NHS services delivered remotely and issues with digital exclusion

This paper aims to briefly set out the issues that the CCG may wish to consider to ensure patients and carers are able to access remote and/or digitally enabled NHS services which are at least as good as, or better than, face-to-face services in terms of safety, patient experience, staff experience and clinical outcomes.

In addition this paper considers current and future ways that we can capture service user and staff experience in terms of the barriers people experience and *how it feels* to use and/or deliver these services.

This paper is focussed on both digital exclusion and remote access.

1. Background – digital exclusion and remote services

The NHS has an agreed definition of what constitutes digital exclusion[1].

- **Digital skills**

Being able to use digital devices (such as computers or smart phones and the internet). This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.

- **Connectivity**

Access to the internet through broadband, Wi-Fi and mobile. People need the right infrastructure but that is only the start.

- **Accessibility**

Services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

NHS Digital also outlines how some sections of the population are more likely to be digitally excluded than others. These are:

- older people
- people in lower income groups
- people without a job
- people in social housing
- people with disabilities
- people with fewer educational qualifications excluded left school before 16
- people living in rural areas
- homeless people
- people whose first language is not English

Digital and remote care can also significantly increase burden on carers who need to support patients to get appointments, work out how to use Webex/Teams etc. However they can also facilitate improved carer experience by enabling better engagement, convenience, less travel, and joint consultations involving the wider family.

[1] https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is

Remote care comes in many forms, including telephone, video, text messaging, email consultations, web-based portals, appointment booking, and patient access to online health records, or any combinations of all these. In addition there are more specialist areas relating to telemedicine and tele-monitoring. Most remote services are a combination of the above.

There can be significant benefits in travel time, travel costs, flexibility of appointment times, reduced DNAs, increased access, better communication, access to coaching, patient ownership and engagement with remote or digitally enabled services.

2. What do people say about their experience of local NHS services delivered online or remotely?

North east London HealthWatch organisations and the City and Hackney Community Voice are both intending to undertake work to collect user feedback about NHS online/digital services later this year.

HealthWatch England report National Voices
This was a qualitative study designed to understand the patient experience of remote and virtual consultations[2] involving 49 people, using an online platform, with 20 additional one to one telephone interviews. All participants had experienced a remote consultation during the lockdown period of the COVID-19 pandemic.

They found that for many people, remote consultations can offer a convenient option for speaking to their health care professional. They appreciate quicker and more efficient access, not having to travel, less time taken out of their day and an ability to fit the appointment in around their lives. Most people felt they received adequate care and more people than not said they would be happy with consultations being held remotely in future. The main recommendations were

- Boundaries - respecting peoples' time and where the appointments fit in with their lives
- Quality personal communication – no matter what!
- Preparation and information – providing guidance and setting expectations.
- Choice of phone, video or text/email and in person, to meet the needs of people – what is right for the person and what is right for the situation
- Test, learn and improve – designing the remote experience with patients and carers
- Being inclusive - meeting the needs of people for whom remote is not possible or appropriate
- Opportunities - such as interaction with patient notes, recording of appointments, education and training and the use of existing patient groups to provide local support networks to increase confidence and access

Healthwatch Hackney reports

[2] https://www.nationalvoices.org.uk/sites/default/files/public/publications/the_dr_will_zoom_you_now_-_insights_report.pdf

In summer 2019 Healthwatch Hackney (HWH) reviewed GP practice websites and found that the majority would benefit from some improvement. Most had no information on how to book an extended consultation, for example to discuss more than one health concern, or a more complex problem. HWH report that this information is important to patients. Short appointment times came up frequently as a concern and when Healthwatch Hackney has interviewed patients at GP practices. HWH also found that information on making a complaint was frequently hidden away on practice websites. Few websites provided an online form to simplify the process.

City and Hackney Older people's reference Group

City and Hackney Older People's Reference group sent out a paper survey in May 2020 with 106 responses[3]. The survey found that older people much prefer face-to-face or telephone contact and are generally not using digitally enabled services which are difficult for hearing impaired etc. However the general theme seems to be lack of any access or poor access to services:

- In the short to medium term, respondents are particularly anxious about cancelled appointments and the lack of information as to when these will be re-scheduled. In some cases, (e.g. ENT at UCLH) the Department is non-contactable either by phone or email, and text messages supposedly sent advising patients of cancellations have not always been received, leaving people unsure as to whether or not they should present themselves or risk losing an appointment entirely if they fail to appear.
- Face-to-face sessions with their professional advisers remain for many patients the preferred mode of engaging with them. For some it is the only way. Telephone contact has been widely used during lockdown, but there are difficulties for those with hearing impairment, those with language or learning difficulties, or those who need the reassurance of a more sociable, close encounter with a human being before they can confidently unburden themselves.

