healthwatch
Brighton and Hove

Typologies of digital exclusion

Typologies of digital exclusion

In the Spring of 2022, Healthwatch Brighton and Hove ran a survey among people registered with a GP surgery in the the East and Central Brighton Primary Care Network. The full report is available [here](#).

One component of this survey was to follow-up some respondents to explore more about their use of digital technology. From all those that volunteered, we interviewed 20 people who stated in the questionnaire that they preferred 'not to use the online GP appointment booking system' (e.g. e-consult) and who rated their internet skills as 'poor' or 'very poor'.

The age range from these examples is from 35 to 72 (with an average age of 49 years) and supports existing evidence of the positive correlation between age and digital exclusion.

As further context:
- The majority but not all were recruited via a text message survey that contained a link to the survey portal. To be eligible, people would have a phone to view the survey but not necessarily have access to the internet (if using wi-fi) or to a computer/tablet.
- The discussion around views and experience of digital technology were set in the context of GP appointments and the views about booking appointments online, using e-consult in the most instance. However, the discussions also raised questions about internet use in general for other activities such as shopping or banking.

These interviews generated four types of digital exclusion typologies as described below – the non-users; competent digital users but not in the context of health care; potential users; and recent users. They provide insights to the barriers and facilitating factors towards the use of digital technology:

Type 1. The non-users:

Some people **did not see any need for the internet** and have no intention to use in the future. For these people, the lack of motivation is clear:

"I don't use the internet, had it years ago but don't see the point of it now. I'm a phone person, so if I want something or to make a GP appointment, I will always use the phone…it's not money or skills, although probably not as good as I was, I'm just not interested." Man, aged 72.

Others simply said it felt **more natural to speak to someone** rather than speak through an online system:

"It is more natural to want to use the phone – human nature." Man, aged 35.

Finally, in this section, others described how their **condition or disability** prevented them from using digital technology. For these people, there may be a higher level of motivation, however their disability makes it difficult to engage with digital technology:

"I am blind in my left eye and can make mistakes, I don't have the expertise…I don't have that capacity to remember the sequence in an online form, a big responsibility for someone with vision impairment…It would be a waste of resources to help me…I do have some concerns about money and there are scams out there." Woman, aged not provided.

"My in-laws, with same GP, struggle with tech and her family help her to do the online. No course or support would help my mother-in-law. She already has various conditions and is in pain. It takes too long to use the online system and she would be more inclined to ring the GP for help. Also, she hasn't really the mental capacity to grasp new information." Man, aged 35.

Type 2. Competent digital users but not in the context of health care

For people in this category, although being competent at using the internet, they do not use it in the health care setting such as booking an appointment with their GP. They commonly use the internet for shopping, banking, booking holidays and having video calls with loved ones.

People in this category did not use the internet in the context of health care for two main reasons. The first was the **complicated nature of the online booking** system. There is a cross-over here with the 'potential users' (see typology 3.) who could be more willing to use an online booking system if it became less complicated:

"It all feels too complicated. It does make using online complicated because I don't know how my passwords would work…I shove my phone into a draw and like to forget about it. Technology is invasive; I use it as little as possible." Woman, aged 56.

"System online is what GP uses so have tried this through my computer, also the NHS app but always no appointments, or are ages away. For the few times I tried it shows no appointments available, but when I call there are appointments available." Man, aged 35.

"I have a smartphone, a computer to use online services and am confident in using the internet. The process [to contact GP] itself is so complicated. Totally baffling and had to go through pages and pages, and having to provide a lot of information that has nothing to do with the issue I was contacting the GP about. I can't think of anything more alienating and anti-patient than standing in front of the receptionist and being told to have to ring to book an appointment…In the old days you would just ring the surgery and be able to make an appointment. One-to-

one is a satisfying and human experience and the online experience is alienating." Woman, aged 65.

"I've tried at one point to use e-consult but the process to set it up was too complicated. There is a complicated process to set it up, involving two components (text etc.) but the second part never comes through. I am quite good with technology but were never able to set it up so therefore they are not using it as it is just not working. I would use it more if it was not so complicated - if it just worked. She could not get past the set-up process." Woman, aged 36.

