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## Digital Inclusion Report

March 2021

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*“I think it is great that we have these digital platforms to rely on during this pandemic. However, it is worrying that some people may not have access to it or may have trouble navigating through it.”*

# Contents

<b>Summary</b> .....	<b>3</b>
<b>Recommendations</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>3</b>
<b>Methodology</b> .....	<b>4</b>
<b>Limitations</b> .....	<b>5</b>
<b>Conclusion</b> .....	<b>22</b>
<b>Recommendations</b> .....	<b>24</b>
<b>References</b> .....	<b>24</b>
<b>Appendix 1</b> .....	<b>25</b>

## Summary

At the start of the Covid-19 pandemic 2020, many health, social care services and charities had to adapt how they offered services and support, moving away from traditional face to face contact, to telephone and online contact. GP Practices introduced a total triage system encouraging the use of systems such as eConsult to book appointments, with hospital appointments being postponed or being conducted by phone or virtually. This was done to help protect both service users and staff whilst allowing a degree of service provision to continue particularly during lockdowns. This report looks at the views of over 185 London Borough of Bexley (LBB) residents, regarding the rapid changes to online and telephone support and services for those both with and without digital access.

## Recommendations

1. In the next 6 months, South East London Clinical Commissioning Group (SELCCG) should provide funding for a training and support scheme to help LBB residents learn or improve their digital skills and build confidence in accessing online services. This could be a peer mentoring scheme for charities and community groups who would be able to pass on their knowledge to others.
2. Charities and community groups should continue to be supported by Bexley Voluntary Service Council (BVSC), to bid for any available funding which can be used to provide members with the equipment and training they need to get online.
3. All service providers, charities and community groups should return to a blended mix of both online and face to face support, as soon as it is safe to do so to ensure digital inclusion.
4. Primary Care Networks should ensure that all staff are aware that online booking services such as eConsult are complimentary to telephone and face to face contact so that those without digital access are not excluded or put off seeking help. The Patient Participation Groups or reception staff could receive training to support patients on how to effectively use eConsult by offering telephone advice now and training sessions when it is safe to do so.
5. Secondary care services should continue to use digital methods such as video appointments, alongside face to face or telephone appointments for patients, but patients should be offered the choice of non-digital contact and appointments once it is safe to offer these again.

## Introduction

The Covid-19 pandemic has drastically changed the way support and services can be provided safely, not only to LBB residents but nationally.

During the Covid-19 pandemic, to keep people safe and keep services running, health and social care services, charities and community groups had to quickly change and adapt the way services were offered to residents. Many increased their digital offer to residents or resorted to telephone support rather than offering more traditional face to face services. Non-frontline workers were advised to work from home if possible and the use of technology helped to allow this to happen.

As a result, residents have been increasingly offered telephone and online support, with GP practices working on a total triage system for appointments that can be booked via the telephone, or online

using systems such as eConsult. To keep patients and staff safe from the threat of Covid-19 many hospital appointments also moved to video or telephone consultation if possible.

In these difficult unprecedented times, the NHS and other service providers should be commended for adapting and reacting quickly to find safe new ways to try to meet resident's needs. Trying to support people and keep services running in safe new ways at a stressful time for all, whilst trying to keep some normality and tackle an increasing workload due to Covid-19.

It is well recognised and documented that the introduction of digital services works well for some of the population but may decrease access for many people who may be digitally excluded. Therefore, a more blended approach of both face to face and digital contact will be needed to help prevent inequalities worsening (Downey, 2021). Those who may be at more risk of digital exclusion are older adults, some younger adults, those on lower incomes that cannot afford Wi-Fi or the technology to access it, those with a learning disability, poor literacy skills and for those whom English is an additional language.

This report will explore resident's views on the rapid movement of charities, local support services, and primary and secondary care to digital services during the pandemic. It will look at LBB resident's ability to access and use digital services and how residents have been supported or possibly excluded if they are not able to use digital services.

## Methodology

Healthwatch Bexley engaged with over 185 residents to gain feedback about how they were affected by the increased offer of digital services locally.

After the first Covid-19 lockdown in March 2020, Healthwatch England raised concerns about the rapid move to digital services and potential inequalities that people without digital access, wishing to access support, and health and social care services may experience. They produced a template questionnaire that local Healthwatch could use and adapt, to explore digital access in their local area.

After speaking to residents and community group leaders in the LBB, Healthwatch Bexley adapted the questionnaire and looked at the methods we could use to engage with residents.

The questionnaire was promoted via Healthwatch Bexley social media and the Healthwatch Bexley website and newsletter. We were also helped by many local charities and community groups who promoted the questionnaire via their social media channels, websites, newsletters and volunteers. 126 residents completed the online questionnaire.

Five virtual focus groups were held using platforms such as Zoom and MS Teams and included those with learning disabilities, and ethnic minority groups.

We acknowledged that the questionnaire would only be accessible to those with digital access using these methods. As a result, we spoke to charity and community group leaders to get secondary insight into what was working well and the problems their members may be experiencing. They encouraged residents to complete the questionnaire if they had digital access or sometimes helped them by completing the questionnaire on their behalf if they did not have digital access.

We printed 40,000 leaflets promoting Healthwatch Bexley to increase awareness and ask for feedback on local health and social care services, this included asking for feedback on how residents had been affected by the increased move to digital services. Our Healthwatch Bexley volunteers distributed the leaflets and we worked with BVSC whose volunteers distributed both Healthwatch

Bexley and BVSC leaflets. Community groups and charities including Bexley Pensioners Forum and Crossroads Care also helped to distribute the leaflet to residents who they support.

We saw an increase in the number of residents calling us for advice or to give feedback on services. Some of those contacts relating to digital access have been included in this report.

The engagement period ran from May 2020 to December 2020. After a technical issue with MS Forms the questionnaire was closed and reopened during October- December 2020 using Survey Monkey. The information was collated, analysed and the report written by a member of the Healthwatch Bexley Team in February 2021.

During the engagement period, the Healthwatch Bexley team regularly attended and worked with the Local Care Partnership Boards (LCP) Digital Inclusion Working Group, regularly giving feedback and sharing insight from both residents, charity and community group leaders. This insight helped to map digital inclusion and shape the LCP's plans to address digital exclusion.

## Limitations

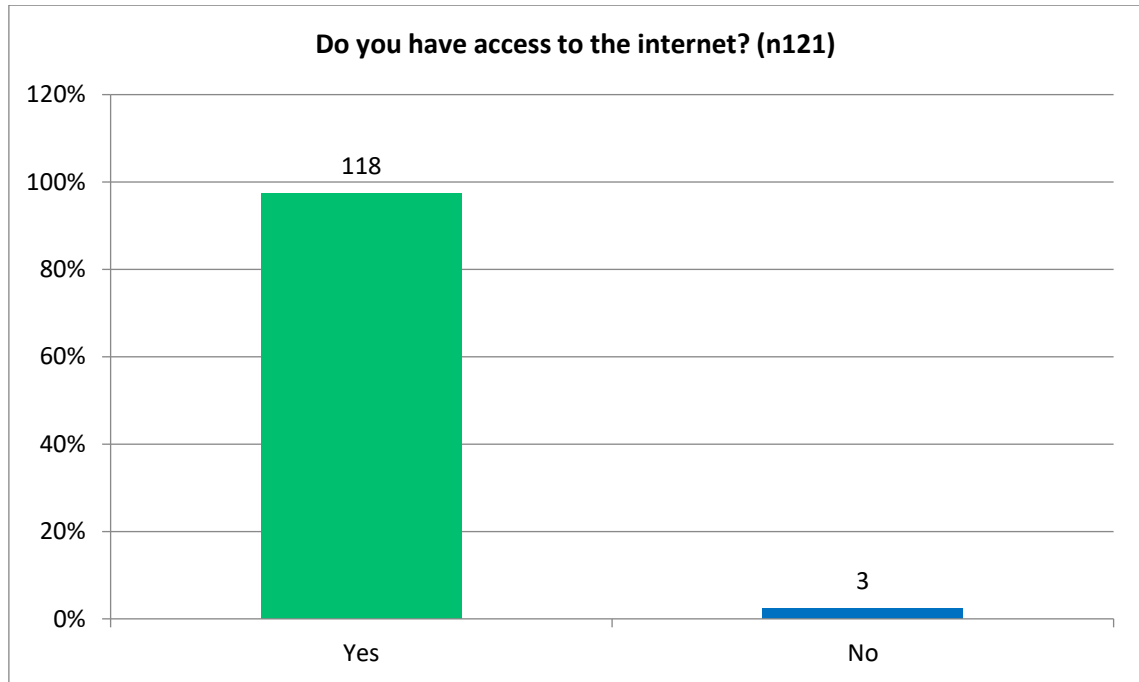
In the past, a large part of our engagement has been 'face to face' at events and groups in the community. Although we have always offered residents the option of feeding back and completing questionnaires online, most of the feedback has been via hardcopies of the questionnaire. This method did not exclude residents due to their digital ability. Due to Covid-19 and Government restrictions this 'hardcopy method' is not currently possible and we have increased our social media presence to widen our reach. Healthwatch Bexley acknowledge that although efforts were made to obtain the views and comments of those without digital access, the majority of responses to the questionnaire were from residents who are digitally inclusive having access to computers, laptops or smart phones. As mentioned previously, efforts were made to hear the voices of those digitally excluded but these may not be represented in the survey responses.

