healthwatch Sandwell

Using Digital Technology in Primary Care Services March 2021

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Contents

Executive summary

This report looks at the patient experience of using digital technology in primary care services in Sandwell. In 2019 Sandwell ranked as the 12th most deprived local authority area nationally for indices of multiple deprivation. [1] Digital skills levels and digital poverty are associated within these deprivation levels.

The Covid-19 pandemic meant sudden adjustments within GP Practice services, including to address patient and staff safety face-to-face services became the last, rather than first option. Individuals and organisations have had to adjust rapidly to using digital technology and remote services. Healthwatch Sandwell wanted to find out how well patients had adjusted to the changes in primary care services and what challenges may have arisen.

Healthwatch Sandwell found that patients have been willing to try to adjust and use digital technology in accessing services. Overall patients have been happy or satisfied with the services they have received within primary care. Many have adjusted well to using digital technology and state some benefits.

The feedback on patient experiences provides some useful insight that could help inform continued development of digital technology within primary care services. However, the Healthwatch Sandwell survey results also showed that 44% of the public said they found digital technology difficult to use and over 30% had challenges with accessing equipment or internet data supply. Focus Groups were held as part of the project to explore in more detail the issues and barriers and how they might be able to be addressed. The Focus Groups included people over 65 years old, sensory and learning disabilities, people from minority ethnic communities with language barriers and "digital poverty". The main findings, reflected in the report recommendations, are that accessible communication options, choice and reasonable adjustments need to be considered in developing up digital services.

Covid-19 has impacted and created pressures and priorities for primary care services such as services for clinically vulnerable patients, who have been shielding, and the Covid-19 vaccination rollout. Therefore, the project focused on the patient experience side of using digital technology in services at this stage. Healthwatch Sandwell would like to work with the Primary Care Networks (PCNs) and commissioners at an appropriate stage and consider how the outputs of this report might help inform and develop services.

The insights gathered within this report on digital technology use and accessibility may be of broader interest and help inform wider service development in Sandwell.

Healthwatch Sandwell hope the insight gathered and contained within the report will help to inform and develop primary care services to ensure all patients can access and receive services smoothly and easily.

[1] Sandwell Trends (2019) https://www.sandwelltrends.info/deprivation-2019/

Table shows Sandwell as 12th out of 317.

Introduction

Healthwatch Sandwell (HWS) are the independent voice of the public in health and social care. We collect feedback from members of the public using health and social care services about their experiences and use that feedback to work with service providers and commissioners to improve services.

The Coronavirus Covid-19 pandemic required swift changes in delivery of Primary Care Services to minimise risks and cope with the impacts on service delivery. Consequently, the use of digital technology has come to the forefront of how patients access services. Patients have had to try to adjust quickly to the new delivery service methods. Feedback from this project indicates that many patients have embraced the changes, but others have struggled. GP and nurse phone consultations have increased, people expressed a high level of satisfaction with this service and online NHS111 and prescription services. People have become more familiar with video consultations as an option and overall rated this choice "neutral" but uptake has only been slightly higher than pre Covid-19.

During the first lockdown phase of Covid-19 HWS engaged with the GP Practices in Sandwell to establish the picture on adjustments to services to help inform and support the public and community organisations. The report was published in July 2020.[2] The findings included that 85% of GP Practices told HWS they were providing consultation services by telephone and 60% stated they were conducting video calls. Consultation service via email were also mentioned. Patients also have the options to use NHS 111 phone and online services and GP online apps, including the Sandwell and West Birmingham Health app[3] which was developed during Covid-19.

The adjustments to Primary Care Services reflect targets within the NHS 2019 Long Term Plan (LTP)[4] including the ambition that ***"all patients will have the right to online consultations by April 2020 and video consultation by April 2021"***.

However, feedback from a HWS priorities survey with the public in 2020 found that 60% of people expressed that their preferred method of appointment with a GP was face-to-face contact within their GP Practice. The digital skills and access levels of the Sandwell population are lower than average so some groups of people may be at risk of digital exclusion in services, particularly if they have barriers or challenges to accessing and using digital technology. HWS wanted to explore patients experiences of Primary Care Services including how they had adapted to the digital shift in services and gain insight on any issues needing consideration to help inform services development.

HWS identified as a priority a project to find out more about the patient experience of

"Using Digital Technology in Primary Care Services".

HWS initially planned the project work to be in collaboration with the primary care networks (PCNs). However, Covid-19 impacts, and the vaccination programme have been the priority work focus for the primary care networks and capacity to work with HWS was limited. Therefore, this report only reflects feedback and insight from the patient perspective. HWS

would like to follow up on this piece of work by direct engagement with the PCN's to consider the contents of the report and ensure a fuller picture on services.

[2] GP Practices in Sandwell – adjustments to services during Covid-19 https://www.healthwatchsandwell.co.uk/wp-content/uploads/2020/10/GP-Practices-in-Sandwell-adjustments-to-services-during-Covid-19.pdf

[3] Sandwell and West Birmingham Health app https://app.swbhealthapp.com/splash

[4] NHS Long Term Plan https://www.longtermplan.nhs.uk/online-version/

HWS aimed to find out how well patients had adjusted to the sudden changes in primary care services and their experiences of using digital technology to access those services. How these changes compared with face-to-face primary care services and to gather an overview on the range of digital technology the population were using to support their health.

HWS also sought to gain insight and an understanding of the barriers, challenges, and issues in using and accessing digital technology for some of the population. This included looking at abilities, skills levels, access to digital equipment resource and accessibility of services provided digitally for people with disabilities and other support needs, including language barriers.

The project findings are included within the contents of the report that follows.

Methodology

Gathering information - Survey

The information for the project was gathered through a survey and Focus Groups. The aim was to capture a wide range of public voices experiences through the survey and to gather deeper insight, through separate focus group conversations, on the barriers, issues and challenges presenting for some groups of people.

The survey was circulated to the Practice Managers at the Primary Care Networks (PCNs) in Sandwell for comment. The survey asked people about digital technology ownership, accessibility, usage, and experiences of using digital technology in accessing primary care services. Questions included closed multiple choice, ratings of service experiences and some open text comment sections. A demographics section was included though the data collected was anonymised. The survey was open to completion by all residents of Sandwell aged over 16 years old.

Promotion and distribution

Posters were designed for the HWS website and social media (Facebook and Twitter) and included in printed copies survey distribution.

An audio recording was also made for the Sandwell Visually Impaired (SVI) through Talking News, which is distributed to all blind and visually impaired members.

Printed copies were produced to ensure people less able to access and complete the survey online were fully included. Large print copies were provided for any visual impairments. The printed copies were supplied with a freepost return envelope.

To ensure wide promotion and distribution of the survey and to encourage completion HWS worked with a network of voluntary and community sector organisations, especially those operating services able to engage more directly with the public during Covid-19 restriction measures.

Gathering information - Focus Groups

HWS established 5 Focus Group areas to look at the specific barriers, issues, and challenges to accessing and using digital technology that some people might face when using primary care services. The key challenge areas were identified as around abilities, skill levels, support needs and resources – all of which could present risks of digital exclusion from access and use of services.

HWS collaborated with Sandwell voluntary and community sector organisations, especially those directly providing support services to specific groups of people, to ensure targeted engagement and that detailed feedback was collected to inform each of the focus group areas.

The specific groups of people identified for focus group work were Over 65-year-olds and Long-Term Conditions (LTC), Sensory Disabilities, Learning Disabilities, Autism, and Minority Ethnicities.

The feedback and insights gathered in the qualitative focus group data may help inform design and delivery of primary care services going forwards.

Survey results: Patient feedback and experience of using digital technology in primary care services.

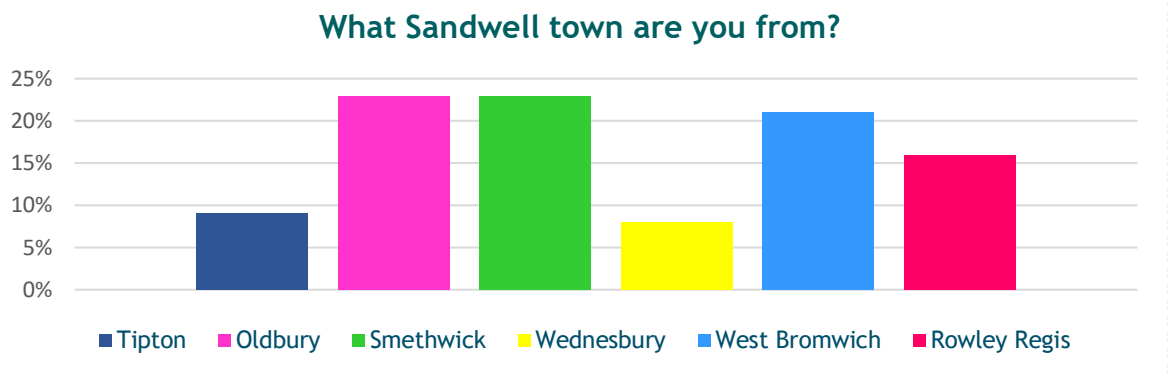
The project survey work was conducted during November 2020 until the end of January 2021. This timeframe included two National Covid-19 lockdown periods which somewhat limited normal distribution channels options for the survey. Prior to Covid-19 promotion of the survey would have been possible directly within primary care services and this may have increased the completed number of surveys. However, HWS staff were working from home throughout the project period.

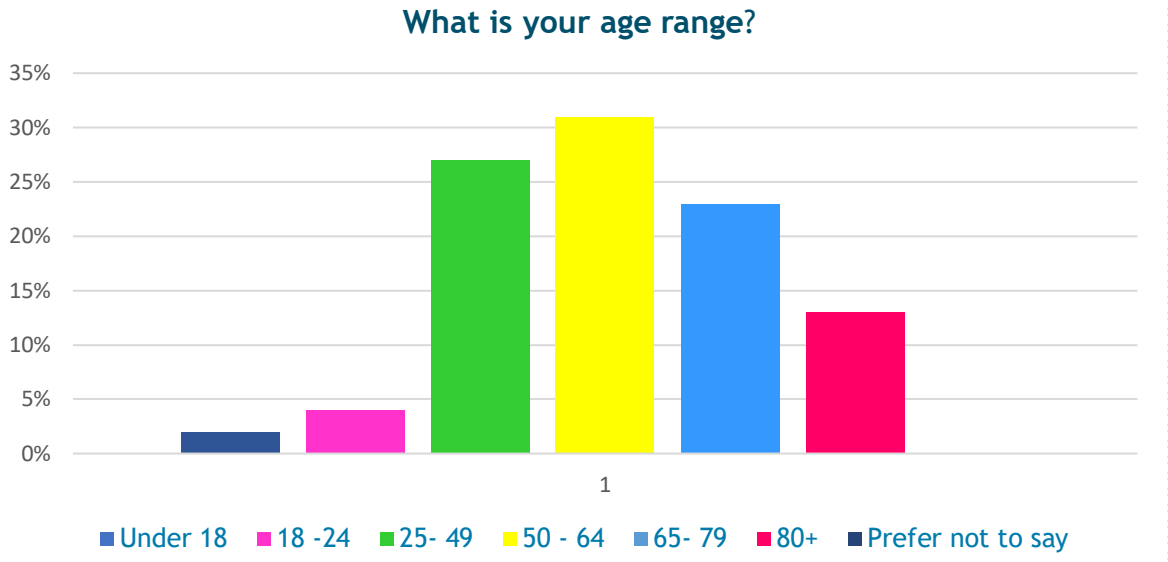
To ensure inclusion of people who may not be able to access digital technology 1820 printed copies of the survey were distributed through local community, voluntary groups, foodbanks, and pharmacies. 84 completed printed copies of the survey were received and input online plus 20 were completed through phone calls.

