healthwatch
Central West London

Accessing Healthcare Digitally

Insights from communities in Westminster and Kensington & Chelsea

December 2021

Contents

Introduction

Background

As part of our extensive community engagement programme, we have been hearing from patients, residents, and carers from across Kensington & Chelsea and Westminster about their experiences accessing information, support, and services. Through this, we have sought to understand the indirect, wider health determinant impact of the pandemic on residents.

Before the pandemic, the NHS began initiating an ongoing 'digital first' strategy. From physiotherapy to GP appointments, many services are being moved online. Accessing services online is often called 'digital health'.

Restrictions on movement and physical interaction over the last two years accelerated this move towards more digital health services. This change has large implications for people who, for a variety of reasons, cannot or do not use digital health services as part of their health care.

We have been hearing from many local people who have told us they have been unable to access digital health services, or that they find accessing services in this way much more difficult.

To find out how well this 'digital first' strategy is working for all people, we engaged with a range of organisations and groups from across communities in Kensington & Chelsea and Westminster. We conducted focus groups, surveys, and interviews with local people, to hear about their experiences of using digital healthcare tools and technology during the pandemic.

We wanted to better understand how local people experience digital health, and what they think about digital healthcare services like eConsult and System Online. If we know what is and isn't working, we can evaluate how inclusive new digital health initiatives are in practice.

This report builds on previous work we have carried out on digital healthcare. Our 2020 report **'Healthcare in the Digital Era'** explored local young people's healthcare needs and how these could be met using digital technology.

We know that digital health tools can work well and improve the experiences of many people accessing healthcare. However, these improvements must not come at the expense of those who cannot, or do not want to, access healthcare digitally. Healthcare services must work for all people in Westminster and Kensington & Chelsea.

About Healthwatch Central West London

Healthwatch Central West London (Healthwatch CWL) is an independent organisation for people who use health and social care services. We deliver the statutory Healthwatch projects in Kensington & Chelsea and Westminster. Through our research and local engagement, we make sure that local people's views are always at the centre of decision making about health and social care.

We make this happen by:
- Listening to what people like about services and what could be improved
- Monitoring how changes in the health care system affect local people
- Helping to improve the quality of services by letting those commissioning, running, and making decisions about services know what people want from care

This report presents the findings from eight focus groups and three interviews held between February and May 2021. We spoke to groups from across our communities in Westminster and Kensington & Chelsea, including a majority of people from black African, South Asian, Arab and Central European communities. These groups included:

- Midaye Somali Development Network, which provides community services to people from the Somali community
- Macular Society, a charity for anyone affected by central vision loss
- Groundwork London, which brings together voluntary sector organisatiosn to support local communities
- One You Westminster, a local healthy lifestyle service
- For Women, a local support group
- Age UK Kensington & Chelsea
- Healthwatch Central West London Dignity Champions
- Young Healthwatch

Methodology

Our focus groups and interviews bring local residents together to discuss specific topics of interest. This is a form of qualitative research.

We ask group members about their lived experiences around accessing healthcare services and/or information using digital tools and devices. This could relate to using particular services or living with a particular health condition. We base our questions on what people have already told us through previous local engagement on health and care services, or from what we have been told through our surveys.

Listening to what people tell us (the content), helps us see the breadth of their experiences. Noticing how they talk about their experiences (emotive language, for example), helps us to understand more about why people make the choices they make, what they think about the support they receive, and where there might be gaps. It can help us to understand common themes in their experiences or to identify exceptions that might otherwise be missed.

This helps organisations that commission or provide services, such as the NHS or local councils, to better plan, design and run quality services that meet the needs of local people.

The questions asked in the focus groups and interviews were developed based on previous work carried out by Healthwatch CWL on the impact of COVID-19 and digital health.

A full outline of the questions asked can be found in Appendix 1. Some of the case study quotes have been edited for clarity but have been approved by the participants who shared these views.

Key themes

A number of recurring issues and themes emerged over our focus group and interview sessions. These include:

- A clear majority of respondents do not want digital health tools to replace other modes of healthcare
- Respondents who do not speak English, or have English as an additional language, consistently reported serious issues with the visibility and availability of functioning translation services
- A majority of respondents told us that finding accurate and accessible health information online is often challenging

Theme 1: A clear majority of respondents do not want digital health tools to replace other modes of healthcare

Respondents consistently told us that there were very few instances in which the use of devices, websites, or apps would be preferable to in-person interaction. Many people told us that while they would rather speak to a professional on the phone than online, they would rather see a professional in person than speak over the phone.

During the COVID-19 pandemic, digital health tools became an essential part of healthcare delivery, as hospitals, GP practices and other healthcare settings were limiting who could access services physically. This is a trend which is unlikely to change.