In the current climate engaging with residents who do not have digital access remains a challenge and we are open to suggestions to address this.

## Breakdown of Responses

### 1. Do you have access to the internet? (n121).

98% of survey respondents had access to the internet. As this was an online survey a high level was expected.



### 2. Do you have an email address? (n126)

97% of survey respondents have an email address.

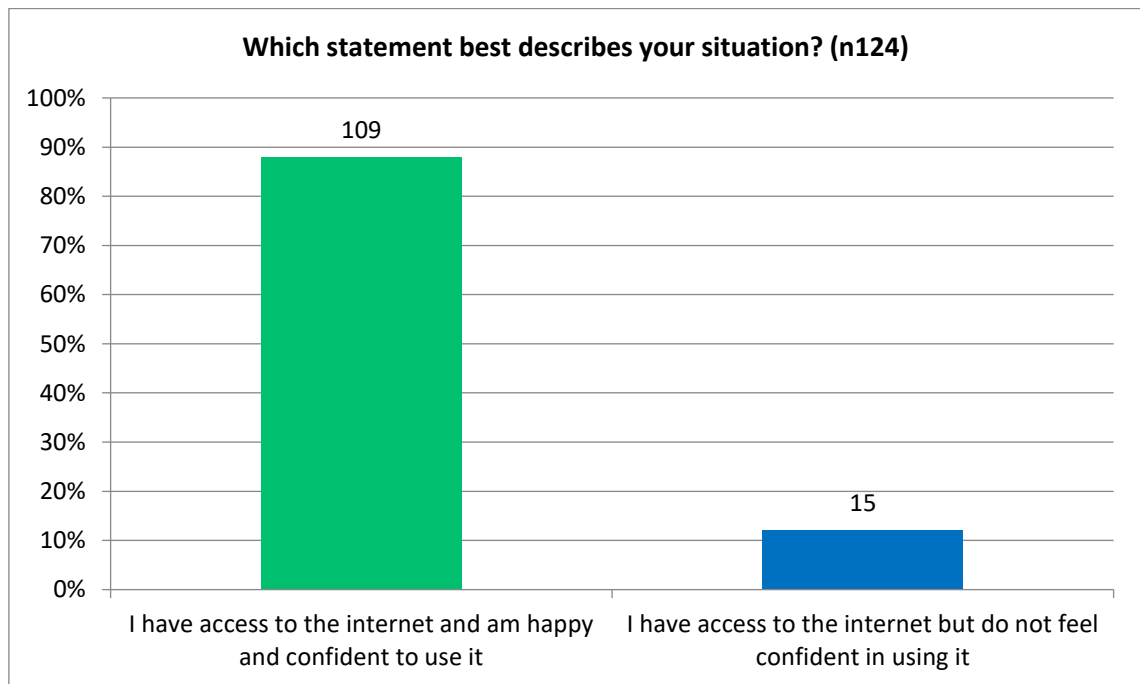


**3. Where do you access the internet? (n128)**

91% of online survey respondents access the internet at home, 15% use mobile and 7% access the internet at work. 1% don't access the internet and a further 1% use the internet at a relatives home.

**4. Which statement best describes your situation? (n124)**

88% of survey respondents have access to the internet and are happy and confident using it, a further 12% have access but do not feel confident using it.

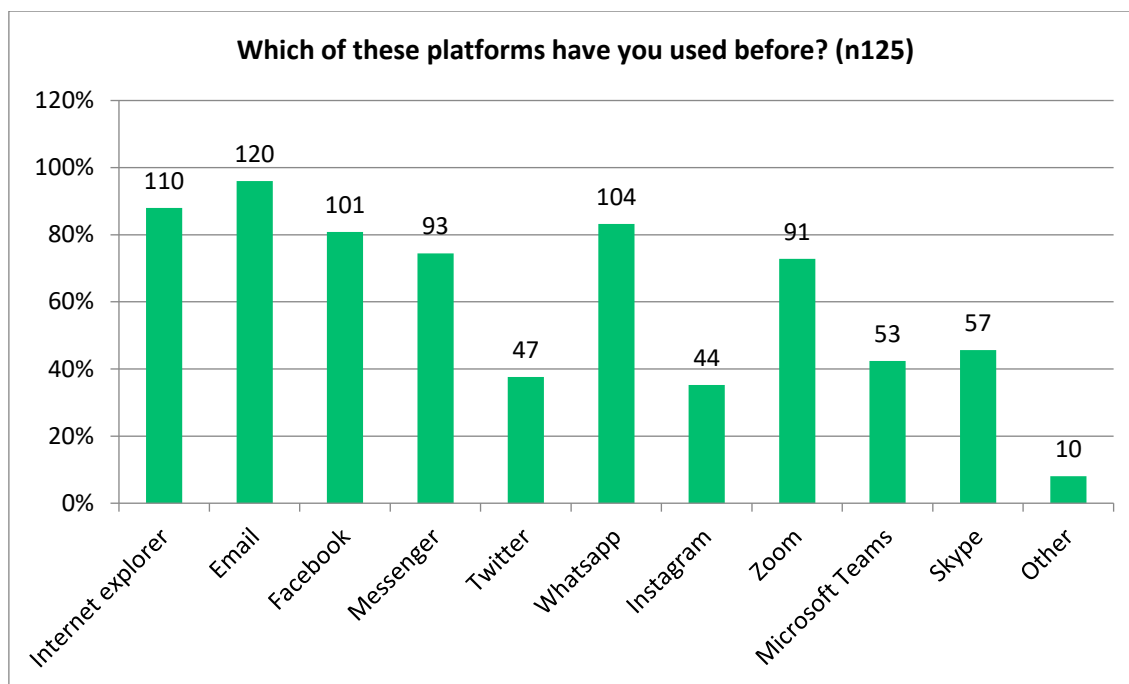


**5. What devices do you use to access the internet? (n116)**

Respondents used a computer/laptop 78%, tablet 66%, or mobile phone 82% to access the internet.

**6. Which of these platforms have you used before? (n125)**

Respondents were able to use a variety of means to communicate including Zoom 73%, Messenger 74%, Facebook 81%, and email 96%.



**7. If you have used the internet, what do you use it for? (n122)**

The most popular use of the internet was for communicating with friends and family (84%), 30% have used it for internet searches, 26% for leisure and games and 16% for shopping. Low numbers of those with digital access told us they used it for social media (13%) to access hospital appointments (9%) or GP appointments (11%) or to access support services (3%).

**8. If you have access to the internet but do not use it, is there a reason why? (n27)**

Those who did not use the internet described it as confusing, feeling unconfident, were worried about security, too old or they told us they simply did not want to use it.

