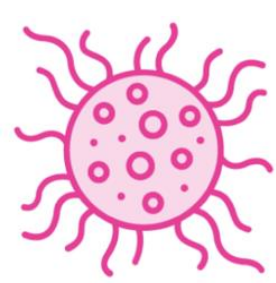


# How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

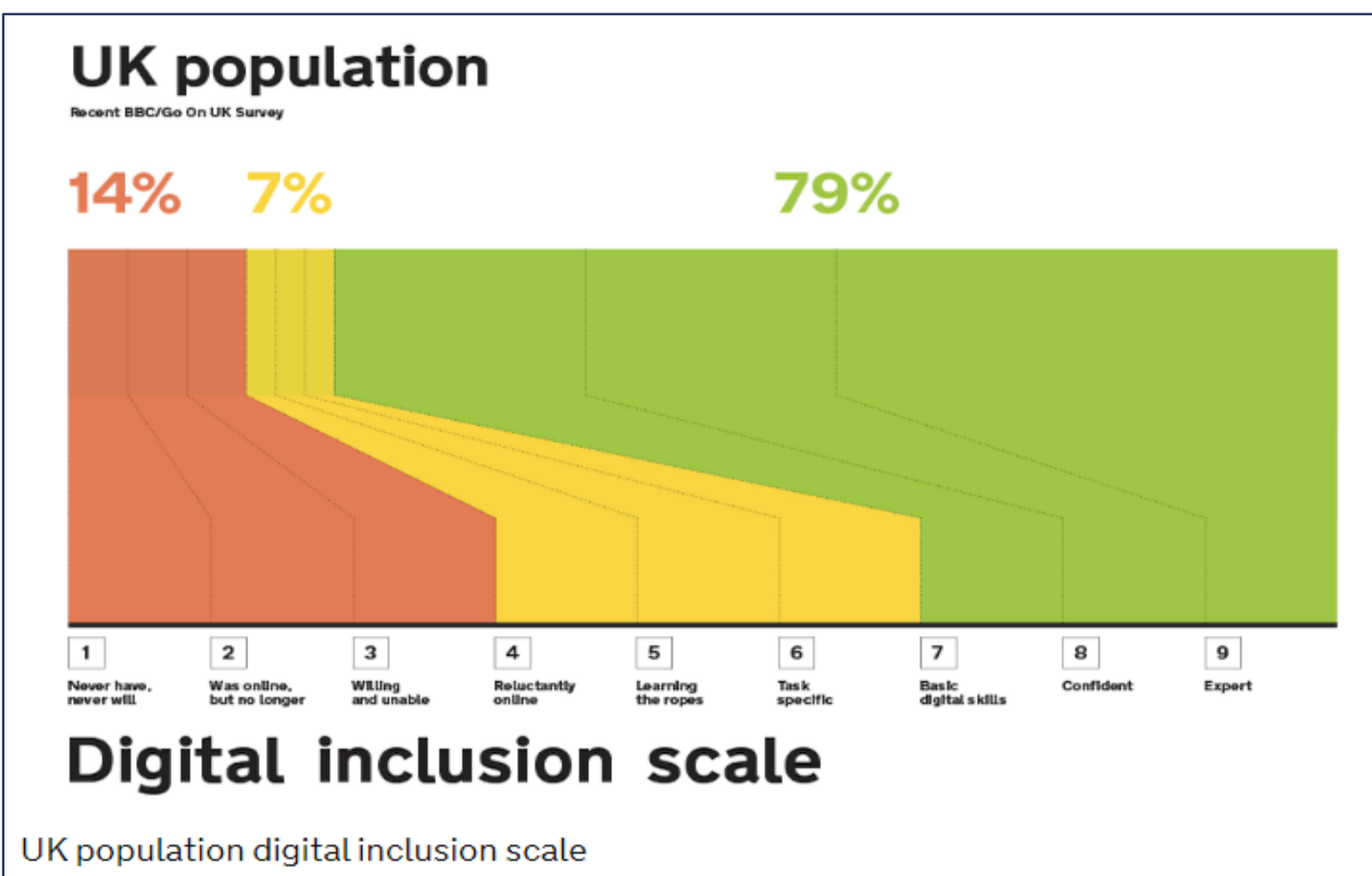
## Being Digitally Excluded



## Introduction

According to figures found within the NHS website, there are approximately 4,800,000 within the UK who never go online (<https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is>). It is believed 78% of those who use or access the internet, access it through a phone. The NHS believe there are around 10% of households who do not have access to the internet through a subscription in the home. It is thought that 11,300,000 lack the skills to ‘access the internet effectively’.

