



City of Westminster

Adults and Public Health Policy and Scrutiny Committee

Date:	22 October 2021
Classification:	General Release
Title:	Accessing Healthcare Digitally: Insights from Communities in Westminster and RBKC
Report of:	Healthwatch Westminster
Cabinet Member Portfolio	Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	Thriving Communities
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Accessing healthcare digitally: insights from communities in Westminster and Kensington & Chelsea October 2021

Healthwatch Central West London

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to report to the Westminster Policy and Scrutiny Committee on what residents are telling us about their thoughts and experiences of the NHS' 'digital first' strategy,

As a local Healthwatch, our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say about the health and care services available to them. We also monitor local provision and hold commissioners and service providers to account for the quality of local publicly funded health and care services.

1. Introduction

1.1. This document outlines what Healthwatch CWL has been hearing from local people through our community engagement in Westminster and RBKC and is focused on digital health.

1.2. Since the COVID-19 pandemic took hold in the United Kingdom in early 2020, Healthwatch CWL has been carrying out extensive community engagement. We have been hearing from patients, residents, and carers from across Kensington & Chelsea and Westminster about their experiences accessing information, support, and services, and how people have been coping through the pandemic. We have sought to understand the indirect, wider health determinant impact of the pandemic on residents.

1.3. Before the pandemic, the NHS began initiating a 'digital first' strategy. From physiotherapy to GP appointments, many services are being moved online. Accessing services online is often called 'digital health'.

1.4. Restrictions on movement and physical interaction over the last two years accelerated this move towards more digital health services. This change can have large implications for people who, for a variety of reasons, cannot or do not use digital health services as part of their health care.

1.5. We have been hearing from many local people who have told us they have been unable to access digital health services, or that they find accessing services in this way much more difficult.

1.6. To find out how well this digital first strategy is working for all people, we engaged with a range of organisations and groups from across communities in Kensington & Chelsea and Westminster. We conducted focus groups, surveys, and interviews with local people, to hear about their experiences of using digital healthcare tools and technology during the pandemic.

1.7. We wanted to better understand how local patients, residents, and carers experience digital health, and what they think about digital healthcare services like eConsult and System Online. If we know what is and isn't working, we can evaluate how inclusive new digital health initiatives are in practice.

1.8. We know that digital health tools can work well, and improve the experiences of many people accessing healthcare. However, these improvements must not come at the expense of those who cannot, or do not want to, access healthcare digitally.

It is imperative that healthcare services work for all people in Westminster and RBKC.

1.9. This report presents the findings from eight focus groups and three interviews held between February and May 2021. We spoke to groups for across our communities in Westminster and Kensington & Chelsea, including people from a majority of people from black African, South Asian, Arab and Central European communities. These groups included:

- Midday Somali Development Network, which provides community services to people from the Somali community
- Macular Society, a charity for anyone affected by central vision loss
- Groundwork London, which brings together voluntary sector organisations to support local communities
- One You Westminster, a local healthy lifestyle service

1.10. The questions asked in the focus groups and interviews were developed based on previous work carried out by Healthwatch CWL on the impact of COVID-19 and digital health. A full outline of the questions asked can be found in Appendix 1. Some of the case study quotes have been edited for clarity but have been approved by the participants who shared these views.

2. Overview

2.1. This paper presents some of our key findings and observations on the NHS's 'digital first' strategy based on what residents told us through our:

- Statutory Healthwatch work
- Focused discussion groups
- Focus interview sessions
- Wider community engagement activity
- Young Healthwatch engagement with young people

2.2. This report is set out in 8 sections:

- Key themes
- Access and Experience
- Experience Using Digital Tools
- Appropriateness, Communication, & Information
- Skills and support
- Recommendations
- Conclusion
- Appendix (focus group and interview questions)

3. Key themes

3.1. A number of recurring issues and themes emerged over our focus group and interview sessions. These include:

- A clear majority of respondents do not want digital health tools to replace other modes of healthcare
- Respondents who do not speak English, or have English as an additional language, consistently reported serious issues with the visibility and availability of functioning translation services
- A majority of respondents told us that finding accurate and accessible health information online is often challenging

3.2. Theme 1: A clear majority of respondents do not want digital health tools to replace other modes of healthcare

3.2.1 Throughout this engagement, respondents consistently told us that there were very few instances in which the use of devices, websites, or apps would be preferable to in-person interaction. Many people told us that while they would rather speak to a professional on the phone than online, they would rather see a professional in person than speak over the phone.

3.2.2. During the COVID-19 pandemic, digital health tools became an essential part of healthcare delivery, while hospitals, GP practices and other healthcare settings were limiting who could access services physically. This is a trend which is unlikely to change.

