerns.

2.9 These accounts and concerns provided a clear rationale for Healthwatch Manchester to conduct an investigation into this matter and interview Manchester residents aged 55 or over.

3. Methodology

3.1 This investigation began with an extensive literature review of existing secondary research regarding older people and technology. In addition, the state of local online healthcare services and the population was examined to enable a local context. Due to the large volume of publications regarding older people and technology, the area of focus was on the most relevant reports, primarily those that had been published by local and national organisations.

3.2 Healthwatch Manchester staff and volunteers met to discuss a broad range of aims and objectives, which were organised into themes and narrowed down to fit within the ethos of Healthwatch research. The main aims were to

- discover if older people have easy access to online health services and
- explore their attitudes towards internet usage.

3.3 Healthwatch Manchester has the in-reach to and trust of local communities due in part to its independent nature but mainly due to regular outreach activity to local forums, drop-ins and networks. This is supported by its Community Champions service, which has been in operation for over 5 years.

3.4 The communities where there are strongest links include people who ordinarily find difficulty in making their voices heard such as people from minority ethnic backgrounds or people with long-term conditions such as dementia and their carers.

3.5 The themes considered most appropriate to this investigation included access, competency, language and culture and these were used to inform the design of a structured interview.

3.6 The interview was aimed at the over 55 demographic and comprised of multiple-choice questions, open-ended questions and statements for respondents to rate on a scale. Healthwatch



Manchester contacted over 70 local agencies to enable deployment of the survey. 155 participants responded in total, some of whom required assistance.

3.7 The interviews were conducted by volunteers who are trained in communication skills and data capture. All interviewers abide by the Healthwatch Manchester Checklist of Standards in Consultation. The interviews were designed to capture mostly qualitative data and the method used was appreciative enquiry. The structured interview can be found in Appendix 1.

4. Findings

Full survey results can be found in Appendix 3.

4.1 Key Findings

4.1.1 A significantly high proportion (80%) of older people reported they either do not require assistance or receive assistance from a family member, friend or carer when using online services.

4.1.2 A significantly high (94%) proportion of older people reported that they are not obliged to access healthcare services online.

4.1.3 A significantly low (30%) proportion of older people reported independent use of the internet and this is reflected in their feelings of confidence around internet usage.

4.1.4 Some Manchester residents were concerned that they struggled to remember the required steps in using an online system.

4.1.5 There are fears that sharing information electronically will have a damaging effect on privacy and the security of information. These fears are more pronounced in female than male respondents.

4.1.6 Maintaining face-to-face contact with health professionals is considered important by the majority of respondents yet this appears to be at odds with the information in the NHS 10 year plan. This issue is of particular importance to the Chinese, Pakistani and Indian respondents in this survey.

4.1.7 A compelling level (40%) of respondents felt that online communication might lead to longer waiting times. This concern was more pronounced in female than male respondents.



4.1.8 There is an unwillingness and resistance in older Manchester residents regarding health and social care services migrating toward an online access status.

4.1.9 Those respondents who demonstrated a willingness to use computers or the internet, for example those who described themselves as learners of the internet or used computers at work, were less likely to be negative of online health services. In fact, many thought online services would be beneficial.



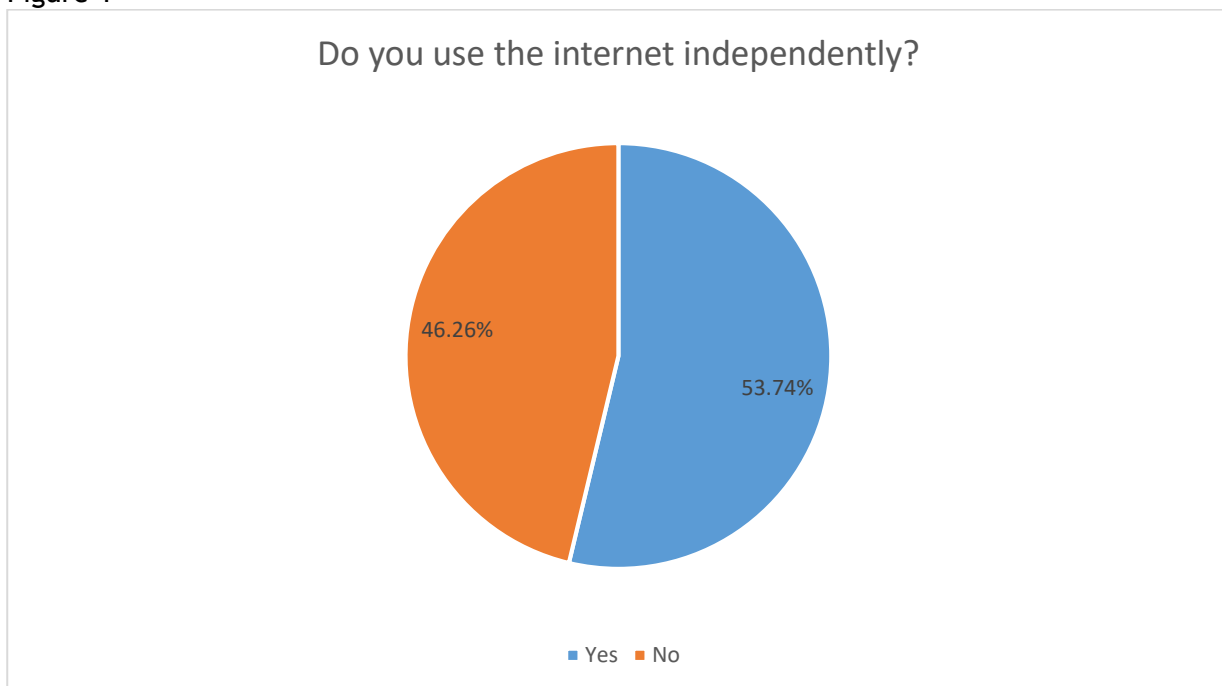
4.2 Detailed Findings

4.2.1 Although some studies have indicated that women have more anxiety and less computer knowledge than men, this investigation found that older women in Manchester were more likely than men to use the internet independently with 58% of women answering yes to this question compared to 39% of men.

4.2.2 Caribbean, Pakistani and Irish respondents were the least likely to use the internet independently with 100% of Caribbean, 91% of Pakistani and 80% of Irish respondents giving a 'No' response when questioned on independent internet usage.

4.2.3 100% of respondents identifying as Pakistani do not use the internet for any activities at all, recreational or otherwise. People identifying as Pakistani make up 8.5% of Manchester residents (ONS 2011).