*"I am 87 and not in the best health and do not want to use it."*

*"I'm too old and my family have told me not to use it."*

*"Facetime, I'm not keen on using it. My granddaughter rings me on it."*

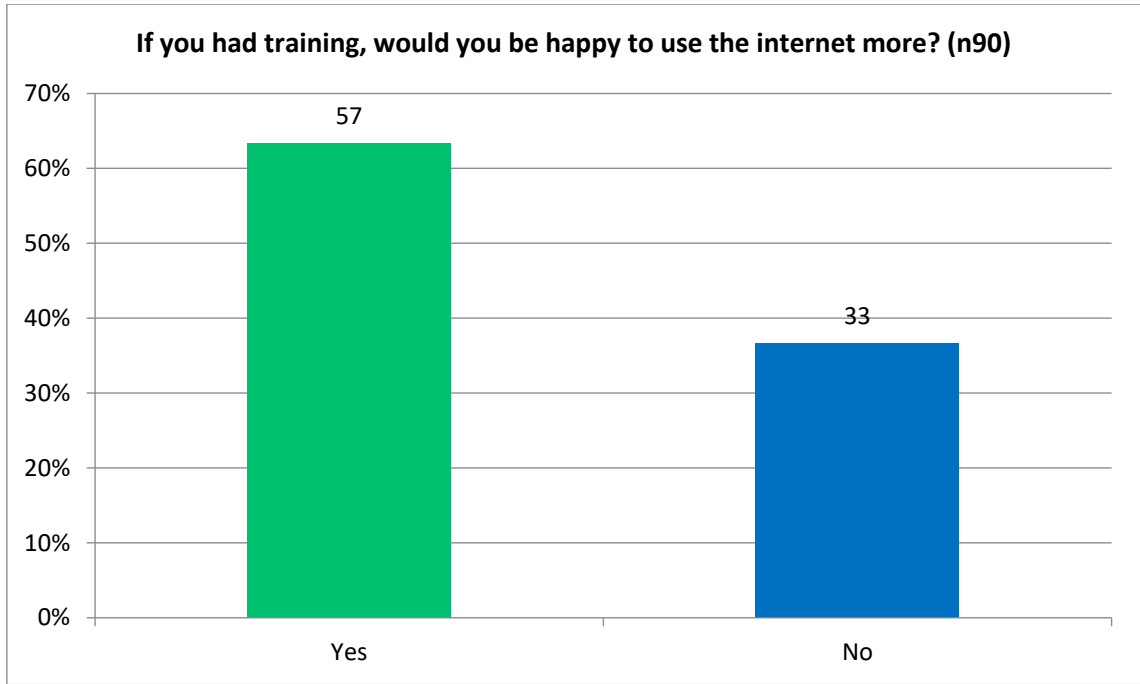
*"English is not my first language I don't understand it."*

*"I was scammed in the past so won't use it again."*

**9. If you had training would you be happy to use the internet more? (n90)**

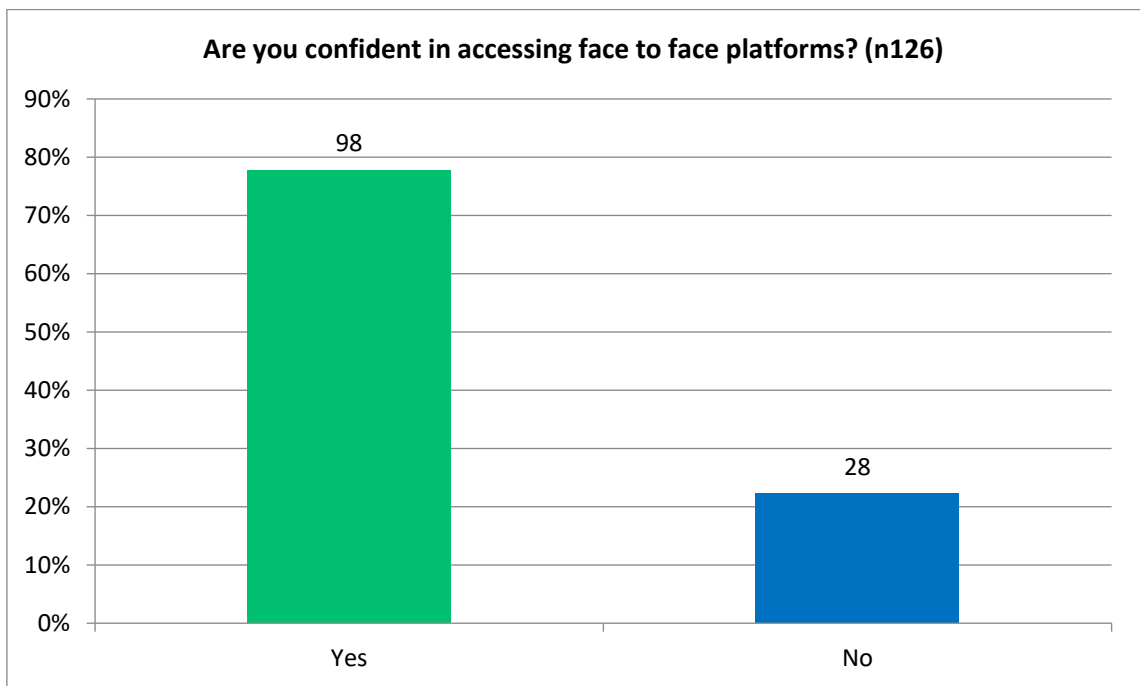
63% told us they would use the internet more if they had the training to help them. 37% felt this would not make a difference to their usage either because they were already confident or did not want to use/increase usage.





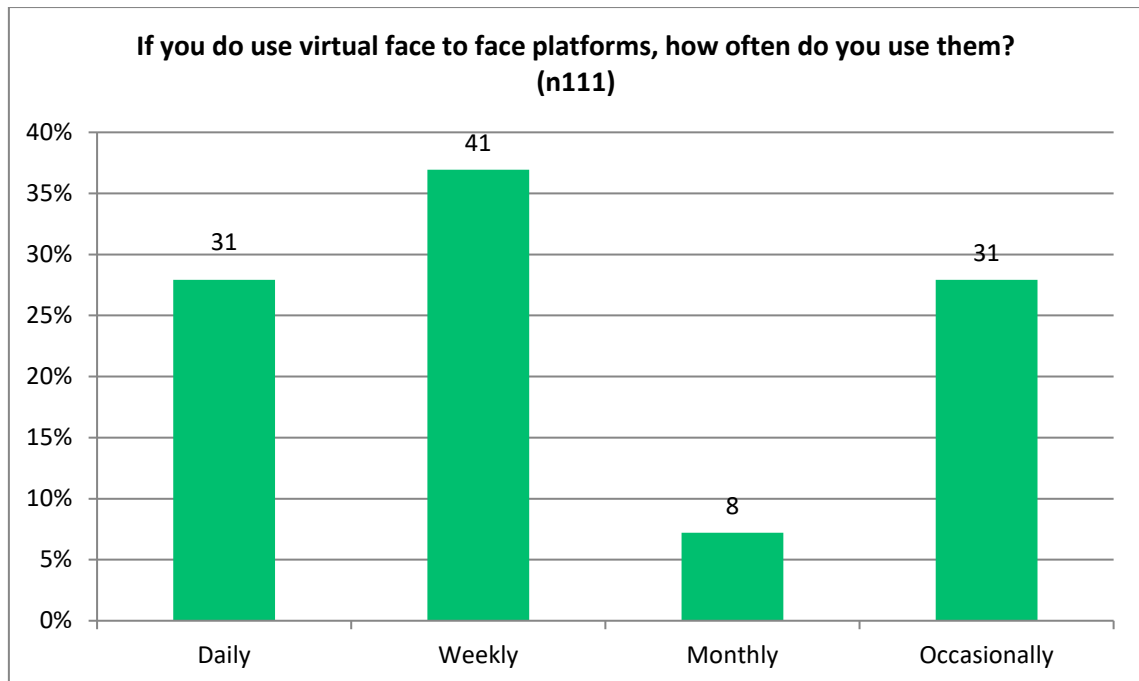
**10. Are you confident in accessing face to face platforms? (n126)**

78% feel happy using face to face digital platforms such as Zoom



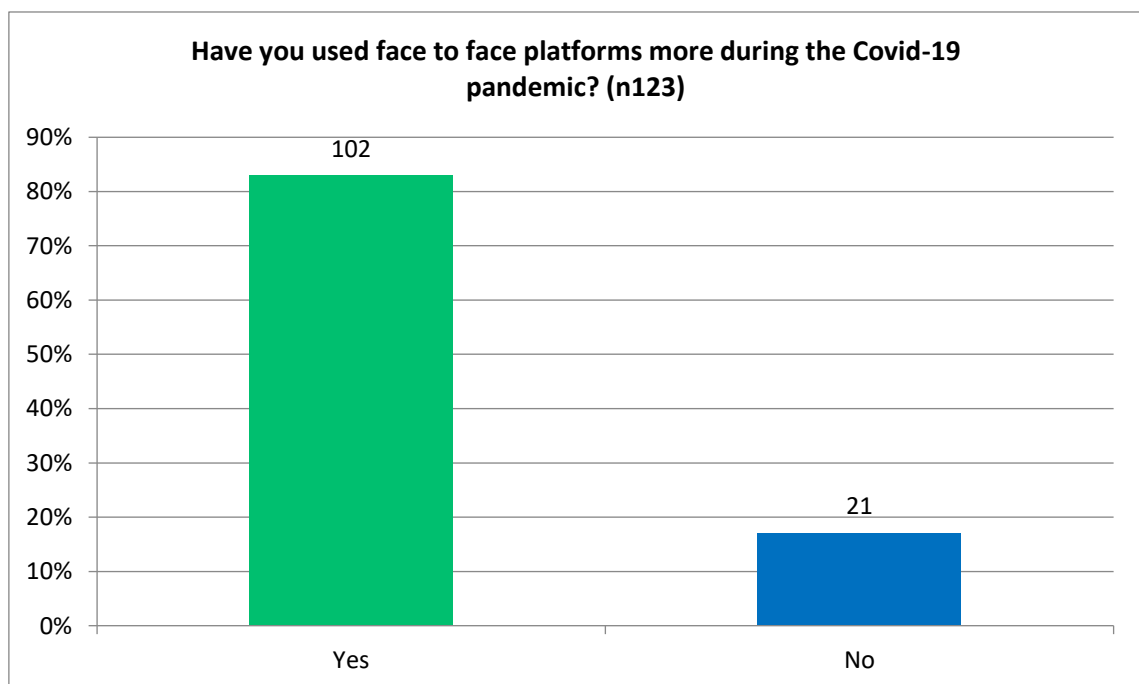
**11. If you use virtual face to face platforms, how often do you use them? (n111)**