3.3.3. Ultimately, digital tools must be used as a complement to, rather than a replacement of, other modes of service delivery. When used properly, digital tools can play an important part in improving patients' care. However, service designers must take into account that there are many instances in which people cannot, or do not want to, use digital tools for their healthcare.

3.3. Theme 2: Respondents who do not speak English, or have English as an additional language consistently reported serious issues with the visibility and availability of functioning translation services

3.3.1. In their current state, in-person and online translation services are not fit for purpose. Failures relate to both the visibility and availability of translation services. Respondents who do not speak English, or have English as an additional language, consistently told us that they were not aware of the translation services available to them. Some people told us they translated sentences in advance of appointments, significantly worsening the utility of an appointment, or were completely unable to access care online as a result of language barriers. Other participants, who were aware of translation services, told us that online they often do not work, and that in person they are often unavailable anyway.

3.3.2. Health and social care providers must make tackling this issue a priority, both online and in-person. In its current state, issues with the visibility and availability of online translation services form a key barrier to accessing services. 3.3.3. At its

worst, this excludes people who do not speak English, or who have English as an additional language, from accessing the support they need.

3.4. Theme 3: A majority of respondents told us that they have concerns about security and privacy when using digital health tools

3.4.1. In most cases, digital health tools change the locations in which healthcare is experienced, from the hospital, clinic, or GP practice, to personal places like the home. Many respondents told us that they have concerns about security and privacy when using digital health tools.

3.4.2. Health and social care providers must take into account that the environment around a patient can significantly alter how they receive healthcare. Those without a safe or private home may find using digital health tools impossible. Similarly, those without the infrastructure, knowledge, or desire to use digital tools may also be excluded. People may find accessing healthcare from their home, or indeed from their car, office, garage, or garden intimidating, intrusive, or impossible.

3.4.3. Many respondents also told us that they have security concerns when using digital tools. People told us they were worried websites weren't secure, or that they were worried about being scammed. Even where these worries are misplaced, this anxiety may lead to worse healthcare options, if people choose to forgo an appointment, or hold back information they would be willing to give in person due to security concerns.

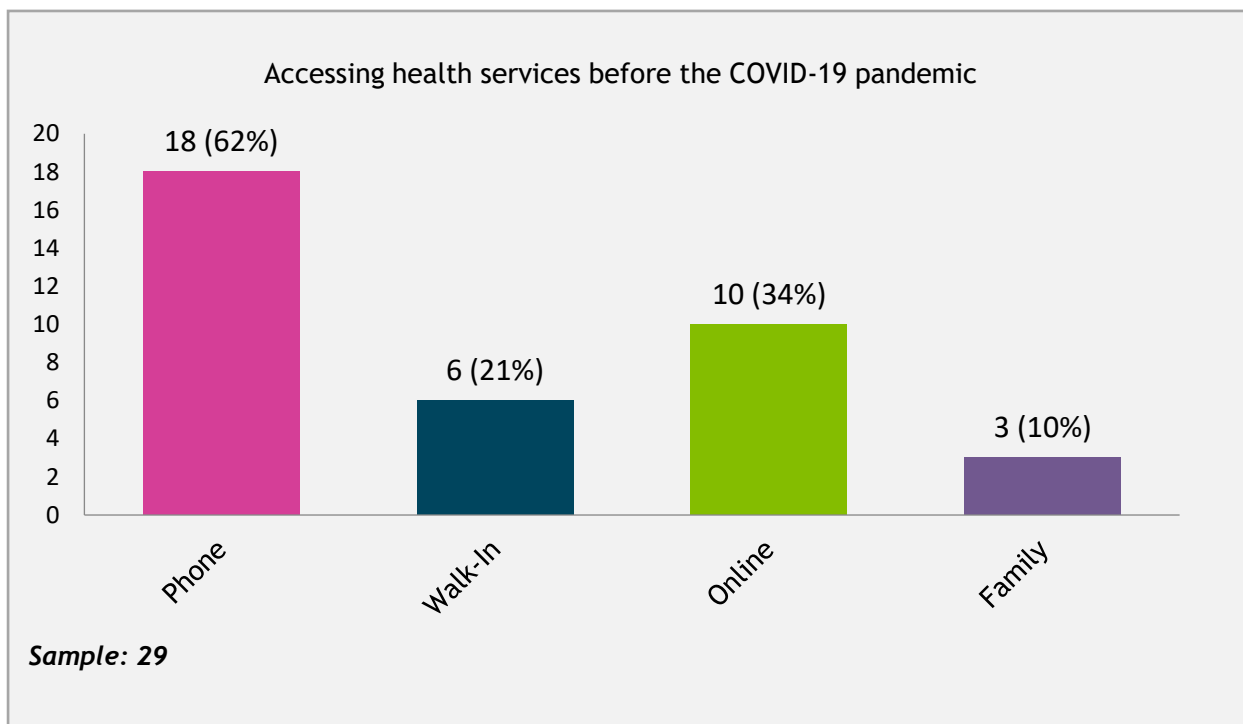
3.4.4. Service designers must take into account these worries, and work to ensure that those who cannot, or do not want to, use digital health tools are still able to receive the care they need.

