

Locked out:

Digitally excluded people's experiences of remote GP appointments



June 2021

Executive summary

In this qualitative research project, we wanted to speak to groups traditionally more likely to experience digital exclusion to understand why and how this can impact their healthcare experiences, especially during the pandemic. These groups included older people, people with disabilities, and people with limited English.

We found that people can be digitally excluded for various reasons including digital skill level, affordability of technology, disabilities, or language barriers. Participants often mentioned that they weren't interested in accessing healthcare remotely, even if they could. However, our experience at Healthwatch has taught us not to take such statements at face value, and the system needs to continue exploring why people feel reluctant to take up remote offers.

The stories we heard about using GP services during the pandemic were mixed. Some people who traditionally experienced barriers to accessing care, like carers or people with mobility issues, found the shift to remote care beneficial. In general, people understood the benefits of remote and digital care and appreciated the need to shift to these methods during the pandemic rapidly. However, we found that services frequently overlooked individual support requirements, and digital health systems had little means of anticipating them. Not knowing how to seek alternatives to remote booking systems or appointments meant some people became entirely reliant on their families for accessing healthcare, received poorer quality care or abandoned attempts to seek healthcare altogether.

Those who experienced multiple barriers to accessing care found it even more difficult to seek alternatives independently.

People experienced significant difficulties booking an appointment via e-consult or reception. This part of the booking process was by far the main point where people felt excluded and gave up trying to access care. In particular, people with low digital literacy or language barriers struggled to use e-consult systems and sometimes felt discouraged from seeking an appointment in another way. People who tried to call their GP instead frequently complained of long waits on phone lines or difficulty getting an appointment at all.

We also interviewed staff at GP practices as part of this project. While staff wanted to retain the added efficiency of remote care where possible, they acknowledged that the total shift to remote methods had excluded some people from care, and a better balance between face-to-face and remote methods is needed.

As we transition out of the pandemic, primary care needs to rebuild based on a hybrid system, doing everything possible to reduce barriers to accessing care remotely while giving people the agency to decide what kind of appointment is right for them. However, in the long-term, people - particularly those who are more vulnerable, like our research participants - need to be supported to develop their digital skills and facilitated to go online. Our analysis points to the need for a bold programme of investment in digital literacy and online access while emphasising the importance of maintaining face-to-face methods to ensure no one falls through the gaps.

Background

Digital transformation has been a long-term strategic goal for the NHS, even before the pandemic. In January 2019, the NHS Long Term Plan committed that every patient will have the right to digital-first primary care by 2023/24. At the time, our research bringing together 40,000 people's views on the future of the NHS highlighted concerns that technological advancements could prevent certain people, such as those without the internet, from accessing care.

A five-year framework for GP contract reform published in 2019 set out ambitions for digital improvements in IT infrastructure and access to digital services for patients. These changes were already in motion, but the COVID-19 pandemic forced GP services to switch to remote appointments overnight to prevent the spread of infection.

Guidance issued by NHS England last year advised GP practices to adopt a 'total triage' model so that every patient is triaged remotely by telephone or through an online consultation system before being given an appointment. Practices were encouraged to only book face-to-face appointments where clinically necessary and provide care for people via a telephone or online consultation wherever possible.

As a result, the proportion of appointments taking place via phone or online/video calls skyrocketed. The Nuffield Trust estimates that in April 2020,

nearly 1 in 2 (48%) appointments in general practice were carried out remotely via telephone or online/video calls¹. By comparison, between January and March 2020, only 1 in 10 (10%) GP appointments had been remote².

This digital revolution means that people will never access primary care in quite the same way again. To understand people's initial perceptions of remote appointments, we carried out research and, in July 2020, published a report, **The Dr Will Zoom You Now** with **Traverse** and **National Voices**. Our findings showed that there is no one size fits all solution when it comes to using remote consultations. While remote consultations can offer a convenient option for the public to speak with their healthcare professional, some people experience barriers or frustrations. Based on these findings, we also published **top tips** to enable professionals and patients to get the most out of their virtual healthcare experience.

The Dr Zoom report provided useful insight which was well-received by NHS professionals and policymakers. However, we wanted to understand the issues faced by specific groups of people who feel excluded from remote care. The general feedback we have received over the last year shows that while remote consultations can be positive, they don't always work for everyone. Alongside this, our review of existing literature concluded that people living in social deprivation are more likely to be digitally excluded than the general population. This could be economic deprivation due to low income, people living in remote areas, or people who experience a poorer quality of care due to other characteristics like language barriers or living with a disability.

We decided to work with five local Healthwatch to uncover how the shift to remote care had affected people at greater risk of digital exclusion.