The UK Digital Consumer Index 2020 found that around 7% of the UK population is not ‘online’ and approximately 9 million people struggle to go online on their own (<https://www.lloydsbank.com/banking-with-us/whats-happening/consumer-digital-index.html>).



The UK government have a Digital Inclusion Scale, which marks people based on certain aspects of their skill set, capacity and ability (<https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy#measuring-digital-exclusion>). This scores people from ‘never have, never will’ which is a 1, through to ‘expert’ at a 9. Using this scale, the population is currently divided with almost 80% of the population labelled as a ‘7 – Basic skills’ and above.

The Office for National Statistics (ONS) gathers data based on how many adults have used the internet in the last three months (<https://sdgdata.gov.uk/17-8-1/>). This table shows the year average data for the last seven years, which shows an increase from 80% in 2012 to 90% in 2019.

There are certain areas of the population who might be more likely to be digitally excluded, which includes those who are older, those living in a higher level of deprivation, those with a disability, those with lesser digital skills, those who live in less urban areas and those who do not have English as their first language. Some people chose not to be digitally able but are digitally aware.

Percentage of adults who have used the Internet in the last three months

Year ▲	United Kingdom
2012	80.9
2013	83.3
2014	85
2015	86.2
2016	87.9
2017	88.9
2018	89.8
2019	90.8

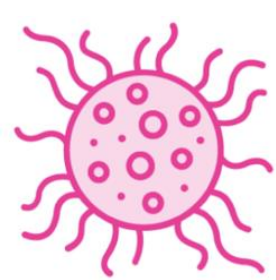
Source: Office for National Statistics (ONS)

Geographical Area: United Kingdom

Unit of Measurement: Percentage (%)

Footnote: 1. The period January to March is being used to report annual data. 2. Percentages sum to less than 100 due to 'don't know' responses. 3. Figures for the lower geographic areas are based on small sample sizes and are therefore subject to a greater degree of sampling variability, so should be treated with caution.

With this in mind, Healthwatch Luton wanted to find out from some of the Luton population, how being digitally excluded affected them. Healthwatch Luton called and spoke with individuals over the phone and asked a series of questions, to be able to pull together a case study for individuals.



## Methodology

As those who are digitally excluded are more likely to use a landline telephone, Champions and staff called individuals who were known to be digitally excluded. Consent was given to take their details and to share the information given in an anonymous format.

### Participants

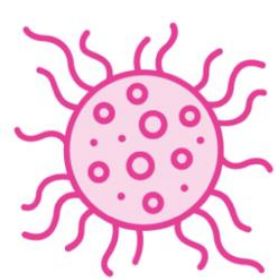
Of those spoken to, 60% were over 65, 20% were middle aged and 20% in their fifties. 80% were female. Participants were a mixture of those with known health conditions, including mental health, and physical health conditions, or no known conditions.

### Gathering feedback

Feedback was gathered using a set of questions as a guide, but they were conversational phone calls to the individuals. Individuals were invited to leave demographic data.

The questions asked explored how individuals felt during the pandemic, how they received communications and stayed up to date with the ever-changing landscape. Questions also looked at vaccination opinions and experiences of health and care during the pandemic.



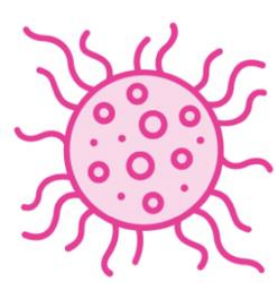


### Key themes:

When reviewing the case studies, some themes were mentioned and more apparent for those who were digitally excluded.

- There was a feeling that communications, whilst being able to get information from a lot of sources, including the TV and radio, could be delayed when a person was not digital. There was a need to rely on family or friends for the more immediate communications and updates relevant to the local area.
- Access to GPs had been the most common health experiences for those who were digitally excluded. There have been telephone conferences, which have received mixed responses.
- Understanding the need for the vaccination was not necessarily communicated in the way that suited all people as some still did not have it, despite professionals trying to explain the need.
- People were still taking precautions, such as masks and social distancing, despite them not being mandated within Luton.
- Being digitally excluded was a choice for some, and one that they largely felt does not affect them.





