

Healthwatch Darlington

Digital Exclusion

Understanding the impact on Primary Care services and patients in Darlington during the Covid-19 pandemic.

June 2021

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Executive summary

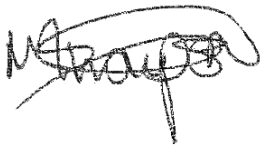
During a year of unprecedented times NHS GP services have had to make extraordinary changes to how they manage access to their services whilst maintaining the safety needed for patients and carers during the Covid-19 pandemic. This project, grant funded by Healthwatch England and match funded by Darlington Primary Care Network looks at how the impact that moving to remote appointments has affected the population of Darlington.

In our research we found that for the most part, remote consultations have worked well and have created some great opportunities for a different way of working for professionals, and a more convenient way for patients to access services. However this report also highlights some of the difficulties faced by local people especially those from socially deprived areas who may not have access to digital equipment such as laptops, tablets and smart phones, or who cannot afford the extra data needed.

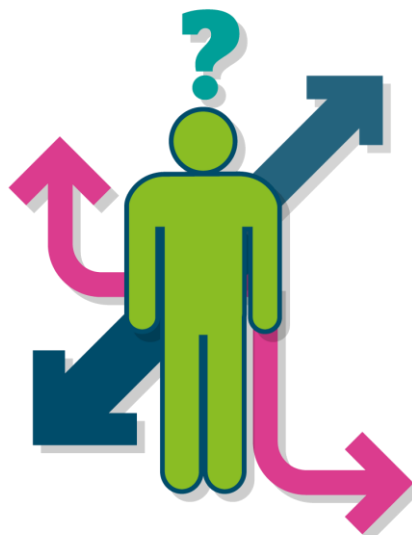
People whose first language is not English have found making appointments or speaking to a GP over the phone challenging, and for those with learning disabilities most felt a face to face appointment was better especially as facial expressions were important to them.

During the pandemic and the vaccination programme, the Primary Care Network have ensured they have listened to and acted upon the needs of our population through HWD, the voluntary and community sector and public sector partners to ensure they are reaching those most vulnerable.

Going forward, it will be necessary for services to take into account individual needs and circumstances whilst embracing the convenience of a more digitally enabled service for those that wish to interact in this way. Health and care services need to continue working together with an increased focus on tackling digital inclusion to support individuals and communities, particularly those most vulnerable or experiencing disadvantage.



Michelle Thompson BEM
Chief Executive Officer, Healthwatch Darlington



Background

Purpose

Healthwatch Darlington (HWD) were commissioned by Healthwatch England (HWE) to explore the potential inequalities surrounding the shift to remote GP appointments during the COVID-19 pandemic. We were asked to consider the impact of the new ways of working on people who may find it more challenging to access care remotely or virtually. HWE were particularly keen for us to partner with our Primary Care Network (PCN) with a particular emphasis on social deprivation.

Darlington's PCN is one of the largest in the country and includes all of the 11 GP practices working together to improve the health of the borough's 108,600 population, including tackling health inequalities. They had already contacted us asking to work together with some of Darlington's marginalised groups who may have been struggling with access during the pandemic. The PCN were keen to understand the challenges faced by our population and to make care as accessible as possible. They gave their full support to this project and match funded HWE's funding.

“Darlington Primary Care Network are committed to working in partnership with Healthwatch Darlington to identify and address gaps in service access due to digital technology; in particular those from deprived and excluded communities. We acknowledge that these groups are at a greater risk of poorer health outcomes and we want to improve access for all and reduce inequalities regarding those who are digitally excluded, allowing greater flexibility for Darlington patients and an opportunity to engage with those who may previously have struggled to access GP services”

Dr Amanda Riley, Clinical Director of Darlington PCN



Objectives

With the assistance of the PCN, HWD were tasked with conducting at least 15 interviews with patients from relative social deprivation in our community (at least 5 from each of the following groups):

- Older people - 65+
- People with disabilities - especially people with sensory impairments, learning disabilities or dexterity/mobility issues
- People with language barriers - whose first language isn't English

In addition to this HWD obtained the perspective from professionals and how the pandemic has affected their way of working and the impact this has had, including GP's, Nurse Practitioners and receptionists.