1 The Nuffield Trust: **The remote care revolution during Covid-19**

2 Ipsos MORI: Experiences of remote appointments: **What does 2020 GP Patient Survey data tell us?**

Project timeline

- We received 30 expressions of interest after the project was put out to tender in September 2020.
- Healthwatch England's project group evaluated the proposals and finalised which five local Healthwatch would be grant funded to carry out engagement and collect data. A representative from NHSX also took part in our selection process.
- Local Healthwatch selected for this project were:
 - Healthwatch Darlington
 - Healthwatch Dudley
 - Healthwatch Haringey
 - Healthwatch Swindon
 - Healthwatch Wigan and Leigh (supported by Healthwatch Salford)
- People with language barriers, i.e., people who had limited proficiency in the English language. Local Healthwatch identified non-English languages widely spoken in their area and used an interpreter for their engagement work.
- Local Healthwatch also carried out interviews with professionals working in a primary care setting to contextualise people's experiences from a clinical perspective.

To ensure everyone interviewed had the same level of care and digital services offer, we asked local Healthwatch to recruit all participants from a single GP practice or a PCN. An interview guide was created by the project group, made up of local Healthwatch and Healthwatch England, to guarantee that data collected was as comparable as possible.

We wanted to understand the experiences of people who live in relative social and economic deprivation. Due to lockdown restrictions, local Healthwatch found it more difficult to recruit participants from lower-income households or those completely digitally excluded. Lockdown measures also meant that we carried out all interviews remotely.

These were by phone, but Zoom calls were also used in a small number of cases when requested by participants, usually to facilitate interpreters being present. Online and telephone surveys were also used to gather information from some professionals and patients, respectively. We recognise that remote methods are not ideal for reaching those at greater risk of digital exclusion, but the circumstances left us with no other option.

Methodology

Local Healthwatch partnered with GP practices or Primary Care Networks (PCNs) in their community to reach people who are socially deprived. They recruited research participants and carried out semi-structured interviews with the following groups:

- Older people - people aged 65+ years.
- Disabled people - especially people with sensory impairments, learning disabilities or dexterity/mobility issues.

Participant profiles

Local Healthwatch gathered evidence from 86 patients and 26 members of staff. More than a quarter of the patients (27%) were people from a minority ethnic background.

Older people aged between 60-89 years old

34 people were part of the older age bracket group.

This group included:

- 21 women and 13 men.
- Several people with common age-related conditions such as arthritis and hearing or sight impairment.
- Two participants who identified as full-time carers for their partners.
- Family members gave interviews on behalf of two elderly participants.
- Whilst not all participants consented to collect their ethnicity data, most identified as White British. Only one individual said they were of Asian heritage.

Disabled people

Local Healthwatch interviewed 31 disabled people.

This group included:

- 18 men and ten women from those who provided data about their gender.
- People with physical disabilities, mobility and sensory impairment, learning disabilities, mental health issues and long-term conditions.
- Those who shared their ethnicity were all White British, with one exception who identified as Asian.

Participant profiles

People who experienced language barriers

21 participants had English as their second language.

This group included:

- People with varying levels of English proficiency. An interpreter was requested in some cases when required.
- People who spoke Arabic, Bengali Sylheti (Bengali Spoken Dialect), Farsi, Polish, Punjabi and Urdu.
- People from Nepalese and Somali backgrounds.

Staff interviews

We also interviewed staff in various roles within GP practices for this project.

This group included:

- GPs - two of whom were Clinical Directors at their respective practices.
- Nurses and Nurse Practitioners, including those who carry out triage duties.
- Practice managers.
- Administrators.
- Reception staff.
- Healthcare assistants.
- A practice-based pharmacist.



People find it difficult to use remote methods for many reasons


The reasons why participants felt digitally excluded are described below in order of how frequently they were reported.

Limited interest in technology

Some participants preferred not to use technology to access healthcare as a matter of personal choice. Primarily this was due to a lack of interest in developing digital skills, which we found in all our research groups.

 **I do not really understand all this technology and not interested in learning.”**

Limited interest in technology can stem from a lack of confidence in using online services for some people. Others know how to use technology (for example, through work) but were not keen to continue using it for personal matters, especially after retirement. Some older participants do not prioritise learning new skills and want to get away from it. In general, participants felt that technology is time-consuming and it's far easier to talk to someone over the telephone or face-to-face. For them, online communication is impersonal - a feeling of “being trapped in a bubble of non-communication” - and is not appropriate for consulting with their doctor.


