

Digital Access and Isolation Report

Bury residents' experiences of local services

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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.



Executive Summary

Digital first approach has been a long term goal for the NHS, even before the pandemic. In January 2019, the NHS Long Term Plan committed that digitally enabled care will go mainstream across the NHS and that every patient will have the right to digital-first primary care by 2023/24.

However, most health and social care services had to rapidly adapt how they offer services and support during the pandemic, with many moving away from traditional face to face contact to using telephone and online systems much quicker than anticipated.

GP practices introduced a 'total triage' system encouraging the use of systems such as 'E-consult' or 'Ask My GP' to book appointments, with hospital appointments often being postponed or being conducted by phone or virtually.

This report looks at the views and experiences of 243 Bury Borough residents about the rapid changes to online and telephone support and services for those both with and without digital access.

Key findings

- ➤ The large majority (93%) of the respondents stated they do have access to an internet connection
- ➤ Most (58%) of those who use internet stated they go online at home and 25% access internet on their smartphone.
- > 77% of those who completed the survey stated 'I have access to the internet and am happy and confident using it'
- ➤ 60% said they have used online platforms (e.g. e-consult or Ask My GP) to access health and social care services in the last 18 months
- > 36% of those who responded found the virtual services very good and easy to use whereas 31% stated they had found services online not satisfactory or very difficult to access.
- A minority of patients (8%) stated they don't feel comfortable with sharing their concerns online and prefer face to face appointments
- Accessibility issues like hearing impairment, visual impairment and language were all highlighted as potential barriers for patients accessing services online.

Our recommendations:

- Continue work to ensure that internet access is embedded into the design and refurbishment of public spaces in a way that allows members of the public to access it securely. Work needs to be done around public messages to reassure the patients that their data is safe when using online GP or hospital services and that health professionals can make decisions about the appropriate care by using photographs shared online.
- Focus on embedding the existing requirements such as the Accessible Information Standard in the design of person-centred remote health and care systems, and ensure language needs are accommodated wherever possible
- Bury services must continue listening and responding to the concerns of people who feel that digitisation represents a communication barrier, or who simply don't want to engage using technology. Where appropriate, this response should include training offers - but it will also make it clear that face-to-face services remain an option whenever they can be delivered safely across all our communities.
- Information about digital training needs to be accessible via a single point of contact for both the public and organisations. Training offers will consider people's wider circumstances, with tailored options where disability, low literacy or poor English skills present a barrier to learning. They should also address gaps in people's awareness of what the internet can offer, so that individuals can make informed choices about the potential benefits of getting online in all areas of their lives. Those people who need support from trained staff in public settings (as opposed to formal learning environments) should be able to access it.
- Consider looking at grant funding to develop a 'Digital Buddy' project that focusses on people who have a health condition, come from a socio-deprived backgrounds, have little social support and have no resources to use online facilities. The patients could be identified via local Neighborhood Teams or Beacon Service and be gifted a digital aid and offered 6-12 months support by a trained digital buddy who would support people to learn how to use their equipment, understand the difference it can make to their lives, understand the advantages and disadvantages should they wish to use it in the future, understand how to access sites and resources and services that can provide help with their specific health issues and have improved knowledge, understanding and ability to manage their health. The project would give a better understanding of the issues around digital access for people with health conditions, the difference support can make and the difficulties and barriers that people face even with support.
- Ensure that when an individual cannot afford to get online, this will have no impact on their access to health and care services.

Background

NHS Long Term Plan from January 2019 set out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS in the next 10 years to result in an NHS where digital access to services was going to be widespread. However, majority of health and social care services were compelled to move online in 2020 much quicker to mitigate the transmission of the COVID-19 virus.

We wanted to find out how this was affecting people across Bury, to understand what the impact of the pandemic was and how they had felt about the changes in their care. Healthwatch Bury therefore conducted a short survey to find out whether people were able to access the internet and if they felt confident in accessing the health and social care services online and what that experience had been like for them.

