

# Digital Access to Healthcare



January 2022

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## Appendices

*Appendices, including survey and response to recommendations will be available on our website here - [Digital Access to Healthcare Report | Healthwatch Worcestershire](#)*

## References

NHS Long Term Plan - <https://www.longtermplan.nhs.uk/>  
Healthwatch England (June 2021) - [Locked Out: Digitally excluded people's experiences of remote GP appointments](#)  
Accessible Information Standard - [www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)  
Public Health England (September 2020) - [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#)  
Public Health England (June 2020) - [Deaths of people identified as having learning disabilities with COVID-19 in England in the spring of 2020](#)

## Healthwatch Worcestershire Reports -

[Covid-19 Report: Experiences of Health and Social Care Services - September 2020](#)

[Covid-19: Learning Disability and Autism Report - September 2020](#)

[Focus on: GP Practice Feedback Summary - September 2020](#)

[Covid-19 Young People's Emotional Wellbeing Report - March 2021](#)

[GP Practice Feedback Summary - October 2021](#)

## Section A

### Introduction

#### I. About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient, service user and carer perspective.

#### II. Why this issue

##### Digital Transformation in Accessing Healthcare

The use of digital technology, online services and online communication is something that has increasingly impacted and influenced most aspects of our lives, including health and social care services, in recent years. In 2019, NHS England published the NHS Long Term Plan, setting out a vision of how, over a period of ten years, the NHS in England would carry out a digital transformation of services, to enable faster, safer and more convenient care.

Our NHS Long Term Plan will increase the range of digital health tools and services. People will be able to seek health information and support online and choose whether they speak to a doctor on the phone or in person. A wide range of NHS-approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed.

**NHS England - Long Term Plan**

The increased use of digital access and services, also aims to enable patients to view their own medical records and ease pressure on NHS services and staff time.

##### Covid-19

At the beginning of 2020 NHS services had to implement rapid changes to the way they delivered services in response to the Covid-19 pandemic. NHS England advised GP practices to triage patients by a telephone or online consultation system before providing them with an appointment and only providing face-to-face appointments where clinically necessary. Other health services, including hospital outpatient and mental health services also switched to having appointments via telephone and video call.

Patients were encouraged, where possible, to use online systems such as Patient Access and the NHS App to order repeat medication and book appointments.

The roll out of Covid-19 vaccinations in 2021 encouraged people to book their vaccinations online via the NHS website and downloading a Covid pass via the NHS App became the main way to demonstrate Covid-19 vaccination status.

### **Locked Out - Healthwatch England Report**

In June 2021 Healthwatch England published a report looking at digitally excluded people's experiences of remote GP appointments, exploring the barriers faced by those who may be excluded from accessing services online, including older people, those with disabilities and people with limited English. Key recommendations from their report included offering hybrid services to enable patient choice and access for all. They also recommend investment in support to enable people to access online services, ensuring people with support or access needs are not disadvantaged when accessing care remotely and encouraging services to be proactive about recording people's support needs.

### **NHS Accessible Information Standard**

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

### **Health Inequalities**

Another aim of the NHS Long Term Plan was to improve the health outcomes for those facing inequality and disadvantage due to factors such as: social and economic circumstance, geography, specific characteristics such as sex, ethnicity and disability and socially excluded groups such as people experiencing homelessness.

A review by Public Health England (June 2020) found that people from minority ethnic groups are more likely to get severely ill and die from Covid-19 compared to the majority white population in the UK. In September 2020 they published a report that showed, in the first wave of Covid-19, people with a learning disability were six times more likely to die from Covid-19 than the general population.

A report published by Ulster University in December 2021 found that people with a learning Disability in the UK were not only more likely to die as a result of Covid-19 than the general population, but the physical health and emotional wellbeing of people with learning disabilities had declined as a result of the restrictions placed on them by Covid-19 and their health had not improved as restrictions lifted.

There has also been concern that the digital transformation of services and move to online services due to Covid-19 will further exclude those who experience health inequalities, as they are more likely to be digitally excluded and face

barriers in accessing online services. It is, therefore, important that the needs and experiences of these groups are central to plans nationally and locally for digital access to health services.

### **Health Inequalities and Digital Transformation in Worcestershire**

Reducing health inequalities will be a key part of Worcestershire's Health and Wellbeing Strategy for 2022 to 2032, with a vision of improving health outcomes in particular for communities and groups with the poorest health. The Herefordshire and Worcestershire Integrated Care System Inequalities and Prevention Collaborative has been established to focus on reducing health inequalities across the two counties.

Work is also being carried out as part of the Herefordshire and Worcestershire Integrated Care System Digital Inclusion Programme, more specifically to reduce health inequalities as a result of communities being digitally excluded. The programme will aim to address issues including: access to technology, internet connectivity, data and economic poverty, transport availability, lack of digital literacy and lack of confidence in using technology.

The Herefordshire and Worcestershire Shared Care Record is currently in development. This will soon enable two-way sharing of a person's information between local health and care organisations involved in their direct care. It will also enable patient access to information about their care digitally, with the introduction of a Patient Portal once the Shared Care Record is established.

### **Healthwatch Worcestershire - our previous work:**

Findings from our Covid-19 Report: Experiences of Health and Social Care Services (September 2020) showed that many people understood the need for services to be delivered remotely at the beginning of the pandemic and were grateful to be able to access the health care they had needed. However, some had found difficulties accessing information about how services were operating and found it difficult to access face-to-face appointments when needed. Our findings showed that those with additional communication needs had found it more difficult to find the information they needed and access appointments remotely.

Our Covid-19: Learning Disability and Autism Report (September 2020) showed that while many people had used technology to communicate during lockdown, some still did not have access or found it difficult to use and many thought having a Doctor's appointment by phone or online would be difficult.

We have also produced summary reports of the feedback we have received in relation to GP services during the pandemic in September 2020 and September 2021, based on feedback that has been reported to Healthwatch Worcestershire in addition to our surveys and engagement, as part of our signposting service and patient experience. The feedback also raised some concerns about effectiveness of remote consultations and lack of access to face-to-face appointments, in particular

when it appeared that other services were returning to normal. Feedback received also suggested the variability across different GP practices in Worcestershire, in terms of the implementation and effectiveness of digital systems and processes used for remote appointments.

Our Covid-19 Young People's Emotional Wellbeing Report (March 2021) found that many young people would rather access support face-to-face than online, some did not have access to the internet or required device and many found it difficult to have somewhere private at home to access support remotely.

Health inequalities and digital exclusion are key themes throughout the Healthwatch Worcestershire Business Plan for 2021 to 2023. In addition to our engagement work, Healthwatch Worcestershire is involved in local work being carried out by the Herefordshire and Worcestershire Integrated Care System, including participation in the Digital Inclusion Access Group, the Inequalities and Prevention Collaborative and the Integrated Care Record Programme Board. Ensuring that the voice of those who use services, and in particular those who face health inequalities and digital exclusion, is central to their development.

### III. Our work

We therefore wanted to carry out a more in depth look at experiences people across Worcestershire have had of accessing online services and systems for remote health appointments. We want to ensure that their feedback and experiences inform work being done as part of service transformation within the Herefordshire and Worcestershire Integrated Care System. In particular by the Digital Inclusion Access Group, Integrated Care Records Programme Board, Worcestershire's Health and Wellbeing Strategy and Inequalities and Prevention Collaborative.

We ran a survey from August to November 2021, in order to gather feedback about access to the internet, ability to use different methods of online communication and the potential barriers, benefits and experiences of online and remote health appointments.

We especially wanted to ensure we heard from communities who, based on previous feedback and engagement, face health inequalities and digital exclusion and those who may find using the internet and accessing remote appointments more difficult. These may include older people, those experiencing homelessness, people with hearing and sight loss, people with a learning disability and Autism, ethnic minority communities and people living in local areas of deprivation.

In addition to gathering survey responses face to face and online, we spoke to people attending a variety of community events and meetings to discuss these issues. This included developing an Easy Read version of the survey to help us gather feedback as part of our engagement with people with a learning disability.

## Section B

### Survey Feedback

**712 people** completed our survey between 15<sup>th</sup> August and 30<sup>th</sup> November 2021.

Due to the nature of the survey, we wanted to enable as many people as possible to complete the survey who may not be able to do so online.

**465 people completed paper copies of the survey.** Surveys were completed:

- As part of our face-to-face engagement at groups, meetings and events
- With support from local community groups and organisations
- Distributed and returned by post
- Completed by phone with a member of HWW engagement team

These include responses gathered at / by - St Pauls Hostel, Maggs Day Centres in Worcester and Malvern, Salvation Army Street Food Station, Worcestershire HoPES, the Home Group, Action Deafness, the Sandycroft Centre - including their Asian Women's Group, Bromsgrove Older People's Forum, Redditch Older People's Forum, Evesham Older People's Forum, Age UK Bromsgrove and Wyre Forest, Older People's Showcase in Kidderminster, Simply Limitless, Worcester Community Trust, Dawn Project and Community Connectors groups, Wyre Forest MS Society, Aspie, Malvern Town Football Club, Ecumenical Centre in Redditch, Our Way, Wyre Forest Children and Young People's Showcase Event, the Worcester Show and by Social Prescribers.