## A case study

This was the experience of a female in her early eighties, with numerous long term health conditions.

### Communication:

Listened to the radio and watched TV, as well as reading newspapers gave her most up to date information. Family and friends also gave updates via telephone. There were some problems with this being rather late in obtaining updated information, on mostly how the pandemic was growing or declining locally.

### Vaccination:

Was not able to have vaccine as had a wide range of allergic reactions to medications/drugs and foods.

### What is not working so well?

Most worry caused by lack of contact with GPs, only able to have telephone conference and there were no waiting times to get through to the practice on telephone. Felt the receptionists were deliberately putting people off, also not always able to talk to her GP who she felt had a better knowledge of her problems. Lady was more concerned about maintaining her isolation due to being vulnerable - this was her main worry. Her medications were on repeat prescription being sent by the practice to the pharmacy. A neighbour collected and left it on her doorstep, she then cleaned and sterilised packaging before taking it inside. No external visit by dentist etc.

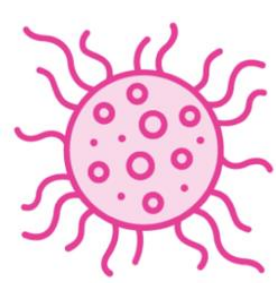
### What is working well?

Most of the provisions and food ordered by telephone (ie Parsley Box etc) and sterilised prior to unpacking.

### How does being non-digital affect individuals?

Lady did not feel deprived being non-digital as she had coped on her own for many years and felt safer 'not making contact with crowds or people'. The lady, still continues, to wear a mask when in contact with others.





## A case study

This was the experience of a single, middle-aged lady who had some mental health illness in the past. She stated she 'copes best now by maintaining a 'distance' from the world'.

### Communication:

Listened to the radio and read newspaper, also watched TV and communicated with a small number of people by telephone, had problems for a while getting her daily paper at an earlier time of the day she was used to. This was solved when things settled down in lockdown and a very understanding shopkeeper sorted things.

### Vaccination:

Lady was too stressed to be persuaded to have vaccine- it was the best option to avoid another breakdown to allow her to continue her own system of isolation. Several people did try to discuss this with her by phone and make it as easy as possible including professionals but to no avail.

### Experiences in health and social care services:

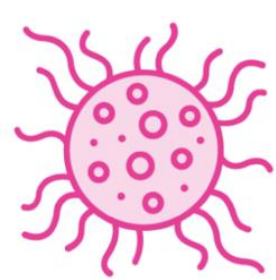
She has not had physical contact with a GP for some time prior to Covid. She had built a trusting bond with a nurse at her practice and any actions necessary were carried out through her. She did not visit a dentist or other health services as she had no wish for any interaction with external world as she had put it.

She maintained a sense of individuality and peace by meditation -thought processes and exercise. She trusted a few people who understood her and maintained the distance which to her was essential.

### How does being non-digital affect individuals?

Lady felt her 'one weakness' as she had put it was to have a mobile phone which was her only lifeline to the world. She grew most of what she ate and lived on little else but self-discipline. Chose to maintain her 'privacy' as she phrased it. She would continue wearing mask and gloves when out.





## A case study

This was the experience of a gentleman in his seventies. He lost his wife suddenly. He lived in rural settings and lived close to a nature reserve.

### Communication:

He obtained his information from local radio about the area in which he lived- then radio and TV for national and international developments. He had a son living in Scotland. They communicated by regular phone calls plus small group of relatives and friends who were in regular contact. He was happy to chat on the phone. He also loved to receive handwritten letters. The more formal updates had been slower to be aware of and the amount of detail was sometimes limited.

### Vaccination:

He was contacted by his GP practice and given date, time and location for his vaccinations. He also received results by phone of some follow up tests he had done later in the lockdown. He said every visit was well executed with distancing and all safety needs adhered to. The process was relaxed, professional and friendly. The only issue was a slight delay of a few days for the second vaccination to be carried out.

### Experiences in health and social care services:

Due to living in a rural location and being in good health thus far, he had had little need to seek visits to his GP. He had had the occasional phone conference which suited him to save the travelling. He was not on any medication so rarely needed a pharmacy and was also not a regular at the dentists.