Methodology

Survey questions were produced as a part of the HW 100 programme to look at digital access to healthcare services.

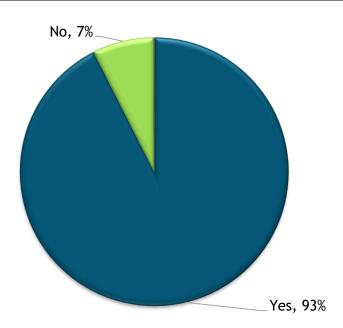
Following its official launch in July 2021, the survey was distributed and promoted in a range of ways, including:

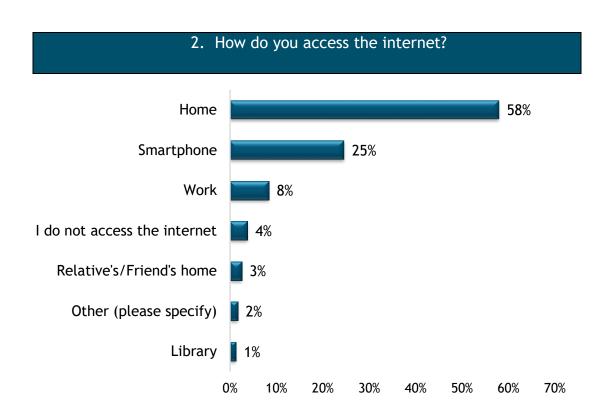
- Promotion via Healthwatch Bury's website and social media channels (Twitter and Facebook)
- Promotion via face-to-face engagement, including park bench surgeries, community events and at local groups.
- Asking statutory organisations, health and social care providers, local businesses, voluntary sector partners and community groups to promote the survey.
- Direct emails to contacts and organisations.
- Hard copies were available on request.