Key Research Questions

HWE provided a wealth of guidance and information for Healthwatch Darlington in order to ensure consistency in research methods and reporting.

- HWE produced general questions for staff to follow and gather transcript responses.
- HWD targeted specific people, groups and communities with the help of PCN.
- HWD held a focus group with professionals to gather feedback on their perspective of the project.

Limitations

Due to the current pandemic engagement was difficult due to not being able to meet people face to face. HWD aimed to reach out to specific communities to obtain insight in how the new digital approach has affected people. This did not mean that HWE or the PCN could dictate to HWD the areas of focus, key lines of enquiry or our methodology. This was clarified with HWE and the PCN, and by taking a partnership approach, together we had a greater impact on the health and care of local people.



Context

The Borough of Darlington is a vibrant and large market town with an approximate population of 108,600 people.

<http://darlingtonpcn.co.uk/>

<https://www.darlington.gov.uk/your-council/communities/equality-information/>

Darlington is based within the North East and by comparison the region is considered to have higher levels of deprivation compared to the average in England. New and preliminary data analysis from the ‘Centre of Cities’ indicates that the North East economy is particularly affected during the pandemic due to the greater share of workers unable to shift to remote working.

Recent reports exploring the impact of Covid-19 on the economic growth of Darlington highlights that the town is now seeing higher levels of unemployment since 1995. It’s believed that even if people are in employment that there may be more people experiencing decreased earnings. During the pandemic Universal Credit claims have increased by a third in Darlington which is worse than the England average.

Further to this Darlington’s current suicide rate is 13.5 which is 3.5 higher than the England average of 10.5. There is an expected and notable growth in numbers of patients with mental health conditions which is expected to increase as unemployment rises and growth falls.

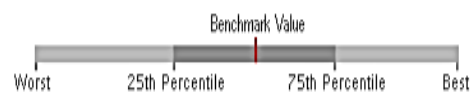
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

Recent trends: - Could not be calculated ➔ No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

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Indicator	Period	Darlington		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Deprivation score (IMD 2015)	2015	-	-	23.6	-	21.8	42.0		5.7
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	-	-	27.1%	24.3%	23.2%	36.8%		10.3%
Inequality in life expectancy at birth (Male)	2016 - 18	-	-	13.7	11.8	9.5	15.2		3.8
Inequality in life expectancy at birth (Female)	2016 - 18	-	-	9.5	9.3	7.5	13.8		1.8

General practice areas

In Darlington there is one Primary Care Network (PCN) which covers 11 GP practice areas. Deprivation score varies across practices and the graph taken from [National General Practice Profiles](#) highlights this comparison.

Deprivation score (IMD 2019) ²⁰¹⁹

Score -

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	21.7	-	-
Darlington PCN	-	-	-	-
A83641 - Parkgate Surgery	-	38.1	-	-
A83013 - Neasham Road Surgery	-	34.0	-	-
A83040 - Clifton Court Medical Practice	-	33.8	-	-
A83047 - Denmark Street Surgery	-	30.0	-	-
A83006 - Orchard Court Surgery	-	26.4	-	-
A83005 - Whinfield Medical Practice	-	26.0	-	-
A83034 - Blacketts Medical Practice	-	25.7	-	-
A83010 - Moorlands Surgery	-	22.7	-	-
A83031 - Carmel Medical Practice	-	17.4	-	-
A83048 - Rockcliffe Court Surgery	-	11.7	-	-
A83070 - St George's Medical Practice	-	10.9	-	-

Black, Asian & Minority Ethnic (BAME)

Recent evidence suggests that both nationally and in the North of England, in comparison to the White British population, people from BAME communities, including the young, are much more likely to face economic disadvantages. They are more likely to experience poverty and social exclusion, have generally lower incomes and suffer income-related deprivation. They are also more likely to experience poor health and increased likelihood to live-in poor-quality housing, disadvantaged neighbourhoods, and areas with high rates of crime.

[Darlington 2011 Census, Ethnic Group \(Crown Copyright\)](#) provides the most up to date population figures.

Darlington residents identify with over 64 different main languages with the largest non-white ethnic group being Asian followed by people of mixed or multiple ethnicity. We have higher numbers of Gypsy/Roma travellers than the wider UK with approximately six times the national average. At ward level 26.4% of the Asian population live in Northgate which is 12.3% of its total population and considered one of the most deprived wards in Darlington.

