

# Digital access to healthcare in Bath & North East Somerset and Swindon



# Contents

Contents.....	2
About Healthwatch.....	3
Background to research .....	3
What we did.....	4
Who did we hear from?.....	5
Examples of digital access in primary healthcare .....	22
Next Steps .....	26
Recommendations .....	27
Appendix 1: Questionnaire.....	28
Appendix 2: Other engagement questions .....	38
Appendix 3: Organisations engaged.....	41
Appendix 4: Getting help with digital access .....	42

## About Healthwatch

Healthwatch Bath and North East Somerset and Healthwatch Swindon are the county level independent champions for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

As independent statutory bodies we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We are here to listen and understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed. We are totally independent and can provide you with impartial and independent signposting advice

We are part of a network of 150 local Healthwatch across England and work particularly closely with Healthwatch Wiltshire so as to have oversight across the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board area.

## Background to research

There is a growing push, across all areas of life, both for services to be available digitally and for customers and service users to access businesses and services digitally. This can include going to a website to look up information, ordering products online, booking appointments, transactions, and accessing our own personal data. As digital access expands so the 'old fashioned' options of going into a physical premises or phoning up 'another human being' are dwindling.

Whilst for many people digital access improves the accessibility of services this is not the case for everyone or for all types of service.

We recently asked people how they order their prescriptions, and heard back from people who prefer to use paper prescriptions or calling into the pharmacy, as well as from those who happily use online Apps. We have also had feedback about long waits to get through to GPs on the phone, and from some GP patients

that they are no longer allowed to make appointments in person at the surgery, even when they are standing at reception.

We know that the NHS is encouraging online access across many service areas and we wanted to find out what this digital push means for people as NHS patients – whether this is for GP services, pharmacy, Hospital appointments or other areas.

Who in our communities find digital access easy and who find it difficult or impossible ?

What are the barriers people face ?

How are services making sure access is open to all of their patients ?

Is the move to digital access negatively impacting on access to healthcare for some people ?

## **What we did**

Healthwatch Bath and North East Somerset and Healthwatch Swindon developed a questionnaire, which could be used as a paper copy at engagement events and/or completed online. We aimed to find out about people's everyday access to and use of digital technology, and about their level of confidence. It then asked a series of questions about whether or not they used digital technology to engage with health services, and about any help received.

In addition to the online questionnaire, one to one engagement sessions were held in Bath & North East Somerset (B&NES) and Swindon, and in B&NES four focus groups were held.

A range of engagement events were selected to gather the views of older people and families with young children, and in venues across B&NES and Swindon.

The focus groups in B&NES and engagement in Swindon were aimed at older people.

All feedback was gathered between January and March 2024.

We would like to acknowledge the expertise and help of one of our volunteers in developing the questionnaire and focus group materials, and in taking part in the research events. Thank you, Daren!

The questionnaire is in Appendix 1.

The discussion guide for focus groups and short questions for other face to face engagement is in Appendix 2.

The list of organisations and locations for engagement sessions is in Appendix 3.

## Who did we hear from?

In Swindon 37 responses were received and recorded using the questionnaire, made up of both online responses and responses via face-to-face engagement from the Development Officer's participation in a Swindon Senior's meeting.

In B&NES 12 responses were received and recorded using the questionnaire (online and from face-to-face engagements at the Age UK click café).

Four focus groups were held engaging 36 people as follows:

- BEMSCA (Bath Ethnic Minority Senior Citizens Association)
- Reconnecting Twerton
- Guinness Trust's Chelwood Drive community group
- Age UK day club in Midsomer Norton.

The vast majority of participants in these sessions were older people, with a small number of younger volunteers and staff adding additional views on occasion.

Additional face to face engagements in B&NES took place at:

Family food and Play in Keynsham and Writhlington (families with young children), food pantries in Radstock, Twerton and Odd Down (mix of families and all ages) and Age UK click café (from 50 years upwards)-this involved a further 47 people in sharing their views.

In total 132 people shared their views across Healthwatch Bath and North East Somerset and Swindon.

The template for the focus groups and questions for the face-to-face engagement sessions are also included in Appendix 1.

## Questionnaire results

A short summary of the questionnaire responses is set out below. The findings from the questionnaire are later incorporated with the wider findings from the focus groups and additional engagement sessions.

The results for Swindon and B&NES are combined for a number of reasons:

The results were fairly similar with mostly just a few % points between answers and importantly a similar range of issues and comments.

The number of responses to the questionnaire were heavily weighted to Swindon, meaning any direct comparison would be unreliable.

Generally though, questionnaire respondents from Swindon were slightly more confident and better connected digitally compared to B&NES. For example, in ordering prescriptions Swindon respondents were more likely to use an online or App method and also more likely to access their medical records online.

In terms of barriers identified to using digital technology, whilst both groups put concerns about data privacy top, for Swindon this was at 42% and for B&NES this was 58%. In relation to it being a 'generational barrier' the figures were 33% and 41% respectively.