Ultimately, digital tools must be used as a complement to, rather than a replacement of, other modes of service delivery. When used properly, digital tools can play an important part in improving patients' care. However, service designers must take into account that there are many instances in which people cannot, or do not want to, use digital tools for their healthcare.

Theme 2: Respondents who do not speak English, or have English as an additional language, consistently reported serious issues with the visibility and availability of functioning translation services

In their current state, in-person and online translation services are not fit for purpose. Failures relate to both the visibility and availability of translation services.

Respondents who do not speak English, or have English as an additional language, consistently told us that they were not aware of the translation services available to them. Some people told us they translated sentences in advance of appointments, significantly worsening the utility of an appointment, or were completely unable to access care online as a result of language barriers. Other participants, who were aware of translation services, told us that online they often do not work, and that in person they are often unavailable anyway.

Health and social care providers must make tackling this issue a priority, both online and in-person. In its current state, issues with the visibility and availability of online translation services form a key barrier to accessing services.

At its worst, this excludes people who do not speak English, or who have English as an additional language, from accessing the support they need.

Theme 3: A majority of respondents told us that they have concerns about security and privacy when using digital health tools

In most cases, digital health tools change the locations in which healthcare is experienced, from the hospital, clinic, or GP practice, to personal places like the home. Many respondents told us that they have concerns about security and privacy when using digital health tools.

Health and social care providers must take into account that the environment around a patient can significantly alter how they receive healthcare. Those without a safe or private home may find using digital health tools impossible. Similarly, those without the infrastructure, knowledge, or desire to use digital tools may also be excluded. People may find accessing healthcare from their home, or indeed from their car, office, garage, or garden intimidating, intrusive, or impossible.

Many respondents also told us that they have security concerns when using digital tools. People told us they were worried websites weren't secure, or that they were worried about being scammed. Even where these worries are misplaced, this anxiety may lead to worse healthcare options, if people choose to forgo an appointment, or hold back information they would be willing to give in person due to security concerns.

Service designers must take into account these worries, and work to ensure that those who cannot, or do not want to, use digital health tools are still able to receive the care they need.

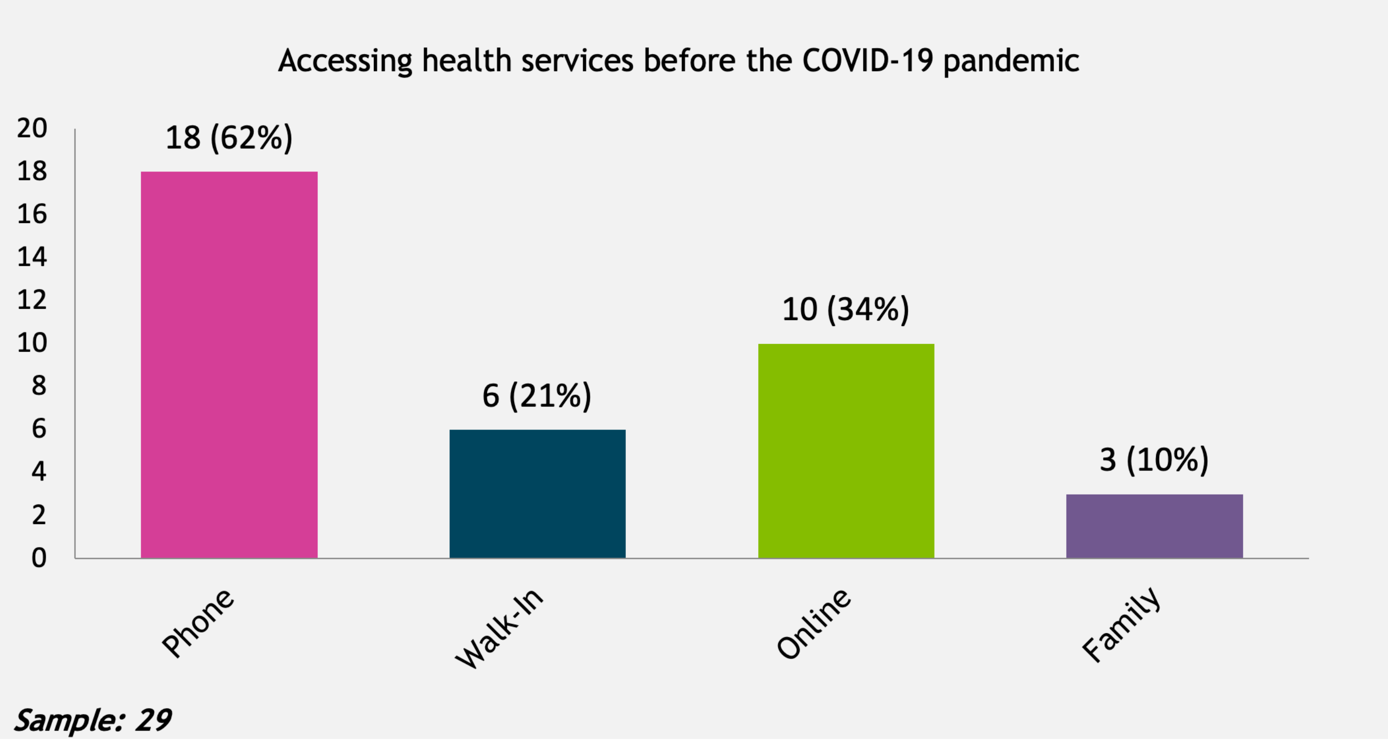
The following chapters outline our findings in full.