Talking to the CCG patient and public involvement lead the main issues being reported with digital services relate to connectivity and affordability.

Looking at a number of reports about digital services, younger people are much more positive about these and report higher satisfaction than any other group and there is a clear message that older people and poorer people don't/don't want to use them and find them hard to access.

Disabled people are also a group that find digital services more difficult to access. In 2017, 56% of adult internet non-users were disabled [4] and they are also more likely to older and poorer compared to non-disabled people. There are also specific issues for those with sensory disabilities[5]. Gender differences also exist in access to the internet with older women less likely to have access compared to older men.

[3] OPRG Covid-19 Impact Survey: May 2020

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-digital-exclusion-vary-with-age

[5] Ofcom 2019.

We therefore need to ensure that remote services do not widen existing health inequalities for some groups whilst offering a better experience, convenience and “as good” outcomes for others.

Some parts of the population don’t use social media or smart phones for religious or other reasons. Messaging to a landline would overcome this issue but video consultations and web based platforms are not accessible to such groups.

Hostels, supported living providers, housing with care and other social care providers could improve Wi-Fi access to enable better access to NHS services but residents may lack a device or smart phone. People who have a personal health budget in City and Hackney due to enduring mental health needs have been issued with a smart phone and feedback to date has been very positive; this could be expanded.

It is notable that 16.4% of adults in England have very poor literacy skills i.e. are functionally illiterate with the average reading age being 11[6]. Therefore written information about how to access and use remote services will be a challenge for many people.

Conversely GP case studies show many patients whose first language is not English often find some online consultations easier, as patients may be more confident with writing than speaking, can take more time to express themselves and may receive help from relatives or friends. In addition the flexibility afforded by the new way of working may mean that patients can be given more time in an appointment if they need a translator[7].

3. Safeguarding and data security

Safeguarding issues are a significant risk in digital services that are not yet fully understood or evidenced. Clinicians can’t tell who is in the room with the patient, will find it difficult to speak to a child without an adult present, and may miss vital visual clues during a telephone consultation. There may not be a private space available at home to speak to the clinician. A text message may come from a patient’s phone but not be sent by the patient. There may be issues with a suitably trained chaperone in the consultation. GPs and others will be aware of many of these issues but there is a need to think about how we take forward digital and remote services with safeguarding considerations fully addressed.

There is national guidance relating to safeguarding children and video consultations[8] and a new policy is in development for NELCA dealing with this issue. The main focus is on intimate images/examinations for under 18s as the Criminal Justice Act makes this fraught with risk as even the possession of an image can be a criminal offence. The

[6] https://literacytrust.org.uk/parents-and-families/adult-literacy/

[7] https://www.england.nhs.uk/wp-content/uploads/2020/01/online-consultations-implementation-toolkit-v1.1-updated.pdf

[8] https://www.gmc-uk.org/-/media/files/key_principles_for_intimate_clinical_assessments_undertaken_remotely_in_response_to_covid19_v1-(1).pdf?la=en&hash=0A7816F6A8DA9240D7FCF5BDF28D5D98F1E7B194

recommendation is that such images should not be sought, or stored unless under exceptional circumstances and any sent without prior discussion, should not be kept. GPs also need to put warnings and advice on websites etc. and provide information to patients that is clear, easy to read and accessible. In addition the guidance recommends that "it is important to ensure there are routes to support non-digital users and that patients are aware of these".

Information security and risk is rarely discussed with patients and when discussed is frequently not well understood.

4. NHS Services in City and Hackney, patient feedback and co-production

Primary Care
The NHS App enables people to:

- check their symptoms using the health A-Z on the NHS website
- find out what to do when they need help urgently using NHS 111 online

Patients can register and once they have proved who they are, they can:

- order their repeat prescriptions and view, set or change their nominated pharmacy, where they want their prescriptions to be sent
- view their GP medical record securely

In some GP practices, depending on which systems are in use, people can also:

- message their GP surgery, doctor or health professional online
- consult a GP or health professional through an online form and get a reply
- access health services on behalf of someone they care for
- view useful links their doctor or health professional has shared with them

All GP practices in England are connected to the NHS App. GP surgeries also have a number of ways for patients and carers to request a service via their website such as repeat prescription or appointments. There are also screening tools for patients to provide symptoms that determine if they need to see a GP/other clinician.