4. Access and experience

4.1. In this section we examine methods of accessing health services, establish any changes as a result of the COVID-19 pandemic, and look generally at experiences.

4.2. Accessing Health Services

4.2.1. Initially, we talked about experiences of accessing health services (such as GPs and hospitals) before the COVID-19 pandemic. We asked respondents, how did you access health services before the COVID-19 pandemic?



4.2.2. When asking people how they had accessed services, almost two thirds of respondents (62%) had used the phone, while around a third (34%) had used online systems. A fifth (21%) preferred to walk in, while 10% were aided by family members.

4.2.3. The vast majority of feedback relates to GP services. Many with a preference for the phone consider personal contact to be reassuring, while young people and working people comment on the convenience of online systems.

4.2.4. When asked how people accessed GP services before the pandemic and how has that changed, most people said they normally visited the practice in-person or via a phone call. A few people mentioned that they used online triage platforms such as e-consult, Dr IQ, and SystemOnline.

4.2.5. One of the few participants who used their GP's online system said that they did so "due to [their] work schedule - using their system with special login code is easier to book online than waiting".

4.2.6. However, in the same focus group another person said "my surgery has an online system, but it doesn't work so I usually call". This view was common among participants. Many spoke about feeling frustrated and annoyed when trying to use GPs' online systems either to book or receive appointments.

4.2.7. Since the COVID-19 pandemic began, most local healthcare services have asked patients to only visit in person in an emergency or for scheduled treatment. This has meant that the only way for many people to access most services is online or through the phone.

4.2.8. Although calling the GP practice reception to book appointments is not new, many people expressed frustration and fear when calling. Some people mentioned that the automated message on GP practice phones is off-putting and discourages them from trying to see their GP.

4.3. Changes Since the Pandemic

4.3.1. When looking at changes since the pandemic, those who preferred the phone initially generally still do - despite the fact that telephone access has become more difficult. Few people comment on switching to online services.

4.3.2. As lockdown eased, some participants spoke about the lack of in-person appointments and the difficulty of speaking to a doctor on the phone.

“On the phone it’s a bit odd because you don’t get the nuances. I’d rather would see a doctor.”

4.4. General Experience

4.4.1. Many people comment on increasingly poor telephone access and difficulty in booking appointments or getting to speak with staff. They also find the answer machine message to be intimidating and drawn-out.

4.4.2. Feedback about online systems is largely critical. We hear that some systems can be difficult to use (such as in attaching photos), faulty, or contain forms that are overly long - while at the same time not specific enough with questions or spaces to express their symptoms. It is also noted that systems can be difficult to learn and master, particularly if people only need to use them infrequently.

4.4.3. There are now multiple possible ways in which someone may be able to see their GP. This has led to confusion. One person says that the online system is no longer available, while another says that the online system is the only option. Many people are unsure about what new guidelines are regarding in-person appointments.

“If you use the online system rarely, a month later you forget. You forget how you did it. My son often guides me how to do it. We don’t have enough experiences.”

4.5. Electronic Consultation

4.5.1. At some workshops we gauged awareness and experience of electronic consultation systems, such as eConsult and SystemOne.

4.5.2. All feedback is negative. Many participants expressed annoyance at using these systems. Criticisms people mentioned included poor functionality and a lack of response. People also mentioned that these systems are confusing and complicated, and that it takes time to become familiar with a website that they only use infrequently.