In relation to accessing health care preferences, the results were similar though actual % might differ. For example, in relation to the method for booking medical appointments 'phone calls' was the highest for both areas with Swindon actually being a higher % than B&NES.

Similar proportions of people found digital access helpful to managing their healthcare, 38% in Swindon compared to 33% in B&NES. Although there was a greater difference in those finding it unhelpful, at 26% and 17% respectively, with a greater proportion of B&NES respondents (50%) being unsure.

## Demographic breakdown of survey responses

The chart and information below indicate the demographic breakdown of the questionnaire responses:



A large majority of respondents (85%) were aged 50 or over as shown in the chart below. This reflects in part where paper copies of questionnaires were shared, including the Age UK click café and the Swindon Seniors forum.

84% of respondents described themselves as 'White British/English/Northern Irish/Scottish or Welsh.

73% of respondents were female.

In terms of 'employment status' 51% were retired, 23% were working part or full-time and 7% were carers.





Age of respondents:

13 to 15 years		1.82%	1
16 - 17 years		0.00%	0
18 - 24 years		0.00%	0
25 - 49 years		10.91%	6
50 - 64 years		25.45%	14
65 to 79 years		50.91%	28
80+ years		9.09%	5
Prefer not to say		1.82%	1
Not known		0.00%	0

## Use of digital technology in everyday life






We wanted to find out how people used digital technology in their everyday life as well as in accessing health care. We started by asking people if they had access to digital technology and how they used it.

Do you have access to digital technology, such as access to a computer or smart phone?

Yes		81.54%	53
No		13.85%	9
Sometimes		4.62%	3
Other (please specify):		3.08%	2

'Other' included TV and home (phone) line.

Where people answered 'yes' or 'sometimes' the types of devices they used were as follows:

Smartphone/mobile phone		72.41%	42
Laptop/computer/desktop computer		67.24%	39
Landline		41.38%	24
Tablet/iPad		55.17%	32
Other (please specify):		12.07%	7

'Other' included kindle (3), basic mobile phone including Doro (3) and library computer (1).

Where people sometimes had access, this included via work, at the public library, friends or family and on loan from Age UK Bath & North East Somerset.

In terms of confidence in using digital technology, people were most confident in 'looking things up online' at nearly 60% of responses, with slightly under half (48%) expressing confidence in shopping online.



In terms of using social media, 32% were confident with 37% responding that they don't or rarely use social media.

We asked what people used digital technology for:

Keeping in touch with family and friends		77.78%	42
Contacting health and social care services		51.85%	28
Entertainment or education		55.56%	30
Shopping / banking		55.56%	30
To access the internet – eg to look up information		83.33%	45
Local information (events, news and activities)		72.22%	39
Other (please specify):		18.52%	10

## Quotes – using digital technology day to day



- Use tablet to listen to music to help sleep at night - as suffer with bad sleep
- I'm building confidence and learning how to use internet and digital devices as I was feeling isolated and left behind with not being able to use it.
- I am partially sighted so cannot not use it, this is being completed on my behalf



We also asked people what barriers, if any, they faced in accessing or using digital technology.

The biggest barrier was worry about the privacy and security of their information online (49%).

Next in line was that 'their generation weren't brought up using online services, so find it difficult to use them' (35%).

Other more individual responses included some physical difficulty in using or viewing a small screen and keypad, needing help from the family, having previously been scammed and therefore put off and the challenge of multiple menus and pop-up adverts.

The cost of a device or the internet was a barrier for less than 10% of respondents (3 and 4 respondents respectively) and 31% did not identify any barriers. It is noted that that the issue of cost was relevant for some people in the focus groups and other face to face engagements.






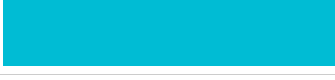

## **Use of digital technology in accessing health care**

We asked a series of questions about how people preferred to contact health services and how health services contacted them, including in relation to:

- arranging appointments
- receiving reminders of confirmation
- ordering prescriptions
- viewing their medical records

We asked 'how do people prefer to contact health services?'

Respondents' first choice was telephone call (84%) followed by in person (53%), with 25% opting for an online form.

Phone call		83.64%	46
Email		43.64%	24
Via online form		25.45%	14
Text message		29.09%	16
Letter		23.64%	13
In person		52.73%	29
Other (please specify):		3.64%	2

When asked how they made medical appointments, a similar percentage used the phone (84%) with 38% going in person. The % of people making appointments online reduced to 15%.

84% of respondents also received confirmation of appointments or reminders via text message. People also reported receiving letters (43%) and emails (25%). It is likely that this varied depending on who the communication was from, for example GP or hospital.

### Quotes – digital communication in healthcare:









Often get text messages which say please fill in attached form - but my basic phone does not allow me to do this; I have told the GP this but they still send forms via text message or ask me to go on website for more info etc



One person said they needed info in black and white as no confusion or retraction of original promises.

## Ordering prescriptions

Interestingly, when it comes to ordering prescriptions, a higher proportion of people used an online method. Although in person and phone call were still popular choices as can be seen in the chart below.