**25 surveys were completed online by support workers** who carried out the surveys with people attending Worcestershire HoPES, homeless prevention and the Home Group.

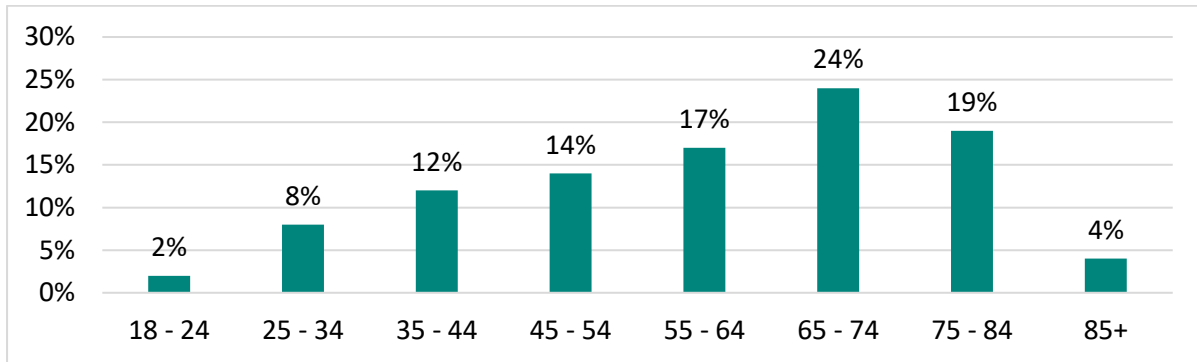
**222 people completed the survey online.** The survey was promoted online via the HWW News Bulletins, Facebook advertising, Twitter and with support from local voluntary and community organisations including - Malvern University of the Third Age, Parents Voice, Worcestershire Association of Carers, local Parish Councils, Out2gether and SpeakEasy N.O.W.

#### 1. Who completed the survey?

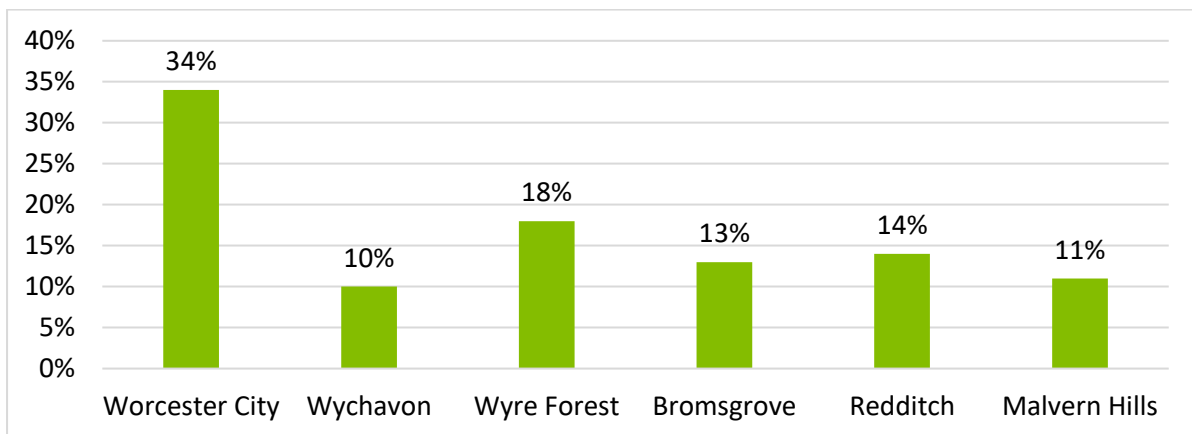
##### Gender identity:

- Male - 36%
- Female - 62%
- Trans / Non-binary / in another way - 1%
- Prefer not to say - 1%

### Age of respondents:



### Where do respondents live?



### Disability / long term health condition:

50% of respondents considered themselves to have a disability or long term health condition.

- Long term condition - 130 people
- Mental Health - 115 people
- Physical disability - 104 people
- Hearing impairment - 61 people
- Learning Disability - 31 people
- Autism Spectrum Condition - 28 people
- Visual impairment - 27 people
- Other - including - Dyslexia, Brain Injury and ADHD - 6 people

### Ethnicity of respondents

92% of respondents were White British. Other ethnicities, in order of prevalence were - Asian / Asian British Indian, Asian / Asian British Pakistani, White European, White Irish, Asian / Asian British Bangladeshi, Mixed White and Caribbean, Other Mixed, Mixed White and Asian, Other Asian, Black Caribbean, White Gypsy Traveller and White Other.



## **First language spoken**

38 respondents told us that English was not their first language. Including -

- British Sign Language - 16 people
- Punjabi - 7 people
- Urdu - 6 people
- Other languages - Bengali, Polish, Greek, Bulgarian, Hungarian, Welsh, German

## **Unpaid Carers**

15% of respondents considered themselves to be an unpaid Carer.

## **Sexual Orientation**

89% of respondents told us they were heterosexual or straight, 3% gay or lesbian, 2% bisexual, 1% identified in another way and 5% told us they prefer not to say.

## **Housing Situation**

62% of respondents were owner occupiers, 14% social or housing association tenants, 10% private tenants, 7% were in supported accommodation, 1% were rough sleepers and 1% were sharing or lodging. Other situations given included living with family or parents.

## **Note**

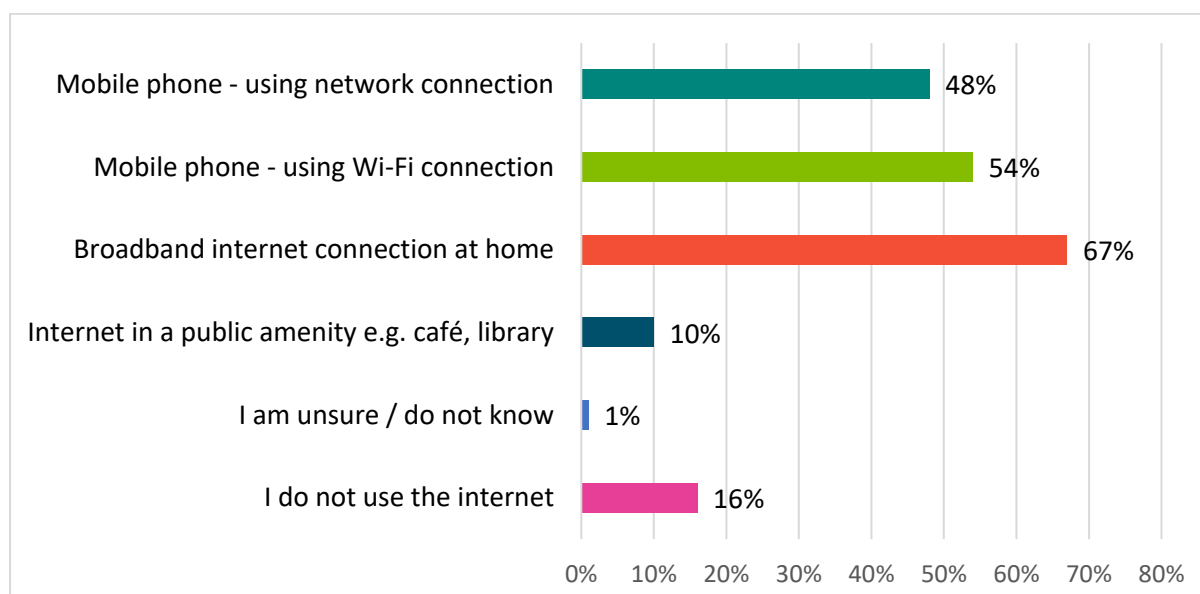
Not all questions were answered by all respondents. Where non-response is present percentages are reported based on the numbers answering the question. Percentages are rounded to the nearest whole number and therefore may not total 100.

Where themes / comments are reported these are set out in order of frequency, starting with the highest number. In some cases, the numbers reported for each theme or comment type may total more than the number of comments, due to feedback covering more than one issue.

## 2. Survey Feedback

### 2.1 How do you access the internet?

Respondents were asked to select all that apply



#### Additional comments relating to ways of accessing the internet (108)

- Convenience or preference of different ways of accessing the internet - 32 people

*'I prefer using my PC. My mobile phone package is limited and I like it that way.'*  
*'Through hostel Wi-Fi'*

- No device or access to the internet - 24 people
- Do not want to use the internet - 22 people
- Do not know how to use the internet - 18 people
- Too old to use the internet - 6 people
- Cost / cannot afford - 4 people
- Disability e.g. being registered blind - 2 people

16% of all respondents told us that they do not use the internet. The results do show that those aged 65 and over were less likely to use the internet (21%). However, 11% of respondents under 65 also told us they did not use the internet, suggesting that this is not restricted to the older age group.