Access and experience

In this section we examine methods of accessing health services, establish any changes as a result of the COVID-19 pandemic, and look generally at experiences.

Accessing Health Services

Initially, we talked about experiences of accessing health services (such as GPs and hospitals) before the COVID-19 pandemic. We asked respondents, how did you access health services before the COVID-19 pandemic?



Sample: 29

When asking people how they had accessed services, almost two thirds of respondents (62%) had used the phone, while around a third (34%) had used online systems. A fifth (21%) preferred to walk in, while 10% were aided by family members.

The vast majority of feedback relates to GP services. Many with a preference for the phone consider personal contact to be reassuring, while young people and working people comment on the convenience of online systems.

When asked how people accessed GP services before the pandemic and how has that changed, most people said they normally visited the practice in-person or via a phone call. A few people mentioned that they used online triage platforms such as e-consult, Dr IQ, and SystmOnline.

One of the few participants who used their GP's online system said that they did so "due to [their] work schedule – using their system with special login code is easier to book online than waiting".

However, in the same focus group another person said "my surgery has an online system, but it doesn't work so I usually call". This view was common among participants. Many spoke about feeling frustrated and annoyed when trying to use GPs' online systems either to book or receive appointments.

Since the COVID-19 pandemic began, most local healthcare services have asked patients to only visit in-person in an emergency or for scheduled treatment. This has meant that the only way for many people to access most services is online or through the phone.

Although calling the GP practice reception to book appointments is not a new practice, many people told us they feel frustration and fear when calling. Some people mentioned that the automated message on GP practice phones is off-putting and discourages them from trying to see their GP.

Changes Since the Pandemic

When looking at changes since the pandemic, those who preferred the phone initially generally still do - despite the fact that telephone access has become more difficult.

As lockdown eased, some participants spoke about the lack of in-person appointments and the difficulty of speaking to a doctor on the phone.

> On the phone it's a bit odd because you don't get the nuances. I would rather see a doctor.

General Experience

Many people comment on increasingly poor telephone access and difficulty in booking appointments or getting to speak with staff. They also find the answer machine message to be intimidating and drawn-out.

Feedback about online systems is largely critical. We hear that some systems can be difficult to use (such as in attaching photos), faulty, or contain forms that are overly long – while at the same time not specific enough with questions or spaces for patients to express their symptoms. It is also noted that systems can be difficult to learn and master, particularly if people only need to use them infrequently.

There are now multiple possible ways in which someone may be able to see their GP. This has led to confusion. One person says that the online system is no longer available, while another says that the online system is the only option. Many people are unsure about what new guidelines exist regarding in-person appointments.

Electronic Consultation

At some workshops we gauged awareness and experience of electronic consultation systems, such as eConsult and SystmOne.

All feedback is negative. Many participants expressed annoyance at using these systems. Criticisms people mentioned included poor functionality and a lack of response. People also mentioned that these systems are confusing and complicated, and that it takes time to become familiar with a website that they only use infrequently.

> I was under an impression that if I filled in eConsult even on the weekend, I will get to speak to a GP. I still have not received a call.