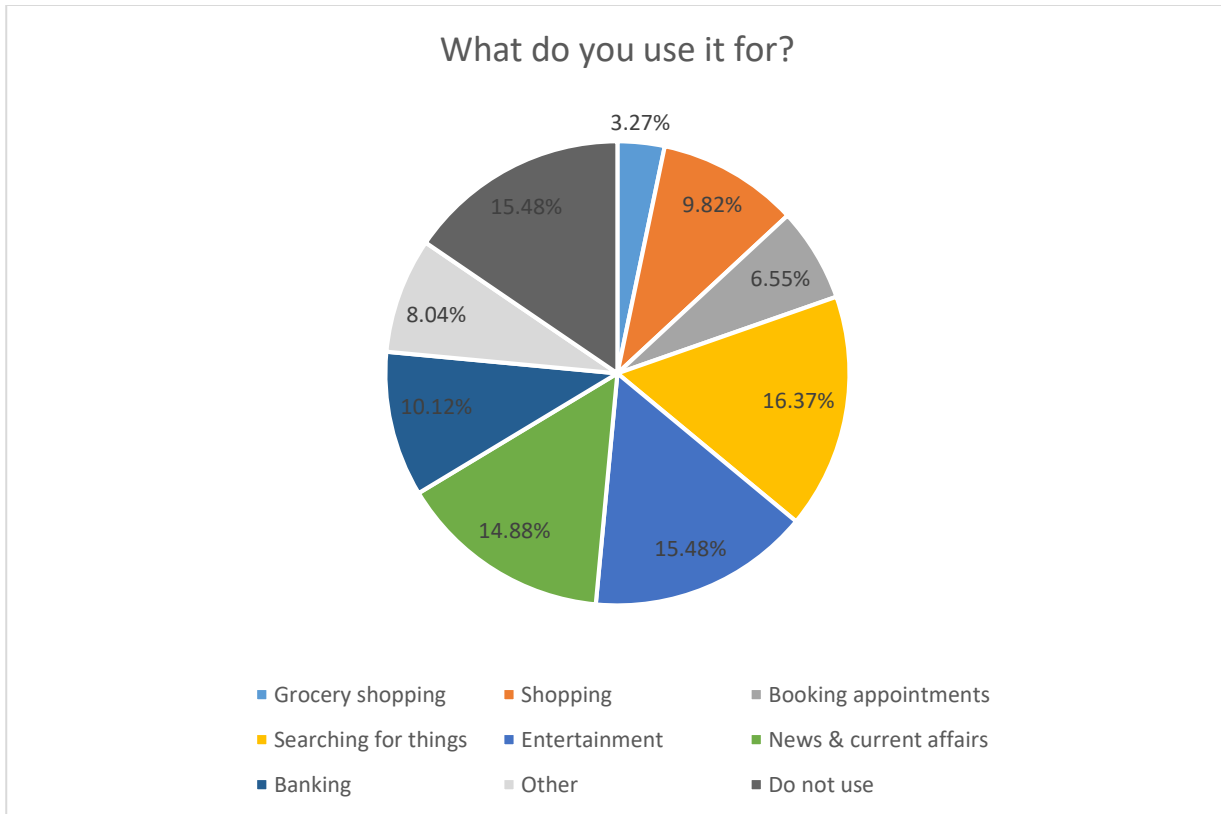
Figure 1



4.2.4 Figure 1 shows that almost half of respondents said they did not use the internet independently.

4.2.5 Taking into consideration those respondents who consider themselves disabled, there was an even split between those who use the internet independently and those who do not (51% and 49% respectively). Respondents who do not consider themselves disabled were more likely (60%) to use the internet independently.

Figure 2



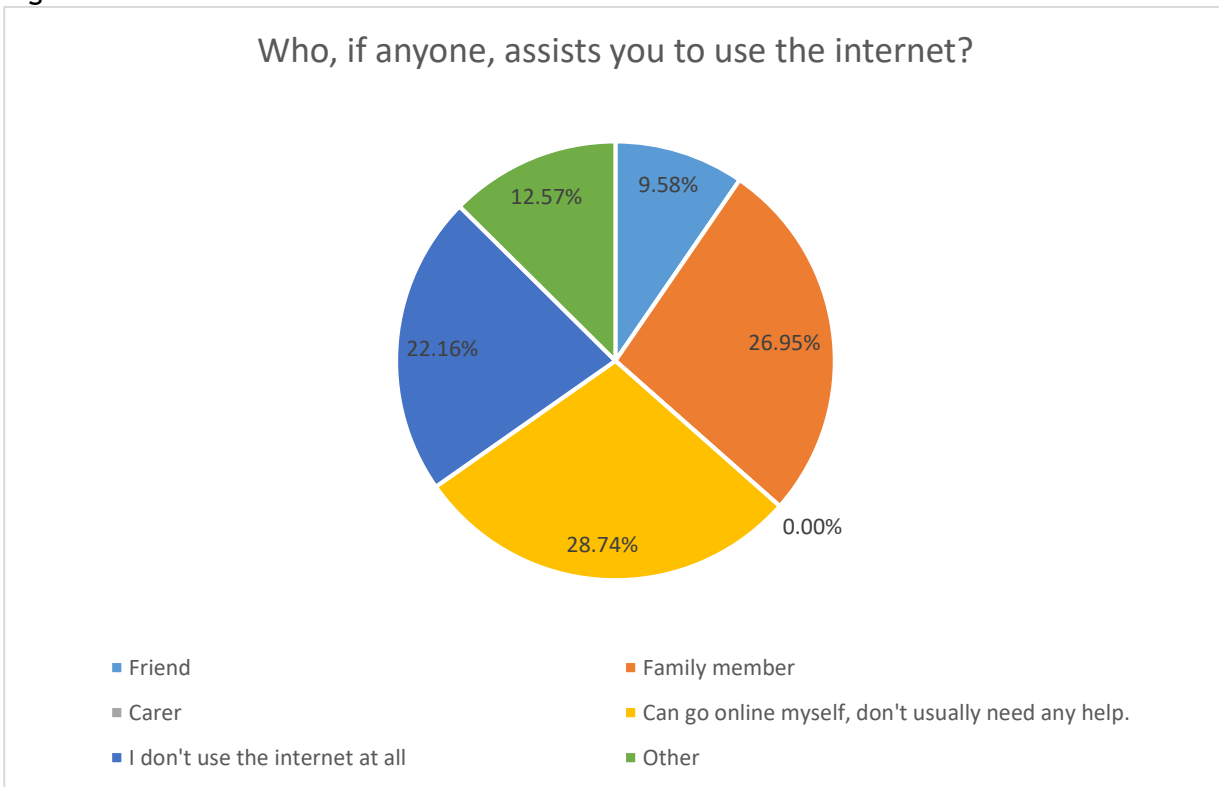
4.2.6 Figure 2 shows that a similar proportion of respondents use the internet for banking as for recreational activities (news and current affairs, searching for things, entertainment). However, a similar proportion of respondents do not use the internet at all.

4.2.7 Unsurprisingly, the vast majority of those who use internet banking were also amongst the most confident internet users, although surprisingly they were still more likely than not to have concerns about the security and confidentiality of information submitted online.

4.2.8 Figure 2 shows that ‘Booking appointments’ featured at the lower end of internet usage but by contrast, a broad variety of recreational reasons for using the internet were cited. Some of these were:

- 🌸 *“Emails, reserving items from library, prescription ordering”*
- 🌸 *“Blog, exhibits own art online (virtual architecture). Email, Facebook.”*
- 🌸 *“Job applications, cooking recipes, YouTube”*
- 🌸 *“Music downloads, family communication, social media, films, tv”*
- 🌸 *“Home improvements; contact with statutory agencies”*