Less than half (48%) of respondents told us they have access to internet via network connection on their mobile phone and only 34% of those age 65 and over said this.

Although 67% of respondents told us they had broadband internet at home, this suggests that 33% do not. 75% of respondents who were owner occupiers or private

tenants had broadband, while only 47% of respondents did who were social or housing association tenants, or living in supported accommodation, temporary accommodation, lodging or rough sleeping.

The further explanations given in relation to access to the internet suggest that while having a device and the cost of devices and connecting to the internet are key factors, many do not have the skills or knowledge to use it and some do not have any desire to use it if they could.

## 2.2 Registering to access GP services online

54% of respondents told us they had registered to access GP services online - for example using Patient Access or the NHS App.

41% told us that they had used the service, while 13% said they had registered but not used the service.

### Comments from those who have registered to access GP services online - 173

#### Positive feedback

- General positive comments and praise for the systems / apps (57 people) - including how easy they were to use, useful and saved time having to make phone calls or get through to the practice by phone

*'Much easier than trying to get through on the phone to the GP'*

- Ordering prescriptions (38 people)

*'Very convenient for reordering prescriptions'*

- Booking appointments (8 people)
- Looking at test results (3 people)
- Raising a query with the practice (1 person)

#### Concerns with the systems

- Difficulties using the systems (36 people)

*'It was not a user-friendly experience. In the end I phoned the chemist and they put the prescription through'*

*'Once with help and found complicated. Haven't used it since.'*

- Not being able to book appointments online (20 people)
- Difficulties they had in setting up the system / app (9 people)
- Not liking using online access / preferring to do things by phone or face to face (8 people) Including concerns about the security of the system and impact of mental health.
- System / app lacking certain features e.g. ability to send messages, photos or access test results, see when medication available for collection (5 people)
- Finding NHS App more user friendly than Patient Access (4 people)

- Delays in information e.g. test results being added (2 people)

Other comments included - preferring Patient Access to NHS App and feeling forced to use the system by the GP practice.

Feedback suggests that of those who have registered to access GP services online many have found this helpful and convenient, especially when ordering repeat prescriptions. However, some people have had difficulties using the system or would prefer to contact the GP by phone or in person. There are also features that are not available that people would welcome, such as booking appointments.

46% of respondents told us they had not registered to access GP services online.

#### Reasons given for not registering for online access - 111 Comments

- Preference for an alternative method / to speak to someone e.g. phone or face to face - 28 people

*'I prefer face-to-face or telephone than using apps, I am old fashioned like that'*

- Do not know how to register / think it will be too difficult - 24 people

*'I keep meaning to do it but it doesn't look easy. You need a letter and it's a faff'*

- Have tried to access this / set it up but process has been too complicated - 19 people

*'I tried to access this but could not get my head around the process and ended up in a complete muddle. Reception at GP surgery was not helpful.'*

*'I am required to prove my identity at my GP practice before registering and my GP practice discourages 'walk-ins''*

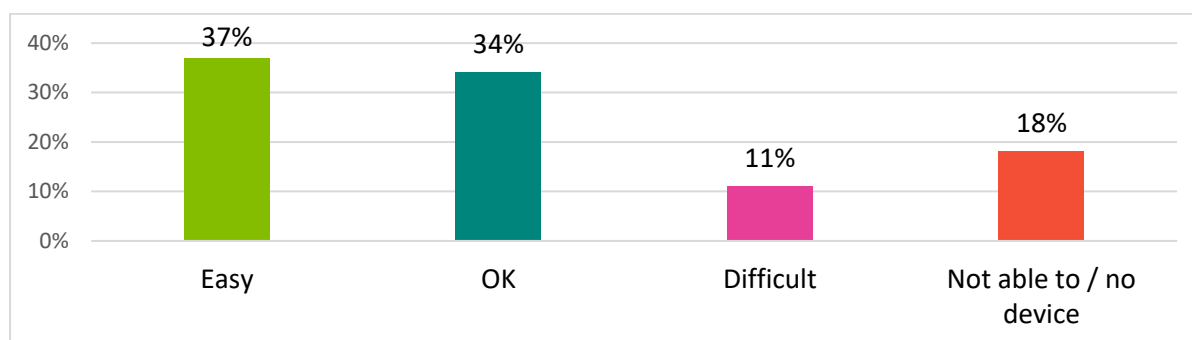
- No internet access or device - 18 people

*'I don't think you can put it on a laptop and I don't have the right phone'*

- Lack of trust in internet security or NHS systems - 9 people
- Don't want to use it - 6 people
- Not got round to setting it up - 5 people
- Someone else manages these things for them - 4 people
- Not registered with a GP - 2 people

Responses show that many people have not registered to access GP services online because they have found it too difficult, think it would be too difficult or do not know how. In addition, not having access to the internet or a suitable device is a barrier for some, while others do not want to access services in this way or have concerns about the security of such systems.

## 2.3 Knowing how to use the internet and functions on your device



### Additional comments about knowledge of internet and device functions (145)

- Finding some aspects easier than others / only knowing how to use certain functions or certain functions on certain devices (43 people) In particular people commented that they were more familiar with how to use email than other functions or only knew how to use certain video calling platforms.

*'If it is a new programme I am not familiar with I sometimes struggle.'*

- Knowledge based on experience of using the internet and different functions (37 people) - Including experience gained through work, school, university and social activities

*'I've had to use them for work, the kids' school and my university course'*

- Not knowing or wanting to know how to use the internet (30 people)

*'Knowing how to use them does not mean I want to.'*

- Not having any access to the internet (12 people)

*'Email is difficult at the moment as no private access currently to computer or mobile phone.'*

- Learning how to use different functions during the pandemic (7 people)
- Finding it difficult to use the internet due to disability, health, mental health or anxiety (6 people)

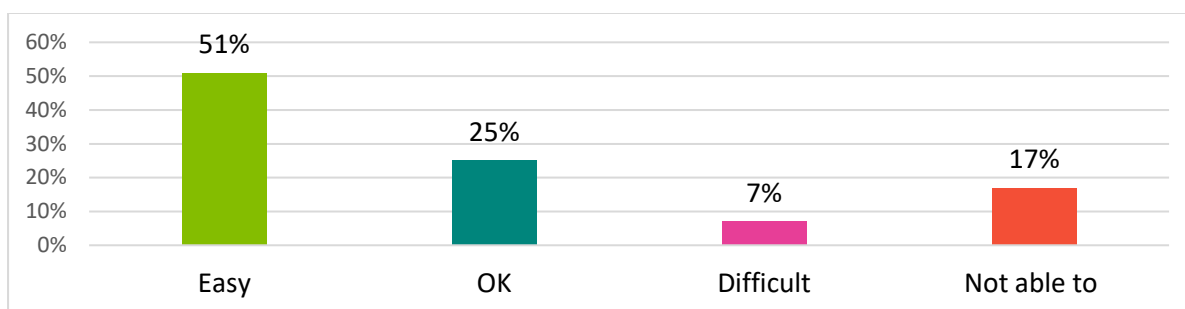
*'My ability depends on my health. I normally find it easy but it does vary.'*

- Needing help from others to be able to use the internet and different functions (3 people)

*'I struggle but usually manage with help from my family'*

Only 37% of respondents told us that they find it easy to use the internet and the functions on their devices. The reasons given suggest that those who have previous experience developed through work and education, in particular, and also due to the pandemic feel more able to do this more confidently. However, many people's knowledge may be limited to certain aspects or functions, such as using emails, and there are still many who struggle to understand how or do not want to know.

## 2.4 Searching for information on the internet e.g. opening times for services such as Pharmacies



### Reasons given about why this can be difficult - 20 comments

- Knowledge of how to find information (7 people)

*'Not sure what to put into Google'*

- Websites being difficult to navigate (6 people)

*'Some websites are confusing - if they don't all follow the same format - information needs to be clear'*

- Correct information not being listed (4 people)

*'Sometimes the details have been wrong and I have missed collecting my prescription'*

- Accessibility of websites (3 people)

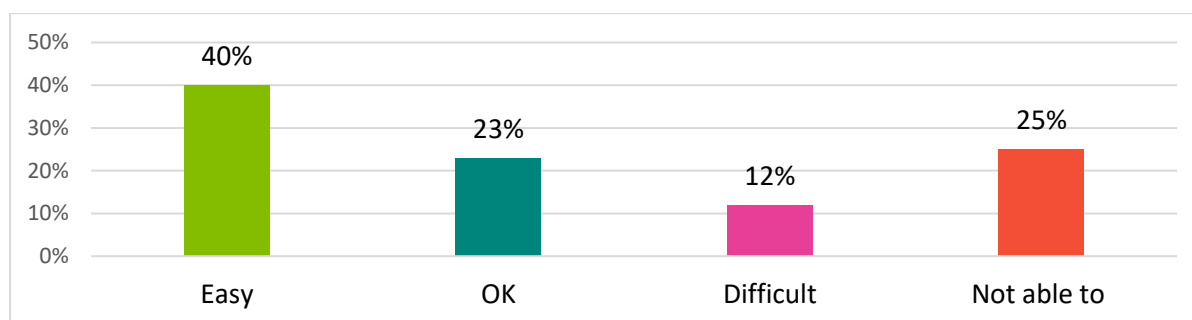
*'I am visually impaired and not all websites are accessible to screen readers'*

- Website not working / providing service needed (1 person)

*'111 online was dreadful... I got into an endless loop of Covid information (not wanted) couldn't find my injury in their list... the MIU booking system failed under the strain. I went on spec.'*

Responses show that just over half (51%) would find it easy to find information on the internet. However, this shows many people do not find this easy and for some it is extremely difficult or not possible. For some people this is due to their ability to access the internet or knowledge of how to use it and for others issues related to the websites themselves would make it difficult. Feedback suggests the importance of websites being easy to navigate, contain the correct information and be accessible.