 **I don't want to use computers and I don't feel I should have to be forced to do this. I am a hands-on bloke and expect a hands-on approach...I think you should have a relationship with your doctor - I prefer to see the same doctor as I like that personal touch.”**

Lack of digital skills

Many participants remain digitally excluded because they are unfamiliar with technology. Older participants were more likely to have never used the internet or a mobile phone. They were worried about damaging expensive devices because they don't know how to use them properly, and weren't sure how to start using them.

People struggle to develop their digital skills because they lack the facility and resources. Specific disabilities, such as sight impairment, can be an added disadvantage. People can't read the resources to improve their skills and don't know how to access training materials in accessible formats.

People without adequate digital skills felt flustered by technology. Even when they have access to the internet and digital devices, they aren't comfortable using them. Messages about using digital services can also be challenging to understand, and people felt that providers do not consider their limited comprehension when drafting critical healthcare communications. As a result, people can't follow these instructions as it felt like reading a "foreign language".

 **I tried to ring the surgery only to ask about this letter that I have had from Matt Hancock [the Government] about needing to have vitamin D supplements as I am a shielding patient. I rang the surgery because this letter told me to go to www..... and click? Well, I have no idea about computers - it is like talking in a foreign language."**

Limited digital skills have also confused participants using online platforms and discouraged them from using these services. For example, when accessing GP websites online, people were unaware that web content could look differently on mobile phones, tablets, and laptops. It was not clear that they might need to scroll down to find the relevant information.

Some participants depended on family to help them use online and telephone services, such as booking GP appointments. These people were particularly vulnerable during the COVID-19 lockdown as family members could not be there to help them physically. While turning to family can be a great support, some people find it uncomfortable to discuss sensitive issues with their doctors, such as those related to mental health or sexual health, with a family member involved. Lacking digital skills can put people off getting any help if their only choice is remote consultation.

Age and disability

Our interviews showed that old age and disability can impact people's confidence and prevent them from accessing technology and digital healthcare platforms. For example, one older person had tried to learn to use technology but couldn't remember what to do later, reducing their confidence in using technology next time. Even when keen to learn, some people do not get adequate support, and depending on family members can be tricky and might not be an option for everyone.

I've thought about it [learning digital skills] before and asked my grandchildren for help but they move so quickly I get confused and I lose confidence. When I ask my son for help he gets frustrated with me and we argue. It would be good if there was somewhere we could learn that would move at our pace... but I'm too old to go back to the classroom."

On the other hand, some people are comfortable depending on family to help them access digital healthcare services, so they don't feel the need to learn digital skills. However, as highlighted above, this caused problems during the pandemic when people couldn't meet their family due to the lockdown restrictions and struggled to get online.

Sensory impairments, such as hearing and sight loss, can prevent people from using online services, making them reluctant to try digital healthcare services, so they prefer face-to-face interaction. For example, participants using hearing aids said they struggled to communicate over the phone or a video call. People with sight impairments are unable to read instructions unless they're in Braille. This makes them reluctant to try digital healthcare services and as a result they prefer face-to-face interaction.

Physical disabilities can also be a barrier to online healthcare. For example, people with disabilities affecting their arms cannot use a computer or touch screen phone. Holding the phone for a long time to get through to a GP practice, can be equally uncomfortable.

For repeat prescriptions you use an online app which I struggle with because I can only use one hand as my left arm is disabled and my shoulders are weak."

Lack of trust

Several participants feared that their privacy and confidentiality would be compromised online and preferred to stay digitally excluded. Online scams were a concern; many people were also uncomfortable sharing private medical information via online platforms as they didn't know who could access their details. For example, one concern was that GP receptionists might see the photographs people submit for online consultation with their doctor. Some people find technology invasive and feel uneasy about using technology that could identify them, such as video calls.

I have no one to ask to help me with this. I am a little bit worried about fraud and less interested in learning about this as I am getting older."

Others remain wary of what they perceive to be a rush to adopt new ways of working remotely. In general, people seek reassurance from healthcare services about the quality of care and that it will not be compromised on digital platforms.

Language barriers

People with limited English proficiency, especially the elderly, struggle to express their needs over the phone. They tend to rely on body language and facial expressions to communicate with their doctors during in-person appointments, making remote appointments difficult.

People with language barriers often depend on family to translate their issues during remote consultations, which can be an issue when sharing private medical information and can put people off using digital services.

As most online information is in English, people with language barriers, including those who use British Sign Language, find it hard to understand. For example, trying to book or confirm an appointment on an English-based website is a problem and prevents them from downloading and using online GP applications, such as **AskmyGP**.

Before it was much easier, I would go to my GP in person, and the receptionist understood what I needed. My GP was also patient with me, and face to face, it was easier to talk about my health. Now it's different, I know they do telephone consultations, but it is not suitable for people like me. My English is weak, and I am not sure I would be able to explain myself on the phone."