Figure 3

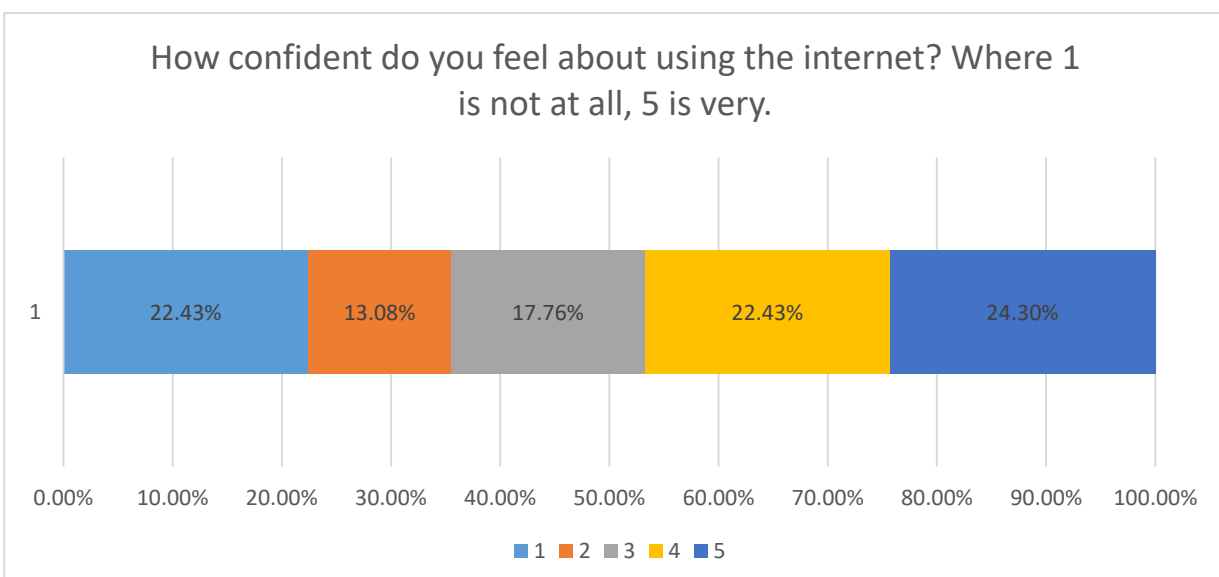


4.2.9 Figure 3 illustrates that the largest proportion of responses came, on the one hand, from those who do not use the internet at all, and on the other hand, from those who can go online themselves or who call on family members to assist them. Work colleagues, library staff and social worker were also cited as people to turn to for assistance.

4.2.10 Some specific comments about the difficulties in using technology and the internet include:

- 🌱 *“Very difficult to understand, not just internet, all technology: tablets, etc.”*
- 🌱 *“Have to rely on family members all the time. When they are available I can use the internet. I can use the tablet for some things but not much.”*

Figure 4



4.2.11 Figure 4 shows that a quarter (24.30%) of respondents reported a score of ‘very confident’ (5) in their internet usage. A quarter (22.43%) of respondents also reported a high confidence score of 4, illustrating that almost half of respondents overall feel confident in their internet usage. However, a quarter of respondents (22.43%) also felt they were ‘not at all’ confident.

4.2.12 Of the respondents who were digitally engaged, 50% were White British, 29% were Chinese and 7% were Black African (the remaining 14% of respondents declined to state their ethnic origin). Of the respondents who were mistrustful or digitally disengaged, 31% were Indian, 23% were Chinese, 15% were White British, 15% were White Other, 8% were Pakistani and 8% were Black African. Black Caribbean respondents reported the lowest confidence scores with 100% ranking themselves at number 2. Despite Pakistani and Irish respondents reporting very low levels of independent internet usage (see Figure 1), their reported confidence levels were high with 91% of Pakistani respondents scoring ‘very confident’ (5), and 50% of Irish respondents scoring 4.

4.2.13 A higher proportion of men (26%) ranked themselves at the lower end of the scale (1), not at all confident, compared to women (14%). However, there was also a quarter of men (24%) who ranked themselves at the upper end of the scale (5), very confident, compared to 17% of women. Women were more likely overall to rank themselves somewhere in the middle.

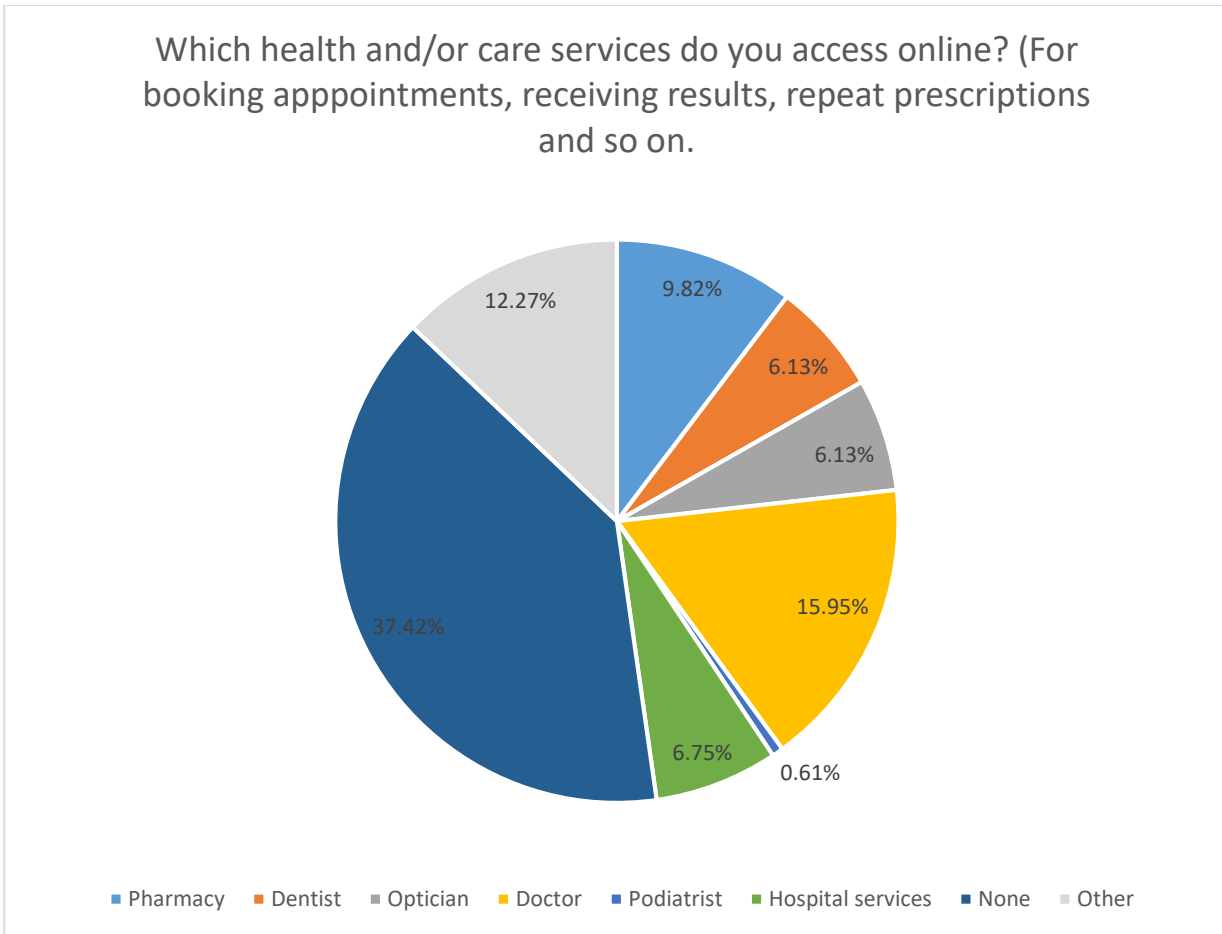
4.2.14 A broad range of themes emerged from those who made comments. At one end of the spectrum were respondents who either felt their computer knowledge was out of date, that they struggled to remember the required steps in using an online system or that they lacked confidence about identity theft. At the other end of the spectrum were respondents who felt they were making improvements through learning and accreditation. Research in this area indicates that rapid changes in technology mean that people’s IT skills can quickly become obsolete and further learning may be required. This may be more difficult for those with cognitive or memory problems, who may struggle with new instructions.