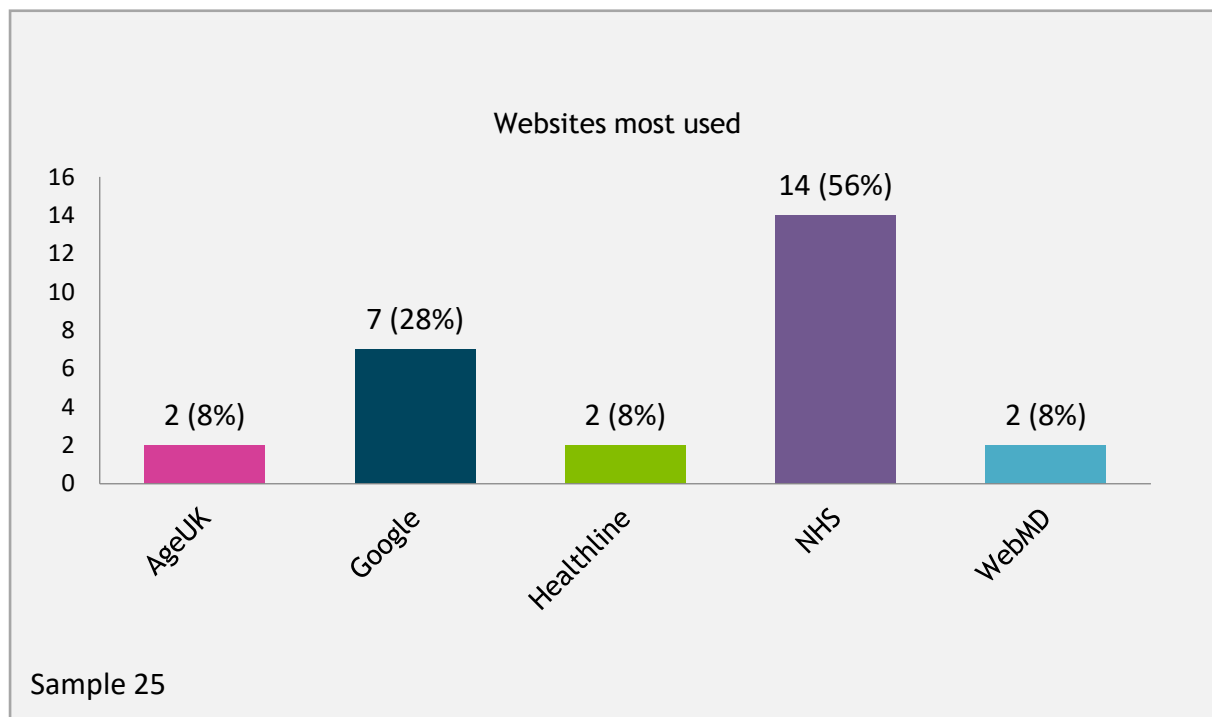
“I was under an impression that if I filled in eConsult even on the weekend, I will get to speak to a GP. I still have not received a call.”

“DR IQ makes it difficult to choose a specific GP doctor - our long-time doctor.”

5. Experience of using Digital Tools

5.1. We asked people about their experience of using digital tools and where, in particular, they get information from.

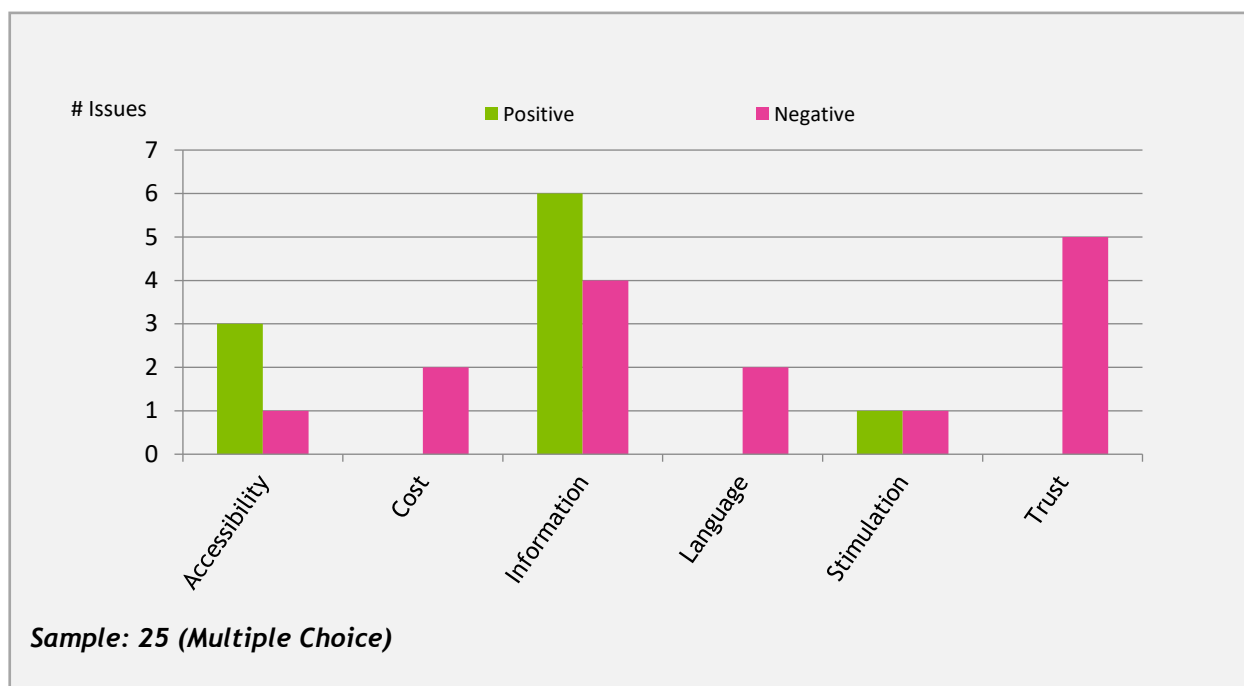
5.2. Websites and Apps



5.2.1. 16 different websites and apps are mentioned - with AgeUK, Google, Healthline, NHS and WebMD the most popular. Over half of respondents (56%) cite the NHS, while over a quarter (28%) mention Google. Five respondents (20%) said family members assisted them with online tasks.