GP practices in England are free to choose any of five suppliers of consultation software which may include online patient feedback, using a national framework that meets technical specifications. Data from these five suppliers for e consultations is being sent to NHS Digital. These data are used by North East London Health and Care Partnership and then fed back down to local systems although this has not been verified to date. The focus of NEL appears to be efficiency of primary care systems.

Amongst the 40 GP practices in City and Hackney there are four suppliers of consultation software and only a minority have the ability to collect service user feedback. They are also asking patients different questions.

The four systems used in City and Hackney are:

EMIS – 30 practices (75%) of C&H practices
The majority of practices in C&H currently use EMIS as their supplier which does not have a patient feedback function: EMIS state they are developing this but there is no timeframe.

eConsult – 6 practices (15%)
This system has patient feedback built into software and asks questions about process, overall satisfaction, patient defined outcome (was your problem resolved) and friends and family test. The City and Hackney GP Confederation has this feedback and this will be shared with the CCG going forward and reported via the CCG quality report.

AskMyGP – 3 practices (8%)
Three practices use this and it has built in patient feedback. The CCG/Confed does not currently have this feedback but it will be asked for.

Engage Consult – 1 practice (2.5%)
Unclear what patient feedback can be provided.

Practices are now experimenting with online group consultations for long term conditions (diabetes) and this work is being suppported by City and Hackney Digital Divide (digital skills) programme which sits in the IT enabler group programme, using the Springhill Practice as a pilot. There is also work taking place with GPs' social prescribing schemes to address digital exclusion by prescribing a course/work to improve digital skills. There are a range of "How to do it" guides and resouces available on Hackney Council digital skills website.[9] Patients can also be referred to the digital budies programme for one to one support that has been set up by the digital skills programme.

If the CCG could agree some common questions for the 23% of practices that have inbuilt feedback function it would be possible to get a structure that would allow us to compare and contrast practices i.e. compare patient experience in more deprived practice populations with those situated in the better off areas. We could then consider how any differences could be mitigated with enhanced support. Analysis of trends would be helpful to see if, over time, people are becoming more positive about their online NHS experience. If we had some free text function we could get direct feedback on what is and is not working. Research indicates that patient enthusiasm for remote services wanes over time and there is little/no longitudinal research on patient experience[10].

Feedback is not currently being systematically collected centrally, analysed and shared and this should be taken forward as we develop remote and digital services. There is little evidence of systematic or ad hoc co-production and no overall patient and public involvement strategy.

[9] https://hackney.gov.uk/digital-skills

[10] https://medinform.jmir.org/2019/4/e13042/

Mental Health services
There is a current pilot taking place with ELFT and the CCG to develop a patient owned digital platform called "Patient Knows Best" which links to EMIS and enables all professionals involved in the patient's care to share data. The patient owns the data and it has recovery goals built into the programme so outcomes can be measured. ELFT are using patient focus groups to develop this platform and co-production principles appear to be in place. This pilot is for people with long term mental health care needs, not acute needs. ELFT also appear to be using WebEx.

City and Hackney mental Health services are also using the Silver Cloud app and group consultations delivered by the voluntary sector such as Bikur Cholim. Personal Health Budgets are being used to purchase smart phones and this has good feedback.

Acute and community services
The Homerton collects patient feedback from Attend Anywhere virtual consultations and a bespoke survey can be added on by clinical teams although only two appear to have done so (diabetes and CAMHs). Recent feedback for diabetes consultations report 89% satisfaction with this method although only 8% were over 65. Service users did report difficulties with technical issues both for themselves and the clinician involved: "brilliant, only thing VPN cut out for clinician"[11]. For video Attend Anywhere CAMHs meetings 33% reported technical issues with poor internet connection. However 90% would be happy to use it again[12]. Bandwidth is a real issue for Attend Anywhere. Professional feedback has been undertaken via a survey.

Remote services at the Homerton do not appear, however, to be have taken forward with any overall strategy for patient and public involvement and there has been very little to-date. Whilst Attend Anywhere is the preferred platform some teams are now also using Starleap. The latter allow clinicians to record sessions which is important for therapies that require baseline and other information to be collected. Anecdotally clinical teams may also be using other platforms. Setting up online consultations requires additional administrative support as patients need to be contacted and the new method explained and consent obtained. The Homerton have developed a patient leaflet for such consultations (with some translated), but again without any apparent service user involvement. A website bringing all their digital services together is under development.

City and Hackney Strategic Enabler IT Programme
City and Hackney Integrated Care System has a Strategic Enabler IT programme funded by all partners.

The current priorities are:

- Care pathways integration – digitally joining up the care providers and provider systems supporting integrated care pathways, Neighbourhoods, end of life pathways

[11] Diabetes, Attend Anywhere HUH 2020.
[12] Community CAMHs, Attend Anywhere HUH 2020.