Methodology

Using tried and tested methods HWD contacted and recruited BAME community leaders, older people, residents with disabilities and people with visual and hearing impairments from our network of charities and smaller community groups with whom we regularly engage with including our volunteers.

During this project HWD also worked closely with the PCN to reach patient groups and professionals. One member of the PCN acted as liaison officer for this project attending regular meetings with HWD.

HWD produced a number of materials to be shared with stakeholders and members of the public including posters, briefings, social media posts, letters and a [press release](#).

GP practices assisted with the distribution of these materials within their teams, placing posters within GP practice waiting rooms and using letter templates for targeting specific patients. Finally, the practices where possible encouraged professionals to take part in telephone interviews.

During the timeline for this project the assistance of GP practices became difficult due to the ongoing demands of the pandemic and the launch of the Covid-19 vaccination programme. Furthermore, the PCN is one of the largest in the country and has been delivering new and innovate ways to deliver the flu vaccination programme during 2020. This was particularly challenging when trying to reach professionals therefore we created an online survey to gather some feedback which complemented two telephone interviews rather than trying to hold a focus group as originally planned.

HWD continued reaching out further by targeting key Voluntary, Community and Social Enterprise (VCSE) organisations for assistance with sharing the project and signposting potential patients. HWD sent letters to participants within our own organisation and asked our volunteers to help share information through their networks.

Interviews were conducted either over the phone or online using Zoom and where needed interpreters assisted the team.



Summary of Findings:

- **Older Patients**

Interviewed: One male aged 65, one male aged 72, one female aged 65+, one female aged 73 and one female aged 70.

Generally older patients have been able to receive the care and service they usually do from their GP practice. However it was noted by most patients that phone call waiting times have increased. They commented on calls taking a long time to answer before the pandemic but since the first lockdown the time to get through to talk to someone has increased greatly. This is causing problems for those who use mobile phone devices. Patients indicated issues with batteries running out during the wait, to the cost of phone calls worrying them. Older patients who were able to use the internet, said that it works really well for them. However, most of the patients we spoke to had no interest in using online services or learning how to in the future. They felt they had no need for the added cost within their home, with some saying that they prefer to see a doctor face to face because they could explain things in more detail and show the problem if needed.

“I dread to think how much calls cost after my free minutes have ran out”.

“I’m a pensioner living on my own and have no need for the extra cost on internet or need to use it”.

“Wouldn’t want to use them too impersonal and expensive”.

On most occasions, primary care treatment received for this patient group had been positive, however one patient experienced no return calls upon using e-consult to book an appointment which led them to become worried. Another became so frustrated with their GP surgery that they changed to another GP surgery within the town and one person said they were given no support or instructions on how to send a photo using a mobile phone. Finally, another indicated long waiting times for community and secondary care which is also mentioned by professionals.

- **Disabled Patients**

Interviewed: One female patient aged 72 with a hearing impairment, one female wheelchair user.

Online focus group: Four males over the age of 25, two females over the age of 25 (Focus group hosted by Darlington Association on Disability (DAD)).

One patient with a hearing impairment participated in this research and enjoyed taking part in video calls, however, they admitted that it only worked well if the correct interpreter with the right skill level was present, and if the third party (professional) was also visible. Occasionally during online three-way remote appointments only the interpreter is visible, and the professional will be using audio. The patient does not find this effective as they prefer to see facial expressions when communicating. Mostly the patient had been offered face to face by their GP surgery.

The wheelchair user found her experience really good, she was able to book her appointment online using the normal appointment system, which was very clear. She was asked to take photo's using her phone and email them over to the doctor which she found easy as she could do it in the comfort and privacy of her own home. The process was really clear and well explained. The overall experience was done at home without leaving the house which was more convenient than having to travel to the GP.

"I also like to visit my GP surgery, it gives me something to do, a reason to go outside."

Patients with learning disabilities indicated that from time to time a telephone appointment can be stressful. They prefer real face to face as they can see facial expressions and gauge moods which would otherwise be a barrier when using a telephone. However, another patient with a learning disability with anxiety felt it was easier using a phone as they become nervous in social situations. There was a mixed response to remote appointments but they all said in the future it's important to have choice so they can pick what's best for them. Disabled patients found regular text messages to remind them of appointments was helpful.