5.2.2. When reviewing feedback on websites and online healthcare services, we find that almost two thirds of comments (59%) are negative in nature.

5.3. Top Trends, Websites and Apps



5.3.1. Six issues receive more than one mention. Sentiment on information is marginally positive. Negative issues include trust of content, cost and language.

5.3.2. The NHS website receives much praise for being reliable, well presented with clear language, and for the availability and quality of its content. Accessibility is also generally praised, with some people assisted by software (such as a screen reader).

5.3.3. When looking closer at negative trends, being able to trust information is viewed as particularly important. Some people check for authenticity, or whether the website is secure. The large volume of websites, and with it the choice of websites available to a user, is a frustration. One person said they selected the 'first website that comes up' on searches. Online scams are also mentioned.

5.3.4. There is a popular assumption that young people want to get their information about healthcare on social media platforms such as Instagram, Twitter or TikTok. However, in our focus group with members of our youth engagement programme Young Healthwatch, two participants told us that they prefer to use online resources like the NHS website. They told us they often enter their symptoms or questions into Google and follow the first few links to websites.

5.3.5. An issue that was brought up in multiple focus groups concerned online security. Previous campaigns to increase awareness of online scams, hacks, phishing e-mails, and text and online safety, have made people extremely sceptical of information found online. This is particularly the case for people over the age of 65, who tend to be less familiar with using digital tools and using the internet for information.

5.4. Translation availability

5.4.1. When learning about local people's views and experiences with regards to accessing healthcare services and information, the most prominent concern was access to adequate and reliable translation services or tools.

5.4.2. Most health and social care websites use Google Translate's automated webpage translator to allow a user to translate the website into multiple different languages. However, many websites do not have any translation function. This can present a large barrier to people accessing health care online.

5.4.3. Issues with translation services stretch further than online resources. Many people told us that in-person translation services in GP practices are also inadequate.

5.5. Visibility of translation services online and in-person

5.5.1. A particular problem concerns the visibility of translation services.

5.5.2. Many GP practices and other NHS health care services offer translation services during appointments, so that patients and professionals can communicate more easily.

5.5.3. When asked if they used these translation services, many participants told us that they were not aware of them. Those participants who were aware told us they were not sure how to access these services.

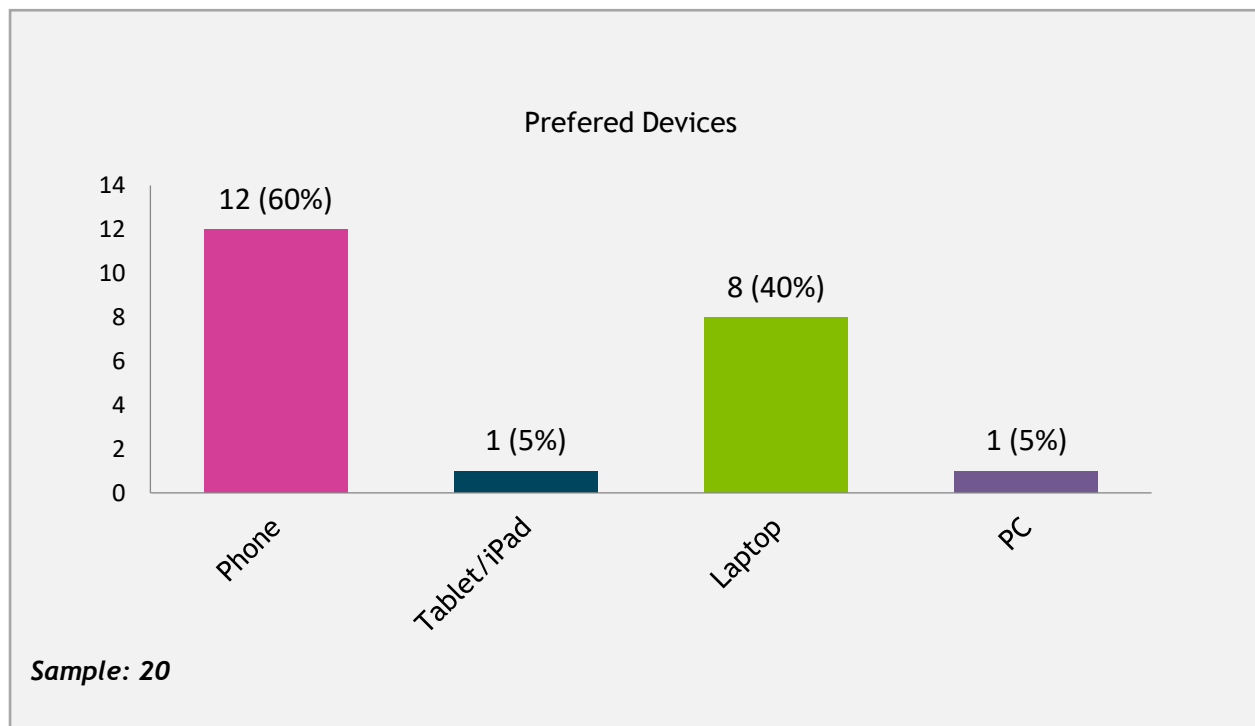
5.5.4. One participant who has English as an additional language told us that they use Google Translate ahead of appointments. They translate what they would like to say, write it down, and share it in an appointment. For this person, communicating with their doctor during an appointment is difficult, as they are reliant on a few pre-translated sentences. Answering unexpected questions, or giving additional information, is not possible without a translator.