28% of survey respondents used virtual face to face platforms such as Zoom daily, 37% use them weekly, 7% monthly and 28% only use them occasionally.



**12. Have you used these face to face platforms more during the Covid-19 pandemic (n123)**

83% of respondents have used more face to face platforms such as Zoom during the pandemic.

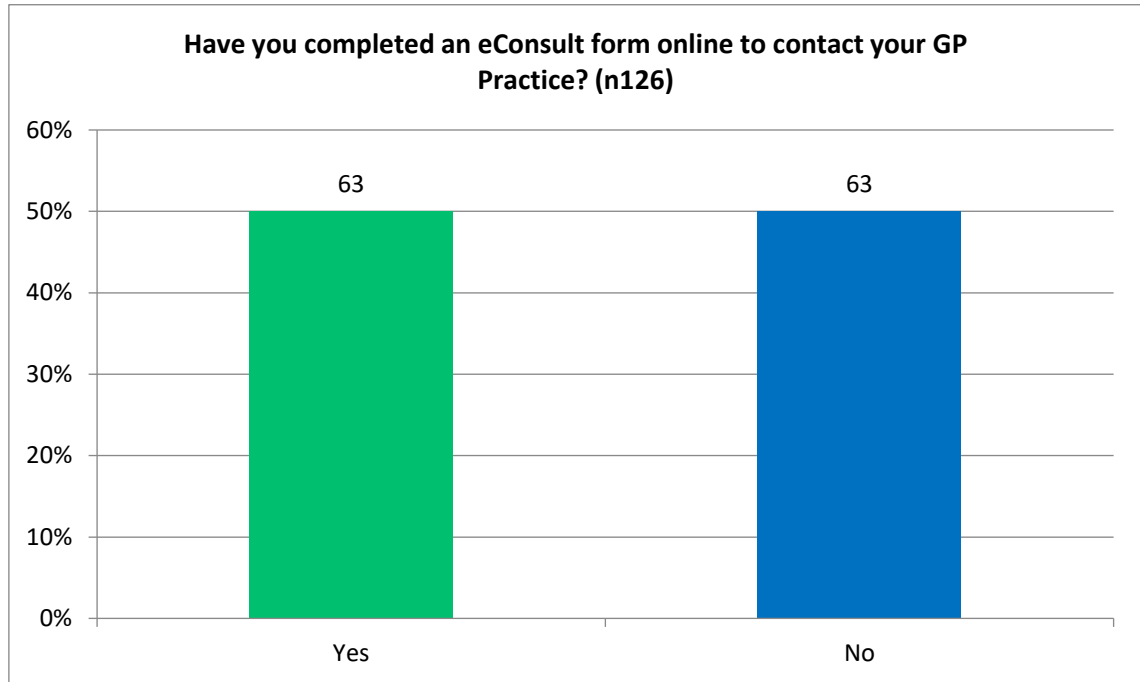


### Hospital and GP Appointments

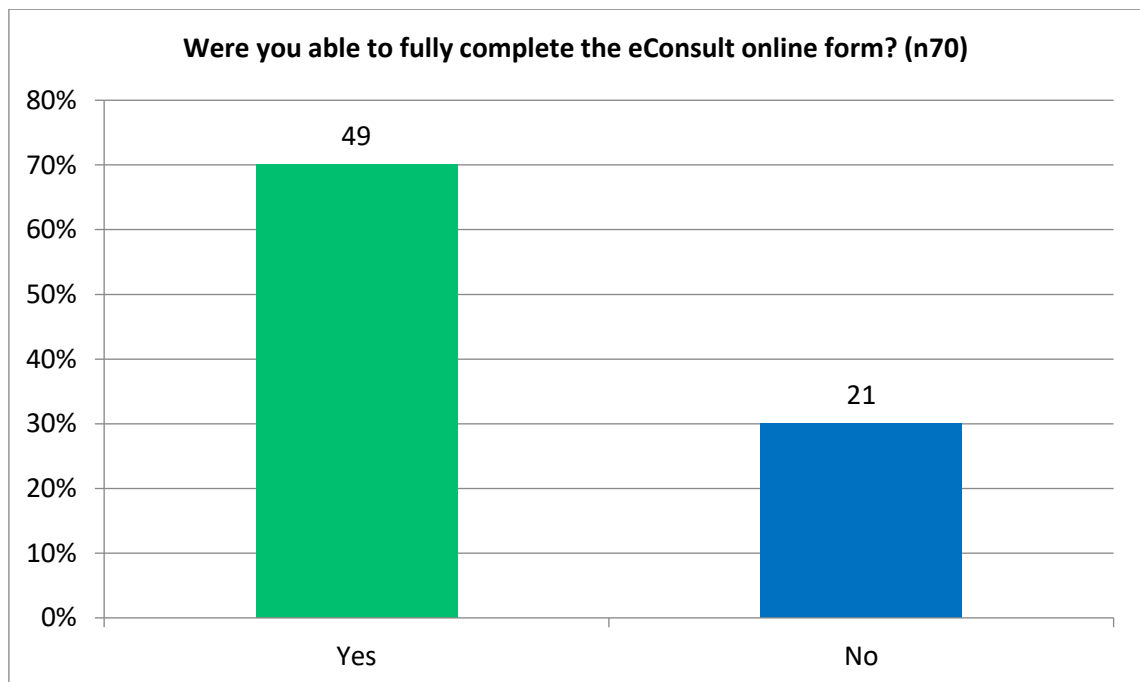
Online forms and face to face platforms are being used more regularly for GP/Hospital appointments during the Coronavirus pandemic.

#### 13. Have you completed an eConsult form online to contact your GP Practice? (n126)

##### GP Appointments



#### 14. Were you able to fully complete the eConsult online form? (n70)



50% of respondents (n126) had tried to complete an eConsult form but of those only 70% were able to fully complete the form.

**15. If you were not able to complete the eConsult form, what were the problems you experienced? (n23)**

The most common themes were: technical issues, not understanding what to do and leaving symptoms out to enable the form to be completed.

*“Completing the eConsult form took over an hour and was very repetitive. It asked all sorts of questions. Fortunately, it was for a problem with my leg, but if it had been a problem where I was physically ill such as flu or migraine I would not have been able to concentrate long enough to complete the forms. They are much too long.”*

*“Tried to fill out eConsult but gave up, do need an appointment but now putting it off!”*

*“I called the surgery and they completed a form for me. The problem I faced was not being able to speak to a lady doctor.”*

*“Because I said I was dizzy it kept asking me to dial 111 and implied I may have Covid. I had to leave certain symptoms out so that I could get through to the surgery.”*

*“The program threw me out before completion. Never received an explanation.”*

*“I was told to water down the real reason I wanted to see a doctor to get to complete the form and for it to go to the surgery.”*

*“I am too worried about security so surgery staff kindly completed it for me.”*

*“Asked me for linkage key?? And account id??? No idea what these are so gave up.”*

*“The form states that you are not allowed to complete on behalf of someone else but I was unable to gain access to a GP for my 86 year old mother without completing a form. I had to complete it as though she was filling it in.”*

*“It’s too rigid and the questions did not fit what I wanted to ask.”*

*“Didn’t understand what to do and GP required photos which I couldn’t do.”*

*“It told me to ring 111 which was not necessary.”*

**16. If you were able to complete the eConsult form, what happened next? (n50)**

76% of respondents were contacted by their GP Practice by either a nurse, GP or receptionist, and an appointment was arranged for 12% and 10% were given a prescription, 4% were asked to call their GP practice.