- **Black, Asian and Minority Ethnic Patients (BAME)**

Speaking to patients from this group was difficult due to complexities and barriers that practices and patients are currently facing because of the pandemic. This exacerbates the barriers already faced between health professionals and patients during usual times.

A lead GP practice in Darlington for BAME patients noticed patients from the Asian community disengaging with their practice due to the myths surrounding Covid-19 that are believed within their community. The practice had been told that this community group are extremely frightened due to the pandemic. Although digital exclusion is a barrier for this patient group at any time when using health services, the current situation has made it difficult for any service to engage with them as they have closed off usual communication channels.

The practice has created a new initiative inviting women from Asian communities to find out more about services that can help in a safe and comforting way using a trusted and respected third party advocate from the community who acts as a translator. This has helped the practice to engage on some level but they admit there are still challenges to overcome.

"Some of the Asian community believe Covid-19 is a myth, they have become very frightened of services."

Healthwatch Darlington contacted Sajna Ali a Healthwatch volunteer and a Darlington Borough Council (DBC) ward councillor for Northgate ward who is a prominent member of the BAME community. The participants of the survey were telephoned individually and the data collected was from 4 males and 6 females, none of whom wanted to be identified so no other personal information was gathered. Information was gathered in the following languages, Bengali Sylheti (Bengali Spoken Dialect), Arabic, Polish, Punjabi and Urdu.

The information gathered by Councillor Ali reflects the difficulty people from these communities face when English is not the first language and technology is not used due to language barriers. Children often try to help with online calls and connections but this creates frustration and problems within families. Most respondents were unhappy with telephone or video consultations because when told the doctor would call back, no time was allocated, and this caused stress and frustration due to many of the patients needing language support.

Extra pressures on mental health and physical wellbeing were cited by several patients, as many are incredibly vulnerable, and they felt that they were being isolated due to their language and cultural barriers.

Having to make a call to their GP practice was a huge task for patients and since their first contact was an automated call system, they struggled from the onset, often having to use their children to help them communicate to get through to the booking appointment stage. Some of the issues that they were calling about were very sensitive which can be embarrassing having to speak through a third party and they felt that these needed to be discussed with a doctor. Many Asian women find it difficult to talk to a male doctor so when they call they want to talk to a female.

When ordering a repeat prescription, it was even harder as they were over the phone and they could not explain all the medication details that they required due to the length of some of the spellings of medication and not being bilingual they struggled on many levels. Indeed, some were illiterate in their own languages due to not having the privileges of a basic education. They could not visit the GP practice with previous prescriptions to hand in in order to obtain their repeat prescription. For those people who were heart patients, diabetics, on treatment for chronic conditions, or who had children on specific medications, this was very concerning for them.

- **Professionals**

Most health professionals welcome the changes within their practice indicating they wish to see new processes and appointment methods to continue in the future. Positive elements of the shift to remote consultations include time saving, helping more patients and convenience.

However, health professionals recognise the negative implications of offering remote consultations that might not be suitable for older patients, disabled patients and those with language or social deprivation barriers who may be less likely to use digital technology. Furthermore, the added demand on telephone appointments, means some patients may not be seen as quickly due to less urgent patients taking appointments first. Health professionals fear that the barriers presented for these patient groups may mean that patients go for long periods of time without medical care as they may not continue to telephone GP surgeries to try and book an appointment.

“I worry about older patients. I just helped to deliver the Covid-19 vaccine and some old patients told me they had not seen anyone since March 2020”

In some instances, the waiting times for secondary care referrals are very long which means primary care professionals are dealing with follow up calls and frustrated patients who want to be seen by secondary care.

Finally, they worry that in some cases patients young and old are presenting at A&E which adds pressure to an already overstretched service within the National Health Service (NHS). However, health professionals are also worried about the long-term implications of older patients who have gone without social contact for a number of months.