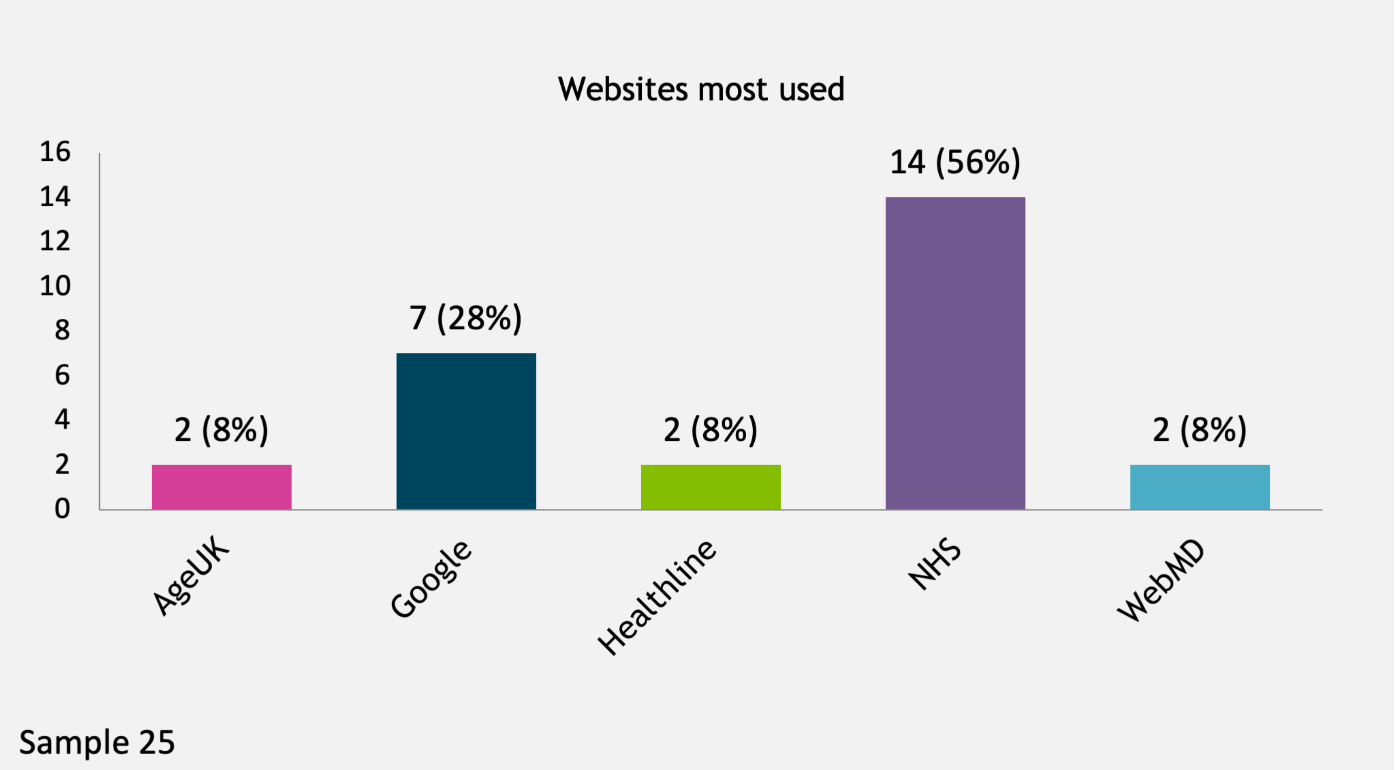
> If you use the online system rarely, a month later you forget. You forget how you did it. My son often guides me how to do it. We don't have enough experiences.

> DR IQ makes it difficult to choose a specific GP doctor – our long-time doctor.

Experience of using digital tools

We asked people about their experience of using digital tools and where, in particular, they get information from.