Phone call		20.00%	11
Online		50.91%	28
In person at pharmacy		18.18%	10
In person at GP		21.82%	12
N/A		5.45%	3
Through an app (please specify)		21.82%	12

### Quotes – ordering prescriptions:



One person expressed concern that their preferred method was changing:

- I have been emailing POD, but ordering my regular prescription will become almost impossible when these closes (I have high end autism.)
- Cannot get on the NHS App which I am being forced to use for prescriptions I am trying to verify my identity but it tells me my photo is too blurry no matter what I do



## Accessing medical records online

Whilst 28% found it easy to access their medical records online, nearly 59% did not or rarely tried accessing their medical records this way.

## Quotes – Accessing medical online:



- I'm not sure what I can access and failed to register on the NHS website for access as it wanted me to upload photos and I can't do that on my laptop or Kindle
- I did not know I could access my medical records. I would like to do so
- Information can be hacked into and mistakes can be easily made. People can be mixed up. Same name date of birth. Makes it a dangerous route to go



## Impact of digital access to healthcare

In the final section of the questionnaire, we asked for peoples' views about digital access to healthcare and whether or not this impacted how they managed their health.

I find online services helpful to manage my health		38.46%	20
I find online services unhelpful to manage my health		25.00%	13
Online services don't affect the way I manage my health		36.54%	19

## Quotes – digital impact on access to healthcare:



- nightmare
- I don't use online services
- Often digital tech only gives you the option to choose between a restricted number of scenarios and no opportunity to explore other options
- I think it's great when it works. I also think it excludes vulnerable groups.



## Should health services help with access?

When asked if they thought health services should support people with accessing technology 67% said yes, with a further 28% being unsure, 9% said 'no' with one person saying 'NHS is for health not for tech support'.

Only 11% of respondents had received help from health services to access digital technology for their health with 87% not having received any IT help from healthcare providers.

2 people had received help via the Age UK Bath & North East Somerset Click café, in relation to digital access in general, others had help from family.

We also know that BEMSCA had previously loaned tablets/ ipads to members during Covid to try to help them keep connected during the isolation of lockdowns.

### Quotes – the need for support:



- My dad wouldn't cope at all without family doing it all for him. He'd be dead...
- I don't use online services
- Some people have no access to technology. I think people tend to assume the elderly but this may not be true. There are people who can't afford technology, people who have a disability which makes it difficult for them to use un-adapted technological devices.

- Older people with limited computer skills; people with learning disabilities; those with physical and/or mental disabilities; those like me who just resent being cornered into having to use technology
- people living alone or do not know English enough



## What we found from the focus groups and face to face engagements

A great variety of responses were received from the different groups and engagements.

In very general terms there was greater welcome for and confidence in using digital access both in their everyday lives and for healthcare from young parents compared to members of older age groups.

This variation in use and confidence could easily be observed in the groups. Younger parents would more often have their phones in hand, whereas in the groups with older people there was much greater caution in handling these devices.

Virtually no younger parents were without a smart phone, whereas a significant number of older people had a very basic mobile phone, which was used for calls / text messages only. They more often mentioned having a computer at home, but in some cases hadn't used it for a long time.

There are usually 'exceptions that prove the rule' and this was also the case in this study, with a small number of younger people not wanting to use digital technology and a few much older people who were very confident and engaged digitally.

## Findings from focus groups and engagements

Based on the feedback and discussions with the focus groups and face to face engagements, we have identified three broad age groups in relation to digital access and healthcare. Quotes and comments from the questionnaire have also been incorporated.

### Pre-digital and computer generation (65 + )

(Groups: BEMSCA, Reconnecting Twerton, Guinness Trust, Age UK)

Everyday use of digital technology is generally limited, both by the type of device used and knowledge of how to use online services and products / apps (e.g. Doro phone only)

Some people had a very specific use for their technology e.g. computer and CD Rom for crafting, but otherwise used it very little.



There was very little or no use to access healthcare, with the exception of receiving text reminders from their GP.

This group did not generally feel pushed to use digital technology based on responses received.

Concerns, issues and barriers felt by this group included:

- Feeling excluded and isolated by not being able to join in this world
- Needing help and support, and feeling this was not always available or freely given; this was more so for people living outside of Bath where there were felt to be more options for accessing help
- More likely to have physical barriers to use as well as lack of knowledge barriers (e.g. small screen, keypad, lack of digital dexterity)
- Lack of trust of the internet and a heightened fear of scams
- Wanting to be seen as individuals not robots, and feeling that personal connections were diminished by the move to everything being online
- Costs were a factor for a small number of people, sometimes linked to a lack of knowledge about prices, value for money and what they needed

### **Additional feedback**

In one focus group there was no direct use of digital tools for accessing healthcare amongst those present.

Although there was some willingness to learn in this group, they would need help.

Interestingly, they felt some of the barriers to good communication between healthcare providers and patients were the same for non-digital communication. For example, the size of text on smart phone, if you don't know how to make it larger and print size in letters, accessing alternative languages if English is not your first language.

With all the technology and information held in personal records, people felt healthcare providers should be able to get it right for peoples' different communication needs.