5.5.5. In some GP practices there is no information available to patients explaining how to access translation services. Even where this information is available, people told us that they are still unable to have a translator present at their appointments. On GP practice websites, available translation tools, where they exist, are often not clearly signposted or linked to.

5.5.6. This lack of translation services both online and in-person prevents patients accessing health and social care services on their own. Many people have told us that they are reliant on family members who are fluent in English for help.

“My GP website has no translation into Russian.”

5.6. Preferred Devices



5.6.1. We asked people to share their experience of using devices (such as mobile phones, tablets, laptops and computers) to get help and information about their health.

5.6.2. Phones are by some margin the most popular device for accessing services and information, accounting for 60% of responses. A lesser but still significant number (40%) use a laptop, while tablets/iPads or desktop computers are hardly mentioned.

5.6.3. Those using phones are marginally satisfied as a whole. Relatively low cost compared with computers is an incentive, as is convenience, however many prefer laptops when viewing larger volumes of information.

6. Appropriateness, Communication & Information

6.1. In this section we explore how people feel about using devices, including perceptions of proper use.

6.2. We asked people if there are times and places where they felt it is not appropriate to use devices, websites, and apps to get help and information regarding their health.

6.3. Very few participants gave examples of where devices, websites, or apps would be preferable to in-person interaction. One person says convenience is a

consideration. They told us that, ‘if it can be solved on an app it’s easier, in your own time, wherever you are.’

6.4. We then asked people if there are times and places where they felt it is not appropriate to use devices, websites and apps to get health help and information.

6.5. Many people told us that they do not want to use devices, websites, or apps to be properly assessed by a doctor. Some participants also discussed the importance of privacy and confidentiality. Maintaining privacy and confidentiality can be difficult when receiving health care virtually.

“I like to have the options, as I did have an issue and I spoke to the doctor and was allowed to come in. I was comfortable to start with a phone conversation. I would have felt that I wouldn’t have been properly cared for if the doctor didn’t see me face to face.”

“If it is something physical and someone needs to see it - I had an e-consult and you can’t see the lump within my finger but you can feel it. It would have been better for doctors to feel it and see it. No treatment was given and I was dismissed.”

“If you’re not comfortable at home, it can be problematic.”

6.6. Distrust and Community Issues

6.6.1. We asked more generally how people feel about accessing information related to healthcare online. Distrust, language, and age are cited as barriers to information access. Some respondents also told us that it’s important that professionals like GPs have a good level of cultural awareness. This is important to be able to treat people properly and to gain the confidence of members of the community.