How does affordability impact digital exclusion?


Most of our participants could afford technology, such as the internet and a broadband connection, allowing them to engage with online healthcare services. However, for a minority, affording computers, smartphones, and an internet connection is difficult. Our analysis below highlights the issues they face because of this.

When people can afford technology and an internet connection:

- Affordability is not a guarantee of digital inclusion, but it is essential to engaging with digital health. We found that when people can afford the technology and have digital literacy, they tend to use online services and are more willing to engage with digital healthcare.
- Many participants were confident using online applications, such as ordering repeat prescriptions, having remote consultations with their GPs and sending pictures to their doctor.
- We have also noted that people who can afford to access technology and have the right skills appreciate the advantages of digital healthcare and are more likely to invest in developing their digital capacity. For example, we heard from a disabled person with motor and mobility issues who had upgraded their broadband package for a faster connection and bought a webcam that could recognise speech - making digital interactions much easier.

When people are unable to afford technology

- People unable to afford technology are primarily digitally excluded - our data suggests that these people cannot use digital healthcare facilities, even when they want to or are willing to learn the relevant technical skills. In some cases, it can impact their willingness to engage with services altogether, which is especially relevant for those who are on a low income and for disabled people who have additional living costs.

 **I would use a computer and like to be able to get access to the internet if it was affordable. I would rather I could communicate with my GP online, it would be easy and convenient.”**

- Our data also suggests that financial constraints can impact the choices people make. For example, a person living in accommodation with limited space felt that they didn't have enough room for a computer and remained digitally excluded. Others might be unable to afford technical accessories, such as webcams, or assistive technology, such as screen-readers for people with sight impairments, making it easier for them to use online platforms. Consequently, this discourages them from using online services.
- People on low incomes were put off by the extra charge of a broadband contract as they felt that they had enough bills to pay already. Some opted for phones with only basic features because they couldn't afford more expensive smartphones, which prevented them from using certain healthcare applications available only on smart devices.
- People who own older versions of mobile phones and computers said that they aren't helpful for digital interactions with healthcare services. As affordability is an issue, they can't upgrade to newer devices and consequently become digitally excluded.
- Access to the internet is not the only barrier – it can be difficult for people to afford to call their GPs using a telephone if they are on a pay-as-you-go phone contract or a contract with limited call allowances. While unlimited data or phone contracts work out cheaper per unit cost, the comparatively high initial cost excludes people from using phone services altogether. People also avoid phoning their GP as they worry about the cost of long wait times getting through.

 **I would not use my mobile as it cost too much having to hang on as you can be waiting 20 to 30 minutes at a time to get through.”**

- People on low-cost phone contracts tend not to have enough data allowance to send large files like pictures to their GP. Their contracts can also limit the type of digital platforms they can access to share images.
- People on cheaper internet deals have reported poor connection and slow internet speed making remote communication difficult. This becomes more challenging for those with language barriers and needing additional interpreter services when communicating with their doctor online.
- People who depend on others to have digital access may lack the freedom to access remote care. For example, one of our research participants said they rely on their family members to afford technology. They could also quickly become digitally excluded if the person they depend on is unable to pay.

 **I've got a landline and mobile contract which my son pays for to help me to stay connected; otherwise it would be a struggle.”**

- People who cannot afford and access technology have said that they feel left out and unable to keep up with the latest healthcare information. This could make them feel isolated and less confident about using online services.

People found it more difficult to access face-to-face appointments during the pandemic

- People were usually able to access face-to-face appointments eventually if they felt they needed one or could not use other remote systems, but this often required persistence and repeated escalation by patients or their family members.
- Usually, people go through a triage process using an e-consult system or practice reception before they are offered an appointment. They are asked to have a phone appointment first before a face-to-face appointment can be booked at the clinician's discretion.
- People felt they required face-to-face appointments for a variety of reasons. Some preferred the option, whereas others believed that the lack of face-to-face appointments hindered an effective diagnosis, particularly when waiting for triage and then follow up.
- People generally felt safe attending surgeries with social distancing and other COVID-19 safety measures in place. However, there were several examples where people felt communication from staff about COVID-19 arrangements could have been better. For example, people were asked to queue outside in the cold or were unclear which entrance to use.
- People who are regular visitors to their GP practice were frustrated at the lack of proactive communication about how visiting arrangements would change. For example, using different doors and confusion around where to put requests for repeat prescriptions. For older or disabled patients, this caused confusion and distress, and they would have liked a letter or phone call to explain how things were changing. Staff interviews also reiterated that repeat prescriptions were one of the main reasons people came to surgeries in person during the pandemic. Proactive communication and reassurance about alternative arrangements could help to cut down unnecessary visits and give people greater confidence in their care.