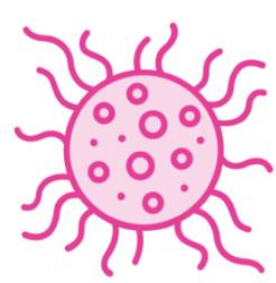


### How does being non-digital affect individuals?

He did not feel he was missing out being non digital.

### How has the pandemic affected his life?

He had always been an 'outdoors' person and this has still continued although he was retired. For food and other essentials, he made a monthly trip to a supermarket and stocked up. He was rarely in contact with people due to his lifestyle but said he was very aware of distancing and potential infection risks and the circumstances that arise. He said he would continue to wear a mask for as long as it made him feel protected and when required.



## A case study

This was the experience of a lady in her eighties who lived alone and had health issues including diabetes and vision impairment.

### Communication:

The lady said her communication was very limited, she watched some TV but not for very long at a time. Not a radio user either. She said that her information came from a friend or Healthwatch volunteer when they telephoned. They chatted about current events and after the call she made a note of the call on her calendar and what was chatted about. Sometimes she called friends. She was very conscious of 'staying safe and very careful with coming into one-to-one contact with people.

### Vaccination:

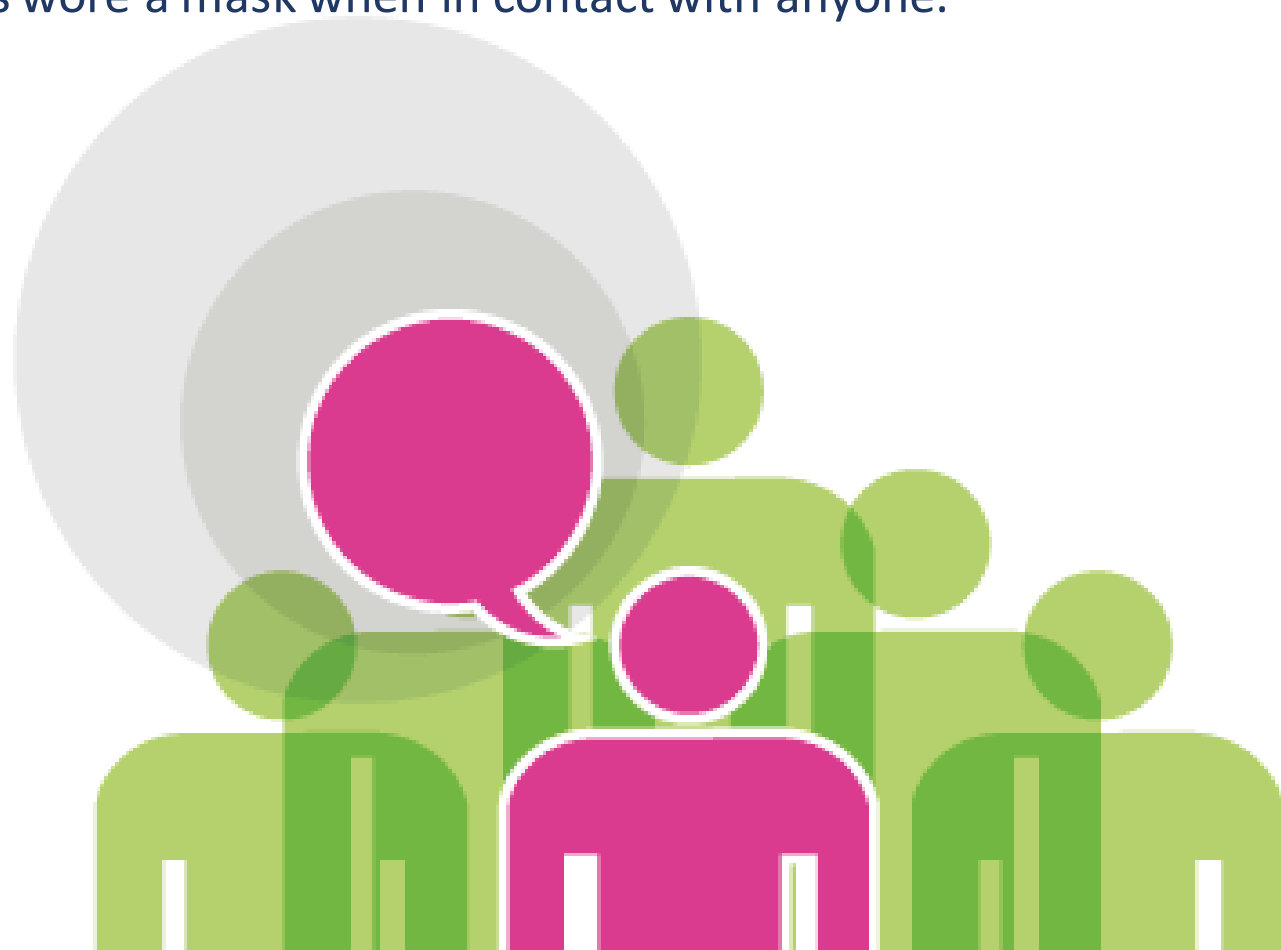
She did attend the sessions to obtain her vaccines after being contacted by telephone, this she said was very efficient and well planned. She did not feel that she was in anyway at risk however on returning home she said her hygiene routine was very thorough.