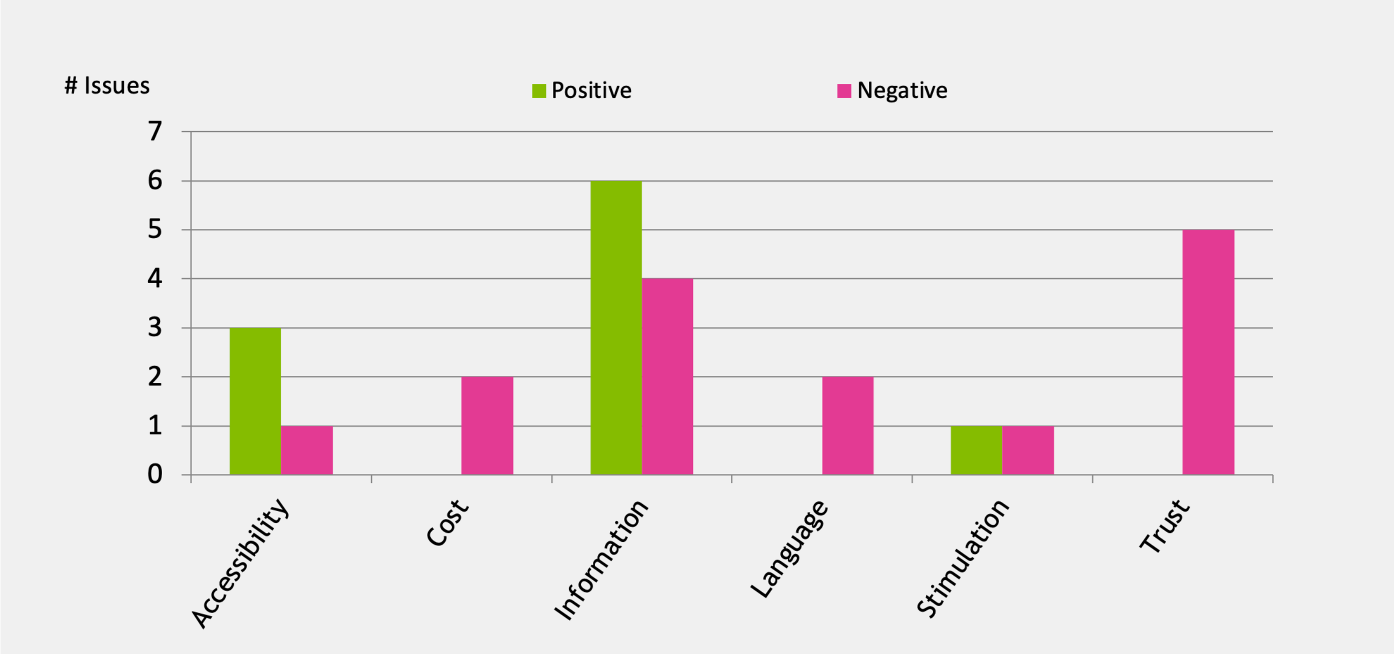
Websites and Apps



16 different websites and apps are mentioned – with AgeUK, Google, Healthline, NHS and WebMD the most popular. Over half of respondents (56%) cite the NHS, while over a quarter (28%) mention Google. Five respondents (20%) said family members assisted them with online tasks.

When reviewing feedback on websites and online healthcare services, we find that almost two thirds of comments (59%) are negative in nature.

Top Trends, Websites, and Apps



Sample: 25 (Multiple Choice)

Six issues receive more than one mention. Sentiment on information is marginally positive. Negative issues include trust of content, cost and language.

The NHS website receives much praise for being reliable, well presented with clear language, and for the availability and quality of its content. Accessibility is also generally praised, with some people assisted by software (such as a screen reader).

When looking closer at negative trends, being able to trust information is viewed as particularly important. Some people check for authenticity, or whether the website is secure. The large volume of websites, and with it the choice of websites available to a user, is a frustration. One person said they selected the 'first website that comes up' on searches. Online scams are also mentioned.

Young people and online information

There is a popular assumption that young people want to get information about healthcare on social media platforms such as Instagram, Twitter or TikTok. However, in our focus group with members of our youth engagement programme Young Healthwatch, two participants told us that they prefer to use online resources like the NHS website. They told us they often enter their symptoms or questions into Google and follow the first few links to websites.

Online security

An issue that was brought up in multiple focus groups concerned online security. Previous campaigns to increase awareness of online scams, hacks, phishing e-mails, and text and online safety, have made people extremely sceptical of information found online. This is particularly the case for people over the age of 65, who tend to be less familiar with using digital tools and using the internet for information.

Translation availability

When learning about local people's views and experiences with regards to accessing healthcare services and information, the most prominent concern was access to adequate and reliable translation services or tools.

Most health and social care websites use Google Translate's automated webpage translator to allow a user to translate the website into multiple different languages. However, many websites do not have any translation function. This can present a large barrier to people accessing health care online.

Issues with translation services stretch further than online resources. Many people told us that in-person translation services in GP practices are also inadequate.

Visibility of translation services online and in-person

A particular problem concerns the visibility of translation services.

Many GP practices and other NHS health care services offer translation services during appointments, so that patients and professionals can communicate more easily.

When asked if they used these translation services, many participants told us that they were not aware of them. Those participants who were aware told us they were not sure how to access these services.

One participant who has English as an additional language told us that they use Google Translate ahead of appointments. They translate what they would like to say, write it down, and share it in an appointment. For this person, communicating with their doctor during an appointment is difficult, as they are reliant on a few pre-translated sentences. Answering unexpected questions, or giving additional information, is not possible without a translator.