4.2.15 Some of the comments made by respondents include:

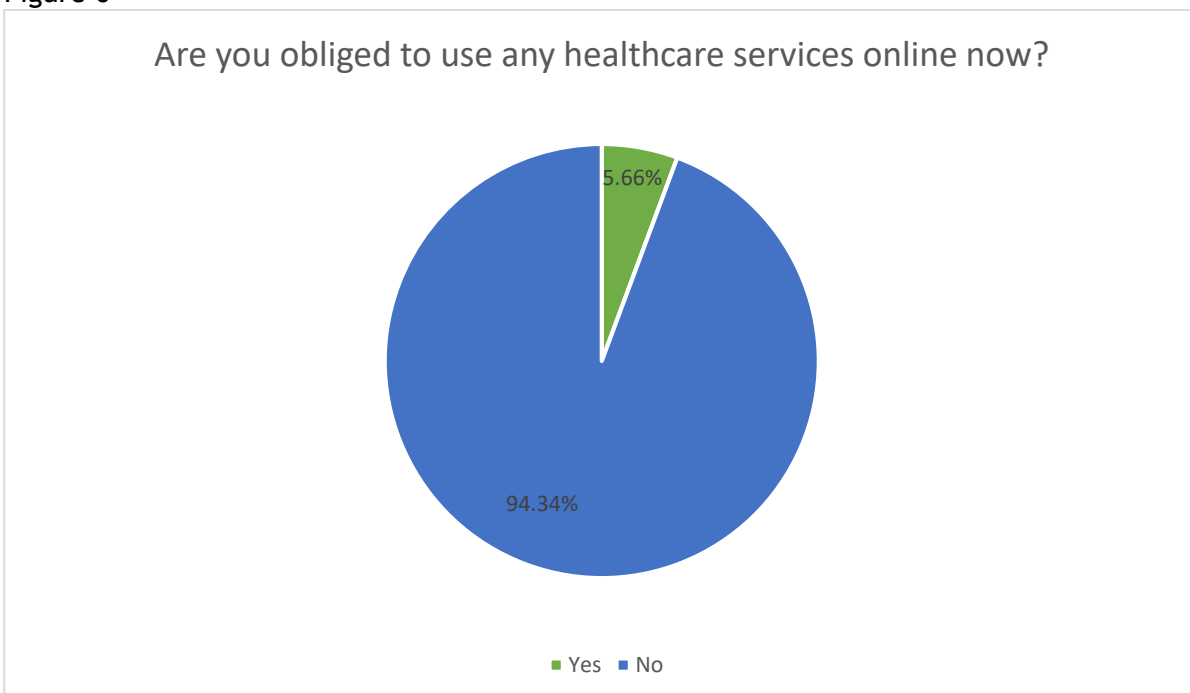
- 👤 *“Used to be able to use IT on machines in work, but now forgotten.”*
- 👤 *“Improving and Learning.”*
- 👤 *“Knows how to use specific programmes related to career.”*
- 👤 *“NVQ Level 3 - IT USER”*
- 👤 *“Not confident at identifying scam websites etc.”*
- 👤 *“I will not use internet for banking, appointments or shopping as personal data can get into wrong hands”*
- 👤 *“Will be more confident with more practice. Besides, if the website is in Chinese, I will be more familiar with it. I easily forget what I’ve learnt. Not good at memorising things.”*
- 👤 *“No interest in using internet. Too difficult, nobody teaches how to use it and it is too hard to remember the steps”*

Figure 5



4.2.16 Figure 5 shows that over a third of all respondents do not access any health or care services online. Of all the services which were accessed online, the doctor was the best represented. Out of all the respondents who access the doctor through online services, interestingly, only one person reported they were obligated to do this.

Figure 6

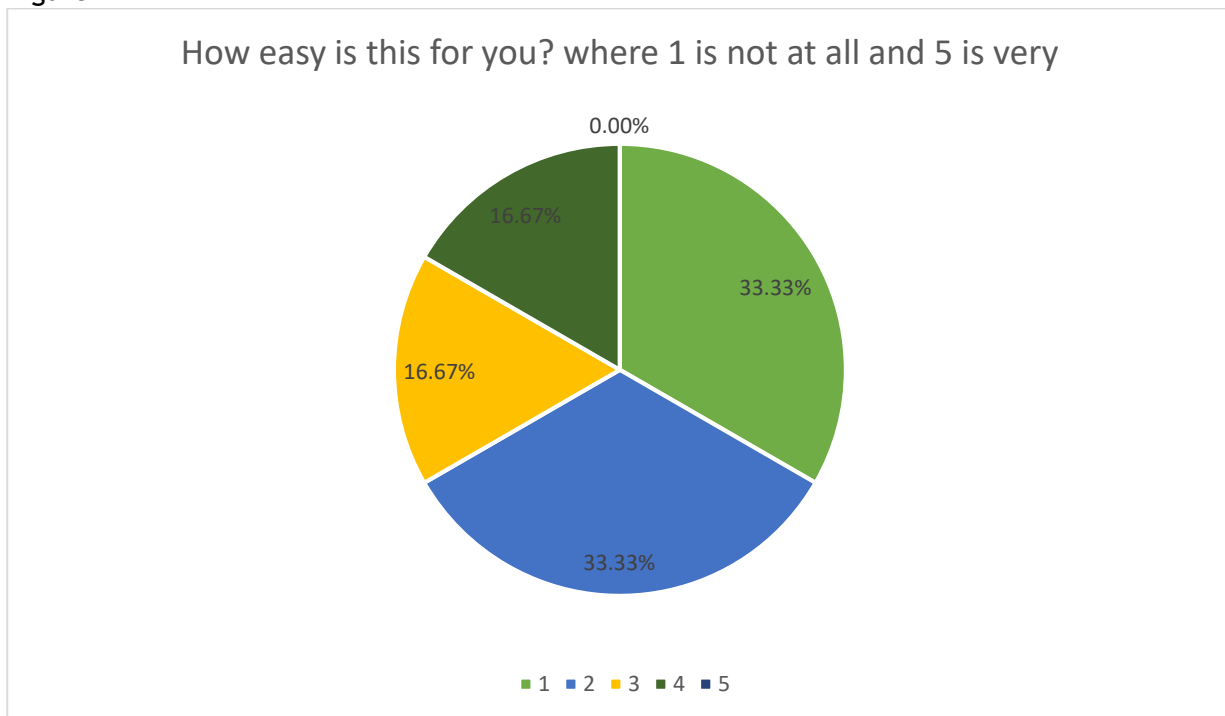


4.2.17 Figure 6 shows that nearly all respondents have access to healthcare services without needing to go online with only 6% reporting online access as their only option to some healthcare services.