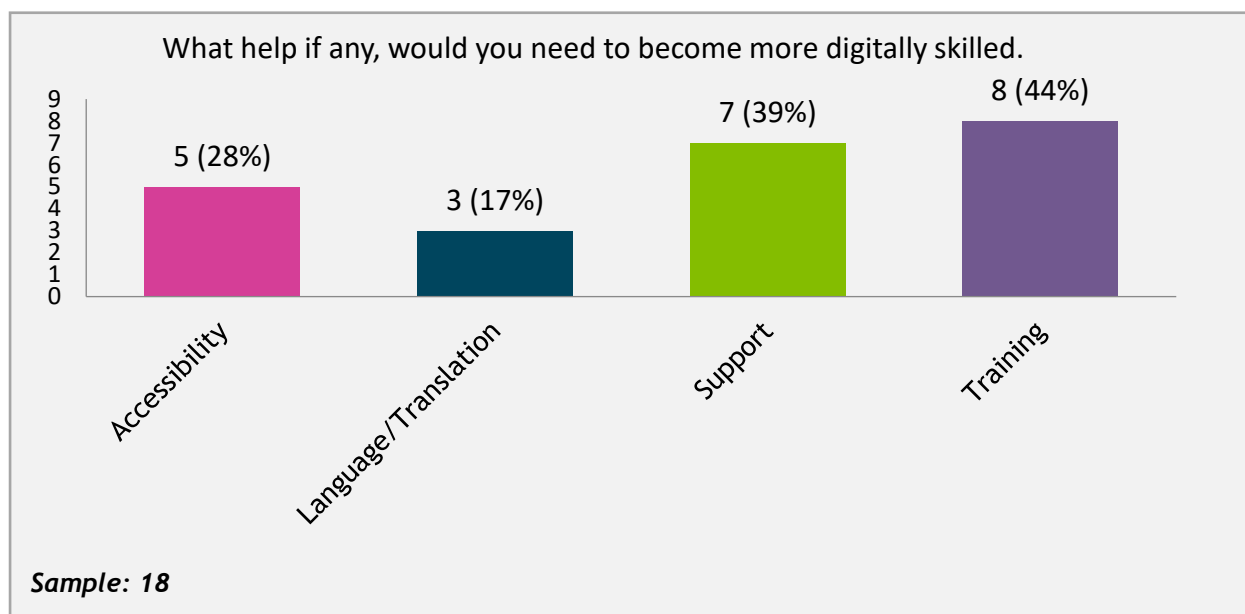
6.6.2. During our focus groups and interviews, many participants expressed concerns which were not directly related to accessing healthcare services digitally, but which are important to take into account. For instance, participants’ worries about the cultural awareness of a healthcare worker can influence the ways in which patients feel comfortable accessing services. The concerns, views, and experiences that were discussed in our focus groups speak to wider health and social disparities across our boroughs. They also reflect issues of discrimination, distrust, and prejudice within health and social care services.

“I do look anywhere as if I can’t access to go online or computer or via phone, then it becomes difficult to search. Especially due to language barrier. The only thing is vaccination but due to the language barrier it is hard.”

8. Skills and support

8.1. In this section we look at requirements and experience of skills and support.

8.2. We asked people what help, if any, they would need to become more digitally skilled.



8.3. In our focus groups and interviews, 44% of participants who answered this question told us that training would help them become more digitally skilled. Accessibility help, particularly for sensory disabilities and language learning or translation, was also mentioned often.

8.4. On training, a range of topics are mentioned - such as assistance with browsing websites and sending emails. One person said that more accredited young women would be encouraging for others.

8.5. Those with sensory disabilities (such as Macular Degeneration) are most likely to comment on needing support and some say that even with one-to-one assistance, using devices such as tablets can be difficult. Use of virtual assistants, such as Amazon Echo has assisted some.

8.6. On language, while translation aids such as Google Translate are utilised, there is a desire to better learn English.

“I need a computer but also need computer support and maybe to learn English. Any workshops and courses to equip me to use different applications and websites in terms of communicating health services would help.”

8.7. Getting Support

8.7.1. We also asked if people knew where to go to get support, if needed.

8.7.2. One person has attended training at a local disability centre. It was noted that older people will be particularly disadvantaged, even those with family. One

younger person felt that seeking assistance may be embarrassing - and that cuts to school budgets may impact what is on offer.

9. Recommendations

9.1. Availability of face-to-face appointments and consultations

9.1.2. We heard that people did not know that they could request a face-to-face appointment or consultation, or that they were not offered it despite needing and requesting it.

Recommendation 1: Where current COVID-19 guidelines permit, GPs and all NHS services in Westminster and Kensington & Chelsea should adhere to UK Health Security Agency Recommendation 4 that states that patients should be consulted on their needs and preferences for face-to-face appointments. Where it is not possible to offer this, patients should be provided with clear explanations on the reasons why this decision was made and what their alternatives are.

9.2. Signposting

9.2.1. Many people told us that they were unaware of the services available to them. Some respondents told us that they did not know where to go to get reliable information on services.

Recommendation 2: North West London Clinical Commissioning Group and Public Health teams in Westminster and Kensington & Chelsea should promote information on local health services, including details about self-referral routes where applicable, accessibility, and translation services in public places such as pharmacies, GP surgeries, libraries, community centres, sports centres, walk-in clinics, schools, and higher and further education colleges.

Recommendation 3: North West London Clinical Commissioning Group should run a communications campaign advertising residents on how they can access the health support they need. This includes making better use of the locations listed above.

9.3. Local public health messaging

9.3.1. Many people told us they felt public health messaging was unclear or confusing. People told us they did not know where to go for reliable public health information.