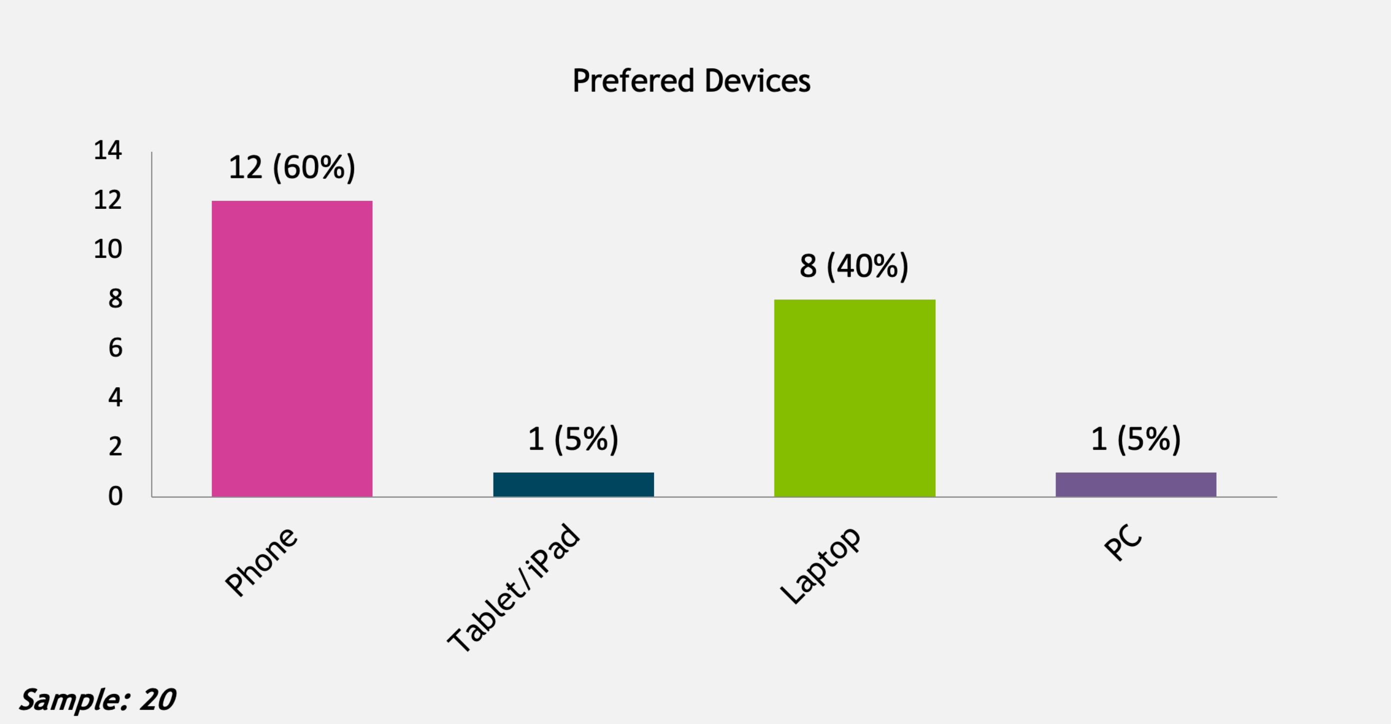
In some GP practices there is no information available to patients explaining how to access translation services. Even where this information is available, people told us that they are still unable to have a translator present at their appointments. On GP practice websites, available translation tools, where they exist, are often not clearly signposted or linked to.

This lack of translation services both online and in-person prevents patients accessing health and social care services on their own. Many people have told us that they are reliant on family members who are fluent in English for help.

> My GP website has no translation into Russian.

Device usage

We asked people to share their experience of using devices (such as mobile phones, tablets, laptops and computers) to get help and information about their health.



Phones are by some margin the most used device for accessing services and information, accounting for 60% of responses. A lesser but still significant number (40%) use a laptop, while tablets/iPads or desktop computers are hardly mentioned.

Those using phones are marginally satisfied as a whole. Their relatively low cost compared with computers is an incentive, as is their convenience. However, many participants told us they prefer laptops when viewing larger volumes of information.

Appropriateness, Communication, and Information

In this section we explore how people feel about using devices, including perceptions of proper use.

We asked people if there are times and places where they felt it is not appropriate to use devices, websites, and apps to get help and information regarding their health.

Very few participants gave examples of where devices, websites, or apps would be preferable to in-person interaction. One person says convenience is a consideration. They told us that, ‘if it can be solved on an app it’s easier, in your own time, wherever you are.’

We then asked people if there are times and places where they felt it is not appropriate to use devices, websites and apps to get health help and information.

Many people told us that they do not want to use devices, websites, or apps to be properly assessed by a doctor. Some participants also discussed the importance of privacy and confidentiality. Maintaining privacy and confidentiality can be difficult when receiving health care virtually.

Distrust and Community Issues

We asked more generally how people feel about accessing information related to healthcare online. Distrust, language, and age are cited as barriers to information access. Some respondents also told us that it’s important that professionals like GPs have a good level of cultural awareness. This is important to be able to treat people properly and to gain the confidence of members of the community.

During our focus groups and interviews, many participants expressed concerns which were not directly related to accessing healthcare services digitally, but which are important to take into account. For instance, participants’ worries about the cultural awareness of a healthcare worker can influence the ways in which patients feel comfortable accessing services. The concerns, views, and experiences that were discussed in our focus groups speak to wider health and social disparities across our boroughs. They also reflect issues of discrimination, distrust, and prejudice within health and social care services.