Separate to the complexities of the online booking system, the other reason for not using the internet in the health care environment was **distrust over sharing personal data**:

"I do not like using the internet, I don't trust putting personal information online for fear of getting hacked…I have had lessons in the using the computer but it makes me very anxious. I have a smart phone to listen to music and to google recipes but that is it." Woman, aged 59.

"I also sometimes think that the information I provide is harvested to sell to the Americans without consent." Woman, aged 65.

Type 3. Potential users

People in this category do not use digital technology at present due to lack of skills or technology. However, they do express motivation and an interest to become familiar with the internet with the right support. They represent the group most receptive to internet skills support as their attitudes to technology (in the context of health care) are more favourable than the previous typologies.

It has been mentioned above that the complicated nature of the GP online booking system would act as a barrier for potential users from using the internet for this purpose. In relation, some people appear to have the facilities in place, and the motivation, but **lack the skills to overcome the complexities** associated and use it to its full potential:

"I avoid online anything- it's confusing…At my age I'm not as savvy as I used to be. I feel there are a lot of elderly people like me who are struggling to adapt, I get so confused, I can turn on my laptop but don't really know what to do with it when I've switched it on…Would like to be able to turn it on and use it, without feeling like throwing it out of the window after five minutes of pressing the wrong buttons!...Having somebody sit with me and show me, using simple terms would be good." Man, aged 71.

"She [his mother] *can't use it. She uses her mobile for phone calls but does not feel able to use a laptop or tablet."* Man, aged 59.

"My wife had a video, but we were unable to get it to work." Man, aged 68.

"My mother has a smartphone and would have the equipment to use the online system, but with the process being so complicated, she'd lack the skill to set it up. Only if it was super easy to set it up, my mother would be able do her prescriptions online." Woman aged 36.

For other potential users, there is a **financial barrier**, in this example related to upgrading their connectivity:

"If I had more money I'd probably shop online! We don't have the best internet connection here where we live, and we don't have the spare money to upgrade our internet package." Man, aged 43.

Type 4. Recent users

These people rarely, if ever, used the internet in the past but have become more interested during the pandemic with the predominance of online bookings and appointments. They may have received skills training, either formally or informally, and represent a group that could use their experience to change attitudes among the non- and potential-users.

People spoke about the increased incentive to use the internet as the online approach was being promoted as the best way to book health-related appointments:

"Every time I phoned the surgery, we were told to use e-consult and 'you will be triaged' so this was the motivation if you like." Man, aged 35.

"I live 2 minutes' walk from surgery so I would usually go in person. If I did ever ring, I would hang on the phone for ages and it was hard to get through. I couldn't get through the 'covid-screen' and the only way to be seen was the online service – which forced you to lie throughout in order to get through each step…Seemed as if all the information from the surgery pushed patients into using online only. I was in the surgery, waiting for an appointment, and another patient walked in and asked the receptionist for an appointment. Instead of looking for availability for him, the receptionist asked him to download the app on his mobile and use the online booking system! I used the online system in the afternoon and got a text from the receptionist in the evening and then offered an appointment." Woman, aged 40.

Final comments

These typologies show more detail as to why people choose not to use online technology. These findings extend the notion that digital exclusion operates across a spectrum (see this briefing report by Healthwatch Brighton and Hove) by adding valuable information about people's attitudes and motivations. The findings differentiate those who do not use online technology by their level of motivation:

some people are unlikely to ever use online technology whereas others are more interested given the right type of support. This finding may help to decide where resources are best spent in increasing digital inclusion.

While technological barriers still persist, one of the most significant findings is that some people are capable of using the necessary technology but choose not to in the healthcare environment. This further illustrates the complexities of understanding digital exclusion and the strategies required to encourage technological use. The *context of use* is now added to the more recognised barriers of motivation, skills, trust, access to technology and connectivity, and costs.