

HEALTH AND WELLBEING BOARD			
Report Title	Healthwatch Lewisham Digital Exclusion report 2021		
Contributors	Mathew Shaw, Operations Manager	Item No.	
Class		Date: 22/02/2022	

1. Purpose

- 1.1 This report and accompanying copy of the Healthwatch Lewisham Digital Exclusion Report 2021 outlines the experiences of residents who were more likely to be at risk of being digitally excluded and their experiences of accessing health and care services (with focus on primary care) during the COVID-19 pandemic.

2. Background

- 2.1. Healthwatch is a voice for children, young people and adults in health and social care living in Lewisham. Anyone, young or old can speak to us about their experiences of health or social care services and tell us what was good and what was not good. Healthwatch then ensures that service providers and commissioners hear this feedback to make changes to their services.

- 2.2 Local Healthwatch are intended to hold both commissioners and providers of services to account by delivering the 6 statutory functions:

- Gathering the views and understanding the experiences of patients and the public.
- Making people's views known.
- Promoting and supporting the involvement of people in the commissioning and provision of local health and social services and how they are scrutinised.
- Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission.
- Providing information (signposting) about access to services and support for making informed choices.
- Making the views and experiences of people known to Healthwatch England and the local Healthwatch network, and providing a steer to help it carry out its role as national champion.

- 2.3. Healthwatch Lewisham carried out a research project in June and July 2020 to understand the experiences of residents during the first COVID-19 lockdown (<https://www.healthwatchlewisham.co.uk/wp-content/uploads/2020/10/The-Impact-of-Covid-19-on-Lewisham-Residents.pdf>)

Through this work we recognised there was a gap in local knowledge around the experiences of digitally excluded residents using health and care services since the increase in remote delivery models in response to the pandemic. We developed a research project in order to have a better understanding of the impact of digital exclusion to inform the local system.

3. Policy Context

- 3.1 In 2012 the Health and Social Care Act received Royal Assent. From April 2013, local authorities were required to commission a local Healthwatch organisation.
- 3.2.1 The Lewisham Corporate Strategy 2018 – 2022 has as one of its commitments that ‘all health and social care services are robust, responsive & working collectively to support communities and individuals’. Healthwatch Lewisham supports the Council to deliver its commitment to local people.

4. Healthwatch Lewisham Digital Exclusion Report 21

- 4.1 For this research project, we wanted to engage with people who are more likely to be digitally excluded and gain a better understanding of how this might impact their experience with health and care services. We focused on primary care as this is the first point of contact for people accessing services. However, our findings will be relevant to all services which are using or moving towards digital delivery
- 4.2 Phone interviews were carried out with **45** residents either by staff, volunteers or community organisations as part of the project.

Those we spoke with included older people, people who speak English as their second language, and people with disabilities. The reason why we chose these groups is because they traditionally experienced barriers before the pandemic, and we wanted to understand whether this had exacerbated as a result of the lockdowns

4.3 Summary of findings

- The patient stories we heard about access were mixed. Some people found remote GP consultations to be beneficial and were understanding of the need to shift to these digital care methods whilst the pandemic spread rapidly. Others were unhappy with access barriers and the quality of care and treatment received using remote consultations and didn't feel confident with the diagnosis and/or treatment plan.
- 23% of participants valued the support they received from their health services during the COVID-19 pandemic. Their experiences incorporated themes such as good communication, convenient access arrangements and excellent service
- Some participants highlighted how they had an established relationship with services who understood their personal circumstances and communication needs. These support needs which were factored in when booking and giving appointments
- Most participants we spoke with had access to a digital device (computer or smart phone) but did not have the confidence to access health or care services. Limited digital skills made it harder for residents to access health information or know what services are available to them
- Several participants shared the stark reality that they don't have a digital device or internet connection at home and how services moving to remote appointment systems had created a significant barrier when accessing care
- 40% of participants told us that GP telephone waiting times were the biggest challenge faced when trying to book an appointment. Phone bills were increasing as result of the waiting times which was having a significant impact on those on lower incomes

- Residents that are regular visitors to their GP practice expressed their frustration in the lack of communication about how service arrangements have changed during the COVID-19 pandemic
- Some participants felt that receptionists lacked empathy when they informed them that they couldn't use online booking systems. Rather than being empowered, people were being encouraged to rely on support from family members
- People expressed their concerns around having to share personal information over the phone with a receptionist as part of the triage process. They didn't want to be discussing private health matters with anyone other than trusted health professionals
- 44% of participants felt the shift to phone, video or e-consultations had impacted their ability to access GP services in a negative way. If given a choice, most of the participants would choose face-to-face appointments

4.4. Summary of recommendations

- Services to clearly outline and communicate to their patients all appointment types available and how to access them. Additional efforts should be put in place to communicate with adults most at risk
- Services must look to re-establish the option of booking appointments in-person to ensure residents who cannot afford to engage with the digital systems are able to access care
- Training for front line staff on digital isolation and how to sensitively support people to access appointments
- Services to review telephone systems in place to ensure they are fit for purpose and do not disadvantage those that only have this access route as an option
- With the expansion of digital services, local systems should look at supporting residents by providing a clear and comprehensive support and digital training offer for using their service
- When services are developing new appointment models, they should always seek to capture patient feedback to help shape services that meet the needs of digitally excluded residents
- Services should look to capture information on whether a resident is digitally excluded or has a basic level of IT skills in order to better understand if they have additional communication or access needs and what support is needed

5. Financial Implications

5.1 There are no specific financial implications arising from this summary.

6. Legal Implications

6.1 There are no specific legal implications arising from this summary.

7. Crime and Disorder Implications

7.1. There are no direct crime and disorder implications from this summary

8. Equalities Implications

8.1 Through the work of Healthwatch and our targeted engagement with communities and groups that are often harder to reach or seldom heard we will support the reduction in inequalities in health and social care

9. Environmental Implications

9.1. There are no direct climate change or environmental implications from this summary.

10. Report Author and Contact

10.1. If there are any queries on this report please contact Mathew Shaw, Operations Manager, Healthwatch Lewisham on 020 3886 0196 or email mathew@healthwatchlewisham.co.uk