> If you're not comfortable at home, it can be problematic.

> I do look anywhere as if I can't go online or computer or via phone, then it becomes difficult to search. Especially due to language barrier. The only thing is vaccination but due to the language barrier it is hard.

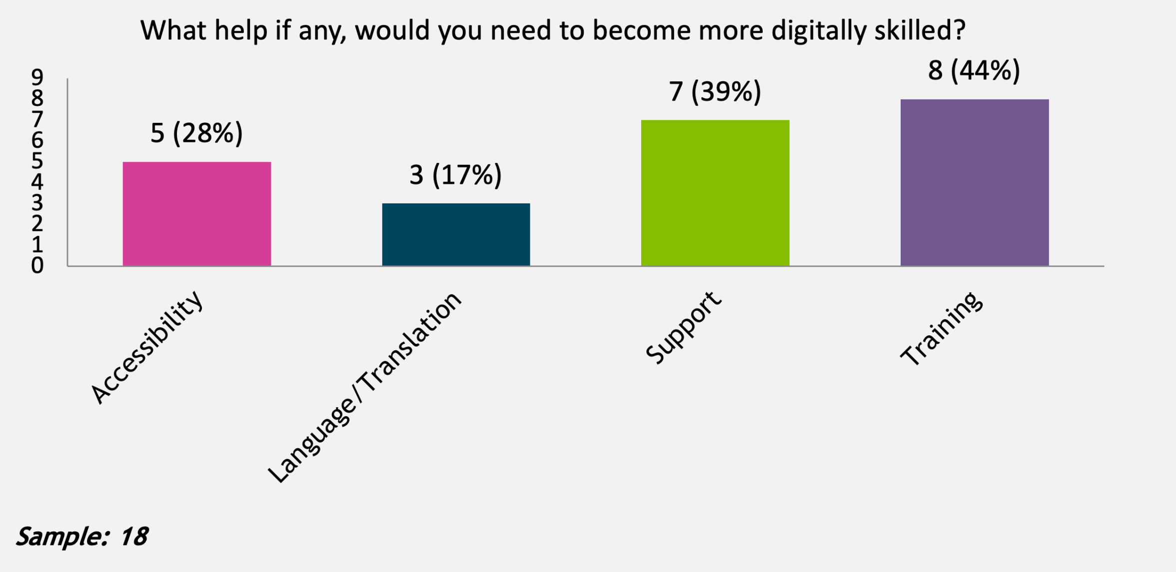
> If it is something physical and someone needs to see it – I had an e-consult and you can't see the lump within my finger but you can feel it. It would have been better for doctors to feel it and see it. No treatment was given and I was dismissed.

> I like to have the options, as I did have an issue and I spoke to the doctor and was allowed to come in. I was comfortable to start with a phone conservation. I would have felt that I wouldn't have been properly cared for if the doctor didn't see me face to face.

Skills and support

In this section we look at patient requirements and the skills and support people need to access services effectively.

We asked people what help, if any, they would need to become more digitally skilled.



In our focus groups and interviews, 44% of participants who answered this question told us that training would help them become more digitally skilled. Accessibility help, particularly for sensory disabilities and language learning or translation, was also mentioned often.

On training, a range of topics are mentioned – such as assistance with browsing websites and sending emails. One person said that more accredited young women would be encouraging for others.

Those with sensory disabilities (such as Macular Degeneration) are most likely to comment on needing support and some say that even with one-to-one assistance, using devices such as tablets can be difficult. Use of virtual assistants, such as Amazon Echo has assisted some.

On language, while translation aids such as Google Translate are utilised, some people told us they would like to improve their English language skills.

Recommendations

Availability of face-to-face appointments and consultations

We heard that people did not know that they could request a face-to-face appointment or consultation, or that they were not offered it despite needing and requesting it.

Recommendation 1: Where current COVID-19 guidelines permit, GPs and all NHS services in Westminster and Kensington & Chelsea should adhere to UK Health Security Agency Recommendation 4 that states that patients should be consulted on their needs and preferences for face-to-face appointments. Where it is not possible to offer this, patients should be provided with clear explanations on the reasons why this decision was made and what their alternatives are.

Signposting

Many people told us that they were unaware of the services available to them. Some respondents told us that they did not know where to go to get reliable information on services.

Recommendation 2: North West London Clinical Commissioning Group and Public Health teams in Westminster and Kensington & Chelsea should promote information on local health services, including details about self-referral routes where applicable, accessibility, and translation services in public places such as pharmacies, GP surgeries, libraries, community centres, sports centres, walk-in clinics, schools, and higher and further education colleges.

Recommendation 3: North West London Clinical Commissioning Group should run a communications campaign advertising residents on how they can access the health support they need. This includes making better use of the locations listed above.