4.2.18 Some comments that came out of the survey, related to accessing services online, included:

- 🌸 *“Taking part in a pilot scheme called Biolab. You wear a bracelet and get email updates about your health.”*
- 🌸 *“Was asked by the hospital one time to book an appointment online due to the long queue. I also couldn’t call because too many people are calling. I felt frustrated because I didn’t know how to use it.”*

Figure 7

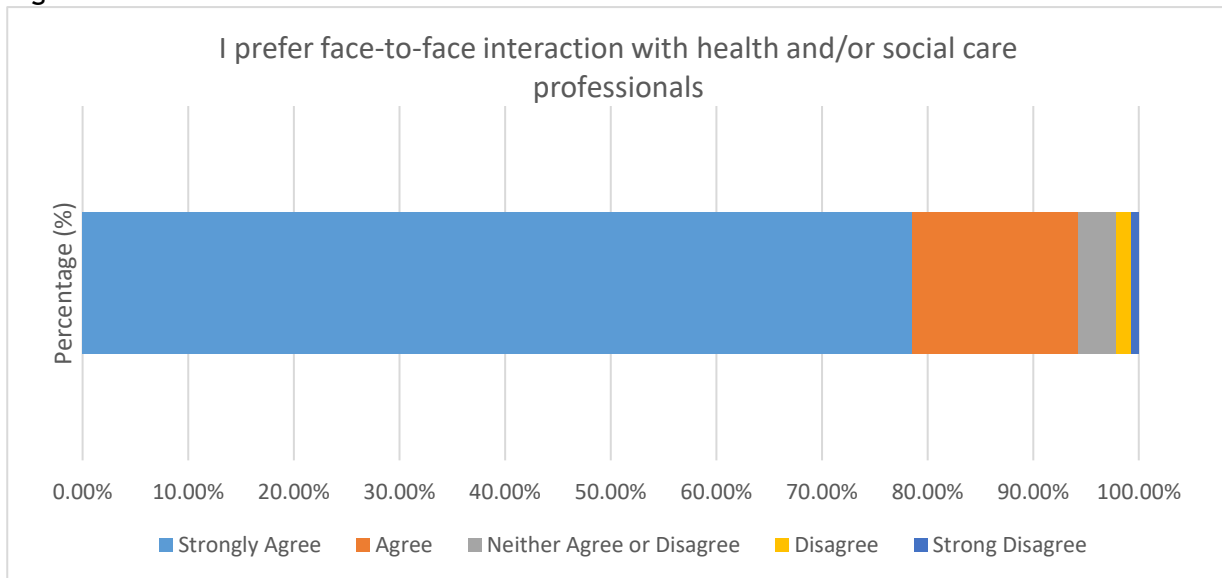


4.2.19 Figure 7 shows that out of the small proportion of respondents who reported an obligation to use online healthcare services (6%), the majority did not find this difficult. Anecdotally, however, it is considered an inconvenience. For one respondent, the lack of English was a serious impediment to managing their own repeat prescriptions.

4.2.20 Respondents were asked to rate 4 statements using the following terms: Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly Disagree.

Statement 1: I prefer face-to-face interaction with health and/or social care professionals

Figure 8

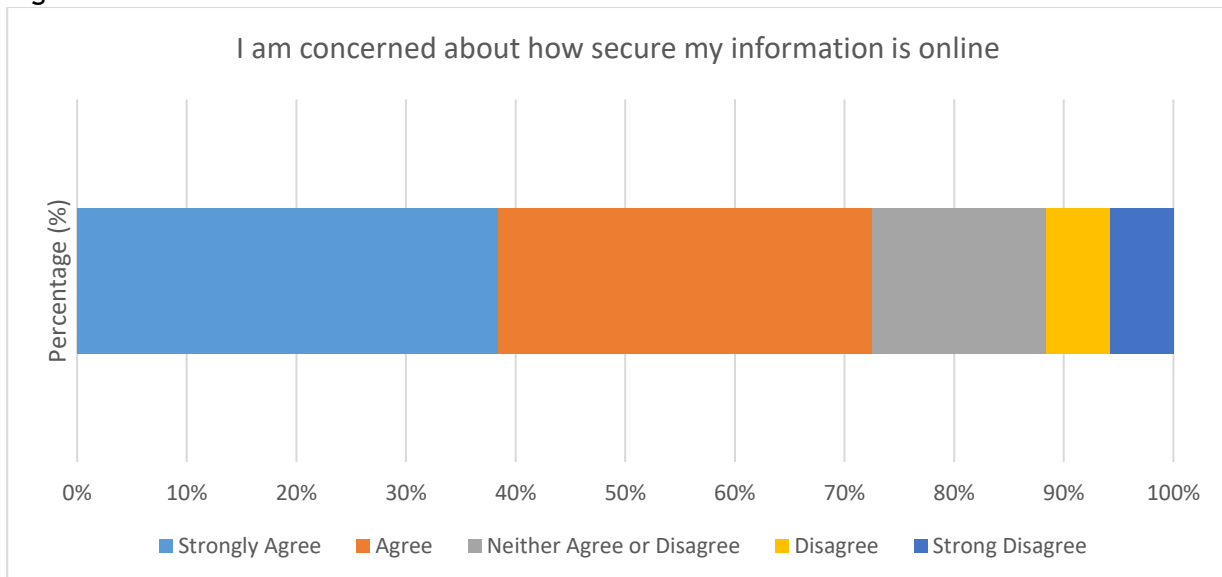


4.2.21 The overwhelming majority of respondents strongly agree that they prefer face-to-face interaction with health and/or social care professionals.

4.2.22 The only groups who featured in the disagree or strongly disagree categories were White British and Other White.

Statement 2: I am concerned about how secure my information is online

Figure 9



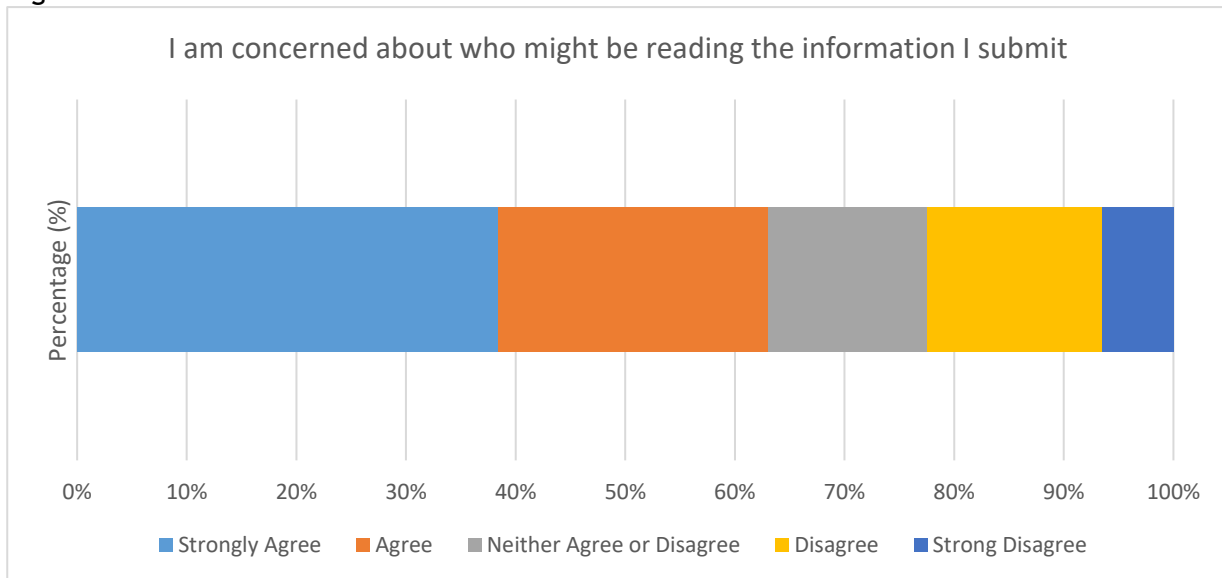
4.2.23 The overwhelming majority of respondents either strongly agree or agree that they are concerned about how secure their information is online.