In another group, one person had been given a new phone by a family member but was very unsure about using it, and it caused some anxiety when it rang or when they received unsolicited texts.

In the same group, most present had some help from a younger family member – children or grandchildren. However, not all had this help available and around half felt that their family helper was sometimes impatient of them not remembering how to do something or use their device. They were ‘bossy’ or would say ‘I’ve shown you that before’.

People were happy enough with text reminders and prompts, but there was no enthusiasm for digital appointments. There was some recognition though that they might just need to ‘get on with it’

One issue for people who do not have even the basic mobile phone is the untimed callbacks from GPs, which can be anytime in the next few hours or days, meaning people felt they couldn’t go out if they only had a land line. There seems to be the assumption that everyone has some sort of mobile phone, so can answer the calls at any time. This was also an issue for younger working people who were not allowed access to their phones whilst at work.

Within the feedback gathered we also heard from staff at the Alzheimer’s Society and Curo.

### Feedback from staff at the Alzheimer’s Society and Curo



- Residents of Curo sheltered schemes or older peoples schemes mostly don’t use a mobile or smart phone; which seems to be about a lack of interest. Our research showed only 40% have basic digital skills (Curo)
- Even the GP surgery check in screens are confusing for some people, if receptionist directs someone with Alzheimers to machine they don’t know what to do (Alzheimer’s Society)



There are exceptions that prove the rule, and one 90 year old member of a focus group was confident and competent in using IT.

**“I use Apps for GP and internet banking and the NHS app and GP website for test results. I tend to use the desktop as the bigger screen is easier to use.”**

## Quotes



- The first thing that was said in one group when asked about using digital technology was, I want to be treated as a person not a robot!
- It's my fault...I'm just too old for this
- I'm worried that I'll press a wrong button and it will all go wrong. I stopped using facetime due to scams. My daughter has shown me sometimes but she is too quick - it ends up making me feel stupid
- The click café is only available in Bath; we'd like people to be able to come here (to Midsomer Norton)



### **Additional reflections on the needs of this group - the role of the helper**

For many in this group when their lives do require some digital activity, they 'outsource' this activity to a 'helper', often a younger family member. It is much easier to outsource than to learn how to do it themselves.

These 'helpers' can attempt to upskill this 'digitally excluded' person, but end up getting frustrated and exclaiming **"but I've told you how to do that!"**. Upskilling can be difficult and may require professional input.

Staff and those listening to the feedback reflected that the need to ask for help when previously people had agency to undertake tasks themselves was a key issue. Not only were people 'made to feel stupid' but this was compounded by the loss of independence over this area of their life.

### **Middle-aged – early computer / digital generation (50–64)**

(Engagements: Food pantries /online survey / Keynsham event)

- There was a real mix of responses around everyday use of digital tech and access to devices
- They had more feelings of being pushed into accepting digital access to healthcare by their GPs whether they wanted to or not-it was not a choice

- There was still a lack of trust and knowledge within this group, with around 50% of the group identifying barriers to them accessing services in this way
- They felt they were the “halfway house” generation
- It seemed for some people their confidence or lack of it related to the work they were doing or had undertaken pre-retirement, for example, someone who was used to typing was better able to use a keypad. People who used computers in work were in a better position than those who had not

## General Feedback

The key messages were around confidence and knowledge in using digital technology, having been in the generation not brought up with digital technology in their everyday lives, but having to pick it up in adult life.

Concerns also centred on a lack of trust around data security and scams.

Having the means to purchase digital devices and pay for the internet was an issue for some people, as well as having help available, whether through a ‘helper’, a course or a group like the Age UK click café. People also had to have an idea of the benefits this would bring to take up any offers of help.

### Quotes



- lack of choice – it’s inevitable
- Prefer not and changing GP to avoid going online
- Use App for prescription but phone for GP
- Internet access poor
- Information can be hacked into and mistakes can be easily made. People can be mixed up. Same name date of birth. Makes it a dangerous route to go
- I’ve been on a wellbeing course for iPads including the intermediate course. It’s been really useful. It was a steep learning curve but its second nature now. Family can help but they go too quick. It’s helped reduce isolation.
- We’re in a ‘halfway house’ at the moment between generations in terms of digital access

- I've filled in forms (online) and then they disappear or get stuck in a loop and its annoying
- Some websites don't work as they should and that can be very frustrating when there is nothing you can do about it and you don't know how to speak to a human



## **Under 49s – the first digital & computer generations (under 49 year olds)**

(Engagements: Food pantries / family food and play engagements)

- This group broadly had high everyday use of digital technology and online apps / services
- They faced high expectations from health providers / GPs that they would automatically engage with online processes / Apps and so generally had no choice, or depended on the response of their individual GP
- There were still plenty of people within this group wanting a balance and choice of personal and online contacts
- Members of this group were more likely to see the positive benefits of digital access to healthcare, both administratively e.g, time saving in arranging appointments and in responsiveness of the systems
- This group also made more use of health-related apps such as step counters, calorie counters, sleep apps etc.
- Barriers still existed for some people including the cost and time taken when having to manage healthcare for a larger family

### **Feedback**

One parent found it was really helpful to be able to have direct chats via a chat group with nurses as her child had very particular health needs. She was therefore very involved in the health system around their needs. She also booked online appointments with her GP surgery. She has good personal interactions but uses the IT /digital processes to support this positive relationship.