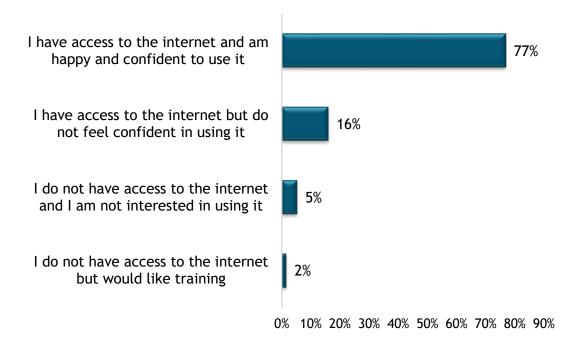
Findings

1. Do you have access to the internet?

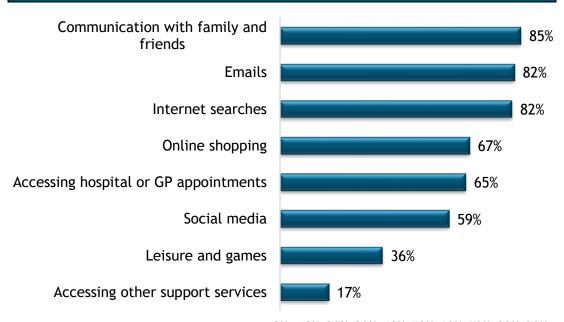




3. Which statement best describes your situation?

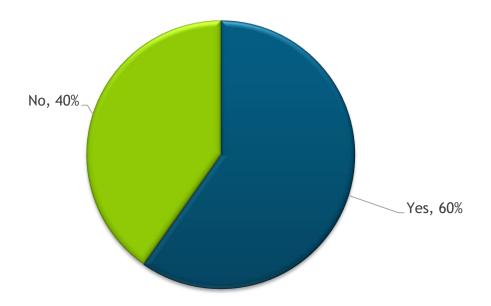


4. If you have used the internet, what do you use it for? (Please tick all relevant boxes)

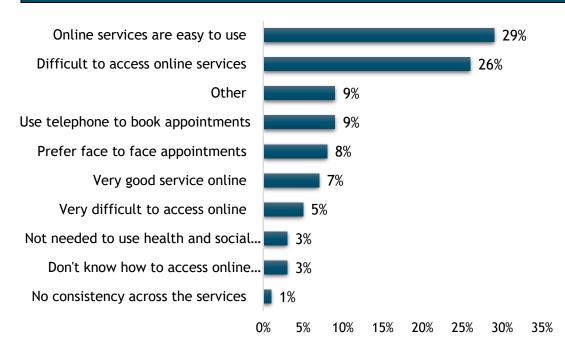


0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

5. Have you used any online platforms (e.g. Ask My GP) to access the GP services in the last 18 months?



6. Is there anything else you would like to tell us about your experience of using health and/or social care services virtually?



Example comments:

Using services online has been easier to use for consulting my GP than I thought it would be. Very convenient and better than queuing on the phone.

To be honest prefer face to face for GP appointments for ailments, discussing prescriptions is ok for phone calls/Ask My GP

Patient rang their surgery to book an appointment for their swollen hand. They were told to go online to book an appointment however the patient was unable to do so and rang back to book it over the phone. The receptionist said they were unable to book this appointment over the phone and they would need to access the walk-in centre in Bury. When they arrived, the walk-in centre was closed due to COVID and had been for some time. They then wanted to access the Urgent Care Centre in Fairfield General Hospital but had to go through the A&E triage system.

Healthwatch helped the patient to sign up with the Ask My GP services but when they logged onto the system mid- morning the system stated that they would not accept any online requests for this day and was advised to try again the next day.

My mum is in her 90s, she has no access to the internet. Even if she had she would struggle using it as her sight is very bad. The telephone is her only way of getting in touch with her GP. When she does eventually get through, the receptionist, tells her to use Ask My GP, which she cannot do. Elderly people should be giving consideration and helped, not ignored.

Really happy with the Ask My GP, hope they'll keep it. Good text service if I miss the phone call. Need to narrow the time window for calls from 6 hours to 2 or 3. Had online speech therapy, was really good but prefer it to face to face. Had online physio-good initially but now discharged without a face-toface appointment- really needed appointment before discharge to measure movement.

Some deaf people can't use Ask My GP. They have not got emails on their mobile. Some deaf can't get access to the hospital, ambulance. Need more training on SMS. NHS staff not having deaf aware skills makes us struggle with them.

I am 88 and don't use health services online. However, I am really happy with my GP throughout the pandemic and been given a choice of phone and face to face appointments.

Main themes of comments

Safety and privacy

Lockdown demonstrated the challenges of supporting adult and children who are unable to access the services online or have a hesitancy of using the services virtually. Some people are not comfortable with sharing the photographs online and prefer face to face appointments.

Communications preferences and Accessible Information Standard

The switch to digital health and care often presents challenges for people with sensory and communication needs and for people who do not have English as their first language particularly when they experience other risk factors such as limited support structures. Certain digital platforms can be more helpful than others, depending on an individual's needs.



Listening over the long term to concerns and experiences

Even among the digitally confident, the shift to virtual health and care services can sometimes represent a significant - and at times worrying - change in their relationship with the organisations tasked with supporting them through their most vulnerable moments. It will take time for this new way of connecting with health services to become fully trusted and rooted.

Training and information

While the work done by the third sector and others has demonstrated how information and support can have a significant impact on people's digital skills and confidence, a lack of knowledge and know-how remains an issue for people in Bury

Money and resources

A lack of equipment and the funds to buy it was mentioned by some of the patients we spoke to, and in many cases was cited as the key barrier. While device lending schemes have clearly made a very welcome impact during the lockdown, demand remains high and there is still a need to address the financial implications of running a device over the long term. These concerns can be particularly acute for families when a single device is shared for educational, work, social and practical purposes.

Contact us

If you require this information in an alternative format, please contact our office via the details below.



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