*“The following day I received a phone call from one of the Doctors at my GP Surgery and discussed the matter, they arranged for a prescription to be sent to my chosen chemists.”*

*“A telephone appointment was arranged with the GP.”*

*“I couldn’t get through on the phone despite calling lots of times. I was advised by Healthwatch (Bexley) to complete eConsult. I completed it and it told me to call the GP which was the reason I had completed eConsult in the first place. I was going round in circles.”*

*“It told me to phone the surgery followed by the surgery telling me to go to urgent care with my son for a small simple wound which could have been dealt with easily at the GP surgery.”*

*“Unhelpful, still had to contact the surgery.”*

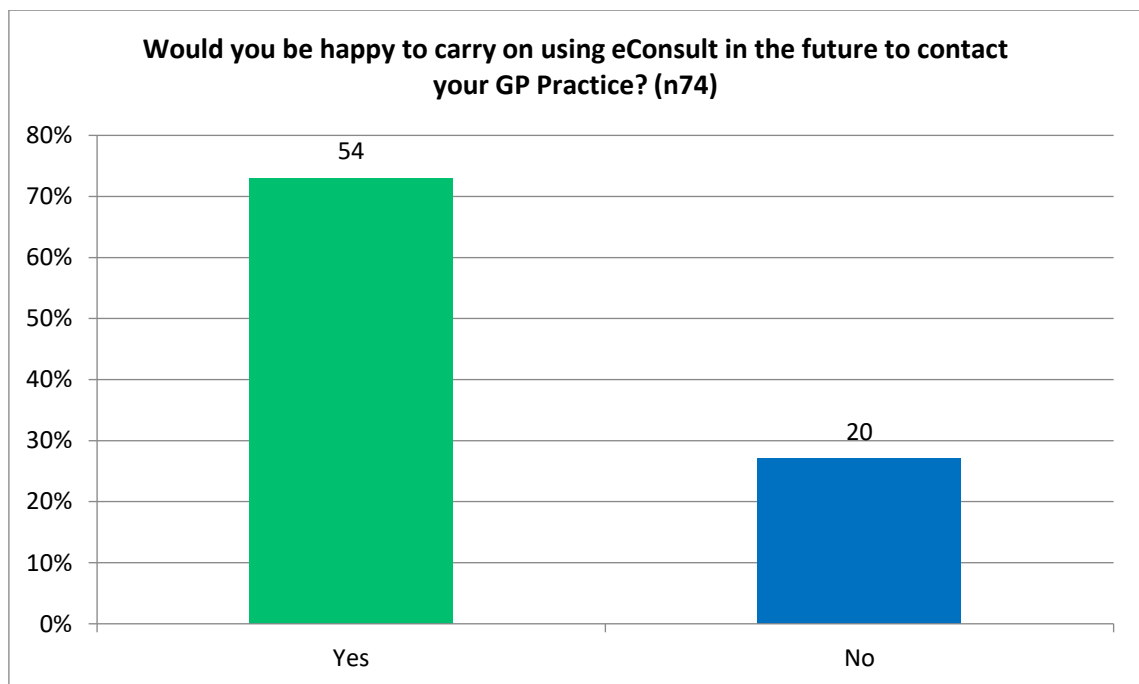
*“Phone call had to be made as GP didn’t get back to me within the agreed timescale.”*

*“The GP answered my questions via email then due to worries, I had a follow-up call.”*

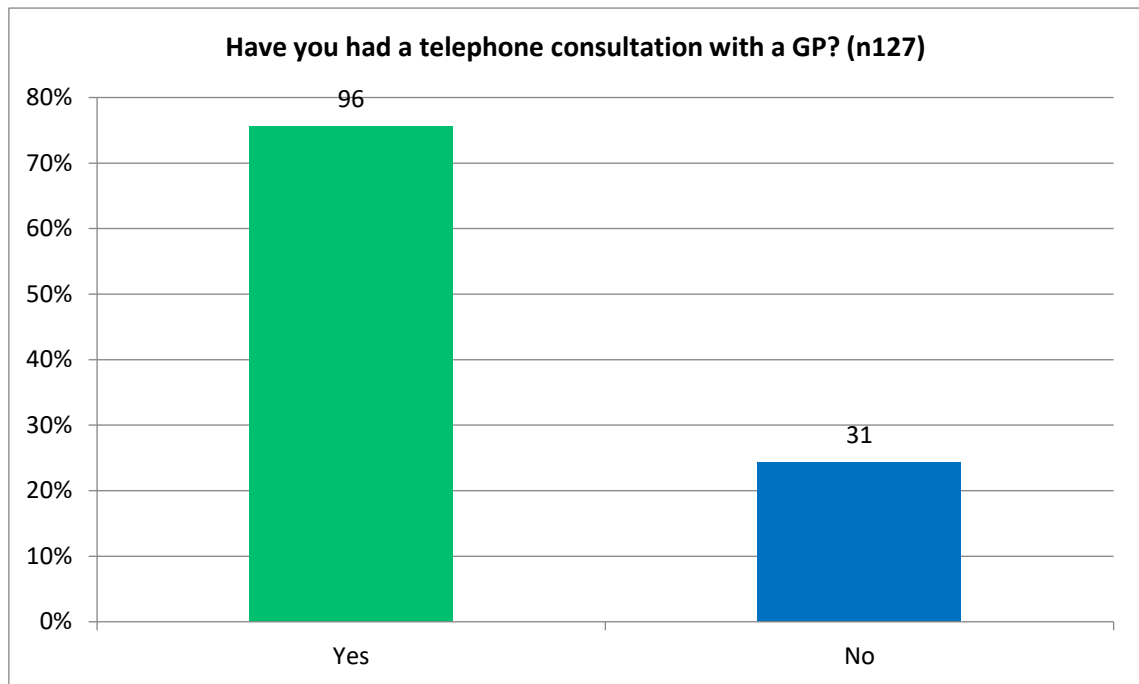
*“I had no problems once I got through the eConsult. The doctor was able to help me and very soon a prescription was at the doctors and then delivered to me. Very speedy although there was no emergency.”*

*“Seemed to take a long time from completing the eConsult. I had to email photos of my legs as well - I had to wait for my husband to come home from work to do this for me. I could not have done this on my own.”*

**17. Would you be happy to carry on using eConsult in the future to contact your GP Practice? (n74)**



**18. Have you had a telephone consultation with a GP? (n127)**



**19. If yes to question 19, what were the benefits or problems that you faced with the GP telephone consultation? (n93)**

*"It takes a long time to get through to my GP on the phone. I found it easy to have a telephone call but would prefer face to face."*

*"Thought this was great. I knew what was wrong with my daughter so she didn't need to see the GP and I knew only antibiotics would clear up the issue, so it was quick and easy to have a telephone conversation and just collect the prescription from the chemist."*

*"It was good to speak to a qualified medical practitioner but in my case, I wanted someone to look at the problem, which eventually happened."*

*"GP was asked to ring on home number but continually rang mobile number and call was missed as my mobile is not on me when I am at home (used for emergencies only). Also, having arranged a telephone appointment at approx. 1:30pm for a 2:50pm consultation the same day, GP eventually rang after 4:00pm - how can they get over an hour behind in less than two hours?"*

*"I liked the phone/virtual system but there are going to be a few glitches to sort out like all new systems and some older people still like to phone in, tricky."*

*"Problem was trying to speak to GP on behalf of my mum, GP wanted to speak to her directly but she does not live with me and my mum would not have been able to answer GP's questions. When I explained the situation GP was happy to consult with me representing my mother."*