## 2.5 Knowing how to take and send a photograph on a mobile phone



### Comments about why people would find it difficult - 97 comments

- Not having a smart phone or required data (45 people)

*'Phone doesn't have this function.'*

- Not knowing how to take and send the photo (36 people)

*'It was a nightmare! I don't know who I sent it to. I was absolutely lost.'*

- Difficulties with systems used e.g. links not working (6 people)

*'The way they want it sent was hard to follow the instructions'*

- Practical difficulties of taking a photograph (5 people)

*'I was once asked to take a photo of a growth on my back. I live alone...how do I manage that?'*

- Difficulties due to disability / sight / health (5 people)

*'Had to work out on my own which I managed with difficulty. Not easy as I'm partially sighted'*

### Concerns with use of photographs for health purposes (8 comments)

- Concerns about sending and storage of personal data (5 people)

*'I worry about the security of my privacy'*

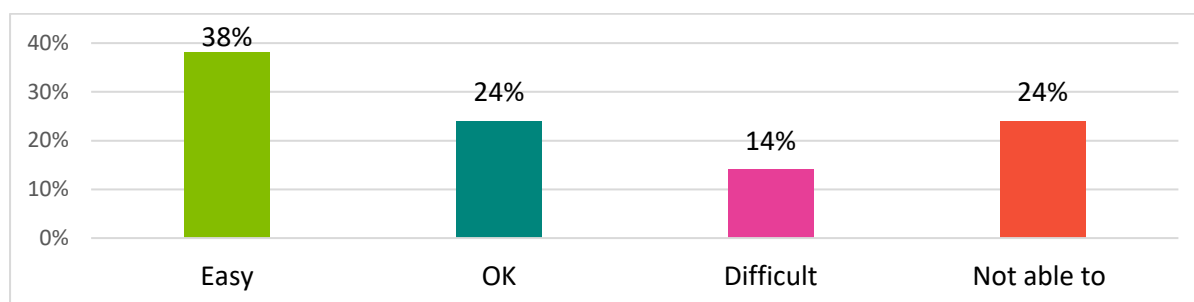
- Concerns about the appropriateness of diagnosing via a photograph (3 people)

*'You can't always judge a photo. I had lumps in my throat'*

Responses show that only 40% of people would find it easy to take and send a photo. The main reasons given were not having a smart phone with this function or required data or knowing how to do it. In addition, living on your own and health and disability issues may also make this more difficult.

Feedback also highlighted concerns about diagnosing issues by photograph and security concerns.

## 2.6 Knowing how to make / receive a video call



### Comments about why this may be difficult - 111 comments

- Not knowing how to do it or never having tried to (34 people)
- Difficulties using the technology or a platform not familiar with (28 people)

*'Because they never use a normal service. If it was WhatsApp or FaceTime it would be ok, but invariably it is something new that requires creating a new login. I am then lost.'*

*'I offered to do Zoom but GP said they used another service which I could not use'.*

- Lack of appropriate device, data and reception (18 people)

*'Not in my mobile contract'*

*'Fine when at home but needs a good signal if out and using a mobile.'*

- Preferring to speak to people face-to-face / anxiety about speaking via video call (16 people)

*'I get a bit flustered with this.'*

- Needing someone to help with the technology (9 people)

*'Would need someone to help me or be with me'*

- Communication difficulties via video call - e.g. difficulties processing information due to Autism, needing a BSL interpreter, impact of feeling unwell on ability to use the technology. (6 people)

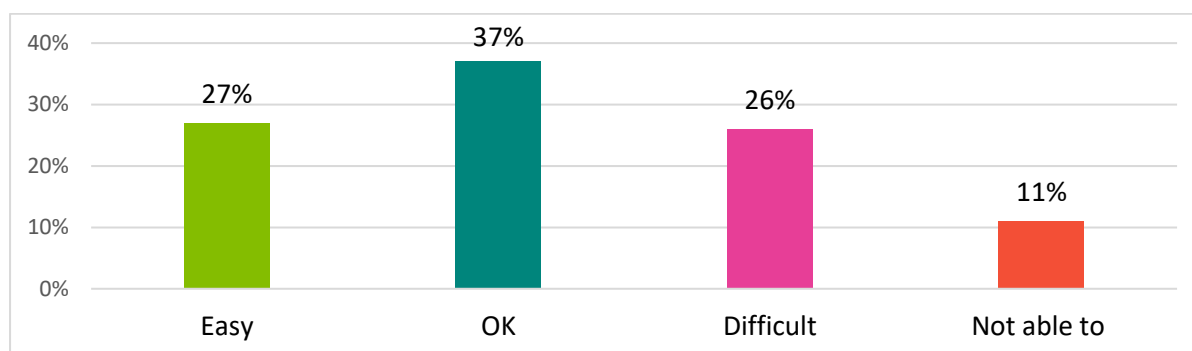
*'Have Asperger syndrome so would find it difficult to process information'*

Only 38% of respondents would find it easy to make and receive a video call. The main reasons given for difficulties with this are not knowing how to do it at all or finding the technology difficult when they have tried, especially due to the variety of different platforms that can be used. There can also be difficulties not having an appropriate device or the data or reception to be able to make or receive a video call can also be difficulties.

Some people would rather speak to someone face-to-face, with anxieties about talking on video calls, needing assistance and communication issues also causing a barrier.



## 2.7 Discussing health concerns and issues via telephone / video call



### Positive feedback about discussing health issues by phone or video call (14 people)

- Including being easier, more convenient and quicker than face-to-face and feeling confident describing issue.

*'Find telephone easier than face-to-face, as homeless for a long time and find face-to-face contact stressful.'*

*'After the first one they are easy. But I do have a very good Doctor on the other end'*

### Difficulties discussing health issues by phone or video call - 189 comments

- Preferring to see someone face-to-face (53 people)

*'Lacks the non verbal communication and reassurance of face to face'*

*'It's too impersonal'*

*'If I have a personal problem, not nice talking over the phone about it'*

- Impact of anxiety and communication difficulties (35 people)

Due to mental health, hearing or visual impairment, autism, learning disability or long term health condition, such as Parkinson's or following a stroke

*'I find video calling and telephone very difficult because of hearing and cognitive processing difficulties.'*

*'I have Parkinson's disease and find very difficult to talk'*

*'GPs needs to see your body language and how you look, especially with mental health'*

*'I get anxious when speaking to people on the phone'*

- Difficulties of describing symptoms and how you are feeling (27 people)

*'Struggle to say what I need to say, can't get across what I want to explain'*

*'There are many things that need to be seen as are difficult to explain e.g. lumps, rashes, swollen joints, pain'*

- Concerns about misdiagnosis / some issues being more difficult to diagnose if not in person (22 people)

*'I don't trust diagnosis over the phone'*

*'Do not think all symptoms can be judged on video'*

*'Medication being issued without basic physical examination'*

*'We have already had a misdiagnosis due to these issues'*

- Preferring to have conversation by phone than video call (17 people)

*'Verbal only as simple phone'*

- Concerns about confidentiality (12 people) - including conversation being overheard at both ends and security of internet connection

*'Doesn't feel as private as in person.'*

*'The person on the other end isn't always in a private place'*

- Difficulties remembering everything you want to say and remembering what you are told (7 people)

*'Sometimes I forget what to say on the phone'*

*'After call thought of questions I should have asked'*

- Not happy discussing health issues with the receptionist (7 people)

*'I don't mind telling the Doctor, but I don't like having to tell all your personal details or problems to the receptionist'*

- Feeling that GPs should be offering 'proper' consultations / consultations should not take place remotely (4 people)

*'I am not interested in doing this. I think that face-to-face consultations should be done'*

- Difficulty of discussing mental health issues via phone / video call (2 people)