152 online surveys were completed - the results follow:

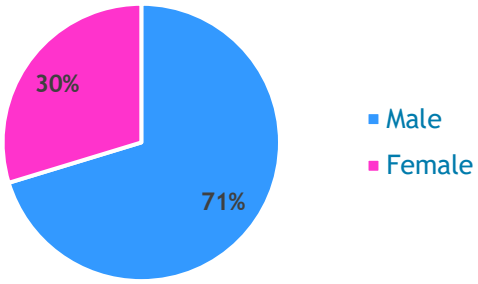
Survey Results

Demographics

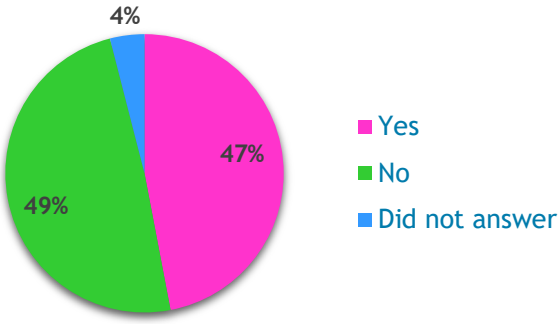




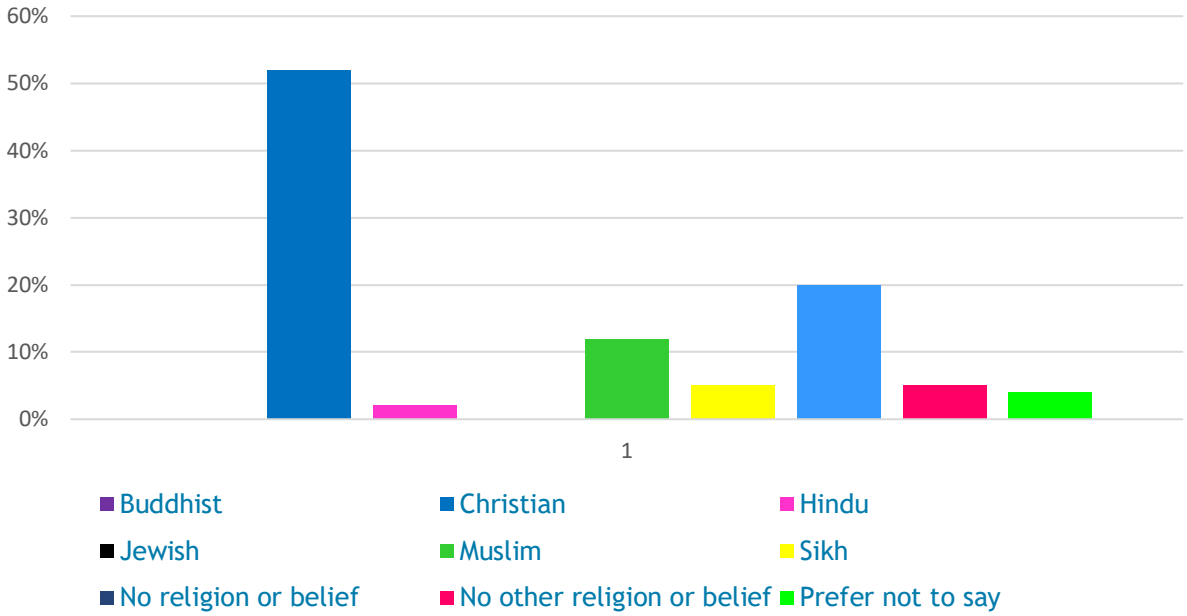
Gender



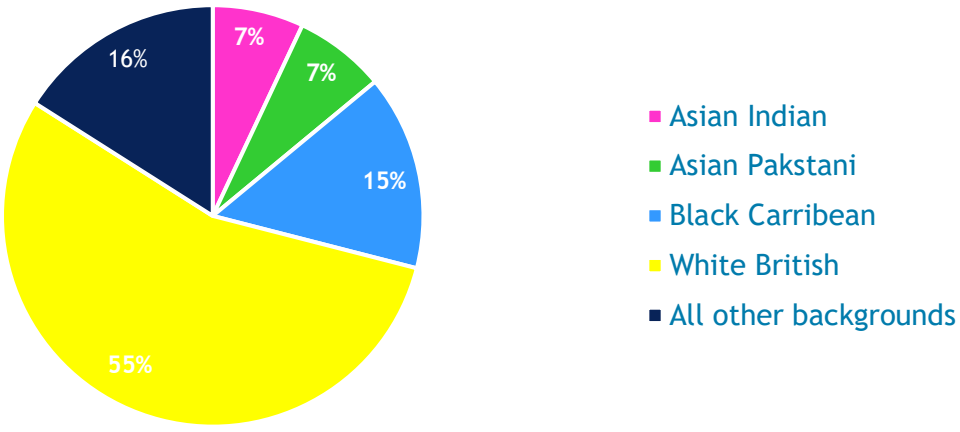
Disability or Long Term Condition



Religion or Belief



Ethnicity

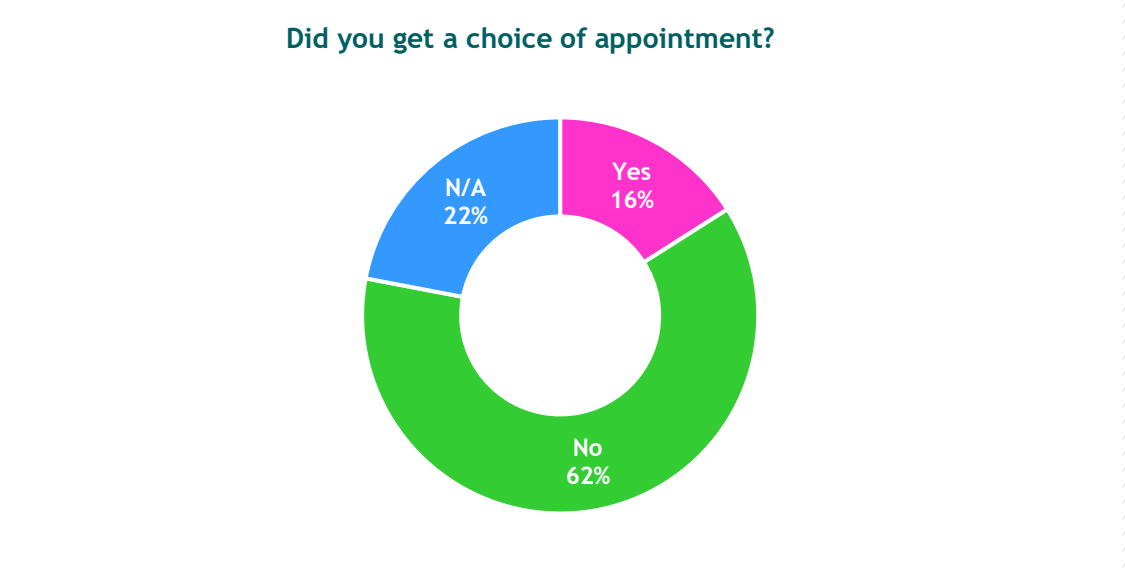


Patients experience of accessing primary care services.

Since the Covid-19 pandemic, patients have gone through the process of being triaged and offered a telephone appointment or a video call. A face-to-face appointment could be offered, but this depends on health issues presented.

Respondents were asked if they had a choice of how they were seen if they had booked an appointment with their GP Practice.

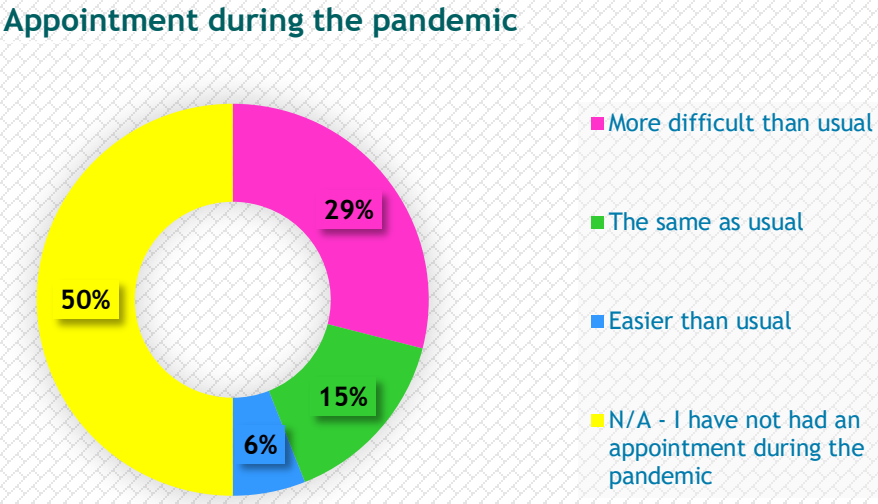
- 62% not been given a choice on how they were seen.
- 16% said that they had been given a choice.
- 22% did not have an appointment during the pandemic.



This is what some respondents said about appointment choice:

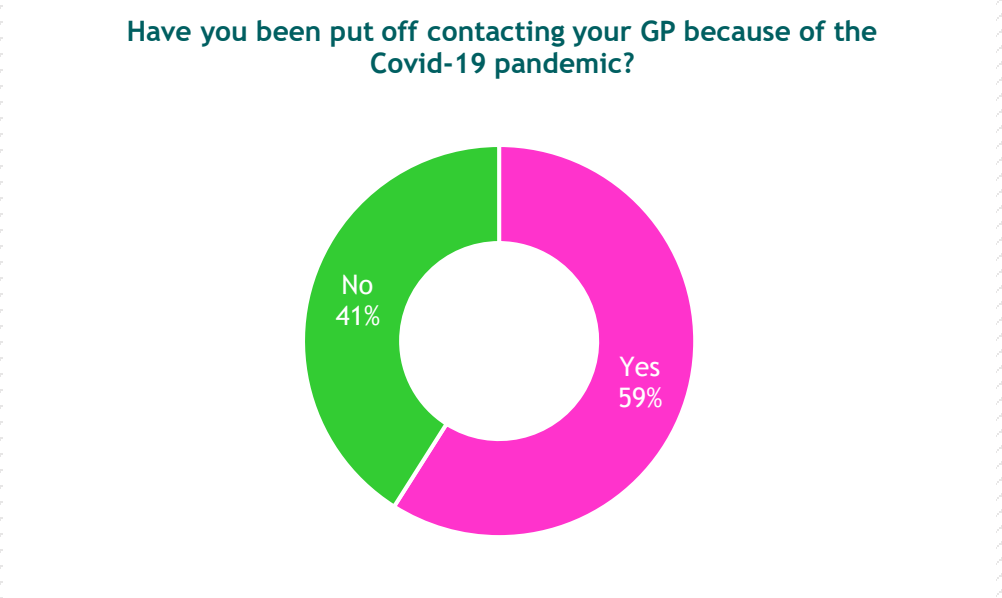
"Clear choice for patients - digital technology is not for everyone."

"Balanced approach."