Local Recommendations

1. Health and care services should continue working together with an increased focus on tackling digital inclusion to support individuals and communities, particularly those vulnerable or experiencing disadvantage.
2. Ensure the momentum of communities working together during the pandemic is supported going forward for more joined-up approaches and sharing of resources and community assets to find solutions for those most socially deprived.
3. The provision of digital access through community organisations such as libraries, community centres and health and care services.
4. Health and care commissioners to continue to work together to explore ways to reduce the cost of digital access for our communities including working with local businesses to provide free public Wi-Fi.
5. Digitally excluded risk losing their voice and access to services as more emphasis is placed on online solutions. GP services must ensure they have the necessary communication methods for all their patients.
6. All GP practices should review their accessible information policy and/or interpreting and translation policy ensuring that there a clear focus on the support available for non-speaking English patients.

Response from Darlington Primary Care Network

“Darlington Primary Care Network welcome the digital exclusion report and its findings. The report has highlighted areas for improvement and also new ways of working which have had both a positive and negative impact on individuals. We will review the findings and recommendations and aim to implement changes where possible in order to improve access to general practice and continue our work to reduce inequalities and improve access for all.”

Vikki Bailey- Advanced Nurse Practitioner, Executive Board of Darlington PCN.



Healthwatch England National Response

Five principles for post-COVID-19 digital healthcare

Background

Digital transformation has been a long-term [strategic goal for the NHS](#), even before the outbreak of COVID19. The pandemic, however, accelerated the shift to online and telephone appointments to help manage infection risks whilst still caring for millions of people.

Whilst the changes worked for many, the reduction in in-person consultations has left others [struggling to access the care they need](#). Among those affected were often the most vulnerable in our society: older people, disabled people, people on low incomes, and those whose first language isn't English.

NHS England has recently issued [new guidance to GP practices](#) to facilitate face-to-face appointments for patients. The move also looks to retain some of the advantages of remote care as the sector looks to find the right balance for the future.

Undoubtedly, digital and remote methods will play an increasingly important role in how people access care going forwards. To ensure that no one is left behind, we need to do everything possible to reduce barriers to accessing care remotely while giving people the agency to decide what kind of appointment is right for them.

About the national report

Our analysis investigates the barriers to accessing digital and remote care, drawing on the experiences of people who experienced digital exclusion during the pandemic.

This included:

- 86 patients and 26 members of primary care staff.
- 34 older people aged between 60-89 years old.
- 31 disabled people.
- 21 people who experienced language barriers.
- More than a quarter of the people we spoke to were from a minority ethnic background.

What we found

The reasons why participants felt digitally excluded are described below in order of how frequently they were reported. These include:

- **Lack of interest in using technology and going online**
"I don't want to use computers and I don't feel I should have to be forced to do this...I think you should have a relationship with your doctor - I prefer to see the same doctor as I like that personal touch."
- **Lack of digital skills**
"I tried to ring the surgery only to ask about this letter that I have had from Matt Hancock [the Government] about needing to have vitamin D supplements as I am a

shielding patient. I rang the surgery because this letter told me to go to www..... and click? Well, I have no idea about computers - it is like talking in a foreign language."

- **Age and disability**

"For repeat prescriptions you use an online app which I struggle with because I can only use one hand as my left arm is disabled and my shoulders are weak."

- **Lack of trust**

"I have no one to ask to help me with this. I am a little bit worried about fraud and less interested in learning about this as I am getting older."

- **Language barriers**

"I know they do telephone consultations, but it is not suitable for people like me. My English is weak, and I am not sure I would be able to explain myself on the phone."

- **Affordability of technology**

"I would use a computer and like to be able to get access to the internet if it was affordable. I would rather I could communicate with my GP online; it would be easy and convenient."

As for staff, whilst most expressed broadly positive views about the shift to remote care, they also acknowledged that the pace of the changes had been swift. All staff interviewed emphasised the importance of seeing people face-to-face, with several pointing to hybrid model striking the right balance.

Healthwatch England recommendations for post-COVID-19 digital healthcare

The report points to the need for a bold programme of investment in digital literacy and online access while emphasising the importance of maintaining face-to-face methods to ensure no one falls through the gaps.

1. **Maintain traditional models of care alongside remote methods and support patients to choose the most appropriate appointment type to meet their needs**

Practices should respect patient's preferences for face-to-face care unless there are good reasons to the contrary. Giving people the agency to say what is right for them is not about giving people what they 'want' but a vital way for the system to manage people's varying needs more effectively.