*'Therapeutic relationship is vital to feel cared for. Ok for physical issues but not for mental health.'*

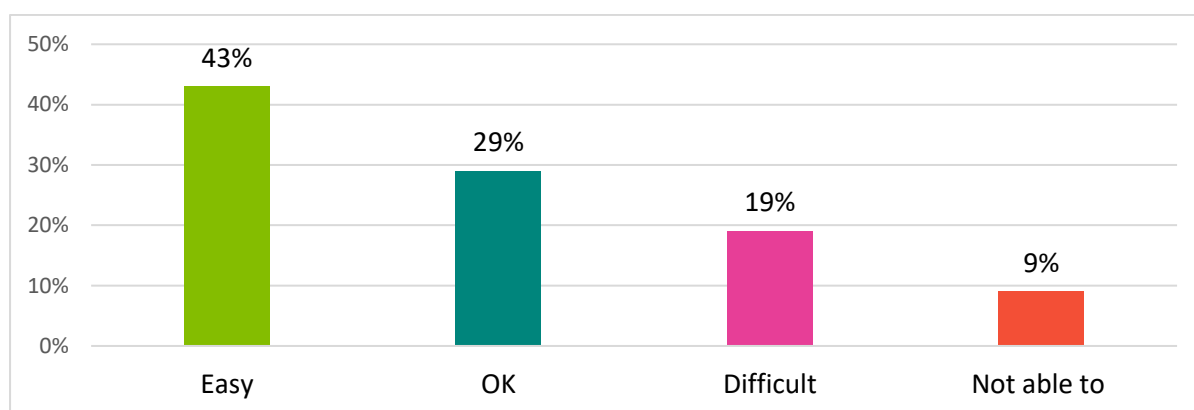
- Uncertainty / not feeling prepared if not given specific time (2 people)
- Lack of continuity / ability to build relationship with individual Doctor (2 people)
- Preferring video call to telephone (1 person)

Only 27% of respondents said they would find it easy to discuss health issues and concerns by phone or video call. Although some people prefer the convenience of being able to have appointments in this way, many people told us they prefer

being seen face-to-face. People are concerned about how well certain issues in particular can be diagnosed remotely, how well they can explain themselves and take on board information and the impact of the lack of non verbal interaction and personal interaction.

A number of people would find remote consultations especially difficult because of anxiety and communication difficulties, due to mental health, hearing and visual impairment, autism, learning disability or long term health condition, such as Parkinson's or following a stroke.

**2.8 Having somewhere private / confidential to have a conversation via telephone or video call during the day**



**Issues raised in relation to having a private space - 44 comments**

- Difficulties being able to take the call / have a private space at work (15 people)

*'You can't just ask for a bit of time off now it is done within the workplace'*  
*'I have no privacy at work and we are not allowed to use our phone'*

- Not knowing when you will be called, so more difficult to ensure private space to talk (12 people)

*'Don't give a time for call back so don't know when I will be free'*

- Difficulties having a private space at home (12 people) including due to shared housing, flatmates, family being around and living in a hostel

*'Housemates at home sometimes makes it feel like they are overhearing'*  
*'We all live with 42 people. I can hear what my neighbour says on the phone so I would feel uncomfortable speaking to the doctor on the phone about my personal issues'*

- General difficulty finding private space / not knowing where you will be if you are out and about (8 people)

*'It would depend on where I am'*

- Difficulties due to childcare and caring responsibilities for someone with a learning disability or Dementia (7 people)

*'I am the main carer for our disabled daughter who does not attend school.'*

- Difficulties with mobile phone reception limiting where you can receive the call, which can make finding private space more difficult (2 people)

*'Signal is poor in the house. There are limited places to stand and it can sometimes be unreliable'*

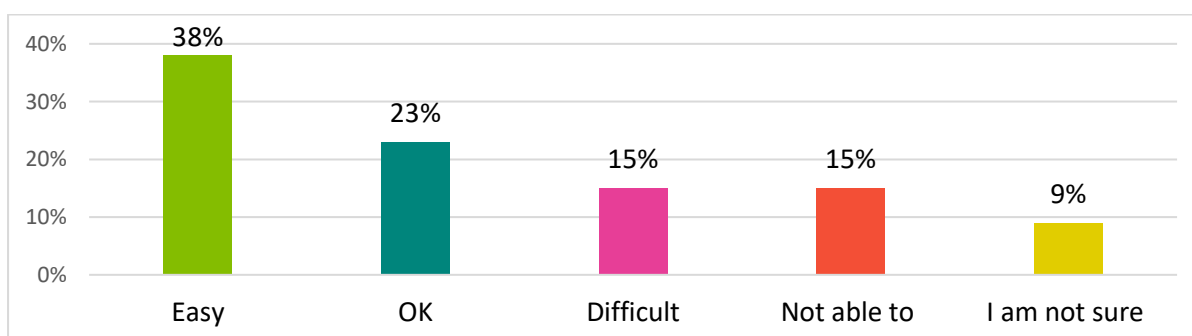
- Needing someone else to help with the call or make the call for you (2 people)

*'I would need a carer in situ to get everything ready and accessible.'*

43% of respondents said they would find it easy to have a private space for a conversation by phone or video call. The main reasons given were that they lived alone, were retired or worked from home.

However, for many having a private space would be extremely difficult do to their living and work situation or caring responsibilities. The unpredictability of when a call might be or where they might be at the time can also make this very difficult.

## 2.9 Having enough mobile phone data or credit to use the internet



Only 38% of respondents would find it easy to have enough mobile phone data or credit to use the internet to be able to speak to someone via video call or download and use apps for health purposes. However, 15% would find it difficult and 15% would not be able to.

## 2.10 Additional feedback about experiences of remote GP appointments or online access to health services

431 people provided additional feedback and comments about remote GP appointments and online access to health services.

### I. Positive feedback and experiences - 59 people

Responses gave examples of how remote consultations had work well for them, leading to quick and efficient resolution of the issue. Many people said that being able to have consultations remotely had saved them the time of attending the practice in person, enabled them to fit the appointment around other commitments, such as work, childcare and other caring responsibilities. For some this helped overcome difficulties with attending the practice due to disability and mobility issues. Some said it was good to avoid sitting in a crowded waiting room and reducing chances of infection, both from Covid-19 and more generally.

Positive feedback was also given about how changes and new systems had been implemented in their GP practice. Examples were given of specific online services and systems that had been effective, such as ordering of prescriptions online, use of vending machine for dispensing of medication, being sent text message reminders about appointments and the use of a phone app to monitor health conditions.

A couple of people told us that their GP practice had been helpful in explaining how to use online systems. Some said that they felt it worked well for them as they felt confident in using the technology or because they felt confident in describing and discussing the issue.

*'Doctor said send photos... then prescribed cream. It just saved all the hassle of getting him down there'*

*'It is helpful as I am disabled and rarely leave the house'*

*'Much more convenient for initial consultations'*

*'It is a good thing. I would like to see it stay and develop'*

*'It has been necessary during the pandemic and I would be happy to continue now as it has brought GP services up to date with technology. I don't want to go back to sitting in a packed waiting room waiting for ages to see a GP.'*

### II. Issues or concerns about remote appointments and online access

#### **1. Need for or preference for face-to-face appointments** - 78 people

Comments included those who felt that all appointments should be face-to-face or that face-to-face was required for certain issues, due to the difficulties of examining and assessing via phone, video call or photograph. Many people

expressed concerns about the potential for people to be misdiagnosed or for missed diagnosis or recognition of issues if patients are not seen in person.

*'They can't see you and how well you are. They can't watch you walking or if you have a bad stomach, examine you or if you have lumps'*

*'Not the same as before. I feel worried because I want to see a GP face-to-face. Feel a nuisance if I ask and feel GPs don't want to see me in person. I feel worried and more anxious. Scared of all the services that ask me to do something online, can't do it and it scares me.'*

*'Doctor asks "How are you?" Husband says "Ok". How can the Doctor tell if he really is? How do you listen for a chest infection on a phone call? Sometimes face-to-face is absolutely necessary.'*

*'Remote appointments and online access must never replace face-to-face appointments. I had three phone appointments followed by face-to-face the next day because practitioners needed to see the issues.'*

## **2. Contacting GP practice by telephone - 52 people**

People told us about the difficulties they had contacting their GP practice by telephone, in particular having to wait a long time in a queue to be able to speak to someone.

*'Waiting and no answer at surgery. Waited 45 minutes trying to get hold of them'*

*'Takes too long to get through, can be 30 minutes in a queue'*

*'Wait 40 minutes to get through - regular appointments could be booked in advance'*

*'Can't ring at 8.30 as I have to take children to school'*

## **3. Availability of appointments - 44 people**

Many of the comments expressed difficulty with the availability of appointments when trying to book by phone and online, in particular for more routine appointments or if you want to see a specific GP.