Another parent said they sometimes went to Paulton MIU or A&E if they needed help quickly, rather than go through the online system or have to wait in a phone queue.

One person was also a support worker for older disabled people. She helped the person to make their phone calls or made them for them – as they are older, they are less used to digital technology.

The NHS HandiApp was popular with some people for looking up information online.

## Quotes



- I use email for repeats and just started using the online for appts, with GP / Somerton House – they offered some help to set up – it worked okay and did get back quite quickly after submitting form
- I phone up a lot of the time (to GP / Hillcrest) and wait for a call back – but it can be anytime up to 7pm. When you get there the surgery is empty. You are not allowed to make appointments in person at the surgery and if you go online you can only make appts a long way in advance
- If it's an emergency then I'd use the usual emergency options but the online system works well. I think they (GP) have a rota for looking at forms so they can phone back quickly. Receptionists seem to have more time to get their other work like reports and referrals done
- There's a hassle factor in having to fill in forms online – it's easier to be able to speak to someone rather than fill in info – especially if you only have a phone with a small screen
- I don't want to be plugged in the whole time. Want to have choice and have the personal touch, not just in health but in other areas (of life). For example, when told to send a photo of an ailment, when I really want to see the GP
- Going digital seems to have made people lose their interpersonal skills – they're so used to messaging that they've lost other skills
- Find it so much easier to book online – can add all info in to the App and chose method and time of call back
- I've grown up doing things online so have no issues

- I have mental health issues and I'm a worrier. There's no way I would trust a machine with my child's health. I need to speak to someone." "I'm rubbish about getting words down" (i.e. finds it difficult to complete a triage form), "...so speaking to someone is so much better". "I like it old school" (i.e. human conversation) "...I want to hear that the appointment is booked, from a human



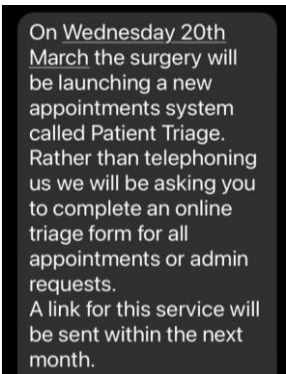
## Examples of digital access in primary healthcare

The main focus of the feedback gathered has been around primary care, so we have included 3 examples of how GPs have engaged with people around transitioning to digital access to their services.

"If GPs could make the process of signing up easier it would help. It feels like a barrier. Have to get in touch, then get a letter in the post, then sign up etc"

### 1: GP announcement by text message

In February 2024, a Bath GP surgery sent the text below to its patients. It is a typical example of a health service that is only (or mostly) available and communicated online.



On Wednesday 20th March the surgery will be launching a new appointments system called Patient Triage. Rather than telephoning us we will be asking you to complete an online triage form for all appointments or admin requests. A link for this service will be sent within the next month.

The text caused deep anxiety amongst the 3 patients we spoke to. One respondent said he panicked that he would no longer have any access to his Doctor. Like many of the older people we spoke to, he doesn't have the



knowledge or skills to complete online forms. Another respondent had heard about this new process, but hadn't seen the text, as she doesn't have a mobile phone. Some of the carers we spoke to were furious that the surgery had moved in this direction, they felt it took no account of the difficulty their clients' faced going online.

## 2: How to get help via a QR code

Another respondent referred to this poster in their GP surgery:



The poster advertises online only help for an online only service. They felt this was equivalent to a public library that offers stairs at the front, stairs at the back and stairs at the side - but no ramps or lifts. Despite this, the poster is accepted and featured across the city.

Our findings point to these types of engagement being symptomatic of a wider culture of digital exclusion. A public building without a lift has become socially unacceptable but digital exclusion in public health often goes unchallenged, despite it being in contravention of equality legislation, unethical and ineffective.

## 3: Practical support provided by patients and GP working together

A more inclusive and practical approach was adopted by the surgery at St Chads and Chilcompton when they introduced a new online system for patient contact. They worked with their Patient Participation Group (PPG) to provide surgery drop-in sessions over 2 days. Volunteers from the PPG supported the surgery's IT lead to help patients getting the App onto their devices and to learn how to use it.

The Chair of the PPG said the 2 days of drop-in were very busy with queues of people most of the time.

**Somer Valley Medical Group**  
27 Oct 2023 · 🌐



## Exciting News!

Next month we will be changing the way you access appointments and advice from the surgeries. These changes will start from **4th December 2023**.

See more on next image

**Medical Queries**

A new online consultation system allows you to complete a short online form about your symptoms or queries which will be triaged by one of our clinicians.

If you are unable to use the internet, our Reception Team will be on hand to fill the form at on your behalf. You will then receive a phone call, advice via text message or an appointment depending on the outcome.