Remote care removes obstacles for some and creates barriers for others

- Those with mobility issues said remote care made it easier for them to avoid difficult trips to the practice. People with caring roles also found it easier to talk to their doctors remotely without worrying about leaving their loved ones alone.
- The most common complaint we heard was around the difficulty of getting an appointment in the first place. Many reported that phone lines were busy, or appointments were fully booked when they rang first thing in the morning. Long automated messages with different options were complex for those with limited English or hearing impairments. On some occasions, people listening to a pre-recorded message didn't hear the right option, so they gave up. This echoes the findings of **our GP access report**, which also highlighted rising problems with booking appointments during the pandemic.

Every time I rang up, for a whole fortnight, I was told that all of the appointments had gone. I was asked to ring back again tomorrow at 8am but I was just told the same thing again every day. I waited over a month to get an appointment.”

- At one practice, implementation of a 'total triage' model led receptionists to direct people to book appointments through the AskMyGP app, but participants who struggled to use the app were not offered support to book on the phone, and as a result abandoned attempts to seek care.

You must go through 'Ask My GP'. My dad would want a face to face; but there was no offer of that. I rang the surgery (for my dad) but no appointments as two doctors were off self-isolating. They said use the online link. They didn't ask if my dad had a computer/a smart phone. My dad is panic stricken about using this app.”

- As might be expected, many older people, people with limited English, people with sight impairments and deaf people shared how they felt less comfortable or struggled with remote bookings and appointments and would much prefer face-to face. However, remote appointments also worked well for some people in these groups, particularly those that could draw on support from family.

The GP was refusing to talk to me over the phone about my child... I just feel some medical issues are not right for the app and I wanted to speak with a GP about my son's problems. If I could have spoken to someone it could be dealt with more appropriately. I had to send pictures of my disabled child's genitals over the 'Ask MY GP' app before the GP would talk to me."

- Whereas interpreters can usually be present during a face-to-face consultation, booking apps and phone appointments present a more significant challenge for people who speak little English.
- A staff comment highlighted that bringing people in for appointments with an interpreter wasted GP time as many issues could otherwise have been dealt with remotely. However, some GP practices relayed that they used interpreters for phone or video consultations rather than just face-to-face appointments.

I had a letter for a review in June for my pacemaker and it told me to phone, so I went through Type Talk. I asked if it was possible to have a Zoom and they refused, so in the end they delayed the appointment till September, but I haven't heard from them and no new appointment has come through."

- The three groups of people we spoke to, reiterated similar frustrations regarding telephone appointments and not knowing exactly when a doctor will call within a wide time slot. But for people in these three groups, the challenge was exacerbated because they often needed an interpreter, carer, or family member to help them with the appointment.

- Some older people or people with hearing impairments said they found it difficult to hear the doctor on the phone but didn't feel confident to say anything (or did say something but experienced no improvement). One person told us they said "yes" to everything without understanding what was being said.

People also experienced a range of challenges accessing care specific to their conditions or demographics, or to do with their digital skills or literacy, including:

- Not being able to register a family member on remote consultation platforms using a common email address.
- Finding it difficult to navigate registration requirements, e.g. creating or knowing a required password.
- People with language barriers struggling to get a repeat prescription as they could not spell or pronounce the name of the medication over the phone.

Some issues related to the accessibility or functionality of the online platforms, including:


- Not knowing if online requests were successful as people did not always receive notifications, e.g. having to chase the pharmacy to ensure the prescription requests had gone through.
- Missing information in text messages, such as a link to upload requested photographs.
- Not understanding how to request their preferred doctor on online forms led to people completing forms multiple times - this was particularly an issue with elderly/sight impaired.
- Wi-Fi breaking up causing poor quality video consultations.

People want choice over what kind of appointment they have

- Overwhelmingly, people expressed the desire for choice over what kind of appointment works best for them. Some people (especially full-time carers and those with mobility issues) said remote appointments worked well because they saved time and avoided travel costs and inconvenience.
- Many who did not experience significant barriers accessing care remotely and had their needs met did not see their experience as significantly different from face-to-face appointments and would be happy to continue receiving healthcare remotely.
- We frequently heard people say that they understood the need to shift to remote methods during the pandemic and felt remote solutions had been “good enough” given the circumstances. However, they were concerned that this would become the only option. They felt something would be lost from their care in the long term if they couldn’t return to face-to-face appointments in the future.
- People who spoke about a specific remote consultation were more likely to be satisfied with the quality of care. However, when talking about the shift to remote care in general terms, people were more likely to be unsatisfied. This was often to do with a feeling that they would be more confident in managing their health in the long term if given the option to attend face-to-face appointments. For many, the human interaction adds to their trust and confidence in diagnoses and empowers them to ask follow-up questions or clarify anything they did not understand.