4.2.24 The groups who featured in the 'disagree' or 'strongly disagree' categories were Chinese, Indian, White British and Other White but they were still more likely to strongly agree or agree.

4.2.25 Men (16%) were more likely than women (1%) to strongly disagree with this statement.

Statement 3: I am concerned about who might be reading the information I submit

Figure 10



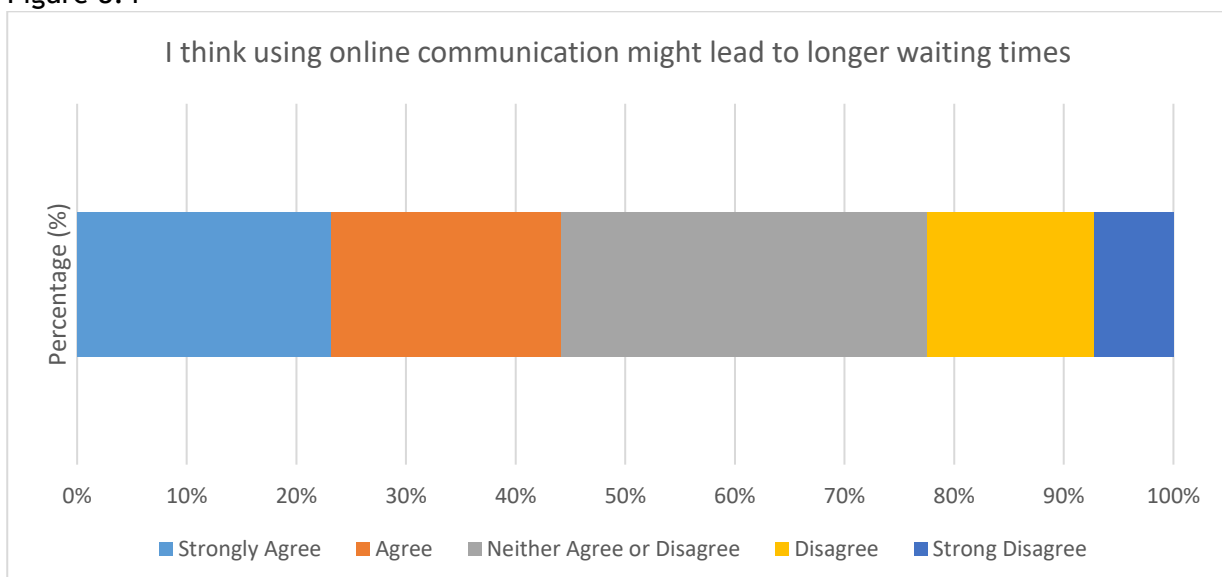
4.2.26 More than half of respondents either strongly agree or agree that they are concerned about who might be reading the information online.

4.2.27 The groups who featured in the disagree or strongly disagree categories were Chinese, Indian, White British and Other White, but all except the Chinese group were still more likely to strongly agree or agree.

4.2.28 Men (13%) were more likely than women (3%) to strongly disagree with this statement.

Statement 4: I think using online communication might lead to longer waiting times

Figure 8.4






4.2.29 41% of respondents either strongly agreed or agreed with this common assumption, which suggests that this may be an important concern.






4.2.30 Women (26%) were twice as likely than men (13%) to strongly agree with this statement. Men (16%) were five times more likely than women (3%) to strongly disagree with this statement.

4.2.31 Respondents were asked if there were any healthcare services they would be *more* likely to use if they moved online. 7 in every 10 people gave their opinion. Almost a quarter (73%) said they could not think of any services they would prefer to use online.

4.2.32 Most positive comments were related to the convenience of booking appointments online (at the GP, dentist or optician), prescription ordering and looking for carers online. Most negative comments revolved around the preference to have face-to-face or telephone contact rather than use the internet.

4.2.33 Some of the comments, both negative and positive include:

-  *“No, prefer to phone the doctor and expect someone to answer the phone.”*
-  *“No, don't trust it. Have short term memory loss, would find online services difficult to use.”*
-  *“Want to have appointments in hospitals near my house, need face-to-face support.”*






-  *“Booking appointments - although she doesn't do it herself and her daughter does it for her she thinks the online appointment booking system is great and will be of great help to the NHS.”*
-  *“Pharmacy, Dentists - Straight Forward Because It Would Be Either appointment or picking up prescriptions [sic].”*
-  *“Doctors and opticians, because I have a lot of appointments.”*
-  *“Dentist, saves you going there especially if you unwell as I am”*
-  *“Online is better if you know how to use it. Don't mind professional assisted online service but it has to be near my house, if it is far I cannot get there easily - transport issue. Language is a big problem when using online services.”*

4.2.34 Respondents were asked if there were any healthcare services they would be *less* likely to use if they moved online. 7 in every 10 people gave their opinion. 61% clearly stated there were services they would prefer not to have online, 8% said they could think of ways to cope if services they needed went online and the remaining 31% were unclear about their response, simply stating “no”.

4.2.35 Most positive comments were about finding a family member or carer who could help or being willing to learn how to use online systems themselves. Most concerns were related to having an online consultation with a doctor or mental health service where people felt that personal communication and necessary observations would be adversely affected. Other concerns revolved around trust, confidentiality and difficulties using an online system which would then impact negatively on the person's health.

4.2.36 Respondents who consider themselves disabled were more likely to be negative towards services moving online than respondents who do not consider themselves disabled (88% compared to 74% respectively).

4.2.37 Some of the comments, both negative and positive include:

-  *“I don't think I could make any medical appointments and would be unwell.”*
-  *“I probably would never see the doctor again without help.”*
-  *“I would find this very difficult and my health could suffer.”*
-  *“Rather change to a new service provider than go online.”*
-  *“Mental health services - needs personal communication.”*

- “Have short term memory loss, would have to rely on wife if a service is online.”*
- “I would use them but I would have to get my son to do it for me.”*
- “I suppose if they went online I would change, I would have to make an effort.”*
- “She wouldn't be able to use any services herself but is sure her daughter would help her if necessary.”*
- “willing to accept, especially for repeat prescription.”*

5. Conclusions

Decreased social engagement, control and choice are fundamental concerns for older people as well as fears that technology will have a damaging effect on their privacy and information security. These concerns and fears need to be addressed on an ongoing basis.

Manchester needs to find ways to engage and educate its ageing population regarding technology and internet usage and lift the barriers to accessing online healthcare services.

It is concerning that those with the greatest health and care needs are potentially the least likely to benefit from health assistive technologies, therefore potentially worsening the health inequalities which already exist in Manchester.

Face-to-face contact with the doctor is of particular importance to BAME residents. Consideration for these issues should be key for Manchester which has a higher than average proportion of older BAME residents.

If the correct support and learning opportunities for IT use were available both at home and in the community the over 55 age group could become a digitally engaged and empowered population.