As we move out of the pandemic, the NHS must support the effective and safe use of remote consultations and different triage models while offering a mix of remote and in-person appointments. This would be based on shared decision-making between GPs and patients.

2. **Invest in support programmes to give as many people as possible the skills to access remote care**

While not everyone will have the capacity or desire to access remote or digital care, we know that the proper training and support can help people who were previously digitally excluded from getting online.

The NHS must commit to improving digital literacy as part of its post-pandemic recovery strategy.

3. **Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely**

NHS England should develop a code of practice clarifying patients' rights to receive services online or offline, alongside the kind of support they are entitled to both on and offline, like access to an interpreter. Ultimately, this should become a core part of the NHS Constitution.

More broadly, NHS England should produce a single vision statement setting out national expectations for the role remote care plays in transitioning out of the pandemic.

4. Enable practices to be proactive about inclusion by recording people's support needs

The healthcare system must understand people's individual support needs. This will be essential in removing all barriers to accessing services.

In our research, both patients and staff suggested that practices should code patient records with information regarding a patient's language, communication needs and level of digital skills. Staff can then be proactive about offering people an appropriate consultation type or pre-empt requests for adjustments in future.

5. Commit to digital inclusion by treating the internet as a universal right

In its [report 'Beyond Digital'](#), the House of Lords Covid-19 Committee recommends that the Government consider introducing a legal right to internet access, giving people a ringfenced benefits entitlement to access affordable internet.

Indeed, the national ambition to provide digital-first primary care to everyone should be underpinned by a universal right to internet access, ensuring the NHS remains genuinely free at the point of use.

[Read the full Healthwatch England report here](#)

Acknowledgements

Healthwatch Darlington would like to thank everyone who completed the surveys and to the participants in our online focus groups. Your experience of local services, your comments and opinions and your patient journeys are so appreciated and will help us to influence at a strategic level to ensure the planning and delivery of services meets your needs and those of your family and friends.

Thank you to all our volunteers who supported us with our research by actively sharing the surveys in our local communities and with your own contacts. We also appreciate the support from our local voluntary and community sector especially Darlington Association on Disability (DAD) who helped us reach people with disabilities and to Councillor Ali for helping us reach out to our BAME communities. We could not do what we do without your fantastic support.

Healthwatch Darlington extends its gratitude to the Darlington Primary Care Network who have helped us liaise with patients, carers and professionals to establish an understanding of the impact the Covid -19 pandemic has had on accessing GP services in Darlington. This has proved invaluable when working in such a changeable landscape and we would like to further extend our thanks for the care and support they have shown their patients and carers when under such immense pressure.

We would also like to thank Healthwatch England for all their support with this project. The guidance and documentation have been easy to follow both in the messages conveyed to the public and the engagement coordination. Our Healthwatch England research team have been invaluable.

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Appendix 1

External data of relevance

In addition to the intelligence gathered during this project we have included further data below captured via similar projects or in other surveys, telephone calls and meetings.

Opportunity for Change - Black Minority Ethnic (BME) Report 2015

Following consultation over a 3 month period ending March 2015, we listened to residents from the Bengali, West Indian, Roma Gypsy, African, Jewish and Chinese communities. We know that issues of language, culture, gender and indirect discrimination prevent local people from accessing the services they need. BME residents can lack the information and resources to manage and make health decisions and therefore have little ability to shape and choose the care they receive, struggling to navigate fragmented health and social care services. We also consulted with local health & social care organisations to determine how we could improve their engagement with BME communities.

<https://www.healthwatchdarlington.co.uk/report/2015-04-26/opportunity-change-black-minority-ethnic-bme-report>

Through the recruitment and management of Volunteer BME Health Connectors, that identified with and represented under supported and isolated residents, we opened up new communication channels with local people that previously had no voice due to cultural restrictions and/or language barriers. Our volunteers connected people to services and support they needed. This innovative support of ethnic communities exemplified our commitment to providing the solution to improving involvement in the shaping and delivery of these services.