See more on next image

**Admin Queries**

This system also allows you to submit admin queries, such as requesting a sick fit note, test results, updates on referrals, or request a doctor's letter.

The aim of this new system is designed to improve access and remove the frustration of busy phone lines.

See more on next image

**Want to learn more?**

We will be running a **patient education drop-in session** on **22.30pm on 30th November**, where a member of our team will be happy to show you how to use this system.

Please keep an eye on our social media page for updates on the next free medical A line will be provided on that date closer to the time to help inform patients.

Thank you.

👍 34      14 comments 14 shares

**Somer Valley Medical Group**  
10 Nov 2023 · 🌐

## Why are we changing the way you contact the surgery?

The feedback from patients has prompted a review on how we could improve this.

We know that phone lines can get very busy first thing in the morning, and this can lead to frustration. Many people also want the convenience of being able to submit requests online. Our new system will mean anyone, can complete a form online at any time during the day and it will be reviewed by a doctor or nurse. Those that are unable to complete an online form can still contact us and one will be completed on your behalf by our reception team, providing equal access for everyone.

🌐 [stchadsandchilcompton.co.uk](http://stchadsandchilcompton.co.uk)  
📘 [facebook.com/stchadsandchilcompton](https://facebook.com/stchadsandchilcompton)



👍 35      7 comments 10 shares

**Somer Valley Medical Group**  
24 Nov 2023 · 🌐

## Patient Education Drop-In Session Today!

Today, we will be running a **patient education drop-in session - 2.30 – 5.30pm in the Waiting Room at St Chads Surgery**, where a member of the team will be happy to show you how to use the new system.

Thank you.



🌐 [stchadsandchilcompton.co.uk](http://stchadsandchilcompton.co.uk)  
📘 [facebook.com/stchadsandchilcompton](https://facebook.com/stchadsandchilcompton)

👍 You and 1 other      5 shares

## Conclusions

The findings from both the questionnaire and face to face engagements indicate that patients' take up of digital access to healthcare is very varied.

A primary variation is around a person's age and their corresponding familiarity and confidence in use of and access to digital technology in their everyday life.

Common concerns however, tend to be similar across all age groups, focusing on:

- a lack of trust and even fear around issues of internet and data security
- the need for personal, human interactions in healthcare

There is a difference between preferring to use one method over another, e.g, phone to online, and not being able to use a particular method at all.

If someone is able to book a GP appointment using the App then it makes sense (from a GP/NHS resource point of view) for this person to use the App. This is different from a respondent who does not have the means/knowledge/tools/confidence to use the App at all.

Some people need help to overcome knowledge barriers to accessing healthcare digitally, even if they have access to appropriate devices. The type of help and how it is provided can make a big difference in how effectively people are able to take on digital skills.

- Some people who were able to access help from a provider (healthcare or generic such as Age UK) reported that they had learnt new skills and were more able to manage digitally, including access to healthcare
- Help sought from family or friends sometimes led to people 'feeling stupid' and as though they were handing over access to healthcare to family members
- Help from services such as Age UK was limited in terms of where it could be accessed, with those living in more rural areas being most excluded

Whilst these caring and helping aspects of our community are positive and valued, if this leads to delegation of responsibility to those 'non-healthcare carers' it may hide inadequacies in digital health services.

People unable to access healthcare digitally may lose 'agency' when they were previously able to manage their own healthcare in the pre digital world.

People are excluded from digital access for a range of reasons, and it is up to healthcare providers to ensure their services are accessible to people facing digital barriers, whether this is due to disability, lack of knowledge, or affordability.

Costs were an issue for some people across all age groups but it wasn't a major issue based on feedback received; knowing how to get the best value and only by what was needed was more of an issue for older people who lacked the knowledge on which to base decisions.

Being able to see and experience benefits from getting online is as important for healthcare as for other areas of life, otherwise people may want to stick with the old methods - 'if it ain't broke, why fix it'. This could be described as a psychological barrier.

Equality legislation and standards should apply to digital access as much as to physical access. This means ensuring that non digital options for accessing healthcare are properly maintained and do not disadvantage those without digital access.

## Next Steps

Healthwatch Bath and North East Somerset and Healthwatch Swindon will:

- share their findings and recommendations back with the groups they engaged with in gathering the feedback (including information about where to get help with digital access - see Appendix 4)
- share their findings with Primary Care Networks and GP surgeries
- share their findings and recommendations with the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board
- publish the final report on their websites
- continue to ask people about their experience of accessing healthcare and about any barriers they face in terms of digital and non digital access
- continue to champion their views of both good and poor practice at all levels of healthcare

## Recommendations

The primary recommendation is summed up in this quote:

**“Don’t assume that everyone has the capacity or facilities to easily access any form of technology. A variety of possibilities of having dialogue with the healthcare world must be continued in order not to exclude people.”**

- For healthcare providers and ‘overseers’ to undertake regular audits of compliance with the NHS Accessible Information Standard: <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equalityframeworks-and-information-standards/accessibleinfo>
- For consideration to be given to developing a local, BSW wide quality mark to publicly indicate that a healthcare provider has built inclusive digital services, based on the Accessible Information Standard
- For healthcare providers, in particular GPs, to consider providing annual opportunities for their patients to have ‘hands on’ support to get online and to use digital healthcare Apps. This would ideally be in partnership with their Patient Participation Group
- That Patient Participation Groups and other healthcare user forums be encouraged to engage on these issues with their members, both to share good practice and challenge bad practice

# Appendix 1: Questionnaire

## Digital Access to Health Services

### 1. Background

We want to know your opinion of online health services. What's working for you and what needs to change?