- Telehealth, Remote Monitoring and Assistive Technology – supporting patients post COVID; care closer to the patient's home
- Websites and apps – instant and easy access to online service information and resources for patients and for health and care professionals
- Population Health – using information to direct resources and action where it is most needed and maximise impact
- Linking to the digital inclusion and digital first programmes of work

Key projects already underway include:
East London Patient Record (data sharing across health and social care) , virtual (video) patient consultations (outpatient and community services); Find Support Services for local residents; Discovery (population health); embedding Coordinate My Care across the system (shared care planning for those at end of life/vulnerable and at risk of unplanned admissions)

The IT Enabler team are working with City and Hackney CCG Workstream Directors and their teams to work up new projects to support recovery of the new NHS post COVID: telehealth/telecare capabilities, extending eLPR to further enhance collaborative working, digital resource platforms to widely share best practice and support communities of practice.

There is also work going on with the London Borough of Hackney led programme for Digital Inclusion to maximise opportunities across the local population in the adoption of technology, noting the shift to virtual first in health

1. IT Enabler working collaboratively with the wider ELHCP programmes of work including integrated urgent and emergency care, digital first for care homes, the wider social prescribing programme of work, and the personal health record (PHR - eventually linking in with care planning and remote monitoring)
2. IT Enabler working collaboratively with the One London programme on eLPR developments to support integrated care – wider data sharing and image sharing

From the above it is difficult to tell how much, if at all, service users are shaping the programme as it seems to be service driven rather than service user co-produced, which is understandable given the urgency, but needs further thought. In addition "digital first in health" seems a somewhat problematic message given what we know about digital exclusion.

5. Evidence and outcomes

Mental Health E-Therapy and Apps
These have the best track record of reliability acceptability and good outcomes. Digital mental health solutions are well evaluated.

E-therapies are programmes that use the internet or mobile devices to deliver interactive interventions for preventing and treating depression, anxiety, and other mental health problems. They usually involve users completing modules or exercises while receiving

feedback on their progress. E-therapies have proven clinical benefits and are recommended in the UK for depression and anxiety by NICE.

There is evidence to show these therapies can achieve comparable outcomes to face-to-face therapy, when the same content is delivered in an online format reinforced and supported by a suitably trained therapist. Many people prefer to access therapy in this way. However NICE states digital tools should be offered in addition to existing health and care services, not as a replacement.

App guidance recommends using resources from expert sources when possible, such the NHS Apps Library, to ensure content has been assessed for safety, effectiveness and data security. NICE recommendations acknowledge possible complications with their use and urge clinicians to take care that patients do not rely on apps as a way of avoiding seeing a professional. The guidelines also point to the uncertainty of their effectiveness when used alone, and recommends them only as supportive tools in addition to regular services.

Long term conditions
A recent review of evidence for video consultations for patients with long term conditions[13] found that

In the home setting, for patients with long-term conditions, the review of reviews indicates that there is no formal evidence in favour of or against the use of internet videoconferencing. Evidence for its impact on health outcomes suggests it mostly has equivalence with face-to-face communication. The evidence for equivalence seems to be the strongest in mental health conditions.

This review also considered NICE guidelines for long-term conditions such as psychosis and schizophrenia, HIV, diabetes, liver fibrosis, eczema, psoriasis, cancer, asthma, cystic fibrosis, arthritis, kidney and sickle cell disease. The authors report that most NICE guidelines for these conditions were compatible with internet videoconferencing.

Many of the papers that showed improved or as good as face-to-face outcomes did not involve videoconferencing alone but rather a mixed approach with text messaging, telemedicine and regular communication via a range of media between the clinician and patient. In some cases, it compared unfavourably with other methods of communication, such as web or telephone-based communication.

A 2019 systematic review of e-consultation using email and messaging or video links in primary care – largely US and UK studies - found uptake was low for older and economically disadvantaged patients and there was lack of any strong evidence about outcomes[14].

There were disparities in uptake and utilization toward more use by younger, employed adults. Patient responses to e-consultation were mixed. Patients reported satisfaction with

[13] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6495459/

[14] https://medinform.jmir.org/2019/4/e13042/

services and improved self-care, communication, and engagement with clinicians. Evidence for the acceptability and ease of use was strong, especially for those with long-term conditions and patients located in remote regions. However, patients were concerned about the privacy and security of their data. For primary health care staff, e-consultation delivers challenges around time management, having the correct technological infrastructure, whether it offers a comparable standard of clinical quality, and whether it improves health outcomes.