Appendices

Appendix 1. The Interview

At Healthwatch Manchester we have heard numerous accounts from people telling us about their health and care services going online. More and more services are going this way or have an online element to them and we're concerned about some of the experiences people have reported to us. Mostly older people or their friends, families or carers have passed on stories to us, often about online services causing barriers to healthcare and also preventing them from having their say about it. That's why we decided to interview as many people as we can with this short survey which we hope you'll complete for us. Your response along with the others will be passed on to the decision makers and used to inform their planning and commissioning of health and care services.

1. Do you use the internet independently? Yes No

2. What do you use it for?

- Grocery shopping Shopping Booking appointments Entertainment
 Searching for things News & current affairs Banking Other (please state)

3. Who, if anyone, assists you to use the internet?

- Can go online myself don't usually need any help Family member Friend
 Carer I don't use the internet at all Other (please state)

4. How confident do you feel about using the internet? (where 1 is not at all, 5 is very)

5. Which health and/or care services do you access online?

(For booking appointments, receiving results, repeat prescriptions and so on) Which health and/or care services do you access online?

- Pharmacy Dentist Optician Doctor
 Podiatrist Hospital services None

6. Are you obliged to use any healthcare services online now? Yes No

If yes please tell us your thoughts about this

7. How easy is this for you? where 1 is not at all and 5 is very

8. Please rate the following statements (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree):

I prefer face-to-face interaction with health and/or social care professionals

I am concerned about how secure my information is online

I am concerned about who might be reading the information I submit

I think using online communication might lead to longer waiting times

9. Are there any healthcare services you'd be more likely to use if they moved online? Please tell us which ones and why.

10. Are there any healthcare services you'd be less likely to use if they moved online? Please tell us which ones and why.

[Equal opportunities section]

Appendix 2. Notes

Technology and the ageing workforce in the UK

The percentage of the working age population aged between 50 and the state pension age will increase to 35% in 2050 - an increase of approximately 8 million people. The productivity and economic success of the UK will be progressively linked to the productivity and success of its ageing workforce. In line with this, technological skills will become more important and evidence shows that these skills can improve people's work outcomes and therefore mental and physical health outcomes too. The 2016 Government report on 'Future of an Ageing Population' acknowledged, however, that technological skills are particularly challenging for older people to develop and sustain. This study found that some Manchester residents were concerned about their computer knowledge being out of date, or that they struggled to remember the required steps in using an online system. Policymakers will need to specifically focus on this group.

Health inequalities and the ageing workforce in Manchester

A 2017 report by the Joint Strategic Needs Assessment for Manchester cited that Healthy life expectancy (HLE) in Manchester was 56.1 years for men and 54.4 years for women, indicating that poor health is likely to begin well before retirement for Manchester residents, and 7 to 10 years before the rest of England.

Research shows that poor health and disability lead to a 'democratic divide' between people who use technology and people who do not. As the current population ages and their physical health and cognitive abilities start to deteriorate, the rapid pace of technological change means they are more likely to become uncomfortable using emerging technologies.

Digital disparities, expertise, language and culture

Caribbean, Pakistani and Irish respondents in this survey were highly unlikely to use the internet independently (80% -100% unlikely). All three groups originate from areas of digital disparity who may be disadvantaged by language or expertise, or both. Further to this, 100% of respondents identifying as Pakistani did not access any services online at all, in fact they did not use the internet for any activities whatsoever. The Pakistani population in the city of Manchester is considerably the largest ethnic group after British White, with nearly 43,000 (8.5%) residents at the time of the 2011 census. In Greater Manchester the Pakistani population features well above the national average with 4.9% at the time of the 2011 census compared to 2.1%.

Face-to-face contact with the doctor is of particular importance to the BAME respondents in this survey. Consideration for these issues should be key for Manchester which has a higher than average proportion of older BAME residents.

Common assumptions

A compelling 41% of respondents felt that online communication might lead to longer waiting times. There may be other disparaging assumptions about online health and care services which are hampering their uptake amongst Manchester residents. It may be worth further investigation into common myths to find out if this is having a serious effect.

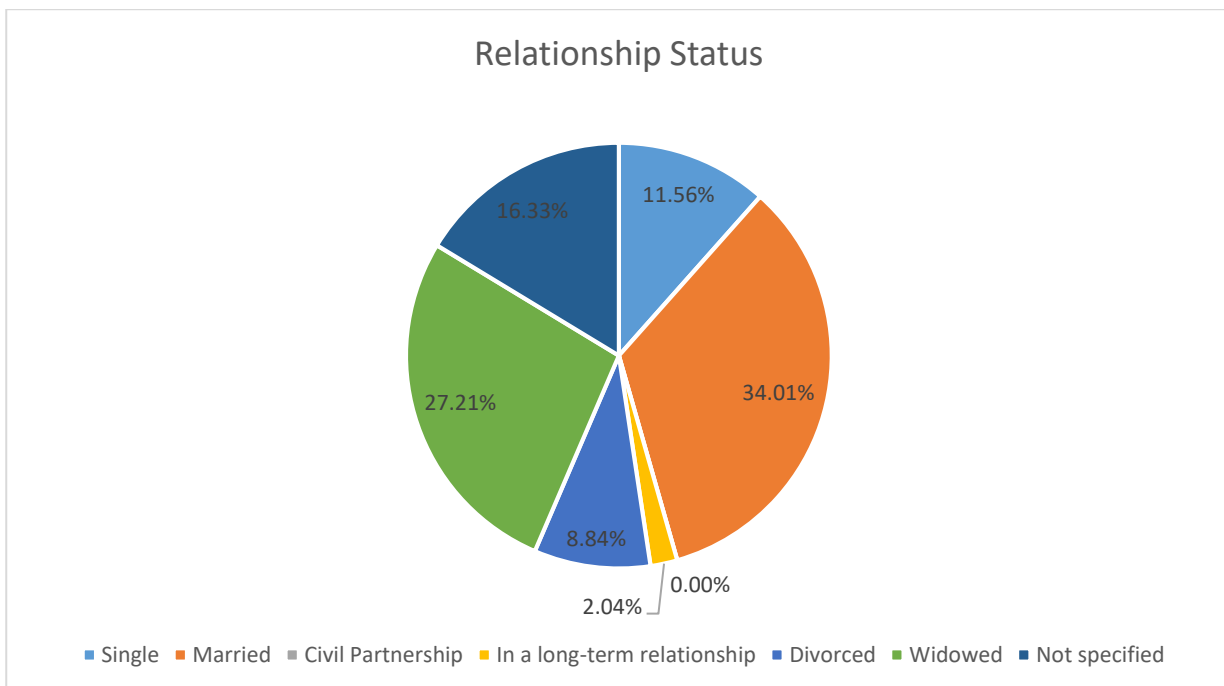
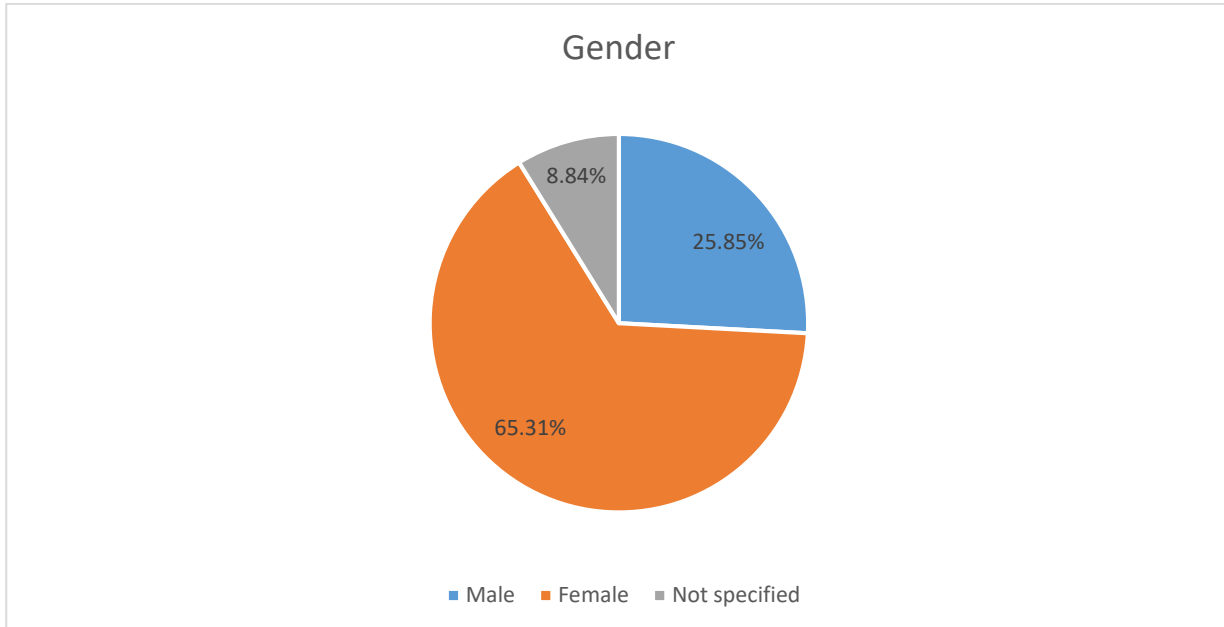
Digital engagement and support for learning