Black, Asian and Minority Ethnic (BAME) Communities - GP Accessibility & Registration Report 2018

The most important concern that emerged during our study was that GP practices in Darlington were not sufficiently recognising the struggles that BAME residents were facing when trying to register, accessing appointments and completing application forms when faced with speaking no or little English. BAME residents provided us with a clearer insight into what matters to them the most. We recognised that some practices in Darlington provided good provisions to meet the needs of all patients with positive feedback contributed in some cases. A large proportion of qualitative data however highlighted a need to review the current translation service and initial support in place for patients.

<https://www.healthwatchdarlington.co.uk/report/2018-07-28/black-minority-and-ethnic-bme-communities-gp-accessibility-registration-report>

Key themes identified included patients with partial hearing loss struggling to use telephone appointments as they could not hear the health professional clearly enough and problems with face coverings. Further patients have indicated that using practice websites works fine for them but they worry this won't be the case for older patients. e.g. a person contacted HWD with concerns that they could not register with a GP as they needed to get a form from the website but they don't have access to a computer or a printer. Primary Care Services.

Darlington Primary Care Report 2019

363 service users in Darlington told us they were either 'very satisfied' or 'satisfied' when it comes to communicating with a GP or health professional during a GP appointment.

Our 'What's important to you survey' found that the people of Darlington were raising concerns about access to General Practice (GP) services. This report contains information about our health care landscape including data from several National Health Services (NHS) England documents.

<https://www.healthwatchdarlington.co.uk/report/2020-11-09/darlington-primary-care-report-2019>

The findings of the survey gave information about how people perceived the services to be; from booking appointments, choice, communication, administration, and accessibility whilst also incorporating feedback from receptionists and nurse practitioners.

HWD Snapshot Covid-19 Survey July 2020 - September 2020

64 people completed a short survey to provide an understanding to the HWD team of any challenges they faced accessing services in the first six months of the Covid- 19 pandemic. Most service users were happy with their experience, however concerns have been raised about communication, telephone consultations, Personal Protective Equipment (PPE), choice, accessibility for sensory impaired patients and not seeing the appropriate health professional.

“Whilst telephone consultations are great there does come a time when the patient needs to be seen face to face and the threshold for this seemed to be too high in my experience. My very elderly and frail Father had two telephone consults when really he should have been seen and examined on the second occasion in my opinion. The GP did say that in normal circumstances he would have been and that should have triggered a home visit for my father.”

“Clear PPE rather than face masks as I could not lip read and it was difficult for them to remove while treating patient.”

“Wearing a mask at the GP surgery was a shock. They had told me it was voluntary luckily I had a scarf.”

“I wear hearing aids and found it very difficult hearing what the doctor said on the phone consultation. I did ask him to speak louder but he didn't.”

“Realise that not everyone has a smart phone or the internet.”

“More up to date information.”

HWD asked if they or the person they cared for had been offered a video or telephone consultation for any appointment with a health or care professional during the pandemic such as GP, hospital clinic or mental health service. 53 had taken part in a telephone consultation, 1 had taken part in a video consultation, and 10 people said they hadn't been offered either. 41 people who had been offered a video or telephone consultation were satisfied with the service where as 11 people who answered were unsatisfied. Comments included:

“I would prefer more frequent consultations. Once a month isn't enough right now.”

“It's a nightmare when you've got kids talking away. Phone is better for confidential stuff. Video better for the face to face I guess. But you cannot change nappies and feed children on the video calls.”

“Still trying to get one with my GP. Information on surgery website not clear. Seems to want to shuffle me straight though to an online interaction with a Dr who is not from my practice about a list of specific conditions that don't apply.”

*“I have hearing aids and despite telling the doctor to speak up, he wouldn't.”
“Video instead of telephone.”*

“Surgery has been excellent.”

“Quick response and happy with the outcome.”

“A telephone call is not an acceptable way to diagnose patients and definitely not to prescribe antibiotics without first examining them.”

54 out of 64 would be happy to have a telephone or video call consultation in the future.

The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. August 2020

HWE published the findings of some rapid research conducted in partnership with [Traverse National Voices](#) , and [PPL](#) . They share how digital consultations are working for people, and how to get the most out of the virtual health and care appointments - for both patients and professionals.

<https://www.healthwatch.co.uk/report/2020-08-18/doctor-will-zoom-you-now-getting-most-out-virtual-health-and-care-experience>

Involving people who have had a virtual consultation during the pandemic, this report provides useful insights for NHS services and individual clinicians.