*"Felt too rushed and one-sided."*

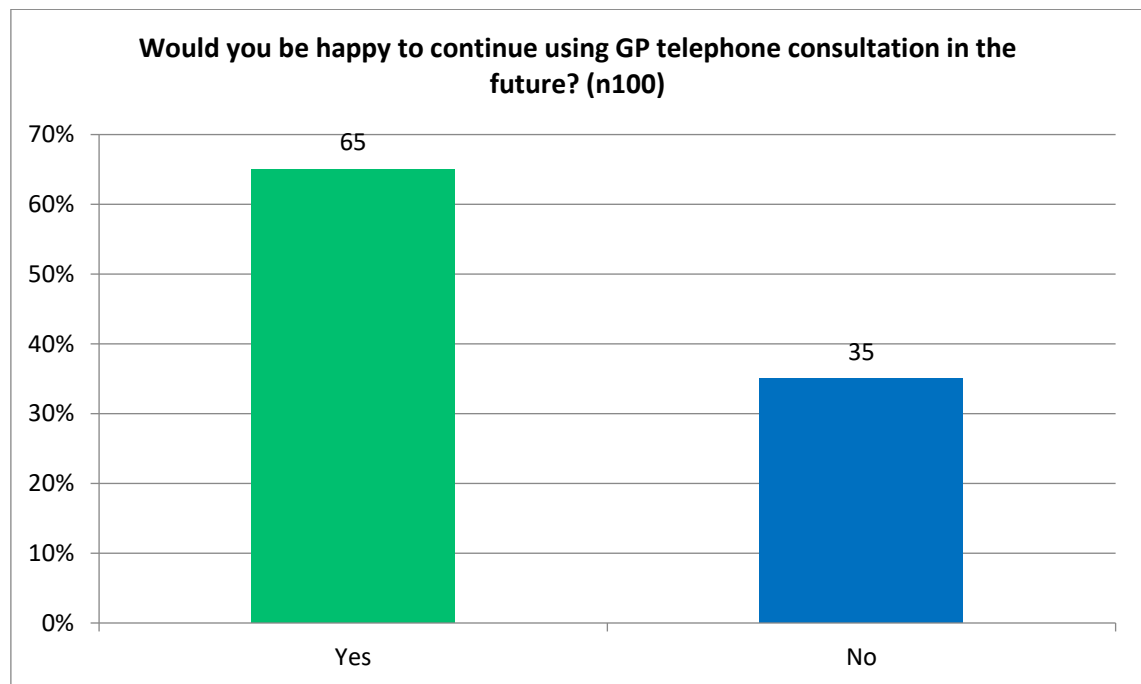
*"I didn't like it, very mechanical took away from the personal touch and prefer seeing my doctor if I have a problem. Benefit was not having to go there in person."*

*"Difficult to fully articulate the points I wanted to get across and awkward to clarify what I was being told."*

*"It was much quicker and more easy to fit around my day but they couldn't do physical examinations such as blood pressure so I had to go in anyway."*

*"I still needed to see the GP face to face. Just prolonged the process."*

**20. Would you be happy to continue using GP telephone consultation in the future? (n100)**



**21. Have you had a virtual appointment with your GP? (n125)**

Only 12% told us they had had a virtual/video consultation with their GP, the remaining 88% had not.

**22. If yes what were the benefits or problems faced with the virtual consultation? (n14)**

*"I am not familiar with face to face IT."*

*"Prefer face to face as it's easier to understand what is being said."*

*"Seen quickly."*

*"My husband is profoundly deaf and I had to take the call to relay information to him"*

*"Problems are that the GP cannot examine you and so makes the recovery process longer."*

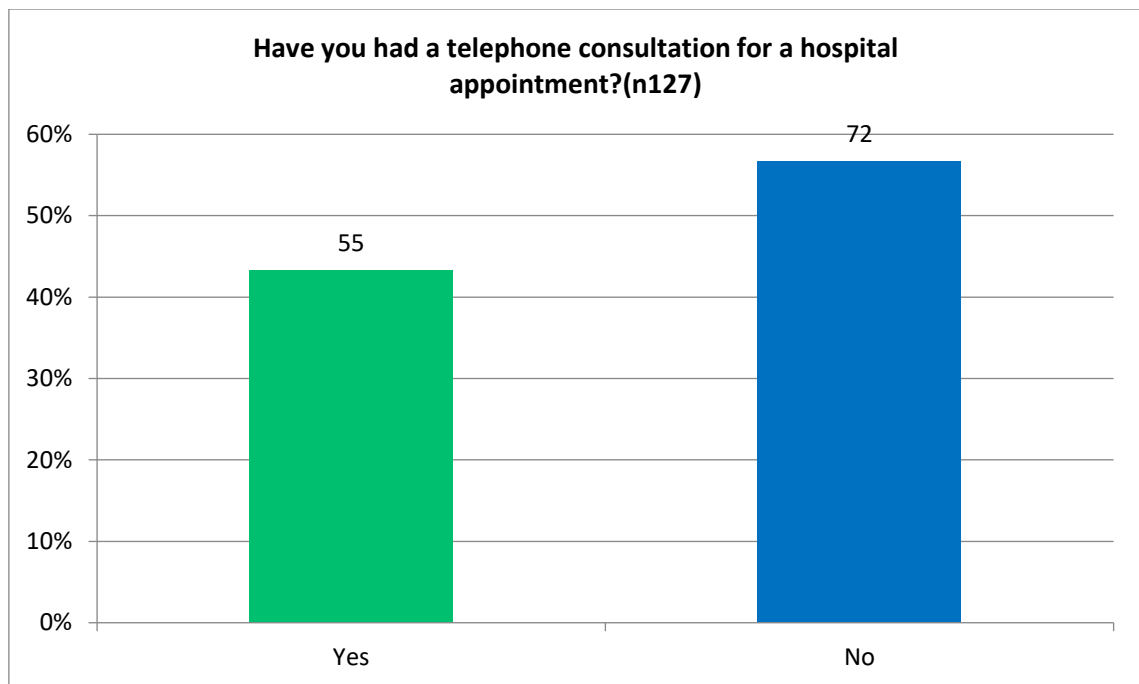
**23. Would you be happy to continue using virtual GP consultation in the future? (n42)**

Although only 12% reported having a virtual GP consultation, 62% told us they would be happy to continue having virtual GP consultations in the future

**Hospital Appointments**

**24. Have you had a telephone consultation for a hospital appointment? (n127)**

43% of respondents have had a hospital telephone consultation.



**25. If yes, what were the benefits or problems? (n48)**

*"Telephone appointment with a physiotherapist is not ideal but we managed. the appointment with the pain clinic worked OK but would have been better face to face, I believe that personal interaction, the ability to read each other's expression is very important."*

*"No problems at all. It meant I did not have to travel to the hospital with my son. This is great for him as he has a lot of medical appointments."*

*"The problem I experienced was that the doctor needed to see and examine me so he had to arrange an appointment at the hospital anyway."*

*"I was able to write down what happened during the phone call."*

*"Reduced my risk re COVID."*

*"My husband needed to meet face to face as profoundly deaf and needed someone to see him assess his condition"*



**26. Would you be happy to continue with hospital telephone consultation in the future? (64)**

58% of those that have had a hospital telephone consultation would be happy to continue with this method in the future.

**27. Have you had a virtual consultation for a hospital appointment? (n125)**

Only 10% of respondents had had a virtual hospital appointment.

**28. If yes what were the benefits or problems? (n12)**

*"It was very well organised. I received an email beforehand requesting a photograph of my eye to be sent to my consultant at Moorfields. I was able to take photos on my mobile and email them in. The consultation was fine, no problems with sound or video, she was able to see the photos and the whole episode was seamless."*

*"Good to see the Nurse face to face to ask questions but did not have all the required paperwork. I also don't own a scanner so my husband has to scan paperwork at work to send to them."*

*"Sound kept cutting out."*

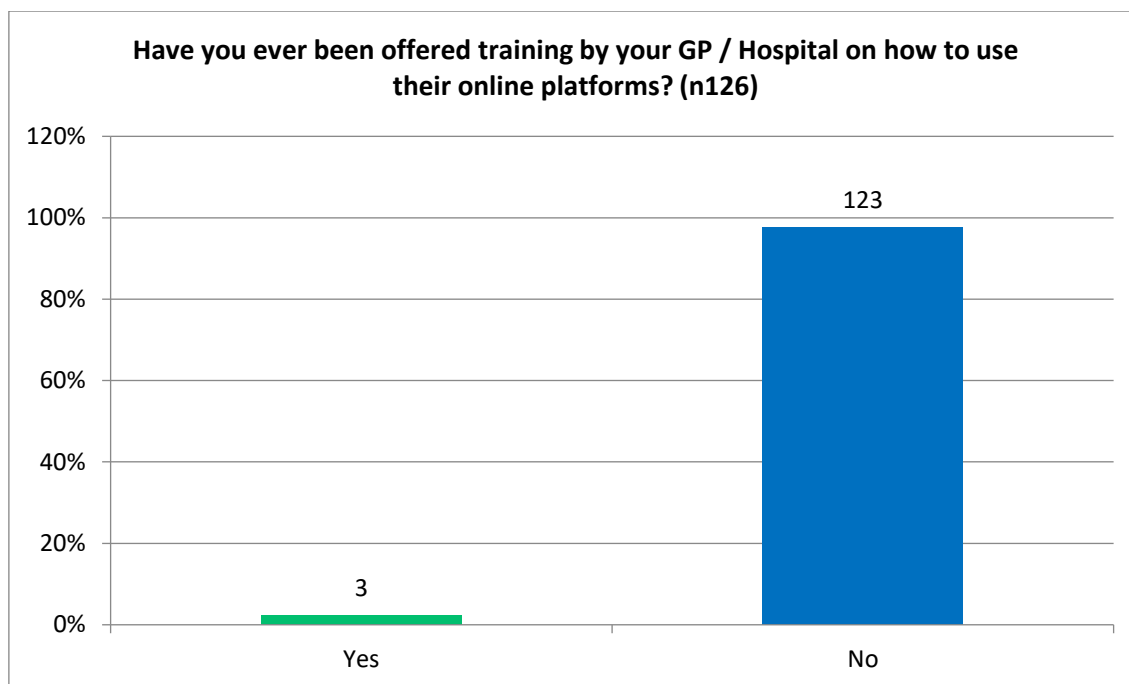
*"Very convenient I didn't have to leave work and get someone to cover me."*