Staff support remote care but want a hybrid model

- Most staff interviews expressed broadly positive views about the shift to remote care, saying that they felt it was a valuable addition and had allowed them to accelerate a change that was already in progress.
- In many cases, remote consultations enabled GP practices to work more efficiently, saving time and helping with forward planning (e.g. triaging online requests at the start of the week allows for the arrangement of locum doctors according to demand). They felt that many of the practice population, especially young people, are grateful for having remote appointments that fit better around their lives.
- However, most staff also acknowledged that the pace of the changes had been swift, with several saying they had to implement the remote systems “overnight” with little support, which meant that some people’s needs weren’t met. Many staff (including nurses, healthcare assistants and practice managers) recognised that older people and non-English speakers particularly struggled with the shift to remote care, and this might have prevented people from getting help, and in some cases avoiding their GP altogether.
- All staff interviewed emphasised the importance of being able to see people face-to-face if clinically necessary, for example, if they need to physically examine someone to diagnose them or if communication is difficult over the phone. They also stressed that it was essential to maintain face-to-face appointments as an option for those who struggle to access care remotely.
- Several felt that at the start of the pandemic, the “balance wasn’t right”, and they missed some diagnoses due to the lack of face-to-face appointments. Some staff also found remote working was both alienating and uncomfortable. However, as time has gone on and they have been able to re-introduce more face-to-face appointments, they believe a hybrid model works well and strikes the right balance.
- Most staff want to maintain the use of remote appointments in a hybrid model. However, many wanted to review the proportion of remote vs face-to-face appointments: suggesting that the number of face-to-face appointments should be higher than during the pandemic.

 **I know I took a call from a patient who struggled with the English language so his partner relayed all the information to put on the request from so this obviously highlights issues with lack of confidentiality. I’m not sure how you would get around this as language line doesn’t work with Ask My GP or over the phone.”**

- The immediate shift to remote care at the start of the pandemic meant that some preventative care programmes, including screenings, smears, and immunisations, were paused or scaled back. Many of these have now restarted, but take-up is lower since people are reluctant to attend surgeries in person for non-essential needs. Asthma and diabetic checks are taking place remotely, but staff are not always confident they will pick up symptoms. New patients are not receiving health checks. However, staff felt this was due to the pandemic rather than the shift to remote care. They hoped these issues would improve as we transition out of the pandemic and toward a hybrid model of care.

“All our new patients used to have a health check. They are not getting that nowadays, that’s a real shame. We are missing opportunities to diagnose new diabetics, people with high blood pressure. Smoking cessation as well.”

- Staff mentioned that remote consultations, even where video is an option, aren’t always clinically appropriate – e.g. they can’t see a rash well enough to diagnose it.
- Staff at several practices told us that online booking and triage systems significantly increased the volume of consultation requests. In some cases, this is positive as people ask for help with issues they wouldn’t feel comfortable speaking about over the phone. However, in other cases, unnecessary requests around minor conditions manageable at home were being submitted. There was the perception that the ease of submitting an e-consult request was exacerbating these issues, whereas with face-to-face appointments, people would only request one if they felt they needed it. In smaller practices, the time required to process e-consult requests created significant staff capacity issues. This echoes reports of similar issues in the **Health Service Journal**.



“For the elderly or people that are not really tech-smart, it’s had quite an impact. A few people are really, really hit. They will say ‘The GP is avoiding seeing me’. They are used to face to face, and they just want you to see them, even if it’s something that can be dealt with over the phone, and sometimes it’s kind of hard to say no. With people like that, it’s been quite hard on them.”