Respondents were asked how they had found face-to-face appointments during the pandemic:

- 29% found more difficult than usual
- 15% the same as usual
- 6% easier than usual



41% of respondents had not been put off contacting their GP Practice because of the Covid-19 pandemic but 59% of respondents said they had been put off contacting their GP Practice because of Covid-19.

Patients use of digital technology in GP & Pharmacy services

The survey asked whether patients had used online and digital technology to access and receive GP Practice and Pharmacy services. The results provide a useful overview and key extracts are presented in the diagrams below, see appendix for full data breakdown.

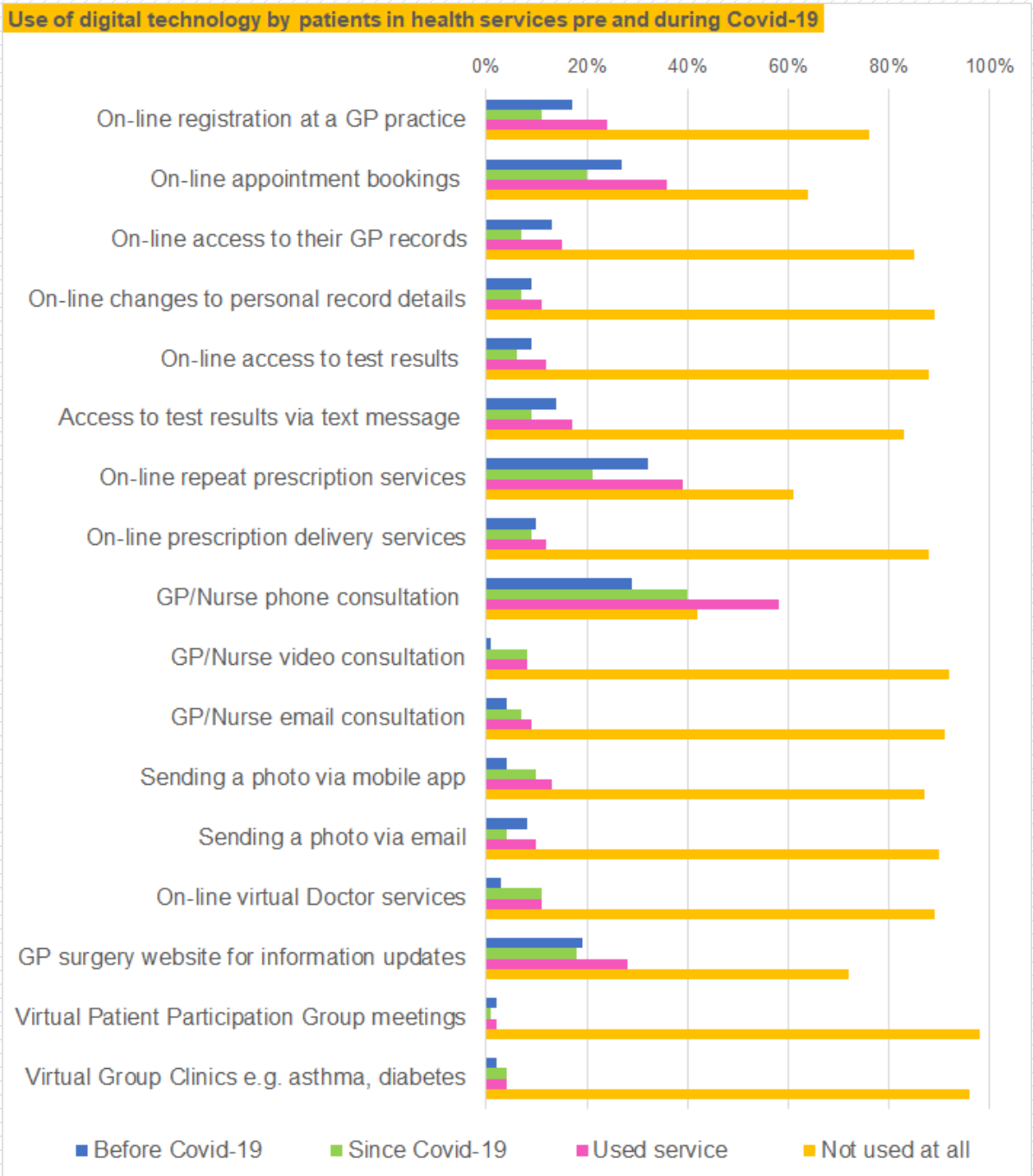
Some of the key insights from the information are:

- 24% said they had registered online at a GP Practice, 11% of which were since Covid-19.
- 36% of people said they have used online appointment booking systems.
- 39% of patients said they had used online repeat prescription services.
- 28% had accessed GP Practice websites for information updates, with an even split between pre and since Covid-19.

The most significant upward trend changes were GP and nurse consultations where, due to Covid-19 impacts, services have moved to being delivered remotely using digital technology.

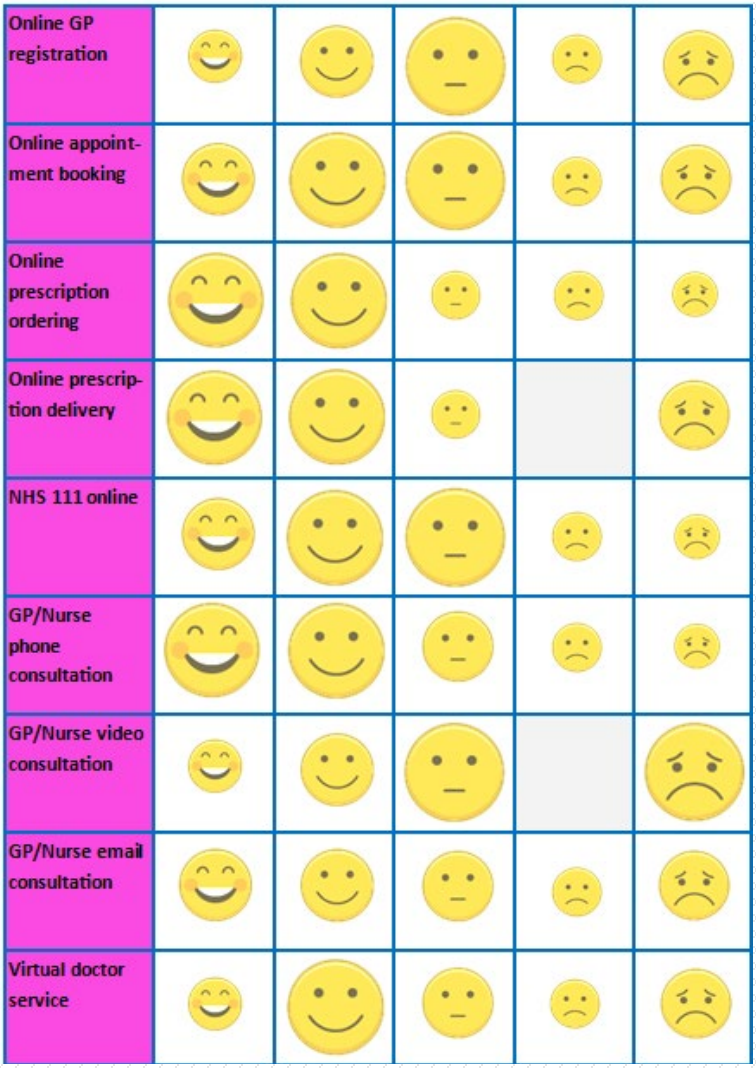
Use of digital technology in GP & Nurse consultations:

	Before Covid-19	Since Covid-19	Used service	Not used at all
GP/Nurse **phone** consultation	29%	40%	58%	42%
GP/Nurse **video** consultation	1%	8%	8%	92%
Online virtual Doctor services	3%	11%	1%	89%



Patient feedback on using primary care services.

The survey asked about the patients experience of using online services provided by GP Practices and pharmacies. The diagram below captures how they rated this service, from "very good" to "very poor", the sizes of the faces reflect the percentage scores and demonstrate that people were mainly happy or satisfied with services, though some have been having a poor experience.



Online registration and booking key points:

- **Accessing online GP registration was an overall neutral experience.**

"I have never met a staff member of my new GP surgery as they don't see patients face-to-face, even for a new patient appointment."

- **Overall respondents liked online booking of appointments.**

"being able to book appointments without waiting in a queue on the phone for an hour."

- **There were concerns mentioned over availability of appointments.**
  "not enough appointments, as majority [you] have to phone for."

Online ordering of prescriptions and delivery:

Online prescription ordering and delivery has been favoured by patients.

- 76% rated online prescription as “very good” or “good.”
- 75% rated online prescription delivery as “very good” or “good.”

Consultation appointments:

Patients rated telephone consultation more favourably than video consultation.

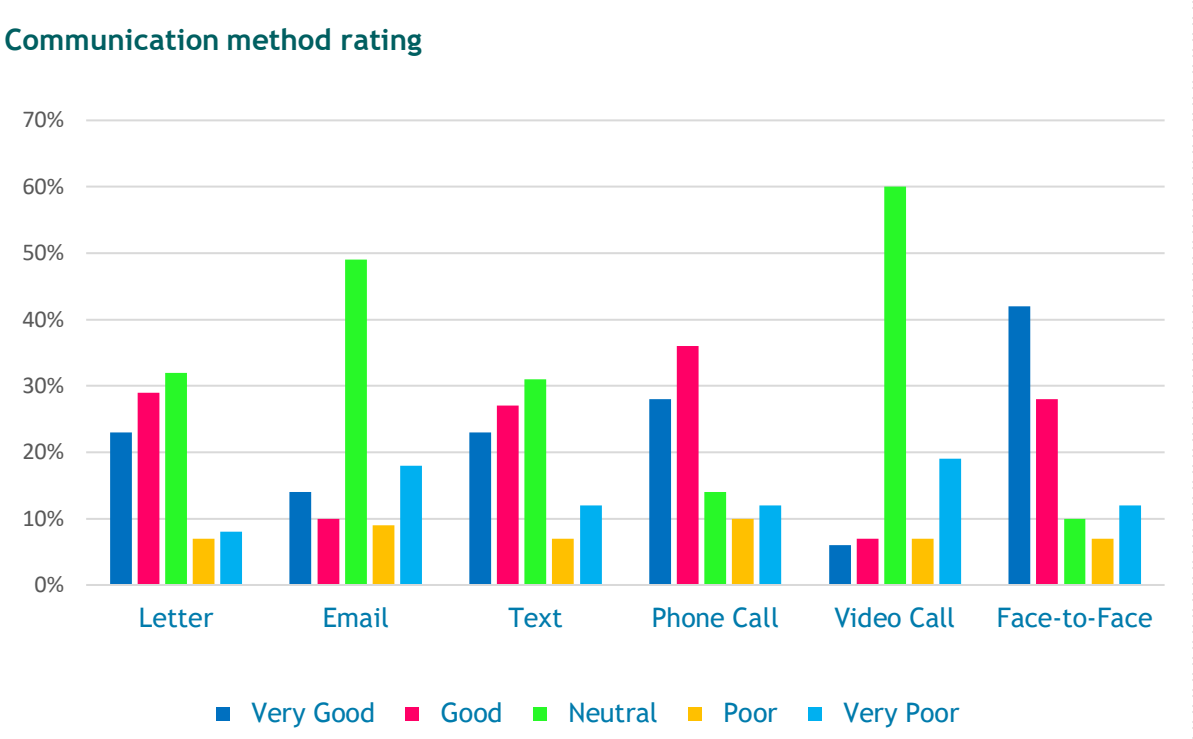
- 64% “very good” or “good” for telephone consultation.
- 36% “very good” or “good” for video consultation.