**29. Would you be happy to continue using hospital virtual consultation in the future? (n35)**

50% would be happy to continue to have virtual hospital appointment consultations

**30. Were you offered any help or training by your GP / Hospital on how to use their online digital services? (n126)**

Only 2% told us they had been offered any help or training on how to use online digital services by their GP Practice or Hospital



**31. What training help were you given? (n3)**

*“The GP receptionist was extremely rude when we asked for assistance and made us feel completely incompetent but it was obviously an issue, as she appeared to have had the conversation many times!”*

*“The day before my video consultation someone rang me from the department and explained how I access the email link and asked me to test it to make sure I could be connected and hear and see the person at the other end this was a great help having never done anything like it before.”*

*“They talked me through it over the telephone.”*

**32. Please let us know any other comments you would like to make regarding digital use. (n62)**

*“My husband sorted out all our email, mobile phone, internet. He now has dementia so I am unable to use any of it. I have no interest in learning. My GP surgery is very good when I have called they fill forms for me.”*

*“I’m not particularly interested, as I’ve said if that sort of thing persists, in twenty years or so we’ll look back and realise that’s where the NHS lost its way. Not forgetting that this opens the door to cut price medical care, if you can only access your Doctor on the internet and can’t get an appointment, well Dr X on the net for £20 or less will be very appealing.”*

*“There is always a tendency to let technology do more and more because it’s easier for those who operate it, not necessarily for those who use it. I would not like virtual appointments to become the default in the future. I am concerned it will be.”*

*“As excellent as they are digital platforms can be so impersonal and as an older person quite daunting and stressful and because of this some of the information you want to relay may be forgotten.”*

*“I am used to technology, I feel sorry for people that are not confident with technology. I found it difficult and frustrating.”*

*“I would need more assurance about security before adding very personal information about myself to the internet which is then shared with others.”*

*“I received training on Skype and Zoom through my church during lockdown. It has meant that I can keep in touch with friends and family during lockdown. I live on my own and have been shielding. Recently I have learnt how to use Microsoft Teams through my connection with Bexley Patient Council.”*

*“For myself it is fine, my husband has received several hospital consultations over the phone and they have been very efficient and my husband has felt that he was able to be more relaxed about asking questions. For my mother (at 86 years) it would be impossible for her as she has been unable to grasp technology.”*

*“Going digital is fine but shouldn't take the place of face to face consultations.”*

*“I think they should be used more if it frees up the time spent on people who really do not need to see a GP/Nurse/etc. Plus with Covid it would be safer if more people who had symptoms used this platform to keep others safe.”*

*“I don't like it. Much prefer seeing my doctor face to face in person especially with sensitive personal issues.”*

*“Great idea for short queries especially for those working and who find it hard to get to appointments but I worry that some other things can get missed by not having face to face appointments.”*

*“I prefer talking to my doctor and have a proper physical examination and assessment before making a diagnosis. The human touch is lost completely in digital consultation and this might lead to diagnostic errors.”*

*“They work very well for me. Prior to covid I'd have to take time off work to attend appointments and now I don't have to.”*

*“I think it is great that we have these digital platforms to rely on during this pandemic. However, it is worrying that some people may not have access to it or may have trouble navigating through it.”*

*“Internet tutorials are not always helpful when learning how to use these, and are not a good substitute for training by someone who has used these. Digital platforms are only reliable if you have access to good internet (i.e. fibre broadband).”*

### **Charity and Community group feedback**

Community groups and charities have all had to adapt how they can safely offer support to LBB residents. They have been emailing and calling people, and many have introduced virtual groups or meetings to replace face to face interaction. Some have offered support and training to those with equipment to help them learn or use the equipment they have more effectively, whilst others have been able to loan equipment to members to get them online.

### **Learning disability groups**

Mencap members have been supported to access services and groups via Zoom and Facebook. Members have had access to 'one to one' support to get online and funding was secured for a limited number of tablets for members to use. Mencap has regularly updated members on Covid-19 restrictions and advice both online using platforms such as Facebook and by phoning those without digital access. This has worked well for some group members and attendance to online groups such as exercise classes has increased. However, not all members have online access, can afford Wi-Fi, or can use online services without help and one to one support. Those with a learning disability living in sheltered accommodation do not always have access to Wi-Fi, and one resident told us if they want it, they would all need to pay for it individually and this was not affordable.

Those who are members of Mencap generally have access to good levels of support but many people with a learning disability, unknown to support networks may not have the same levels of help get them online. When we discussed GP access Mencap members told us that being able to visit a GP worked better for them rather than having a phone/virtual consultation. Some felt less able to access their practice as they couldn't go in to get an appointment. They found getting through by phone difficult with long waits for the call to be answered. The Mencap health group asked when they will be able to have face to face appointments again and things will return to normal.

Mencap has helped members keep in touch and support each other, both online and by phone but some members still experienced loneliness and missed face to face contact with others.

Advocacy for All Speaking Up group members have been supported in a similar way to Mencap members, with either online virtual or telephone support during Covid-19 and their members have similar experiences and concerns.

### **English as a second language**

Mrs W is an Asian lady and has lived in England for several years, she does not use the internet and does not know how to. Her husband helped her with communication but since he passed away, she has found it hard to get help for her health issues. She does not want to worry her children about her problems. Mrs W called her local GP Practice during the pandemic and was told to complete an eConsult form. She does not know what an eConsult form is and had no idea how to complete one. The receptionist did not offer her the help she needed when she called. Mrs W was just going to wait until her practice reopened, then walk in to try to get an appointment putting off potential treatment. We were alerted to her problems by a third party and Mrs W has now been helped and is getting the help she needs.

### **Older adults**

Bexley Pensioners Forum has not met since the first lockdown in March 2020. The Chair of the Pensioners Forum told me that although some of the 200 plus members do have digital access, are

happy to use it and are very experienced and capable of using digital technology, the majority of members do not have digital access. He explained how many pensioners could not afford to buy the technology needed, such as a computer or laptop, or pay for expensive Wifi on their state pensions. Others had digital access or limited knowledge but did not like to use it as they were not experienced, not confident, didn't always understand what to do and some were afraid of scams and had security concerns. Others felt too old to learn or simply have no interest in getting online. He explained how some group members had been introduced to digital technology by family members as a way of keeping in contact and decreasing loneliness, but digital access and knowledge was limited to those family Zoom meetings.

As a result, Pensioners Forum members have mostly been supported by phone calls, some Zoom chats and regular newsletters. Healthwatch Bexley offered to help host a Zoom meeting for the limited members who are online and our Healthwatch Bexley leaflets were sent out to members, with the Pensioners Forum newsletter.

The feedback from Albany Park over 65's club, a group of 36 members, was similar to that of the Pensioners Forum. The group has stopped group meetings in line with Government guidelines. Most members do not have digital access and are being supported by phone calls, being signposted to additional support if needed. Many members are experiencing isolation and loneliness missing the face to face contact the group gives them.

### **Ethnic Minority Groups**

Feedback was received from the Women's Lounge, through several calls with the community group organiser who is supporting members by phone as not all have email or access to platforms such as Zoom. She told us that families were struggling often having to share technology, using it for work and for children to do schoolwork. She described how it was hard for some children to keep up with schoolwork if they did not have Wi-Fi or only one shared family computer. The group regularly had 18 plus members and group meetings had been tried using Zoom. However, the numbers decreased substantially as members missed the ability to chat in smaller groups as and when they wanted. The group had previously had some training to help them get online before Covid-19 which had proved useful for those with digital access. However, some of the group felt they still needed more help, support and experience to be competent.