Recommendation 4: Local Public Health bodies and NHS Trusts including Imperial College Healthcare NHS Trust and Chelsea & Westminster Hospital NHS Foundation Trust, and Westminster and Kensington & Chelsea Council Public Health and Community Engagement teams, should involve Healthwatch Central West London, local people and community groups in coproducing local public health information.

Recommendation 5: Healthwatch Central West London, with the support of our Local Committees, will develop a process through which public health messaging is regularly reviewed, with input from local people.

9.4. Accessibility

9.4.1. Some participants told us that services, particularly online, remain inaccessible. For instance, many GP practice websites are not compatible with e-readers. All organisations providing publicly funded services must comply with the accessibility requirements under the Equality Act 2010, including through digital channels.

Recommendation 6: All GP practices, Kensington & Chelsea and Westminster Councils, and NHS Health Trusts operating within the two boroughs should carry out an accessibility audit of their online presence and service offer. This must be carried out through engagement with local people who have specific accessibility needs.

9.5. Translation services

9.5.1. This report has shown that in-person and online translation services in GP practices are not fit for purpose. Failures relate to both information about translation services and whether they are available at all times that patients need them.

Recommendation 7: All GP practices and other NHS services within Westminster and Kensington & Chelsea should promote and make available translation services at each point of need, for all patients who need these services.

10. Conclusion

10.1. The aim of this project was to hear from residents, patients, and carers from across Kensington & Chelsea and Westminster about their thoughts and experiences of using digital health tools, so that we could better understand the impact of the NHS's 'digital first' strategy on local people.

10.2. As the NHS pushes ahead with its 'digital first' strategy, listening to patients' voices and learning from their experiences remains as important as ever. It is vital that changes do not adversely affect local people, and that services remain accessible. Particularly with changes of this nature, the risk that people become unable to, or significantly disinterested in, accessing health services is very high.

10.3. Following this research, Healthwatch CWL will also be reviewing our own online presence. In line with 9.4. Recommendation 6, we will be carrying out an accessibility audit through engagement with local people who have specific accessibility needs, to ensure that our online resources are able to be used by everyone who needs them.

10.4. As services change, and digital health becomes a larger part of how people receive care, health and social care service commissioners and providers must remain receptive to patient feedback, to ensure that services improve and work for all members of society. Digital tools can work well, but they must not work well at the expense of people who are unable to, or who do not want to, use them.

10.5. We have heard from local people about their experiences using digital health tools, and how they would like local health services to improve to help them stay well and safe

11. Appendix: Focus group and interview questions

Access and experience

- What was accessing health services like before the COVID-19 pandemic?
- How has that changed during the COVID-19 pandemic, if at all?
- How did you access your GP and get prescriptions?
 - What was your experience like?
- Have you used your GP and/or other health services (*hospital, mental health services etc.*) during the first and second wave of the COVID-19 pandemic?
- What was your experience like?
- Have there been any health services that you were not able to access during the COVID-19 pandemic?
 - Why?
 - What did you do?

Experience using digital tools

- Do you use websites such as the NHS website, to find health information or to get help with health issues?
 - If yes, what was your experience like? Was there anything you liked? Was there anything you did not like?
 - Thinking about the website(s) you've used to get health information and help, what could be better?
- Do you use any health-related apps such as the NHS app, headspace, myGP?
 - If yes, what was your experience like? Was there anything you liked? Was there anything you did not like?
 - Thinking about the app(s) you've used, what could be better?
- Tell us about your experience using devices such as, mobile phone, tablets, iPads, laptop and computer, to get help and information about your health?
 - Was there anything you liked?
 - Was there anything you did not like?
 - If you have more than one device, which one do you use more and why?
- How do you feel about using devices (mobile, tablets and laptops), website and apps to engage with your health?

Appropriateness, Communication, Information

- Are there times and places when you feel like it is not appropriate to use devices, website and apps to get health help and information?
- Are there any parts of healthcare that is important to remain non-digital and why? (*e.g. appointments, ordering prescriptions*)
- Are there times when you would prefer using digital devices, websites and apps to get health information or help, rather than seeing a health professional in person?
- Do you have any worries when using devices, website and apps to access health help and information? (*e.g. video calls with GP, accessing mental health services, ordering repeat prescriptions*)
 - Do these worries, if any, affect your use of these devices, websites and apps?
- Do you feel that there is too much or not enough options available when it comes to health websites and apps?
 - How does that make you feel?
- Thinking about where and when you would be using digital health, are there any situations when this would be difficult for you?

Skills and Support

- If you wanted help and support with being more digitally skilled, what help would you need?
- Do you know where to get support if you wanted it?
- Have you had support when accessing health care online?

Concluding question

- If you would like to make a recommendation or change to health services, what would that be?