Better support could help some people access care in different ways

- People wanted more proactive communication from GPs about changes in working practices. For example, one person said they hadn't been aware that the surgery was now offering face-to-face appointments again after a period of being remote.
 - Another was worried that her mother (who was shielding) had not been contacted and would miss out on preventative care like having a flu jab or blood pressure taken. There were also positive examples of where proactive communication led to a better experience.
- When I came home from the hospital, my GP wrote me a letter, which had a telephone number I could call. Because of my disability, I prefer to call them. If I need to ring them for my prescriptions, I can talk to the receptionist and she can provide me with the medicine I need. I have no complication in that way because they know me well.”**
- Despite staff at one practice saying they could only source interpreters for face-to-face appointments, language needs can be supported remotely where this works for the patient. In one PCN, staff described how they previously used Language Line for face-to-face appointments, which meant an interpreter would be in the room. Now they also use Word 360, a service which provides translation services for remote phone and video calls. Other PCNs also reported that they successfully use Language Line for telephone calls.
 - Both patients and staff suggested that it would be helpful to make notes on patient records regarding communication needs or level of digital skills. Staff could then be more proactive about offering them the most appropriate consultation type or be more understanding about requests for adjustments.
 - Some practices have produced supporting guidance, like YouTube videos, demonstrating how to use their e-consult system. Another practice set aside specific time slots for older and more vulnerable people to call up and book to ensure they can get an appointment.
 - In some practices, which encourage people to book appointments through an app or online system, staff told us that if people do not feel confident filling out the form themselves, they can call the practice. A receptionist will talk them through the questions and submit the form on their behalf. This allows the practice to maintain a total online triage model so that all requests go through the online system. Everyone has an equal chance of getting an appointment while ensuring those who are digitally excluded can still book an appointment. However, it was unclear whether those unable to use the online system would receive an appointment straight away or whether they would have to wait for a call back or email.

Helping people access digital healthcare in Haringey

The Digital Support Project in Haringey aims to improve access to care for patients by mobilising a team of volunteers to provide tailored technical support, helping the public access GP and hospital appointment systems like e-Consult and Attend Anywhere. So far, the pilot project has enabled over 60 people to access appointments, but demand is growing as in-person meetings become possible.

A small team of dedicated staff train Healthwatch volunteers to support people use remote systems. GPs, hospital trusts, and social prescribers can refer people who may benefit from improved digital skills. Those who do not have a mobile phone or tablet can loan one.

Volunteers provide different levels of support depending on individual need. The smartphones also allow volunteers to control the device remotely, demonstrating to users how to access apps or links.

Volunteers can also talk to people about their digital needs over the phone or in-person at libraries and community hubs to support them through their appointment, showing people how to do it themselves next time. As lockdown restrictions lift, volunteers will also meet people in their own homes, providing them with a training session on their device or a device loaned by the support team. Next, the project is looking to train care home staff, who can then support residents use tablets for remote care and to keep in touch with loved ones.

Healthwatch Haringey run the project in partnership with three local hospital trusts and the CCG. The project is currently in a 6-month pilot phase, funded by the CCG and local hospital trusts, with scope to recommission for next year.



Recommendations for practices, PCNs, and commissioners on better supporting patients

- Practice websites should contain clear information about all the possible ways to book an appointment. Links to any supporting information (e.g. a YouTube video showing how to use the e-consult system) and information on what to expect after the booking request is submitted should also be available. Commissioners should request that e-consult system providers create guidance videos in different languages. Consider asking your Patient Participation Group to review this information and feedback on how it is displayed.
- Carefully consider whether a remote or face-to-face consultation would be more appropriate for each patient. The RCGP has produced [a guide](#) to support clinicians when choosing a consultation type.
- Can the practice be more proactive in supporting patients who have additional support needs for accessing care? When offering a remote appointment, ask people whether they need any support accessing the appointment. Make notes on records so that patients are offered support every time they contact the service (e.g. if an interpreter is required). When patients are referred onwards, these notes should also be shared with other services.
- Seek opportunities for partnership with the voluntary and community sector to offer support to patients in accessing care. [National Voices' report](#) contains a wide variety of case studies on community support initiatives for remote care.
- When implementing a 'total triage' model, train reception staff to support patients who cannot access digital tools during booking requests. People can be encouraged to book online, but no one should be told that the only way to book an appointment is through the e-consult system, without offering them support in making the booking. This is in line with [NHS guidance on total triage](#).
- Make patients aware of their rights to access care in a way that works for them. For example, display the [Knowing your choices poster](#) endorsed by Healthwatch, alongside National Voices and the RCGP.
- Make use of existing tools and guidance to support high quality remote and video consultations, including:
 - [Principles for supporting high quality consultations by video in general practice during COVID-19](#)
 - [Key principles for intimate clinical assessments undertaken remotely in response to COVID-19](#)
 - [Advice on how to establish a remote 'total triage' model in general practice using online consultations](#)
 - General Medical Council (GMC) - [Ethical guidance for remote consultations](#)

Five principles for post-COVID digital healthcare

1 Maintain traditional models of care alongside remote methods and support patients to choose the most appropriate appointment type to meet their needs

We know that remote care has worked well for many and has even removed barriers to accessing care for some who would otherwise find it challenging. For many, retaining the option to access care remotely will be an essential improvement to services.

Our research, and [similar work conducted by National Voices](#), clearly shows that some people find it more difficult to access care through digital or remote methods for a variety of reasons, including affordability of technology, digital skill level and language barriers. For some people, remote methods aren't an option, and a lack of alternatives can mean they don't receive vital healthcare.