Patients experience of NHS 111 online was overall positive:

- 61% said that it was either “very good” or “good”
- 11% said that it was either “poor” or “very poor.”

Communication methods:

Respondents were asked to rate methods of communication with their GP Practice.



The highest percentage ratings responses were for traditional methods of communication – “very good” and “good” responses combined were:

- face-to-face 70%
- phone call 64%
- letter 52%

The main ratings for email and video were “neutral”:

- email 49%
- video call 60%.

Many people may not have used the video consultations yet, but the responses indicate neutrality about the option. It is likely that during Covid-19 people have adjusted more to the idea of virtual meetings.

The “poor” and “very poor” ratings for methods of communication were:

- email 27%
- video call 26%
- phone call 22%

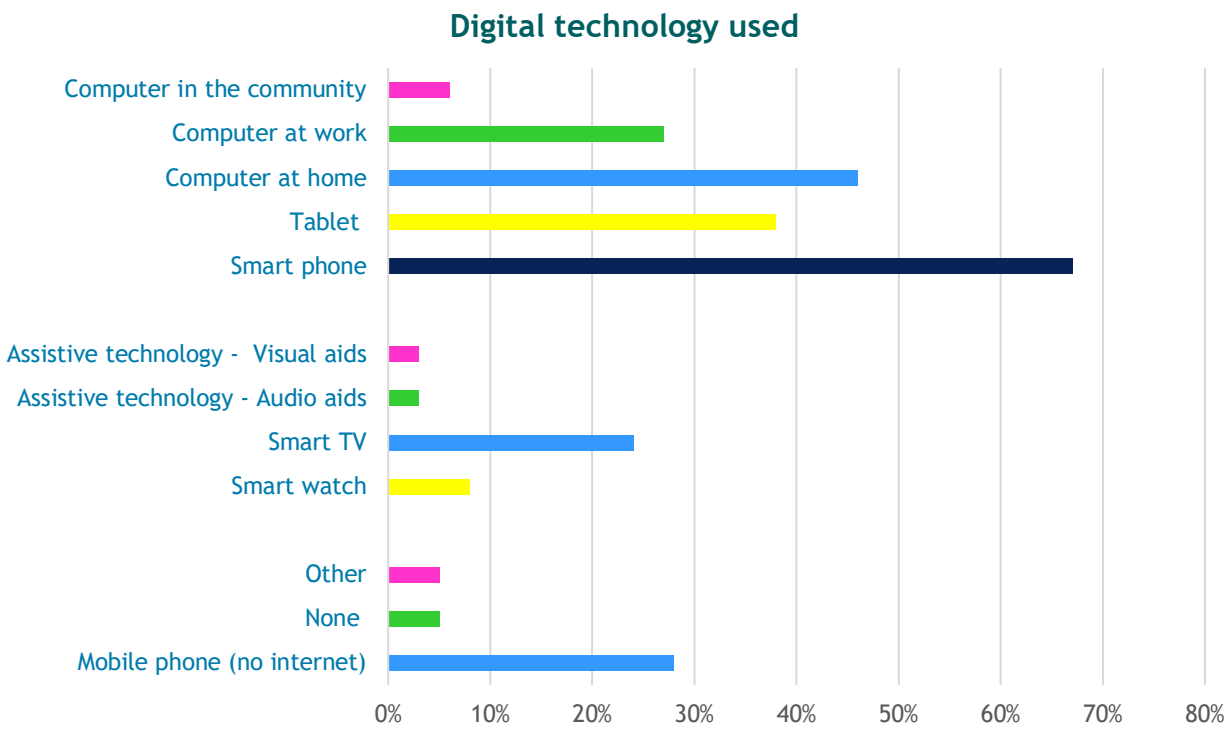
These may indicate digital technology challenges. The other “poor” and “very poor” ratings were:

- text 19%
- letter 15%
- Face-to-Face 19%.

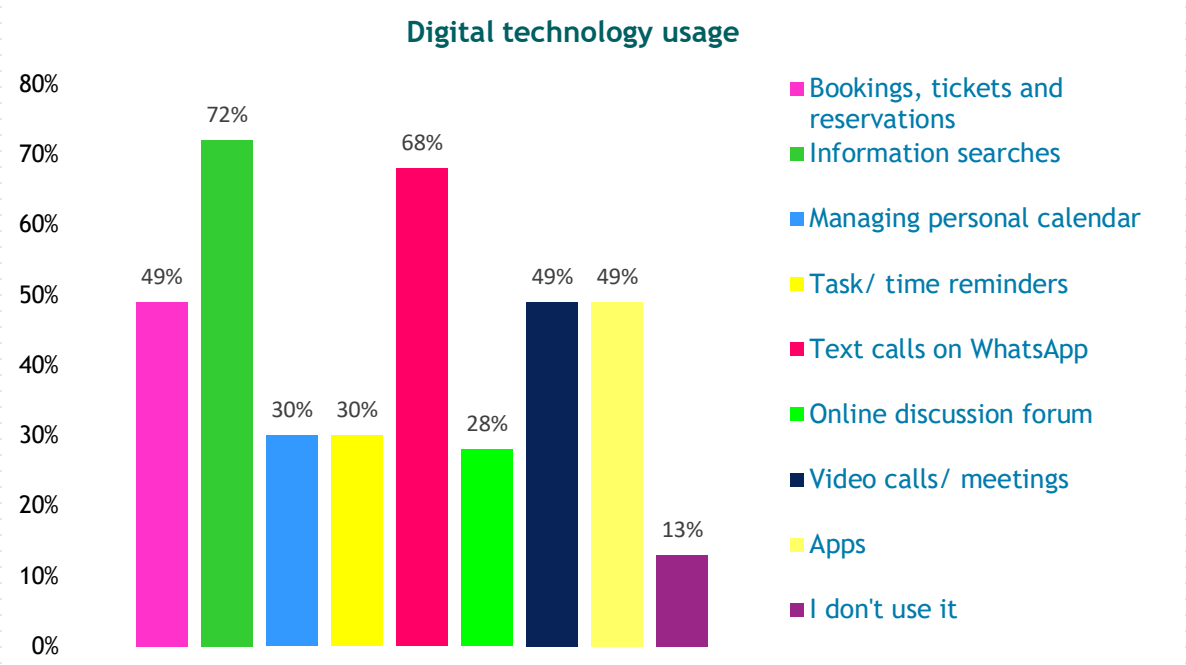
These figures are known to include responses from 6 (4%) minority ethnic participants for whom English is not a first language or it is not spoken or understood. These outputs are further explored within the Focus Group section of the report.

Overview of Sandwell residents use of digital technology.

HWS asked within the survey what digital technology people used, whether it was easy to use and if not, what were the reasons.



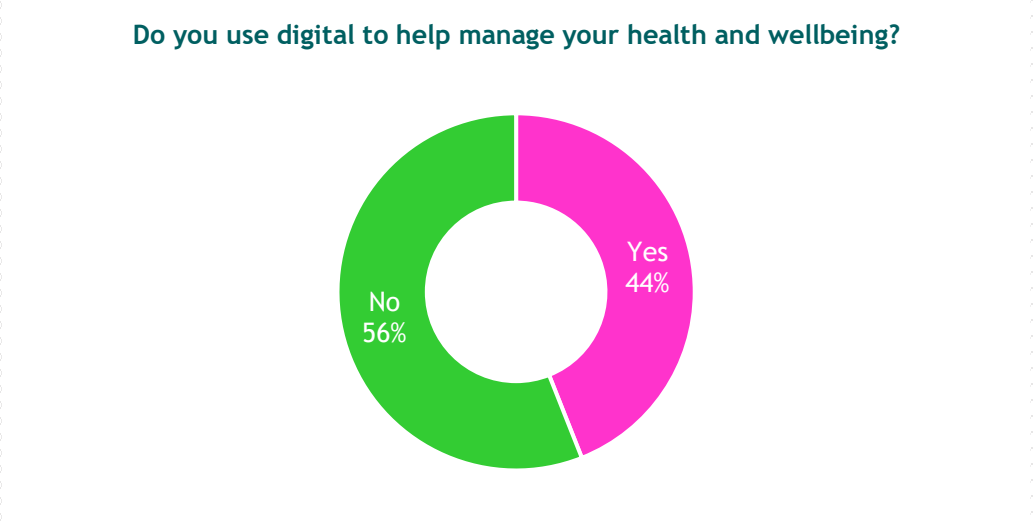
5% stated they did not use any digital technology, 28% only owned a mobile phone, without internet access, 75% of this group were aged over 65 years old, the remainder were in the 26-64 years old group.



Respondents were asked what they used digital technology for, and they were able to choose all options that applied to them.

- 72% stated information searches
- 49% used it to make booking for appointments, video calls and meetings, or accessing Apps.

The survey asked whether people used apps to manage their health and wellbeing and if so which.



Of the 44% that use digital technology to manage their health and wellbeing:

- 83% used it for internet searches.
- 52% used it for Apps.

- 42% used it for online videos.
- 16% used it for podcasts.

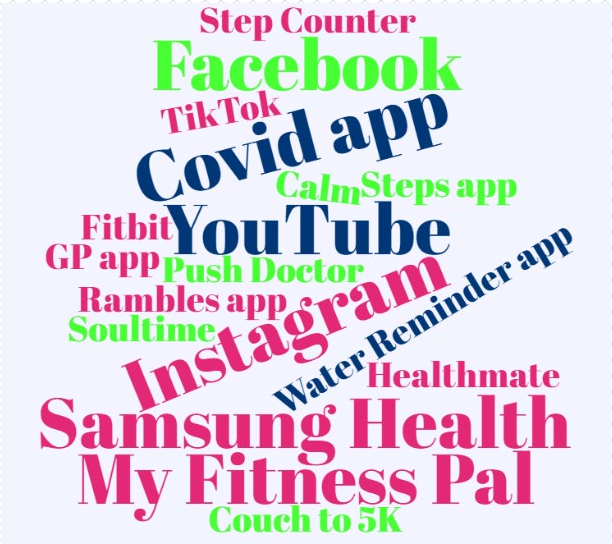
The diagrams below show health and wellbeing website and apps usage. The size of the words is in proportion to usage, words in large print have been used the most.

The diagrams show that patients liked to use:

- NHS
- WebMD
- Cancer charities
- Diabetes UK
- Mental Health sites
- Samsung Health
- My Fitness Pal
- YouTube
- Facebook
- Instagram

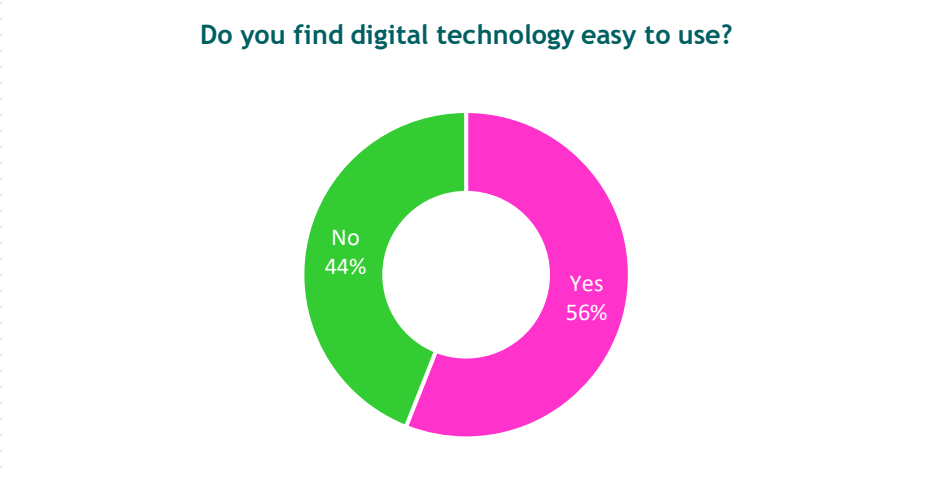
Websites used:

Apps used:



Challenges and barriers of using digital technology.