All the information you provide will be treated anonymously.

We will publish a report and make your voice heard.

This information may be used as part of wider research

### 1. First, we'd like to understand how confident you are doing tasks online.

Do you have access to digital technology such as a computer or smart phone ?

- Yes
- No
- Sometimes
- Other (please specify):

### 2. If yes, or sometimes, please select which type of devices you use ?

- Smartphone/mobile phone
- Laptop/computer/desktop computer
- Landline
- Tablet/iPad

Other (please specify):

3. If you said you 'sometimes' have access to a digital device, why is this ?

I use a device belonging to a friend or family member

I use a computer at the public library

I use a computer in a community space

I use a computer at work

I use a device belonging to another organisation (please state)

4. How confident are you looking up information online?

Confident

Average

Not confident

I don't or rarely look up information online

5. How confident are you doing shopping online?

Confident

Average

Not confident

I don't or rarely shop online



**6. How confident are you using social media?**

- Confident
- Average
- Not confident
- I don't or rarely use social media

**7. What do you use digital technology for ? (tick all that apply)**

- Keeping in touch with family and friends
- Contacting health and social care services
- Entertainment or education
- Shopping / banking
- To access the internet – eg to look up information
- Local information (events, news and activities)
- Other (please specify):

**8. Choose ALL the statements that apply to you:**

- I don't have easy access to a device (eg mobile phone or computer)
- I don't have easy access to a device because it is too expensive
- I don't have easy access to wifi because it is unreliable
- I don't have easy access to wifi because it is too expensive
- I'm worried about the privacy and security of my information online
- I don't understand how to use many online services

- I don't speak or read English fluently which makes it difficult to use online services
- The small screen on my phone limits what I can use it for
- I have a disability which makes it difficult to use online services
- My generation weren't brought up using online services, so I find it difficult to use them
- Many online services are difficult to use because they are poorly designed
- I need somebody to help me use online services
- None of the above
- Other (please specify):

**9. Now, we are going to ask your opinion about health services.**

How do you prefer to contact health services ?

- Phone call
- Email
- Via online form
- Text message
- Letter
- In person
- Other (please specify):

**10. How do your health services contact you?**

- Phone call

- Video call
- Email
- Text message
- Letters
- Other (please specify):

11. How do you arrange medical appointments?

- Phone call
- Email
- Text
- Online form
- Go in-person
- Someone else arranges them for me

12. How do you get confirmation or reminders of medical appointments?

- Letters
- Text message
- Email
- Other
- I don't get confirmation or reminders

Comment:

13. How do you order prescriptions?

- Phone call
- Online
- In person at pharmacy
- In person at GP
- N/A
- Through an app (please specify)

Someone else does this (please specify)

14. How easy is it to access your medical records online?

- Easy
- Average
- Not easy
- I don't or rarely access my medical records online

Comment:

15. Choose ONE of the following statements:

- I find online services helpful to manage my health

- I find online services unhelpful to manage my health
- Online services don't affect the way I manage my health

Comment:

16. Do you think health services should support people with accessing technology?

- Yes
- No
- Unsure

Please state any people that may need more support

17. Have health services helped you with digital access?

- Yes
- No
- Unsure
- No – but another organisation has helped me (please state)

18. Is there anything else you would like to tell us about using digital technology for healthcare ?

19. 'Now we'd like to ask a few questions about yourself:

What area do you live in? \*

Bath and North East Somerset

Swindon

Other (please specify):

20. Which of the following best describes your current employment status? \*

Working full time (employed or self employed)

Working part time (employed or self employed)

Unemployed and looking for work

Unable to work due to health issues or a disability

Retired

Stay at home parent

Caring for someone with long term health conditions or a disability

Student

Doing unpaid work/volunteering

Prefer not to say

Other (please specify):

21. Please select your ethnicity \*

Arab

Asian/Asian British: Bangladeshi

- Asian/Asian British: Chinese
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Any other Asian/Asian British background
- Black/Black British: African
- Black/Black British: Caribbean
- Black/Black British: Any other Black/Black British background
- Mixed/multiple ethnic groups: Asian and White
- Mixed/multiple ethnic groups: Black African and White
- Mixed/multiple ethnic groups: Black Caribbean and White
- Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- White: British/English/Northern Irish/Scottish/Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background
- Prefer not to say
- Other (please specify):

**22. Please tell us your gender \***

- Woman
- Man



- Non-binary
- Prefer not to say
- Prefer to self describe:

**23. Please tell us your age \***

- 13 to 15 years
- 16 - 17 years
- 18 - 24 years
- 25 - 49 years
- 50 - 64 years
- 65 to 79 years
- 80+ years
- Prefer not to say
- Not known

## Appendix 2: Other engagement questions

### Face to face engagement questions:

People at face to face engagements were asked to give their views in response to the following statements, written on flip chart paper, and with post it notes and sticky dots to hand :

“I use online services/ internet & digital tech in my daily life “ (rank from low to high)

“I use online Apps services and internet to book GP / health appts, look up info etc”

“I don’t or I limit how, much I use these because ...”