*'Can't always get an appointment'*

*'Wait time for pre booking an appointment is 6 weeks'*

*'Have waited 25 minutes to then be told no appointments left'*

## **4. Getting face-to-face appointments - 29 people**

Some people told us that it was very difficult to get a face-to-face appointment at their GP practice or about being refused face-to-face appointments when they requested them. Some gave examples of the systems used in their practices that

made this especially difficult, such as receptionists being unable due to the system or unwilling to book face-to-face appointments.

*'Very difficult to get a GP appointment in person'*

*'I am a carer to someone who needs face-to-face appointments due to their additional needs. Although the practice knows this, we still have to go through the telephone appointment with a GP before we can get a face-to-face appointment. It's frustrating and unnecessary.'*

*'Receptionist refused to book a face-to-face appointment. Had to go to the manager to get an appointment booked.'*

## **5. Technology and internet access - 25 people**

Further comments were made about the difficulties people experienced in accessing remote and online services due to the difficulties they had in using technology, accessing the internet or having the required device. This included comments about those who may have more difficulties with this such as the elderly and situations which may make this more of an issue such as experiencing homelessness.

*'Makes me feel annoyed, presuming everyone has the internet, its frustrating, understand logic for online services but hard for people like me who can't use them.'*

*'If we haven't got the equipment, need to make it easier to drop in. Can't get a GP appointment because I am a rough sleeper.'*

*'Need to follow up setting up online access. Worried about having too many passwords and knowing how to work it.'*

*'It concerns me. Who is going to teach OAPs the skills needed?'*

*'Ideally I would like one-to-one hands on instruction of the process to use the online and video calling services.'*

## **6. Impact of disability, anxiety and long term health conditions on ability to take part in remote consultation / use technology- 24 people**

This included people who experienced communication difficulties due to having learning disability, Autism Spectrum Condition, sight impairment and Alzheimer's and those who experienced anxiety. Difficulties included explaining self clearly, knowing what is important and remembering what to say, as well as more specific difficulties communicating when not face-to-face relating to vision and non verbal communication.

People also told us about the impact of health and disability on being able to use technology.

*'Reasonable adjustments need to be available for those of us who find it difficult to engage via phone or video call'*

*'Our young teen ASC daughter needs face-to-face meetings not online as she struggles with distant communication'*

*'It's the technical side of things and the concentration. If I'm not having a good day because of my MS I cannot do it.'*

*'I have not contacted my GP since face-to-face was restricted. The anxiety of phone calls is too much.'*

## **7. GPs should now be seeing patients face-to-face / be offering this option - 15 people**

A number of people felt that despite the need for restrictions to face-to-face appointments earlier in the pandemic, this should no longer be the case.

*'I think doctors should now be seeing patients face-to-face rather than keep expecting people to have telephone appointments'*

*'I think the option to have a face-to-face appointment should be easier for the patient'*

## **8. Feeling that NHS / GPs do not want to see people - 14 people**

Comments suggested that communication received from practices and difficulties with accessing appointments aimed to discourage patients from contacting them.

*'I don't like the way the NHS is pushing people away'*

*'A lot of thought needs to go into how you continue with your communication strategy and it mustn't be all about how you can keep people away from the surgery.'*

*'Ads on TV say get checked out, but GPs do not seem to give that message'*

## **9. Need for support to be able to access remote appointments and online services - 14 people**

People told us about needing support to be able to access remote appointments and online services, either from family, carers or support workers.

*'You need someone there to do it and it breaks confidentiality'*

## **10. Access for people with hearing impairment - 13 people**

Comments included needing a British Sign Language (BSL) Interpreter, difficulties getting BSL interpreter for online appointments and BSL being the first language and therefore having difficulties with written English. People told us about difficulties hearing over phone or video call for those with hearing loss or who using a hearing aid. A need for GP to check records so they are aware patient is deaf / uses BSL was also mentioned.



*'No access to BSL interpreter for online appointments'*

*'I use BSL language and difficult to understand English language'*

### **11. Difficulty in building rapport via remote consultation / lack of continuity / impersonal - 12 people**

People told us that it was more difficult to develop a relationship with a Doctor when you could not see them in person and that it was difficult to see the same person, which meant repeating information.

*'General practitioners are becoming faceless and anonymous as a result. Trust is built up on forming a face-to-face connection'*

### **12. Issues with online systems - 12 people**

Including links not working, prescription requests not being received, systems lacking useful functions, not being user friendly, lack of sharing of information between systems and being required to complete an online form in order to get an appointment.

*'I have recently had an issue with online requests not being received by my surgery even though I received automatic responses'*

### **13. Speaking with receptionists / triage system -10 people**

Comments included finding the receptionists difficult to deal with and not wanting to discuss personal and medical matters with reception staff.

*'The triage system puts me off accessing my GP which I only do as a last resort'*

### **14. Difficulties accessing support and remote appointments in relation to mental health issues - 9 people**

Comments included those who found it difficult to discuss issues relating to mental health by phone or video call or engage in remote appointments as a result of their mental health, those who did not feel remote appointments should be taking place for mental health issues and those who had struggled to access support for mental health via their GP.

*'I am schizophrenic and I have been having consultations by telephone. I feel this is totally unacceptable as I cannot be assessed properly'*

*'My daughter's eating disorder treatment has been almost entirely on webex or the phone - a mix of this with face-to-face would have been ideal'*

*'Suffer with mental health and need to see a doctor in person'*

### **15. Remote access works for some people but not others - 9 people**

Comments expressed that the effectiveness of remote consultations and using online services would be dependent on the individual and their circumstance.

*'Convenient for those who can use it, more difficult for the elderly'*

### **16. Lack of treatment received due to services not being available during the pandemic - 8 people**

Including those who had been waiting for or not been able to access treatment due to services not operating face to face and waiting times and delays due to the impact of the pandemic.

*'I had no pain injections for two years and when I phone the hospital they say I am on the waiting list'*

*'Tried to contact the GP and eye specialist about problems during lockdown, but I couldn't get to see them'*

### **17. Concerns about privacy and security - 7 people**

Including concerns about privacy of video calls, sending photos, storage of photos by the NHS and security of online systems used to access services.

*'Shouldn't be asked to take and send private parts video, it's degrading'*

### **18. Uncertainty about time of call - 7 people**

Not knowing when you are going to receive a call, making it more difficult to ensure you have privacy to take the call and feel prepared to talk about the issue and remember key points. Some comments related to people feeling worried that they would miss the call, not knowing who is calling as coming from a withheld number and not being able to call them straight back if you do not answer the call in time.

*'Can be awkward if not known when they are going to ring as ties you to the house and phone, if you miss the call they do not ring back and usually a withheld number so you cannot ring them and you have to start the whole process over again.'*

### **19. Misdiagnosis and delays to treatment due to remote appointments - 6 people**

Comments related to personal experiences in which individual felt there had been a misdiagnosis or delay to treatment due to remote consultation.

*'Remote appointments have led me to be being fobbed off, almost ignored and misdiagnosed, which led to me requiring emergency surgery twice'*

**20. Impact on Accident and Emergency - 5 people**

Comments expressed concern that the lack of ability to see a GP or being seen remotely would lead to people going to Accident and Emergency.

*'There is added uncertainty of diagnosis also putting added pressure of A&E'*

**21. Not wanting to contact GP because they are too busy / under pressure - 4 people**

*'I would like to get face-to-face but realise GP practice are very stretched'*

**22. Difficulties taking photographs to send - especially for people on their own - 3 people**

*'I find the doctor asking me to upload and download photos really difficult'*

**23. Cost of calling GP - 3 people**

These comments related to the cost of calls to GP practices from mobile phones, especially for when waiting in a queue for a long time. Including being put off calling due to lack of credit on phone and feeling that phone calls should be free.

*'If I don't have credit what do I do?'*

**24. Language barriers - 2 people**

Remote appointments being more difficult for those who English is not their first language.