More than half of respondents make use of the internet for recreational purposes, including social media. There is a starting place for health and care through social media through connecting people and communities with shared interests.

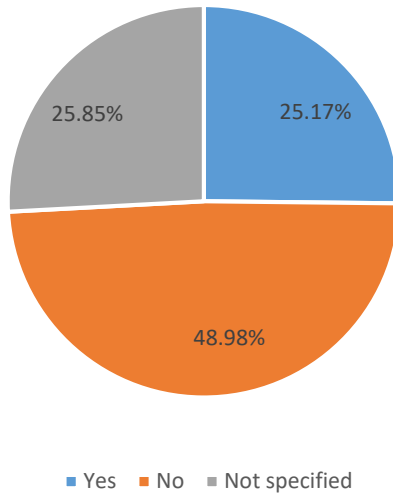
Appendix 3. Full Survey Results

Demographic analysis

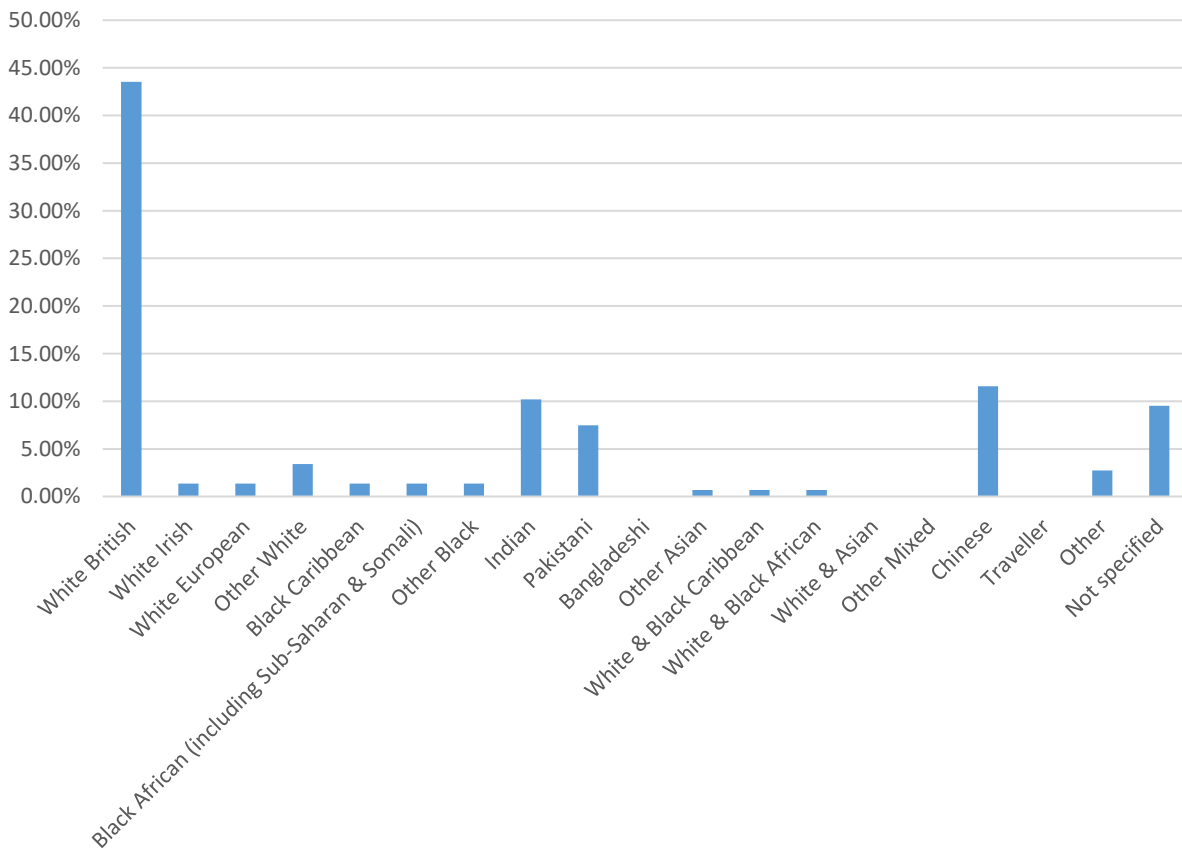
This relates to the characteristics of the individuals who participated in the survey.



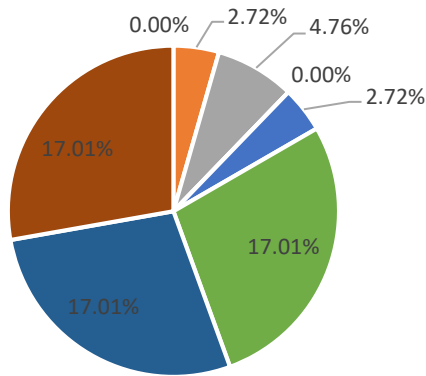
Do you consider yourself disabled?



Ethnic Origin

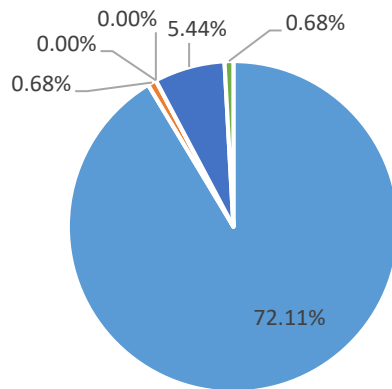


Religion/Beliefs



■ Christian ■ Muslim ■ Buddhist ■ Sikh ■ Hindu ■ Jewish ■ Non-religious ■ Other

Sexual Orientation



■ Heterosexual/straight ■ Gay man ■ Lesbian/Gay woman ■ Bisexual ■ Prefer not to say ■ Other

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Jain Community Centre

Wai-Yin Society



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