### Experiences in health and social care services:

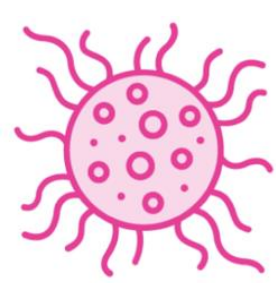
She was known to social services however she questioned the services they had been providing. She felt there should have been more contact with the vulnerable and mostly housebound community even if the phone call was to check if they were okay. Her prescription was delivered by the pharmacy who she said she was able to phone if she had any queries or issues and that she got more help from them than from the GP practice.

### How does being non-digital affect individuals?

She managed grocery and other essentials through a niece who lived out of the area, stocking up every so often plus for small amounts of goods such as bread she still managed to do herself. She did not feel isolated by not having any digital contact as she did not want 'the bother' plus she thought she would lose any human contact. She always wore a mask when in contact with anyone.







## A case study

This was the experience of a lady in her fifties, whose husband was in a home, until passing away recently after lockdown began.

### Communication:

This lady had children who lived in the north of England in different locations. Neither had travelled to Luton up to the time of writing this but there was frequent telephone communication. Both had tried to persuade her to go online which upset her as she had no interest in attempting to learn what to her was 'another world'. She felt they did not understand the worry it would cause her -plus she felt that she would then speak to them less often. She did not feel that she was especially missing what was happening around the issues of covid and any restrictions, and the rules which varied from area to area. She was a member of a local church and had been for many years. When the lockdown started, she stopped attending services and still, up to now, had not resumed, as she said that there were people who would still wish to be tactile and not understand her distancing from them.

### Vaccination:

She had her vaccines as soon as possible and said that after the second one she did feel safer and more protected although she kept her distance. She would not open the door to anyone and communicated by telephone or by shouting over the garden fence to her neighbours.

### Experiences in health and social care services:

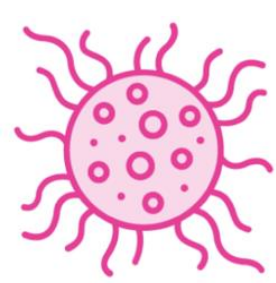
She had no special health issues. She had a couple of telephone conferences with the GP which she said left her feeling frustrated and lacking in an answer.

She felt that she had not yet grieved fully at the loss of her husband because inside she was glad that he did not have to suffer any changes to his care in the home. She still did her own shopping- making sure she was very careful, went early as soon as store opened as there were fewer people. She wrote a list so spent as little time as possible in the store. She memorised where the items were that she needed so could be as quick as possible.

### How has the pandemic affected her?

She admitted that it had a mental impact on her having to be so careful and to prepare in advance for anything she did. She was however determined ultimately to survive.





## What next?

- Healthwatch Luton will consider digital exclusion and digital poverty within work going forward and the reasons why people may be digitally excluded.
- Healthwatch Luton will continue to try to gather feedback from those who are digitally excluded through partner organisations.
- Healthwatch will be involved in projects within the BLMK ICS (Integrated Care System) to look at supporting those who are living with health inequalities and those who are disproportionately affected.
- Healthwatch will share seldom heard voices, such as those who are homeless, through collaborative work across BLMK and with partner organisations who are supporting those individuals.
- Healthwatch Luton will continue to share information in a digital manner with those who are supporting those individuals who are non-digital.
- Healthwatch Luton will review the feedback at the end of Q4, to see where this work can be taken to ensure voices are heard.