As lockdown measures lift, it is vital that GP practices offer in-person appointments and that appointment bookings can be made by phone or by coming into reception, with practices open to the public.

Practices should respect patient preferences for face-to-face care unless there are good reasons to the contrary (e.g. the patient has COVID-19 symptoms). Giving people the agency to say what is right for them is not about giving people what they 'want', but a vital way for the system to manage people's varying needs more effectively. This is in line with the most recent standard operating procedure for general practice issued by NHS England to support the restoration of general practice services as lockdown is lifted.

At the same time, we also support the ongoing digital transformation of the NHS and recognise the need for continued investment into IT infrastructure and digital innovations – enabling all practices and PCNs to offer remote care for those who want it.

As we move out of the pandemic, the NHS must support the effective and safe use of remote consultations and different triage models while offering a mix of remote and in-person appointments. This would be based on shared decision-making between GPs and patients.

2 Invest in support programmes to give as many people as possible the skills to access remote care

While not everyone will have the capacity or desire to access remote or digital care, we know that the proper training and support can help people who were previously digitally excluded from getting online.

A report by **National Voices** contains a wide variety of case studies on community support initiatives for remote care. Through the NHS Widening Participation Programme, the Good Things Foundation has also shown how community interventions can help improve digital literacy and suggests a 'digital health hubs' model to build skills and enable people to access health services online.

There are many examples of successful local initiatives, including the case study featured in this report. But ultimately, such initiatives should not be left up to local discretion - the NHS must commit to improving digital literacy central to its post-pandemic recovery strategy.

3 Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely

Currently, national policy regarding remote methods in primary care is fragmented across various operational documents. We have **previously called on NHS England** to undertake a formal review of the ways people access General Practice services to make sure they work for everyone.

Part of this should include developing a code of practice clarifying patients' rights to receive services online or offline, alongside the kinds of support they are entitled to both on and offline, like access to an interpreter. Ultimately, this should become a core part of the NHS Constitution.

Our research showed that there is currently a wide variation in local practice regarding how practices integrate remote appointments with the support which people are legally entitled to (e.g. foreign language or BSL interpreter, information available in accessible formats). These approaches need to be standardised - for example, making clear that the NHS should be commissioning telephone interpreters - to ensure that no one with additional support needs has a worse experience because of receiving care remotely.

More broadly, NHS England should produce a single vision statement setting out national expectations for the role remote care plays in transitioning out of the pandemic.

4 Enable practices to be proactive about inclusion by recording people's support needs

The NHS must understand people's individual support needs, removing all barriers to accessing services.

In our research, both patients and staff suggested that practices should code patient records with information regarding a patient's language and communication needs or level of digital skills. Staff can then be proactive about offering people an appropriate consultation type or pre-empt requests for adjustments in future.

The system should investigate how patient record systems can support this. We are not suggesting that GPs conduct an audit of all patients' support needs, but rather that these are noted when initially come up.

As increasing proportions of secondary care appointments are delivered remotely, this information should follow a patient referred to other services.

5 Commit to digital inclusion by treating the internet as a universal right

Digital and remote methods will play an increasingly important role in how people access the NHS going forwards. We support the long-term ambition to make 'digital first' models accessible to everyone to save time and create efficiency without sacrificing quality.

But if the NHS is going digital, there can be no excuse for allowing cost to create a permanent barrier to accessing vital public services. In its **report 'Beyond Digital'**, the House of Lords Covid-19 Committee argues that the internet should now be considered an essential utility in the same way as water or electricity. The Committee recommended that the Government consider introducing a legal right to internet access, giving people a ringfenced benefits entitlement to access affordable internet.

We agree that the national ambition to provide digital-first primary care to everyone should be underpinned by a universal right to internet access, ensuring the NHS remains genuinely free at the point of use.

This principle is already gaining recognition, with some broadband providers creating new low-cost tariffs for those on Universal Credit, but this should be taken further by the Government to ensure people can always access vital public services.

Additional interim solutions could include:

- Ensuring all GP practices are reachable by a freephone number.
- Arrangements with telecoms firms that no data charges will incur when accessing any NHS services.
- Including access to the internet in social prescribing schemes, funded by the NHS for those whose health may benefit from it.

About us

Healthwatch is your health and social care champion.

If you use GPs and hospitals, dentists, pharmacies, care homes, or other support services, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care. Last year, we helped nearly a million people to get the support and information they deserve.

healthwatch

Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk

t: 03000 683 000

e: enquiries@healthwatch.co.uk

 [@HealthwatchE](https://twitter.com/HealthwatchE)

 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)