The survey asked whether people found digital technology easy to use. All respondents aged under 25 years said they found digital technology easy to use. 44% of all respondents said they did not find digital technology easy to use. 72.8% of people over 65 years old did not find technology easy to use.



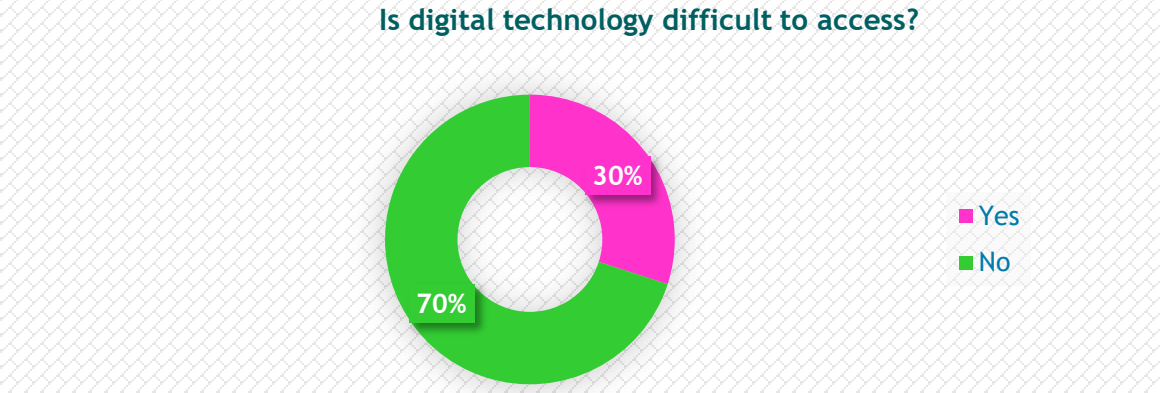
Respondents who said that they did not find digital technology easy to use were asked to provide the reasons, which for some were multiple.

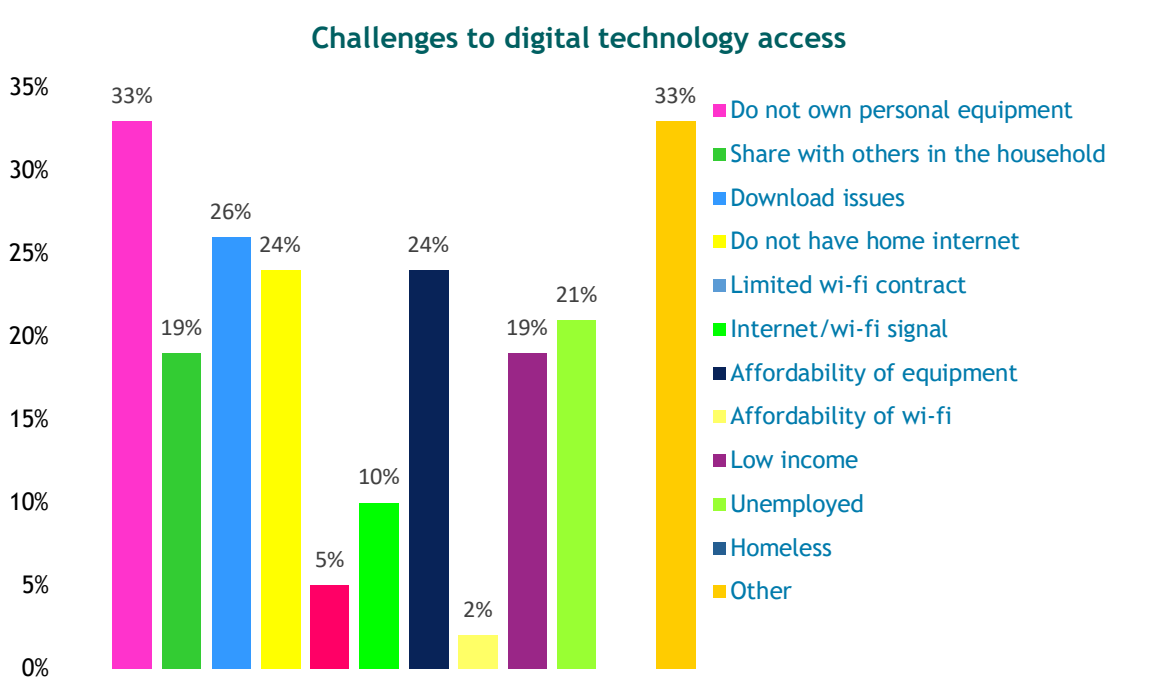
- 64% stated not familiar due to age.
- 22 % stated a sensory disability.
- 7% stated a learning disability.
- 19% stated a physical disability.
- 7% stated a long-term condition.
- 17% stated that English was not their first language.

Detail on the challenges for these groups of people are in the Focus Groups section of the report.

Challenges and barriers to accessing digital technology.

The survey asked whether people had difficulty in accessing digital technology. 30% of the respondents said that they found it difficult to access digital technology.





Respondents who said that they did not find digital technology easy to access were asked to provide the reasons, which for some were multiple.

- 33% did not own any digital equipment
- 26% had download issues
- 24% did not have the internet at home
- 24% stated affordability of digital equipment
- 33% stated other reasons – mainly being lack of knowledge on using digital equipment

Some respondents suggested support in the form of information or classes to be able to use digital technology would be a helpful way to overcome some barriers.

"training in the use of and access to digital devices for patients."

"tutorials, maybe videos."

Focus Groups

The HWS survey identified:

Skills, reduced abilities, language levels, equipment ownership and financial resources were the main barriers and challenges to accessing and using digital technology.

HWS wanted to understand more about the challenges of using or accessing digital technology for some people within certain groups and look at how such information might help inform delivery of primary care services.

The groups HWS decided to focus on were:

- Over 65-year-olds and long-term conditions
- Sensory disabilities
- Learning disabilities
- Autism
- Minority ethnicities

HWS recruited voluntary and community organisations, providing support to the specific groups, to work in collaboration and maximise reach and input of people's experiences, voices, and views. HWS also received supplementary feedback and views from front line staff within some of the organisations providing support to the project.

Conversations were held, with 57 individuals across the groups, based on a series of questions to establish what digital technology people were able to access and use. The conversations covered:

- Challenges and barriers in using digital technology, particularly in relation to accessing and using primary care services.
- Feedback on experiences from those who had used primary care services during Covid-19.
- How using digital technology differs from face-to-face appointment in primary care services.
- What adjustments could be made to improve services in primary care.

Of the 57 people contributing to the focus group information:

- 14 were over 65 years old of which 9 also had a long term condition
- 12 in total had a long term condition
- 5 had a sensory disability
- 1 had autism
- 6 had a learning disability
- 18 were from minority ethnic groups 9 of whom could not understand or speak English
- 13 people contributed insight on financial or resource issues

Supplementary comments from voluntary and community organisations supporting the Focus Groups were also taken into account and are reflected in the report.

HWS are very appreciative of the support and contributions to the Focus Group work provided by:

- **Rights and Equality Sandwell**
- **Sandwell Visually Impaired**
- **Sandwell Deaf Community Association**
- **Parkinsons Support Group**
- **Sweda**
- **Youth Healthwatch Sandwell**
- **Ileys Community Association**
- **Ideal for All**
- **Recovery College**
- **Sandwell African Caribbean Mental Health Foundation**

The following sections summarise feedback, views and insight from the Focus Group work

Of the people over 65 years old taking part in the focus group 9 of the 14 had a long-term

Focus Group - Over 65 year olds & Long Term Conditions

condition (LTC) as did 3 other people, so these focus group results were merged. Members of a Parkinson's Support Group took part and other people with cardiovascular conditions, and mental health. Some people were identified with LTC when accessing support from HWS for health and care services and showed their interest in taking part in the project.

Challenges and barriers in using or accessing digital technology.

HWS found that many older people wanted to, or were willing to try to learn, to use technology but suitable training, and ongoing support were needed:

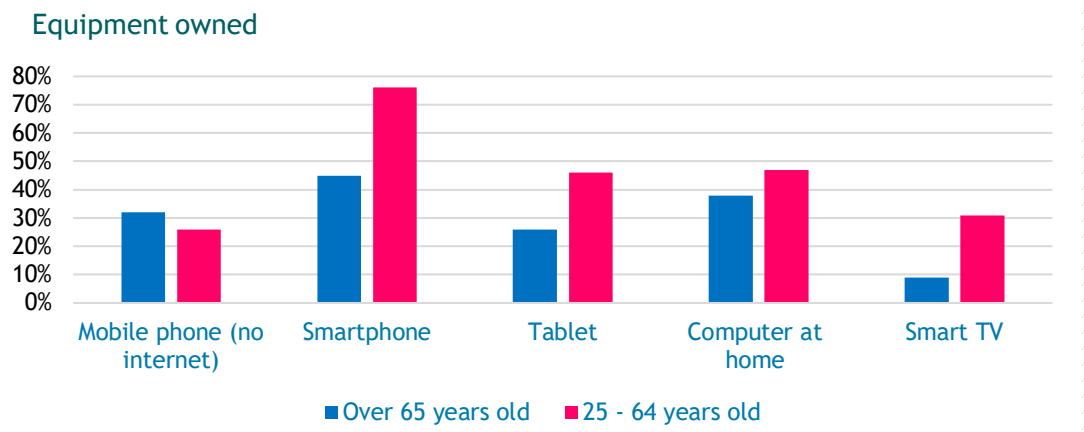
"It would be good to have someone showing me how to do it. It would be good to have written instructions to look at and I would need regular using to retain the skills."

"I can use technology if shown how to or helped - my Grandson lives with me and helps me."

"I have dyslexia. A friend has tried to help me, but I need more time to go through the steps slowly."

"At first I thought it was complicated for a technophobe like me, but I've been ok. I have kept practising."

A significantly lower percentage of people over 65 years old owned digital equipment compared to the adult age range 25 – 64 years old. The chart below shows the figures.



- 55% of over 65 years olds do not own a smart phone compared to 24% of adults 25 - 64 years.
- 74% of over 65-year-olds do not own a tablet.
- 62% do not own a computer.

These figures indicate a resource issue that would prevent many older people from being able to access primary care services through digital technology.

"I know many elderly people don't have any access to the internet and I'm sure find it difficult when all seem to expect you to have a mobile phone or smart phone."

'just to remind you that many people of my age (79) do not use and have no desire to use the internet."

Some people mentioned that some digital technology was unsuitable due to health conditions:

"I have tried using the smartphone, but it seems to interrupt signal from my pacemaker, so I had to stop using it. I thought I was having a heart attack!"

"I've tried a smartphone but couldn't use it as my fingers won't register - because of Parkinson's."