Local public health messaging

Many people told us they felt public health messaging was unclear or confusing. People told us they did not know where to go for reliable public health information.

Recommendation 4: Local Public Health bodies and NHS Trusts including Imperial College Healthcare NHS Trust and Chelsea & Westminster Hospital NHS Foundation Trust, and Westminster and Kensington & Chelsea Council Public Health and Community Engagement teams, should involve Healthwatch CWL, local people and community groups in coproducing local public health information.

Recommendation 5: Healthwatch CWL, with the support of our Local Committees, will develop a process through which public health messaging is regularly reviewed, with input from local people.

Accessibility

Some participants told us that services, particularly online, remain inaccessible. For instance, many GP practice websites are not compatible with e-readers. All organisations providing publicly funded services must comply with the accessibility requirements under the Equality Act 2010, including through digital channels.

Recommendation 6: All GP practices, Kensington & Chelsea and Westminster Councils, and NHS Heath Trusts operating within the two boroughs should carry out an accessibility audit of their online presence and service offer. This must be carried out through engagement with local people who have specific accessibility needs.

Translation services

This report has shown that in-person and online translation services in GP practices are not fit for purpose. Failures relate to both information about translation services and whether they are available at all times that patients need them.

Recommendation 7: All GP practices and other NHS services within Westminster and Kensington & Chelsea should promote and make available translation services at each point of need, for all patients who need this service.

Conclusion

The aim of this project was to hear from residents, patients, and carers from across Kensington & Chelsea and Westminster about their thoughts and experiences of using digital health tools, so that we could better understand the impact of the NHS's 'digital first' strategy on local people.

As the NHS pushes ahead with this strategy, listening to patients' voices and learning from their experiences remains as important as ever. It is vital that changes do not adversely affect local people, and that services remain accessible. Particularly with changes of this nature, the risk that people become unable to, or significantly disinsentivised from, accessing health services is very high.

Following this research, Healthwatch CWL will also be reviewing our own online presence. In line with Recommendation 6, we will be carrying out an accessibility audit through engagement with local people who have specific accessibility needs, to ensure that our online resources are able to be used by everyone who needs them.

As services change, and digital health becomes a larger part of how people receive care, health and social care service commissioners and providers must remain receptive to patient feedback, to ensure that services improve and work for all members of society. Digital tools can work well, but they must not work well at the expense of people who are unable to, or who do not want to, use them.

We have heard from local people about their experiences using digital health tools, and how they would like local health services to improve to help them stay well and safe.

Appendix: Focus group and interview questions

Access and experience

- What was accessing health services like before the COVID-19 pandemic?
- How has that changed during the COVID-19 pandemic, if at all?
- How did you access your GP and get prescriptions?
- What was your experience like?
- Have you used your GP and/or other health services (hospital, mental health services etc.) during the first and second wave of the COVID-19 pandemic?
- What was your experience like?
- Have there been any health services that you were not able to access during the COVID-19 pandemic?
- Why?
- What did you do?

Experience using digital tools

- Do you use websites such as the NHS website, to find health information or to get help with health issues?
- If yes, what was your experience like? Was there anything you liked? Was there anything you did not like?
- Thinking about the website(s) you've used to get health information and help, what could be better?
- Do you use any health-related apps such as the NHS app, headspace, myGP?
- If yes, what was your experience like? Was there anything you liked? Was there anything you did not like?
- Thinking about the app(s) you've used, what could be better?
- Tell us about your experience using devices such as, mobile phone, tablets, IPads, laptop and computer, to get help and information about your health?
- Was there anything you liked?
- Was there anything you did not like?
- If you have more than one device, which one do you use more and why?
- How do you feel about using devices (mobile, tablets and laptops), website and apps to engage with your health?

Appropriateness, Communication, Information

- Are there times and places when you feel like it is not appropriate to use devices, website and apps to get health help and information?
- Are there any parts of healthcare that is important to remain non-digital and why? (e.g appointments, ordering prescriptions)
- Are there times when you would prefer using digital devices, websites and apps to get health information or help, rather than seeing a health professional in person?
- Do you have any worries when using devices, website and apps to access health help and information? (e.g. video calls with GP, accessing mental health services, ordering repeat prescriptions)
- Do these worries, if any, affect your use of these devices, websites and apps?
- Do you feel that there is too much or not enough options available when it comes to health websites and apps?
- How does that make you feel?
- Thinking about where and when you would be using digital health, are there any situations when this would be difficult for you?

Skills and Support

- If you wanted help and support with being more digitally skilled, what help would you need?
- Do you know where to get support if you wanted it?
- Have you had support when accessing health care online?

Concluding question

- If you would like to make a recommendation or change to health services, what would that be?

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