*'Sometimes it is very difficult to explain to the doctors online as some people are not very confident with their English speaking skills'*

**25. Need for training and free equipment for elderly - 2 people**

**26. Monitoring and identifying safeguarding concerns when children not being seen face-to-face - 1 person**

**27. Impact of literacy issues on ability to use internet and online systems - 1 person**

**28. Lack of interaction with Health Visitor for child with Autism - 1 person**

**29. Need for GP practices to use WhatsApp - 1 person**

### 3. Summary of Key Findings

- Many respondents who are able to access the internet and feel confident in using digital devices gave positive feedback about being able to access health services online.
- Feedback shows some people have found that for them it is more convenient and saves time, in particular to be able to order repeat prescriptions online and have appointments without needing to visit the practice.
- However, 16% of respondents told us they do not use the internet.
- Only 48% of respondents said they could access the internet via a network connection on their mobile phone. Many people told us they did not have a phone that would enable them to carry out functions such as sending photographs and video calling and only 38% of respondents felt they definitely had the mobile data or credit to be able to use the internet on their phone.
- Many people told us that they would find it difficult or not be able to use the different functions on their digital device, search for information online, take and send a photograph or make or receive a video call.
- In addition to not having the internet access or appropriate device, this was often because people did not have the knowledge and understanding of how to do this.
- Some people had also struggled with the process of setting up and using online systems for GP access and in some cases they were not able to use functions they would like or felt the process could be simplified.
- Only 27% of respondents told us they would find it easy to discuss health concerns via phone or video call.
- Many people told us they preferred having appointments face-to-face, found it difficult to explain themselves on the phone or video call, felt that remote appointments lacked the personal interaction required and expressed concerns about the ability to diagnose patients remotely.
- Many people had concerns about the privacy and confidentiality of accessing services online and found it difficult to have a private space to have a conversation via telephone or video call.
- Accessing online information and service and having remote appointments was especially difficult for: older people, people with a disability, including learning disability, Autism, hearing loss and visual impairment, people with long term conditions including Multiple Sclerosis, Parkinson's, Dementia and those who have experienced a stroke, people with mental health issues, people experiencing homelessness or on lower incomes, and those for who English is not their first language.
- Overall, male respondents were slightly more likely to rate different aspects of online access as easy than female respondents, in particular discussing health concerns by phone or video call.

## Section C

### Feedback from People with a Learning Disability and Autism

We gathered feedback from people with a learning disability and Autism about using the internet and having remote health appointments, with support from self-advocacy organisations Our Way and SpeakEasy N.O.W. We carried out an Easy Read Survey face to face with 27 people attending a coffee morning at Our Way in Kidderminster and spoke with 6 members of the Health Checkers at SpeakEasy N.O.W. at one of their meetings.

We also visited Aspie, a support service for adults with Asperger Syndrome based in Worcester. 50 people who completed the main survey told us that they had a learning disability and / or Autism. 12 of these were people we had spoken to when we visited Aspie.

Therefore, in total 83 people with a learning disability and /or Autism shared their feedback with us.

#### Our Way Engagement Feedback

Out of the 27 people we spoke to 23 had access to the internet at home, 18 had access on their phone and 4 did not use the internet at all.

11 people said they would find it difficult to use the internet to find information. Reasons included not knowing where to look, finding websites confusing, the size of the writing being too small, visual impairment, difficulty using device controls and not knowing if they could trust the information. Some said they would need help to be able to look for information online and it would depend on the information they were looking for and if it was a website they had used before.

15 people said they would find it difficult to make or receive a video call. Some told us that they had used video calls to keep in touch with people during the pandemic, but may said they needed support to be able to do this.

19 people said they would find it difficult to talk to a Doctor by phone or video call. Many said it would not be possible for them to do this at all because they would find it so difficult, while others said they would need support, they wouldn't like it and that it would make them feel very anxious. People told us they would find it difficult knowing what to say and how to explain what was wrong, as well as understanding what the Doctor was telling them. A couple of people said that if an appointment was on the phone, this would mean support or carer talking to the Doctor on their behalf and they would not feel involved.

#### SpeakEasy N.O.W. - Health Checkers Feedback

Members of SpeakEasy's Health Checkers team also said that they could find it difficult to use the internet to find information and have appointments by phone or video call with the Doctor. They said they would need support to have a video call

or phone call with a Doctor and that sometimes this made it difficult as they needed to make sure their support was available at the time of the appointment or that sometimes the person who was available to support them might not be the person who knew them best.

They were also worried that it was not always easy to know how someone was or what was wrong if they did not see them in person. Some people have had their Annual Health Checks by phone or video call and they knew others who had too. They thought that this may mean the checks were not as good and did not cover as many issues as they should. It also meant they did not get the Easy Read information to help them understand about the checks.

### **Aspie Engagement Feedback**

Many of the people we spoke to at Aspie said they found contacting the GP practice and speaking to a Doctor by phone very stressful. They said they found it difficult to explain themselves, know the important bits of information they should be sharing and to process and remember information given on the phone. They also found the uncertainty of how long they would have to wait to get through to speak to someone would cause them anxiety. Some people said they would put off or avoid contacting their GP because of the anxiety it caused.

### **Feedback Summary**

Engagement and survey feedback shows some of the issues that people with a learning disability and Autism may experience when accessing online and remote health services. These include difficulties include using the technology, navigating the internet and communication by phone and video call. Many would prefer face-to-face appointments and need support to access services online.

## Section D

### Conclusions and Recommendations

The following conclusions and recommendations have been made based on responses to Healthwatch Worcestershire's Digital Access to Healthcare Survey and engagement across the county. The survey responses were mainly in relation to accessing GP services, which reflects how the majority of people experience accessing health services. However, it is important that findings are also taken into consideration across other health and social care services, as use of online services and digital access increases, such as hospital outpatients appointments and the Shared Care Record Patient Portal.

Our findings show that many people recognise the benefits of being able access health services online, especially in accessing information, providing speed and convenience when ordering prescriptions, booking appointments and gaining advice and treatment remotely.

However, responses also show that some people are not able to use the internet or do not want to use it. Many people have had difficulties using online systems and with remote appointments by phone and video call. Many people feel that in some or all cases patients should be seen face-to-face and that this is not always possible.

Responses throughout the survey and from our engagement show that older people, people with a disability, including learning disability, Autism, hearing loss and visual impairment, people with long term conditions including Multiple Sclerosis, Parkinson's, Dementia and those who have experienced a stroke, people with mental health issues, people experiencing homelessness or on lower incomes, and those for who English is not their first language, may find it more difficult to access GPs, use the internet and online services.

#### A. Accessing and Using the Internet

16% of respondents to our survey do not use the internet. This shows that not everyone has access to the internet or a device to access it on. Only 48% of respondents have access to the internet on their mobile phone and 38% felt they have sufficient mobile data to be able to use functions such as video calling and download apps. Factors that may influence this include age, cost and living situation, not having the skills or knowledge and not wanting to access it.

Many of those who responded to our survey had a limited understanding of how to use the internet and digital functions. Only 37% of respondents found it easy to use the functions on their device, 40% would find it easy to take and send a photograph and 38% knowing how to use video calling. The number of respondents who found searching for information easy was slightly higher at 51%.

Our survey and engagement findings show that older people, people with a learning disability, Autism, visual impairment, hearing impairment, mental health

or long term health condition were more likely to find it difficult to use the internet.

It is important that health services appreciate and consider that not everyone is able to access the internet and that some do not wish to, therefore an alternative to online access should always be available.

**Health services should consider**, as part of the development of the Herefordshire and Worcestershire Integrated Care System, how work streams including the Digital Inclusion Programme and Inequalities and Prevention Collaborative will ensure -

1. More people are able to access internet and devices in particular those who may face health inequalities due to age, housing situation, income, disability and long-term health conditions.
2. Training and ongoing support will be provided to help people to develop their understanding and confidence of using the internet and electronic devices, such as phones.
3. Funding, initiatives and support are long term and sustainable.

## **B. Online Information**

Only 51% of respondents found it easy to search for information online, for example to find the opening times of health services such as a pharmacy. The reasons given suggested that in addition to access to the internet and ability to use it, issues such as the accessibility and accuracy of websites and ease of navigation influenced how easy it was to find the information needed.

People with a learning disability and Autism and those with a visual impairment in particular found it more difficult to find and understand information and are more likely to require information in an alternative format. As part of the Accessible Information Standard, health services are required to meet the information and communication needs of patients with a disability, impairment or sensory loss. This also applies to information provided online.

**Health services should consider -**

4. How to ensure there is a system to identify those who need to receive information in a non-digital format and that this is always clear and available in a variety of formats and languages e.g. leaflet, letter etc
5. Reviewing websites for general accessibility - including ease of navigation, simple layout, use of clear language, translation function
6. Reviewing websites to ensure they meet disability accessibility standards, including being compatible with screen readers
7. How to ensure accuracy of information on websites is maintained
8. Providing information for patients about where to find information online and alternatives available



## C. Online Systems for GP Access

Many of those who had registered to access GP services online using Patient Access or the NHS App had found this a useful service, simplifying the process and avoiding the need for phone calls, especially when ordering repeat prescriptions.

However, only 54% of respondents had registered to access GP services online. Reasons given for not registering included not wanting to, not knowing how and the process being too difficult. Those who had registered also told us about difficulties they have had setting it up and in using the systems once registered.

Comments were made throughout the survey relating to concerns about using online systems due to data security. Concerns were also raised about the complexity of some online forms that patients were required to complete to book a GP appointment. Comments also suggested variation in the way systems were set up and used across different practices, suggesting a more standardised approach may be helpful.