### Focus Groups: Digital Access to Healthcare Discussion Guide

What are the barriers and enablers that affect (older) people’s digital access to basic health services?

This guide is for a 1hr focus group. It needs to be adapted for different types and numbers of attendees, as well as the context and time available.

#### SECTION 1: INTRODUCING HEALTHWATCH

*We would like to start by introducing ourselves – and why we are here today.*

Who is Healthwatch? Who are we? Why are we here?

Why is it important for us to speak to you? What is the benefit to you/others?

Plan for today. How we will use your information. Any questions?

#### SECTION 2: INTRODUCING RESPONDENTS & DIGITAL CONFIDENCE

*To begin: we want to find out how you feel about using technology in general.*

Raise your hand if you agree with these statements:

"I love technology so much. It makes my life more efficient, interesting and enjoyable!!"

"I can't stand technology. It's complicated and drives me crazy!!"

Ask attendees for their name and to explain their reaction

Refer to: looking up information online, shopping online or using social media.

What makes your experience difficult / easy?

### SECTION 3: CUSTOMER JOURNEYS

Now we would like to know more about your experience of 3/4 health services.

Have you recently:

- booked an appointment with the GP?
- ordered a repeat prescription?
- booked a hospital appointment?
- [If time] accessed some information from your GP's medical records?

Talk me through the experience. What did you do first, then what happened etc?

What made your experience difficult / easy?

Was any part of this experience done or communicated online?

### SECTION 4: DIGITAL EXPERIENCE

Let's look in more detail about the 'online' part of these health services

Go through the customer journeys again, focusing on the digital element:

- booking an appointment with the GP
- ordering a repeat prescription
- booking a hospital appointment
- [If time] accessing some information from your GP's medical records [If time]

What do you know about accessing these services online? Do you want to know?!

Describe your experience of using these online services....[leads into next section]

## SECTION 5: ENABLERS & BLOCKERS

*We would like to know in more detail what makes this online part easier or harder to use*

What makes it difficult for you to use these online services?

What makes it easier to use these online services? What are your recommendations?

(See prompts below)

## SECTION 6: SUMMARY & NEXT STEPS

*That's it! Let's summarise and talk about next steps.*

Of all the points you've heard today, what's the most important one for us to take away?

Some other key themes we heard were...

This is what we are going to do next. Reminder of the benefit of this project.

Thank you.

## Appendix 3: Organisations engaged

### Bath & North East Somerset Focus groups

Bath Ethnic Minority Senior Citizens Association (BEMSCA)

Reconnecting Twerton (with Bath City Football Club Foundation)

Age UK B&NES Day Club, Midsomer Norton

Guinness Trust, Community group, Southdown

### Bath & North East Somerset Other engagement

Oasis Food pantry Odd Down

Mercy in Action food pantry, Radstock

Mercy in Action food pantry, Twerton

Southside Family Food and Play, Keynsham

Southside Family Food and Play, Writhlington

Age UK B&NES Click café (2 sessions)

### Swindon engagement

Swindon Seniors Forum

## Appendix 4: Getting help with digital access

### Bath & North East Somerset

Age UK Bath & North East Somerset digital inclusion support – tablet loan and click café

[Age UK Bath & North East Somerset | Digital Inclusion](#)

Library service – see what is on offer in your local library

[Library and information services | Bath and North East Somerset Council \(bathnes.gov.uk\)](#)

U3A in Bath – Computer Users Forum

[Our Groups | Bath \(u3ainbath.uk\)](#)

Wellbeing Courses Bath & North East Somerset – free courses for over 50s

[iPad, Tablet and Smart phones for over 50s | Wellbeing Courses \(wellbeing-courses.co.uk\)](#)

### Swindon

Adult community learning courses – digital access

[Web.Enrol Swindon Borough Council – Adult Community and Family Learning \(webenrol.com\)](#)

Swindon library service – time limited access to computers

[Library computers, internet access and Wi-Fi | Swindon Borough Council](#)

New College Adult Education Centre (courses for employment skills)

[Computing and IT A-Level Courses | Swindon, Wiltshire \(newcollege.ac.uk\)](#)

**healthwatch**  
Bath and North East  
Somerset

Healthwatch Bath and North East Somerset  
The Vassall Centre  
Gill Avenue  
Fishponds  
Bristol  
BS16 2QQ  
[www.healthwatchbathnes.co.uk](http://www.healthwatchbathnes.co.uk)

t: 01225 232401  
e: [info@healthwatchbathnes.co.uk](mailto:info@healthwatchbathnes.co.uk)