Experience of primary care services during Covid-19

50% of the patients spoken to were given options on method of GP Practice appointment. Some commented favourably to having appointments over the phone and even mentioned they were able to have hospital appointments in more local GP setting:

Echogram was done at GP Practice which would have normally been done at the hospital.

Some patients liked the ease of online ordering of prescriptions and to access test results. They also liked that it saved time from waiting and not having to physically attend a GP Practice.

"I can book appointments. It is handy to request prescriptions. I can look at test results."

"It's easy to contact and don't have to sit around waiting."

Concerns were shown over safety of using digital technology, the security of personal data and wanting reassurance that this information would be secure.

"Phone, as I don't trust the system. I'm worried about my data being taken."

Others mentioned of lack of skills as an issue.

"Lack of understanding of digital technology."

Virtual appointments compared to face-to-face.

Some people had received virtual appointments and had found it was a positive experience:

"I don't have to step out of my house."
"I can access the facilities in my own comfort zone."

Although some were willing to try virtual appointments, 55% preferred a face-to-face appointment, if available. 30% did not state a preference and 5% preferred a virtual appointment.

"It doesn't compare. Ok virtually but would prefer to be with the doctor in person."
"I would always pick person to person appointment over telephone or virtual."

Telephone consultation has been mentioned as the next preference if a face-to-face appointment cannot be offered.

"The phone is fine as well as face-to-face. A video call might be more difficult, but I do know how to use video on my phone."
"I am happy with phone consultations from my GP."

People also mentioned concerns about effectiveness of diagnosis in virtual or telephone appointments and they thought important things could be missed.

Can see what is wrong face-to-face, by phone might miss something.

How can any person assess anyone without seeing them? Dull eyes can tell you things, the colour of your tongue, your nails, the way you walk, blood pressure, heartbeat, chest, and lungs examination etc.

Adjustments that could improve patient experience in primary care services.

Face-to-face services for over 65's need will continue as less people in this age range are skilled in using digital technology and have less ownership of equipment. Telephone consultations work for many people.

Focus Group - Sensory Disabilities

HWS collaborated with Sandwell Visually Impaired organisation (SVI) and Sandwell Deaf Community Association (SDCA) to promote the project and gather the voices and views of blind, visually impaired and deaf residents of Sandwell.

HWS gathered feedback from 3 blind and 2 visually impaired people, two being over 65 years old and one with English not first language. HWS also joined two SVI virtual meetings and gathered further feedback.

SDCA provided the feedback from a group conversation and an individual interview with 1 Deaf person plus insights as an organisation.

Challenges and barriers in using or accessing digital technology.

The table below provides an overview of the digital equipment used by the individuals interviewed.

Which Digital Technology do you use?	Blind	Blind	Blind & over 80	Visually impaired over 65 & ENFL	Visually impaired	Deaf
Landline only			X			
Mobile phone (not able to access internet)						X
Smart phone	X	X		X		
Tablet					X	X
Smart watch					X	
Smart TV						
Computer at home		X				
Computer at work	X					
Assistive Technology (visual aids)	X	X			X	
Assistive Technology (audio aids)						

HWS found that, with assistive technology including reading text aloud, or support, many blind and visually impaired people were able, or willing to try, to use digital technology and that it helped them be more connected. However, some expressed concern about their confidence, abilities, and efficiency in using digital technology. This applied especially to video consultation where blindness or visual impairment created a lot of potential for errors and stress in usage. People expressed a need for ongoing training or support to use digital

technology, but this was recognised as very difficult to access or provide during Covid-19 restrictions.

"I am blind - I find it difficult to negotiate technology, I don't like it, I am a bit afraid of it."

"I don't know if I am holding the phone the right way, I could do with a tripod."

"I don't know how much battery is left."

"What if I have to present an image to a GP or nurse - I can't be sure I am doing it right."

"I am partially sighted; I need more time with logging in and operating."

"I am visually impaired and deaf - I am unable to use technology."

The Deaf person interviewed fed back about using British Sign Language (BSL):

"I am a BSL user, there are no online BSL tutorials which allow me to learn how to use social media or other platforms."

SDCA provided information about BSL:

BSL is a visual language with a different grammar structure to that of written/spoken English. It does not directly translate to how something would be written. So, if someone can read BSL it does not automatically mean that they can read written words. Therefore, BSL language users may not be able to read auto cue text on a screen.

Failures in deaf education over the years mean that many deaf people do not read or write English as proficiently as hearing people. English is like a second language to deaf people and is difficult/impossible for some people to understand.

Experience of primary care services during Covid-19

One blind person had received the flu vaccine and a phone consultation. The Deaf persons experience of a video consultation had failed so they had seen their GP in a face-to-face consultation.

The Deaf person explained their experience:

"The GP Practice staff did know how to use the remote video option when the pandemic began. When they did have the knowledge, they did not know how to support me to use the link. Everything was in oral/written English - no BSL. So stressful when you are in pain and need your GP!"

"I had to contact the Advocate worker at Sandwell Deaf Community Association to contact the Practice on my behalf and explain. I still cannot make an appointment as there is no walk-in service, I cannot use the telephone and there is no text message option for me to ask for an appointment. I have to ask Sandwell Deaf Community Association to call on my behalf. It's embarrassing as I am an Adult."

Virtual services compared to face-to-face

The people interviewed were not unwilling to try to use digital technology in primary care services but fed back on some of the challenges presented.

"I am blind – it took me 3 ½ hours to register for E-consult."

"I am visually impaired, but I registered with patient online. The receptionist helped me by typing in the code to register. I have a screen reader tool that I can use with my smart phone, with ear plugs too, I can have privacy."

"If I was asked what colour or texture a medical problem was, I wouldn't know as I am blind."

"Relying on a 3rd party to support a consultation. Trying to have an examination with the interpreter on a video screen is extremely difficult and not entirely safe, it is more difficult to protect my privacy."

Adjustments that could improve patient experience in primary care services

"Think about how well a patient can use technology, especially at a time when they may be worried. Make accessible to all."

The SVI virtual group meeting provided some helpful points to consider in communications with blind and visually impaired people:

- Letter communication for a blind person means someone else would have to read it to them which would be a breach of privacy.
- Letters need to be in minimum size 16 font.
- Services should not assume a blind/visually impaired person can read braille.
- Technology aids can read aloud texts or emails provided they are sent in the right format which needs to be text format/standard word documents/PDF text format.
- Blind & visually impaired people should be given training and more time to get into the systems for any remote consultations, they may also need support to do so.

Focus Group – Learning Disabilities

Some SVI members expressed a willingness to work with Primary Care Services to "road test" how well systems work for blind and visually impaired people.

Ideal for All supported HWS, by facilitating face-to-face and virtual meeting conversations, with 6 people with learning disabilities (LD) that the organisation supports.

Challenges and barriers in using or accessing digital technology.

The insight gained showed that the ability of people with a learning disability to use technology varied depending on the individual. This indicates that any communication support needs should be designed accordingly i.e., person centred planning.

4 of the 6 people with a learning disability used digital technology. 4 had a smart phone, 2 also had a tablet and the other 2 had a computer at home.

2 people with a learning disability said they found using digital technology easy, 1 was able to navigate technology independently but required some support. 2 people were unable to use technology independently and needed support. Ideal for All stated the extent of support required for 1 person:

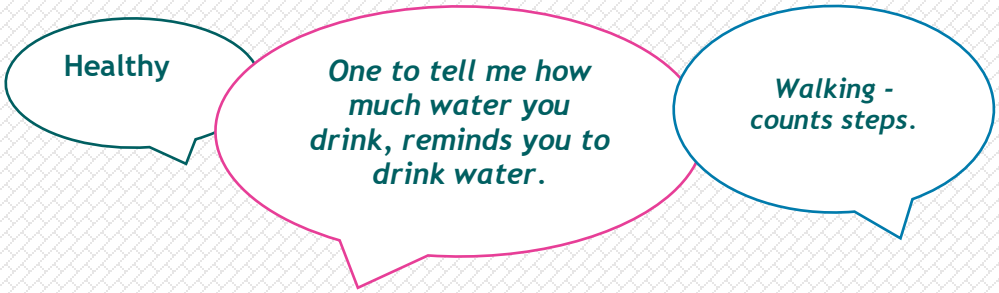
Ideal for All explained:

"Needs full support to access, navigate and engage to communicate with others. Also, needs to know prior to "going into a zoom meeting" as this would need to be added to their routine for that day."

2 people with learning disabilities said they used apps for their health, they explained them rather than named them:

Digital Technology creates problems with not being able to communicate in the way people with a learning disability are used to with the health professionals. There is no physical interaction which is acting as a barrier for the individuals communication/understanding on their health as they rely on body language.

Some people with learning disabilities or behavioural difficulties find virtual communication frustrating, difficult to cope with compared to face-to-face communication with people they know.



Experience of primary care services during Covid-19

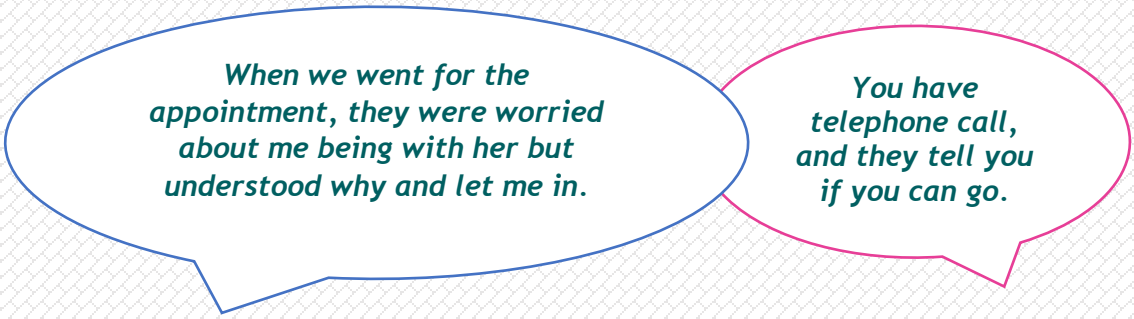
5 people had accessed their GP Practice services since Covid-19. 1 person had received their annual health check. One of the people with a learning disability had several phone consultations which were facilitated by their mother and a conference call which was supported by a local support organisation.

One person had two operations booked pre-Covid-19 and these still went ahead. Ideal for All fed back that "missing the operations could have resulted in shortened life expectancy" and "waiting times for being referred to other areas such as the learning disability team seemed to be quicker."

The patient who had been in hospital communicated on their experience Ideal for All explained:

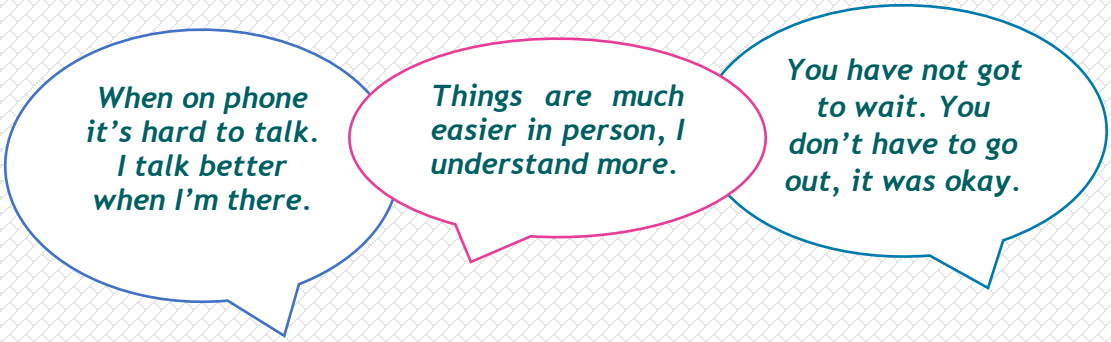
"During the hospital stay, they did not like that everyone had masks on and found that they struggled to engage and feel reassured."