Healthwatch Bexley virtually visited Seniors in Touch group meetings several times to discuss digital access. The members we spoke to were able to access Zoom and were enjoying keeping in contact virtually. For some, it was better as they did not have to travel to get to the meeting, but other members were excluded and supported by phone, not having digital access.

Members of a group for Asian Women were being supported by phone, email and virtually, although no virtual group meeting had taken place. Family and friends had been helping members get online if this was possible. Although there was generally lots of family support, language and communication was a problem for some accessing services such as the GP online.

### **Mind in Bexley**

Mind in Bexley responded very quickly during the first lockdown offering a large range of online services where possible using zoom, other services moved to phone support. The Crisis Café remained open with restrictions and safety measures in place, seeing people in crisis face to face. A telephone Wellbeing Line was also established in response to residents increased need for help and

support during Covid-19. The impact of the Wellbeing Line was reviewed by Healthwatch Bexley in 2020, the report is available on our website (Healthwatch Bexley, 2020). As lockdown measures eased Mind has provided a digital support hub for their service users who need help to access their digital services and online support. Limited face to face services continued for those without digital access. Most Mind service users are happy using online services but as the comments below some prefer other methods of engagement.

*“Mum set an email up for me 5-6 years ago but I can’t use it as I don’t have internet or a computer. I used to go to the library but now it’s closed I don’t have the internet. I used to go 2-3 times a week to read online. Don’t have an iPhone, I don’t need the extra bill and I don’t have many people to contact. Had a phone hospital appointment last week which was ok.”*

*“Never used a computer before but would like to learn. Will go to the library with my friend to learn when they are open.”*

*“Definitely don’t want to engage using Face Time or Zoom. I find it really off putting. I can use them but don’t like it when I can see myself. If I get upset I look like crap and don’t want to be looked at.”*

*“I prefer digital as I struggle to go out.”*

*“I’m a complete novice. I could possibly use it on my own if someone called me. I haven’t got a smart phone, I use a tablet. ....I haven’t used email for a long time I would need help with it.”*

## Conclusion

This report shows that the majority of those who responded to our online survey had some degree of knowledge and understanding of using digital technology, which allowed them to complete the survey. The majority had access to the internet, an email address and home Wi-Fi. However, we were also told that although they had access, it was only used sometimes in a limited way to talk to friends and family via platforms such as Zoom.

In contrast to the online survey, community groups and charities reported that certain groups such as the elderly, young people and some ethnic minorities were more likely to be digitally excluded. This was due to not being able to afford Wi-Fi or the equipment needed, having English as an additional language, or not having the appropriate, knowledge, ability, training or confidence to get online.

Although almost all (98%) of survey respondents told us they had internet access, with a small amount (12%) saying they did not feel confident using it. Over half (63%) told us they would be happy to use the internet more if they had additional training. The rest told us they were either already confident using the internet, did not want to use the internet or did not want to increase their internet use. Reasons for not using the internet included not feeling confident or trusting it, feeling too old to learn, not being able to for health reasons such as having Parkinson’s Disease or Dementia, or having a fear of being scammed.

Isolation and loneliness have increased for many people during the pandemic, not just the elderly but young people who cannot meet with friends and family. Virtual platforms to contact friends and family were popular amongst those with digital access, with the majority (78%) using face to face platforms such as Zoom, Skype or Facetime regularly. The majority (83%) told us that due to the government lockdown restrictions, they were using these virtual platforms more than before the

pandemic as a way of seeing loved ones. Platforms such as Zoom have been a valuable tool, playing a vital role for those able to use them, as a much-needed measure to help decrease loneliness and isolation during the pandemic.

For Primary Care, the digital offer is designed to complement the more traditional face to face services but this has not always been the experience of the residents who engaged with us. During the pandemic, GP Practices have been operating a total triage system to keep both staff and patients safe from Covid-19. GP Practices have remained open, but LBB residents have been encouraged when possible, to book appointments online using eConsult. The option to call the surgery is still available for those without digital access, although survey respondents report that they have experienced problems getting through by telephone, often experiencing long waits simply to be told when they get through, that they must complete an eConsult form. Healthwatch Bexley saw an increase of complaints from residents experiencing difficulties contacting their GP Practice by phone or experiencing problems completing an eConsult form, especially during the first lockdown. Several residents told us they could not get in contact with their GP Practice so would 'wait until they were open' before seeking the help they needed.

Although half of the survey respondents had used eConsult to contact their GP Practice and book an appointment, just under a third were unable to complete the form. The reasons given were that they didn't understand the form and that it asked too many questions that did not seem relevant or appropriate to their concern. They told us they sometimes appeared to go round in circles, with eConsult telling them to call NHS 111, only to be then told to call their GP Practice, upon calling their GP Practice they were told to complete an eConsult form. Respondents told us they resorted to leaving out symptoms to complete the form, sometimes being told to do this by a receptionist. However, despite experiencing problems, the majority still said they would be happy to continue using eConsult in the future.

Training for those who have internet access, but limited knowledge and skills may help to build confidence and trust, encouraging people to use online services such as eConsult. Whilst training and promoting the use of virtual face to face platforms may be two-fold in decreasing isolation and loneliness and encouraging people to start to learn how to use technology.

Specific training on how to complete an eConsult form may encourage more people to feel confident in booking appointments in this way. However, Primary Care needs to ensure that systems such as eConsult are easy to understand and that if eConsult redirects people to other services such as NHS 111 they understand why this has happened.

For those without digital access, the cost of buying equipment was a factor. Charities such as Irish Community Services and Mencap run equipment loan schemes for their members so they can use the digital services they offer without the cost of buying equipment. Alternatively, Mind in Bexley has a digital suite that service users can book to access their online services, help is also on hand for those who are not confident using technology.

Libraries play an important role for residents who have digital knowledge but can't afford the equipment. Residents told us how the libraries were a vital resource to them and that they had become digitally excluded whilst libraries closed during the pandemic.

Whilst the speedy move to digital online services has worked well for many Bexley residents, many without digital access may have been excluded from accessing the help, support and services they need. Service providers, community groups and charities should be commended for offering time-consuming, individual telephone support for those without digital access. As government restrictions start to lift it is important that a blended approach of both digital and online services and support are offered, to make services and support digitally inclusive.

## Recommendations

1. In the next 6 months, South East London Clinical Commissioning Group (SELCCG) should provide funding for a training and support scheme to help LBB residents learn or improve their digital skills and build confidence in accessing online services. This could be a peer mentoring scheme for charities and community groups who would be able to pass on their knowledge to others.
2. Charities and community groups should continue to be supported by Bexley Voluntary Service Council (BVSC), to bid for any available funding which can be used to provide members with the equipment and training they need to get online.
3. All service providers, charities and community groups should return to a blended mix of both online and face to face support, as soon as it is safe to do so to ensure digital inclusion.
4. Primary Care Networks should ensure that all staff are aware that online booking services such as eConsult are complimentary to telephone and face to face contact so that those without digital access are not excluded or put off seeking help. The Patient Participation Groups or reception staff could receive training to support patients on how to effectively use eConsult by offering telephone advice now and training sessions when it is safe to do so.
5. Secondary care services should continue to use digital methods such as video appointments, alongside face to face or telephone appointments for patients, but patients should be offered the choice of non-digital contact and appointments once it is safe to offer these again.

## References

Downey, A. 2021 London ICSs must shift to a 'blended' approach to digital care. Available at: [www.digitalhealth.net](http://www.digitalhealth.net) (Accessed: February 2021)

Healthwatch Bexley, 2020. Review of Mind in Bexley's Wellbeing Line Available at: [https://www.healthwatchbexley.co.uk/sites/healthwatchbexley.co.uk/files/Wellbeing%20line%20report%20FINAL\\_0.pdf](https://www.healthwatchbexley.co.uk/sites/healthwatchbexley.co.uk/files/Wellbeing%20line%20report%20FINAL_0.pdf) (Accessed: 21 January 2020)



## Appendix 1

### Demographics

#### Age (n126)

Age (n126)			
Under 20	1%	60+	28%
20+	6%	70+	11%
30+	10%	80+	6%
40+	10%	90+	2%
50+	28%		

#### Gender (n128)

82% identified as female, 16% male and 2% preferred not to say.

#### Ethnicity (n110)

9% were from Ethnic Minority groups.

#### Bexley resident (n127)

98% were LBB residents.

#### Disability (n116)

22% told us they are disabled.