NHS and remote services

The first lock down in March 2020 saw NHS services implement a huge and rapid shift to deliver services remotely where feasible.

GP, community and hospital services introduced new ways for patients and carers to book and attend appointments remotely using a number of nationally agreed and funded digital platforms/tools provided by a range of companies. New types of remote services were developed that have been very well received, with mental health services being a good example.

Remote and digital services offer patients and carers an amazing opportunity to get more convenient, faster and more self-directed health and care services. However, there are also pitfalls and problems that need to be recognised and addressed along the way.

NHS and remote services

During 2020/21 the **CCG IT Enabler programme funded** projects to help health and care professionals communicate better and enable people to access the care they need quickly and easily, when it suits them. There are four elements of the programme: population health datasets, single view of a patient's care record, co-ordinating care and patient empowerment.

Hackney Council has a digital skills programme with "how to" videos covering basic skills/knowledge to use Gmail, Zoom, Teams etc. The focus is on upskilling residents to get online for the first time and developing their digital skills incrementally by using their motivation for activities such as online shopping and Instagram. A new Digital Inclusion Network has just been launched.

These programmes do not have a specific service user/citizen panel or overarching engagement programme of work and, whilst there are links between the Council's digital inclusion work and the NHS IT enabler programme, these could be better developed and integrated.

NHS and remote services

Remote services will not work for everyone, including those from lower socio-economic groups without cheap and reliable connectivity and devices, those with poor digital literacy, and those who lack the privacy and ability to have sensitive conversations with health professionals. There are issues with safeguarding, who uses these data and how safe and secure they are.

The challenge is to develop remote services with services users rather than for them; to recognise that face-to-face services will often be preferred (and be safer and kinder) for some types of health care or service users; and to bake into these new services patient choice and transparency about information security and risk.

It is arguable that more work needs to be done to bring programmes together, to focus more on evidence about clinical and patient defined outcomes, to recognise the pitfalls and potential for better services (for both service users *and staff*) and to use the same platforms, tools and digital skills wherever possible as we go forward.