All the people interviewed said they were not given options on method of GP appointment. However, the responses indicate some face-to-face appointments were held, this may mean these patients records include their support needs.



Virtual appointments compared to face-to-face

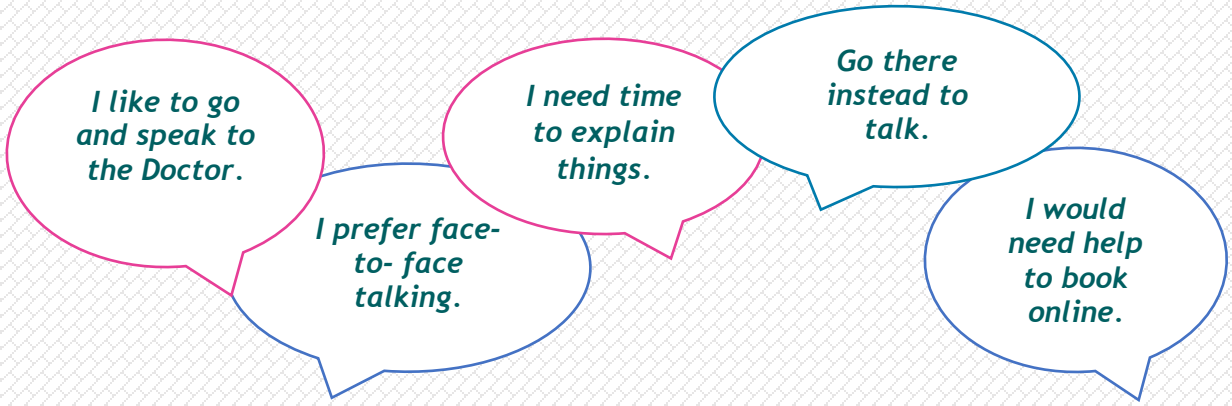
Ideal for All confirmed that 4 of the people would need varying levels of support for any GP Practice appointments, including making the appointment and planning into the day's routines, and that they would all need to be accompanied.



Adjustments that could improve patient experience in primary care services

Some people with learning disabilities can use and access digital technology but would be likely to need support to do so in accessing or using primary care services. It would be useful to record on individual patient records notes preferred access to service methods and support needs.

When asked whether anything could be changed to make their experience of GP services easier people with a learning disability said:



Focus Group – Autism

HWS held an in-depth interview with "Mr B" who has autism. As an expert by experience Mr B was willing to provide insight into autism and the challenges it can present in using digital technology to access and receive primary care services.

Challenges and barriers in using or accessing digital technology.

Mr B used a smart phone and computer at home and found digital technology easy to use. He had used GP and Pharmacy services during Covid-19 for his auto repeat prescription for medications, a text was sent when ready to collect.

"Text messages are helpful to remind me of things."

Mr B told HWS

"For me autism means executive function issues, organising stuff can be overwhelming, I need things done in a set routine. If an unexpected change happens it can be difficult to cope with and can throw out the whole day."

"Note taking is difficult for me - I have a right to record my health consultations."

The British Medical Association states:

> In some circumstances, permitting a patient to record a consultation who may otherwise struggle to remember or understand is likely to amount to a reasonable adjustment requirement under equality legislation.[5]

Virtual appointments compared to face-to-face

Mr B gave HWS further insight on communication challenges connected with autism and using digital technology. He explained:

"I hate phone calls with a GP - I need multi-sensory input, it makes it easier to understand emotional."

A parent from Sandwell Autism Group made a similar comment:

"My son is 13 and has autism - he wouldn't manage other than face-to-face service as he won't take phone calls off anyone or video calls."

Mr B also said:

"Speech to text & vice versa tools can be helpful for autism plus the options to change colour background and text and font size."

Adjustments that could improve patient experience in primary care services.

Mr B suggested:

"It would be useful to be able to store my autism passport on the phone." [6]

"There should be frontline staff training awareness of autism."

"There should be person centred design to services and the core capabilities framework for learning disabilities and autism should be followed. Personalisation options should be on patient records."[7]

[5] *British Medical Association - Patients Recording Consultations guidance*

https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations

[6] *National Autistic Society - My Health Passport https://www.autism.org.uk/advice-and-guidance/topics/physical-health/my-health-passport*

[7] Department of Health and Social Care - Core Capabilities Framework for supporting Autistic people *https://skillsforhealth.org.uk/wp-content/uploads/2020/11/Autism-Fwk-easy-read.pdf*

Focus Group - Minority Ethnicities

HWS have noted from Community Outreach work within GP Surgeries and Hospitals that there are language barriers for some people with English not their first language or limited abilities to speak, read or write English. HWS wanted to gather further insight on this issue and any other barriers or challenges experienced by some people in Black, Asian and other Minority Ethnicities.

Rights and Equality Sandwell (RES) fully embraced the project and worked in collaboration with HWS to ensure that the minority ethnic groups of people who may not otherwise have engaged with the project were able to complete surveys and provide feedback and insights through Focus Group work.

HWS provided printed versions of the survey to RES whose multi-lingual support workers engaged with their clients and completed the forms, including translation services where required. 27 surveys were returned direct to HWS by RES and are included within the survey findings in the main body of this report.

However, the survey results are different to the average results so further analysis of this group of surveys was conducted. It provides some useful insight regarding people who stated English was not their first language and indicated language barriers with using digital technology and accessing and using primary care services.

Challenges and barriers in using or accessing digital technology

Of the 27 surveys completed within the minority ethnic groups 9 (33%) stated English was not their first language and indicated this as the main barrier to using digital technology. HWS found that of those with a language barrier 6 (75%) of the same people had not used any digital technology options within primary care services. 2 completed the surveys in another European language but did not indicate any problems with using English language or digital technology.

As with the main survey group 44% of the total minority ethnic groups stated they did not find digital technology easy to use. However, the main reason stated was a language barrier 75% (8), 50% (6) stated additionally due to age and 25% (3) stated a sensory disability.

Further information extracted from the English not first language group:

- The languages stated to be spoken were Urdu, Mirpuri, Punjabi, Hindi, Polish and Hungarian.
- 5 people were Asian/Asian British Pakistani, 1 Asian/Asian British Indian, 1 Black/Black British African and 2 White Other (non-U. K).
- 5 were female, 3 males, 1 did not answer.
- Age range was 1 between 25-49 years, 4 between 50-64 years, 4 between 65-79 years.
- 4 also stated they had a disability or long- term condition, 1 was visually impaired.
- Religions stated as 6 Muslim, 2 Christian, 1 Sikh.

RES gave extra feedback from the focus group work:

Most of the vulnerable elderly do not even understand the use of digital technology, especially those who do not speak proper English. When visiting their G.P, they wanted a quick in and out service without the digital confusion, they are anxious about using technology.

Generally, the language barrier is a problem for the first generation, and they feel most comfortable when spoken to them in their native language (including any written paperwork).

No-one in the focus group wanted to use digital technology for their consultations, they all wanted a person's involvement.

Ileys Community Association provided some useful insight regarding the Sandwell Somalian community and a difficulty that may present to some minority ethnicities in learning English

Somalians traditionally learn orally, rather than in written format. This makes learning English language, reading translated material, and using digital technology difficult as written word in either language is unfamiliar.

There are not equivalent words within the Somali community for some health phrases e.g., depression, anxiety, this can hamper any translation services. We need translators trained with medical backgrounds.

Medical advocacy services are needed in relevant languages.
There is stigma and shame within the Somali community around certain illnesses, which are hidden and not spoken about. For example, if someone is suffering with poor mental health, they would not speak about it and it would only become apparent when things got too bad, and intervention came in.

There is a big lack of trust within Somali communities of health services and an expressed wish for Somali health care providers. **Cape Hill Practice** was referenced as good as it employs 3 Somali health staff and offers 1st level translation services in 10 different languages.

language:

Access to digital technology was also found to be a co-related issue for those with language barriers. Within the Minority Ethnicities group overall "digital poverty" was a factor:

Of the 9 people who stated English not first language:

- 75% (6) did not own any technology that could access the internet.
- 2 did not own any technology at all.
- 4 owned a basic mobile phone without internet access.
- 3 owned a smart phone.
- Only 1 stated any access to a computer, which was via work.

Of the remaining 18 people who did not state language barriers:

- 2 owned a basic mobile phone without internet access.
- 4 owned a smartphone but had no access to any other technology.

37% of the total Minority Ethnicities survey group said it was difficult to get access to digital technology which was a higher rate than the main survey group of 30%. 25% of those said they did not know how to use it, all the other reasons stated related to digital and financial poverty including 25% stating unemployment.

Experience of primary care services during Covid-19

33% of the Minority Ethnicities survey group had accessed primary care services since Covid-19 and rated services received as predominantly good or neutral. 44% had not used any of the digital access services pre or during Covid-19.

HWS heard directly from an African Caribbean woman who had accessed primary care services remotely during Covid-19, a phone call followed by a video consultation. It was not possible to communicate the health problem by a digital method, so this resulted in a visit to the urgent treatment centre.

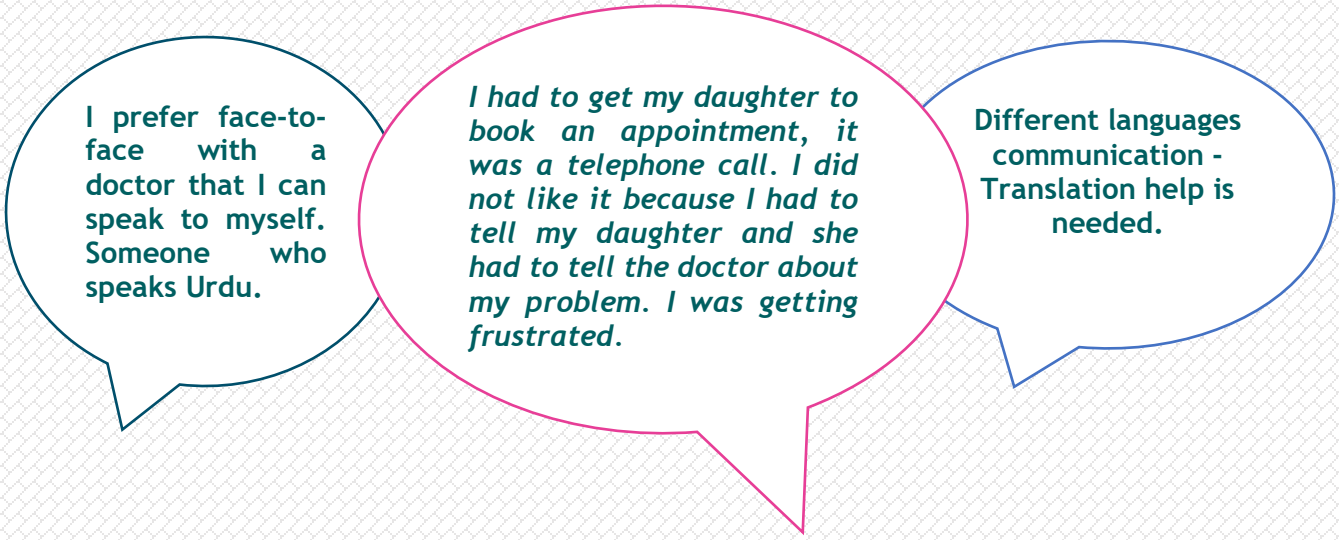
"It is hard to communicate health issues via video - with black skin some things don't show up very well."