### Health services should consider -

9. Reviewing and standardising processes used within individual GP practices for setting up and using online systems, based on feedback from patients about their experiences. Ensuring that the process is user friendly and simplified where possible, including -
  - a) Clear use of language, lack of repetition, easy navigation and accessible layout of information e.g. font size within the system
  - b) Simple and accessible process for confirming identity
  - c) Functions are enabled e.g. booking appointments
  - d) Information e.g. test results is added / updated in a timely way
  - e) Systems for actioning requests e.g. prescriptions are working efficiently
  - f) Alternative formats and accessibility features e.g. translation and ease of use of screen reader
10. Ensuring there is clear information provided about online systems, available in digital and non-digital format, including -
  - a) The benefits of using the system for the patient
  - b) Security and privacy of the system and data storage
  - d) How to set up and access online systems
  - e) How to access support with using the system
11. Providing support for individuals to help them set up and use systems on an ongoing basis e.g. point of contact at the practice or drop in opportunities to have a demonstration or raise queries
12. How to ensure that there is always a non-digital option available, that patients are aware of this and that those using this option are not disadvantaged.

## D. GP Appointments

We heard positive feedback about the use of remote appointments in terms of convenience, speed and the way in which some practices had implemented these changes, many people also had concerns.

However, only 27% of respondents said they would find it easy to discuss health concerns and issues by phone or video call. Many people told us they found it difficult to have remote appointments, especially those with additional communication needs, such as those with a learning disability, Autism, visual impairment, hearing impairment, long term condition such as dementia or stroke and those people for who English is not their first language. Some people also struggled with accessing and using the technology required to take part in remote consultations and having a private space to be able to carry out the appointment.

People raised concerns about the effectiveness of diagnoses made remotely for certain or all issues, including concerns about the use of photographs and video calls to be able to see someone and that not seeing people face-to-face risked not only misdiagnosis, but also potential to miss issues that may have been apparent in a face-to-face appointment.

Issues were raised in relation to the process used within some practices for accessing appointments, including difficulties getting through by phone, lack of availability of appointments, requirement of an online form for an appointment, dislike of triage system and inability to book a face-to-face appointment when requested or preferred. Some people told us that the lack of a specific time for their appointment was an issue. Feedback suggests variability between practices in the way in which appointments are managed. Some people felt this worked well in their practice, while others reported particular difficulties.

Some of the feedback received suggests that patients do not feel they are able to choose to see a GP face-to-face if they want to, which is a requirement in the NHS Long Term Plan.

Some people felt that the move to remote appointments and not returning to face-to-face appointments as Covid restrictions have eased suggests the NHS and GP practices do not want to see patients.

### Health services should consider -

13. Reviewing appointment systems within GP practices, based on feedback from patient experience and sharing of good practice where systems are working well. Including consideration of -
  - a) Ability for patients to contact practice by phone when needed and cost e.g. introduction of free phone number across the County
  - b) Ability for patients to book online e.g. enabling this via online system used
  - c) Providing an option for people to visit the practice in person to book an appointment

- d) Availability of appointments - urgent, routine, in advance, on the day and with a specific GP
  - e) How the practice makes decisions about whether appointment offered is remote or face-to-face, based on clinical need and flexibility in relation to individual need and circumstances e.g. communication need due to disability, limited English language, caring responsibilities, need for support at appointment, availability of private space for remote appointment.
  - f) How system and process identifies individual needs and circumstance at the point of booking appointment e.g. flagging systems as required by the Accessible Information Standard.
  - g) Enabling patient preference of appointment choice where possible
  - h) Providing specific time slots for telephone and video call appointments to help patients to prepare for the call and find somewhere private to hold the conversation.
14. How to ensure reasonable adjustments are in place for people with a disability, including - face-to-face appointment, BSL interpreters and availability of support
  15. How to ensure all staff have an understanding of communication difficulties people with a learning disability, Autism, hearing or visual impairment, mental health or long term health condition may experience when contacting the practice and having an appointment by telephone or video call.
  16. How to ensure that initiatives to reduce health inequalities, such as health checks and requirement to provide accessible information and support for people with a disability or additional communication needs are being implemented and that the effectiveness and quality is not impacted upon due to digital access.
  17. How to ensure photographs sent by patients are stored securely and deleted as appropriate and that patients are aware that their data is secure.
  18. Reviewing platforms used for video calling, to ensure consistency, ease of access for patients and data security.

## **E. Online Access and Support for Mental Health**

Responses to the survey suggested that people have experienced difficulties discussing issues relating to mental health via remote methods such as phone or video call. People also told us that their mental health impacted on their ability to have discussions and appointments with their GP by phone or video call, both in terms of using the technology and communication.

Some felt that mental health support they had received should have been face-to-face and in some cases that they had not been able to access the support they had needed.

### **Health services should consider -**

19. How to ensure that all staff have an awareness and understanding of mental health issues and the possible impact on patients' ability to communicate and have appointments remotely
20. How to identify patients who may find it more difficult to engage in appointments by phone or video call due to mental health and anxiety, so that face-to-face can be offered.

## **F. People with Learning Disabilities and Autism**

Feedback from people with a learning disability and Autism from the survey and our engagement suggests that many would find it difficult to use online health services and take part in remote appointments. In particular using the technology, navigating the internet and communication by phone and video call.

Many told us that contacting the GP by phone would cause them anxiety if they did not know how long it would take to get through and how to explain what the issue was. For some this has prevented them contacting their Doctor about concerns. They would also find discussing health issues and concerns difficult by phone or video call as they would not know how to explain what is wrong or understand and process the information the Doctor was telling them.

Many would need support or someone else to ring the GP, access services online or have a remote appointment. This means that it can reduce confidentiality if they need support present or need someone else to have a conversation on their behalf. It is also important that appointments can be made and take place when carers and support staff are available.

Concerns were raised that Annual Health Checks for people with a learning disability, which aim to reduce health inequalities, may vary in quality due to the different ways these are carried out across GP practices. In particular that they may not be as comprehensive and such good quality if they are carried out remotely.

### **Health services should consider -**

21. How to ensure all staff have an understanding of anxiety and communication difficulties experienced by people with a learning disability and Autism
22. Flagging systems are in place to enable face-to-face appointments for people with a learning disability and Autism
23. How to ensure Annual Health Checks for people with a learning disability are of a good quality, carried out face-to-face where possible and enable the individual to fully engage in the process.

## G. Carers

Our findings suggest that many people would need support from a relative or carer to be able to access the internet, use online services and take part in remote consultations, especially by video call. Carers also told us that caring responsibilities could make it more difficult for them to be able to speak by phone or video call or have a remote appointment for themselves, especially if a specific time was not given. We heard about difficulties getting face-to-face appointments for the person they cared for, when this would be needed and also from those who found that in some cases it was helpful to speak to the practice by phone without having to take the person they cared for to the practice.

### Health services should consider -

24. How to ensure that flagging on systems identifies carers
25. How systems for booking and attending appointments can meet the needs of carers e.g. flexibility about appointment type and specific time slot

## H. Communication of Key Messages and Building Trust

Responses to our survey suggest that some people feel that they have been discouraged by the NHS or their GP practice from seeking help and had difficulties accessing appointments and in particular being able to choose to see someone face-to-face. Comments have been made about mixed messages from the NHS, such as being encouraged to contact your GP about any concerns, but then being unable to get through or get an appointment or being told that only urgent appointments are available. Some people have not wanted to contact their GP due to concerns about pressures on the NHS or because they are worried about having to discuss something by phone.

Concerns were also raised about the potential for misdiagnoses or missed diagnoses due to remote consultations and about the confidentiality and security of carrying out consultations by video call, sending personal photographs and using online systems in relation to medical information.

It is therefore important that consideration is given about the ongoing communication of messages in relation to online services and remote access, by GP practices and health services generally as online and digital services develop and new initiatives are launched, such as the patient portal access to the Shared Care Record.

### Health services should consider how to convey consistent ongoing messages to patients, including -

26. NHS services are available and should be accessed when needed
27. Patient choice about appointment type and use of online systems

28. The confidentiality and security of systems used, including the storage and retention of photos sent to aid diagnosis
29. Systems are in place to ensure that patients receive safe diagnosis and treatment via remote consultation
30. Reasonable adjustments will be made to ensure that people with a disability and additional communication needs are able to access services
31. Work being done to ensure those experiencing health inequalities are not at a further disadvantage due to use of digital and online services.

## **I. Wider Expansion of Digital Services**

The feedback gathered by our survey and engagement focussed mainly on experiences of accessing GP services online, as this reflects the majority of experiences people have had with using online services and having remote appointments. Due to the Covid-19 pandemic, GP services had to move online very rapidly and systems had to be set up at speed. Many of the findings from our survey and engagement will be relevant to accessing other health and social care services online and therefore it is important that the findings are considered in this wider context as digital services implemented in other areas. Health services and social care services should take this opportunity to reflect on learning from the implementation of systems within GP practices and from the experiences of those who have been using them, in particular to ensure that digital expansion does not reinforce health inequalities.

### **Health and social care services should consider -**

32. How the findings, issues raised and recommendations within this report will be taken into consideration when developing and implementing the wider rollout of digital services, including Shared Care Record Patient Portal, transformation of hospital outpatient appointments and mental health services.