Virtual appointments compared to face-to-face

The main feedback was gained from the 9 people who stated English not first language regarding preferred communication methods with primary care services.

- 67% (6) rated text, phone call and face-to-face as poor or very poor experience.
- 56% (5) rated letter, e-mail, and video call as poor or very poor experience.

It is likely the language barriers account for most of this scoring.



Comments were made from older people and those for whom English was not their first language.

"Not for us we can't use it. We are used to old ways, face-to-face is better."

"How can we use it when we have no English, we are too old to learn now."

"It's not good for people with no English or sight problems for people like us it is complicated".

"I don't know which options there are."

Adjustments that could improve patient experience in primary care services

Language barriers are the main area of challenge with primary care services for some people within some Minority Ethnic communities. Feedback was also received that there is room for improvement in translation services, particularly around medical knowledge and terminology and communicating that to the patient.

Focus Group - Digital poverty and skill levels

"Digital poverty" is a term becoming more widely used. For the purposes of this report, it is used as a term to encapsulate lack of digital equipment or internet access due to individual or household financial resources. HWS also found skill levels on using digital technology was a factor for 33% of the survey respondents, this is another risk factor of digital exclusion. Digital poverty and skill levels can be applicable to any individual or group of people so feedback and insight from all the Focus Groups fed into the information captured.

Some of the information was gathered with the support of and Citizens Advice Sandwell and Skills Work and Enterprise Development Agency (SWEDA).

Challenges and barriers in using or accessing digital technology

Some people found digital technology difficult to use and this related to their skills, access to technology and confidence.

"Lacks knowledge. I forget things and have to write it down. It makes me feel slow."

"I send emails but nervous about sending them. I'm lacking confidence."

"I don't find it easy to learn how to use it and can't remember if shown. It stresses me out."

"I'm frustrated that people get directed to the internet, but Wi-Fi is a luxury, not a necessity. I've got links to help book appointments online but don't understand so I just phone and wait in the queue. I feels like I'm treated as an outcast because I can't access online. It's unfair."

Some people do not have the financial resources to be able to access technology, either ownership of equipment, internet at home or limited wi-fi contract or top up cards.

"Phone calls are usually okay for the clients to do, but sometimes even this is difficult as they may not have credit and have low income".

"Some clients do not have access to a laptop or mobile, all they have is a landline."

During Covid-19 community access points such as libraries are limited. Sandwell Libraries mentioned that:

"people have tried to access our library wi-fi from outside."

Accessing digital technology was also mentioned as an impact on employment if people lack the necessary skills:

"Click Start project works with people who are unemployed to develop their digital skills. Many are financially impacted and own very little technology."

Experience of primary care services during Covid-19

People highlighted issues with accessing services. This included a need for support with registering for online appointments or booking online appointments:

When my GP moved, I was sent information on how to log on to access online appointments, but I didn't understand so caught a bus to the doctors and the receptionist made the appointment for me.

My daughter has to do online for me. If I log in I press the wrong buttons. I usually phone. I would like to be able to do it

Virtual appointments compared to face-to-face

Lower digital technology skills levels will create stress and mistakes in virtual consultations.

"A virtual appointment was on offer and I tried it. Scary, I didn't see the GP's face, but I'm not sure if it's something I did wrong. I won't try virtual again and I only have face-to-face from now on."

A person mentioned their experience when a member of staff offered support at **Dr R K Arora's - The Lyng Health Centre**.

"I didn't know how to do it but the surgery talked me through. They sent link to the phone and GP popped up on the phone."

Adjustments that could improve patient experience in primary care services

Lack of digital technology is a barrier to accessing some primary care service options. Access to digital technology equipment, data or internet access alongside training and support are key to easing the gap of digital poverty. With this type of support people can learn digital skills, however people have fed back that they need time to build up their confidence and adjust and that some would benefit from ongoing training and support.

Conclusion

The HWS project set out to understand more about the patient experience of using digital technology in primary care services, especially as, in response to Covid-19, services had switched more to remote digital methods than face-to-face.

In 2020 a HWS survey found 60% of patients preferred face-to-face GP/nurse consultations. Though face-to-face is still rated as the best method of communication the survey results show 64% also rated phone calls as" good" or "very good" and 60% gave a "neutral" rating to video consultations. These figures appear to demonstrate the public are adjusting to remote and digital services and becoming more familiar as Covid-19 has made it a necessity.

HWS found that people across all groups, including those with support needs, were in the main open to and willing to try to use digital technology options for services if they were able to or supported to and had access to the digital resources.

There has been an increase in patients use of digital technology for repeat prescription ordering and delivery plus access to GP Practice websites for information. There may be opportunity to increase the uptake and use by patients of digital technology such as for online registration, booking appointments and using online services. For example, the survey results showed 49% of people who used digital technology used it for making bookings and video calls, conversely only 36% of people had made online booking appointments pre or during Covid-19 and 98% of people said they had not attended a virtual patient participation group pre or post Covid-19. 44% of survey respondents stated they used mobile apps to manage their health and wellbeing – this is a potential resource to link into with primary care services delivery.

People completing the survey were predominantly happy or satisfied with the primary care services they accessed or received using digital technology which reflects very well on the

delivery of primary care services during the challenging times of coping with Covid-19. However, some services were rated as a poor experience. HWS found this mainly linked to those with challenges in accessing or receiving services digitally or remotely as detailed within the Focus Groups.

The survey results showed that 44% of the respondents found digital technology difficult to use, the main challenges were due to skills levels, often associated with older age, reduced abilities or unable to use because of sensory or learning disabilities or language barriers, where people did not speak or read/write English. The challenges for these groups of people were explored in detail within the Focus Groups sections of the report. The results were similar among the Focus Groups with communication methods being the biggest issue or barrier to accessing and using services digitally. Communication needs to be offered in all accessible formats and include links in with visual, audio and translation tools plus easy read and should meet the NHS Accessible Information Standard.[8]

Within the survey results only 16% of respondents said they had been given a choice on health consultation options after being triaged through primary care services. Covid-19 risk management and restrictions will have limited the amount of face-to-face health consultations. However, some people with vulnerabilities and support needs will continue to need face-to-face services and support to access services in person or via remote methods including using digital technology. Reasonable adjustments to services are made within primary care networks for people with support needs but the shift to use of digital technology in services has highlighted some new challenges that need to be considered and addressed in the design of services going forwards. Some people will be able to use or access digital technology, others will with support, and some will not be able to. A person-centred planning approach should be used to identify individual communication and support needs.

A review and refresh, as part of the restoration and recovery from Covid-19 impacts, could be a timely and useful process. HWS would like to work with the PCN's and service commissioners to help ensure service development reflects the learning from the contents of this report.

[8] NHS England – Accessible Information Standard https://www.england.nhs.uk/ourwork/accessibleinfo/

Finally, 33% of respondents did not own any digital technology that could connect to the internet this figure rose to 75% in people over 65 years old and 56% for people who stated language barriers with English. 30% of survey respondents had difficulties with accessing digital technology and/or issues with internet data supply due to lack of digital equipment ownership and financial resource issues.

Through work on this project HWS have found that within Sandwell there are a range of digital inclusion initiatives that provide a training and support services and some equipment and data access options to the most vulnerable in the community and those at risk of digital exclusion. The Sandwell Voluntary and Community sector organisations and Sandwell Council (SMBC) are working together to increase digital inclusion in Sandwell. The digital technology resource issues highlighted within this report may also be of interest for wider service delivery and commissioners to consider.

In conclusion the impacts of Covid-19 on the public and services seems to have helped progress digital technology skills and ambitions. HWS have found that people are willing to try to adjust if the support and alternative options remain available.

Changes the people of Sandwell would like to see in Primary Care Services

Recommendations

Our key findings from the survey and focus groups cover communication challenges, training, and access to resources. Recommendations are as follows:

- The online registration process needs to be made easier for some people. Consider a step-to-step guide "how to" guide with trouble shooting section and staff support offers.
- A person-centred approach to help to establish which service options work best for individuals with support needs and to record preferences and support needs on individual records.
- Communication is a very important issue for people with sensory disabilities, learning disabilities and those with English not first language. Review accessible communication formats offered and translation services. Comments were made about the quality of translation services with recommendations that translators have a level of medical knowledge and can explain terminology.
- Consider staff awareness training on certain disabilities to improve the use of digital technology services support.
- Some individuals and support organisations have expressed willingness to help assist in improving services for people with support needs and to "road test" the service pathways. Consider the opportunities for such patient engagement, Healthwatch Sandwell could support this.
- Consider promotion of popular apps and that improve health and wellbeing. This will give people more control over their health.
- Promotion of virtual Patient Participation Groups through the Primary Care Networks. These meetings could be supported by Healthwatch Sandwell.
- Primary Care Networks to work with Healthwatch Sandwell to continue progressing the patient experience and the use of digital technology.

Further consideration

- Some people mentioned ownership of smart televisions, but use seems limited due to familiarity. This could potentially be a resource utilised for virtual GP appointments, especially perhaps for older people.

Key Stakeholder comment:

Dr Ian Sykes, local GP and Chair of the Sandwell local commissioning Board, notes the recommendations and fairly high overall satisfaction of those who completed the survey, but accepts there is still work needed, especially for those in our community with limited internet and IT access. He will ensure the CCG works with Health Watch to improve primary care access and help reduce health inequalities.

Appendices

Patients use of digital technology in GP & Pharmacy services - full table.

	Before Covid-19	Since Covid-19	Used service	Not used at all
On-line registration at a GP practice	17%	11%	24%	76%
On-line appointment bookings	27%	20%	36%	64%
On-line access to their GP records	13%	7%	15%	85%
On-line changes to personal record details	9%	7%	11%	89%
On-line access to test results	9%	6%	12%	88%
Access to test results via text message	14%	9%	17%	83%
On-line repeat prescription services	32%	21%	39%	61%
On-line prescription delivery services	10%	9%	12%	88%
GP/Nurse phone consultation	29%	40%	58%	42%
GP/Nurse video consultation	1%	8%	8%	92%
GP/Nurse email consultation	4%	7%	9%	91%
Sending a photo via mobile app	4%	10%	13%	87%
Sending a photo via email	8%	4%	10%	90%
On-line virtual Doctor services	3%	11%	11%	89%
GP surgery website for information updates	19%	18%	28%	72%
Virtual Patient Participation Group meetings	2%	1%	2%	98%
Virtual Group Clinics e.g. asthma, diabetes	2%	4%	4%	96%

Acknowledgements

Healthwatch Sandwell would like to acknowledge and say "Thank You" to the following organisations for their contributions to the Focus Group work and outputs contained within this report:

- Rights and Equality Sandwell
- Sandwell Visually Impaired
- Sandwell Deaf Community Association
- Parkinsons Support Group
- Ileys Community Association
- Ideal for All
- Recovery College
- Sandwell African Caribbean Mental Health Foundation

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