To summarise there is some evidence particularly in mental health and long term conditions that many remote and online services are as good as face-to-face services but evidence is limited and where it is present, a mixed approach appears to deliver the best outcomes. There is little evidence of the effect on clinical staff of delivering remote services.

6. Planned changes to City and Hackney NHS services – remote services

Below are changes that are expected to our local system which will have a remote and often virtual element and could be co-produced with patients and carers with built in service user feedback and staff experience.

Outpatients **Dental Services** **Long Term Conditions** **Diagnostics**	Virtual delivery methods implemented for majority of activity. Applies to: Anti coagulation; bowel screening; dermatology; endoscopy; fertility treatments; continence service; dietetics; leg ulcer clinics; MSK; pain clinics; PFD service; cardiac physiology; sexual health, Bi-Lingual Advocacy Service; TB clinics; phlebotomy; Paediatric acute and outpatients
Cancer	Cancer referrals triaged to see if a phone appointment (followed by diagnostics if necessary) or deferral would be most appropriate Booked outpatient appointments moved to telephone appointment Follow-up appointments moved to telephone appointment Follow-up appointments vetted by consultants with phone calls offered if urgent
Therapies	For most therapies, caseloads were prioritised, with only urgent appointments maintained – and wherever possible these are delivered remotely Other appointments suspended or carried out virtually Applies to e.g. Cardiac rehab; occupational therapy; speech and language therapies; physiotherapy Regional neuro-rehab unit inpatient remains open; all outpatient clinics suspended with virtual assessments being conducted

Community Services	Suspended or reduced face-to-face services except for emergencies, and/or replaced them with phone triage/phone calls/virtual services Applies to e.g. Audiology; CAMHS; community rehabilitation; Community CYP services; community gynaecology; continence service; children's therapies; dermatology; foot health; Heart failure nursing; health visiting; Dietetics; Dentistry; minor eye conditions; Locomotor services; lymphoedema service; minor surgery service; ENT; IAPT; post-operative wound care; Hear to Help; sickle cell; diabetes; asthma; COPD as well as learning disabilities; and wheelchair services
Adult Mental Health Services	Reduced face-to-face services based on a risk rating of patients and moved patients to virtual platforms where possible. Psychotherapy services open to urgent referrals only. Enhanced mental health crisis pathways e.g. 24/7 crisis telephone service. Crisis Café and SUN group are being delivered remotely (part of ELFT crisis pathway)

7. Conclusions

Remote services and in particular digital services are difficult and undesirable for some sections of the population compared to face-to-face services. There are specific issues for older people, carers, disabled people, those who don't have smart phones or use social media and economically disadvantaged communities. The move to remote NHS services may widen current inequalities for particular groups unless these issues are considered and mitigated.

Patient experience is mixed for remote services, but generally quite positive. There are considerable advantages for many groups and positive feedback. However there is little on-going work to gather it together or actively seek it in City and Hackney. There may need to be investment in administrative systems and patient support and navigation services to maximise the positive benefits of remote services.

There appears to be some evidence, particularly for people with long term physical or mental health conditions that remote services deliver at least as good if not better patient and carer experience and outcomes.

There are safeguarding implications for remote services that need to be considered.

Whilst there is a lot of work going on in City and Hackney, it does not seem to be very joined up and gathering together information for this report was difficult.

There appear to be some examples of co-production but not a strategic approach or framework to share learning and avoid consultation fatigue.

There is little work going on to gather staff experience of remote services and make improvements so they deliver a positive staff experience.

8. Recommendations

1. Bring together current remote services patient feedback from practices that are able to collect this and report this more widely including trends over time and where possible patient satisfaction for particular groups.

2. Consider a way that EMIS practices could gather feedback about remote services in the absence of an EMIS solution in the near future.

3. Link with all NHS providers in City and Hackney to understand what patient feedback is in place for digital and remote services and bring this together for learning purposes into one regular report covering the whole system so the system can learn and improve together.

4. Increase the use of patient information about remote and digital services in City and Hackney (for example for GP group consultations) and signposting for further support/information. Consider literacy levels for such guidance and the need for accessible information.

5. Consider offering support to practices to review their websites so they provide easy to navigate/find information about remote services and links to patient information and support.

6. Consider improved internet access etc. for hostels, housing with care etc.to enable access to remote and digital services.

7. Consider improved Patient Advice and Liaison (PALS) Services and administrative support to improve access and support for remote services.

8. Understand language issues and solutions for people with low literacy or little English including how best to use translation and advocacy services as part of the digital/remote offer and share solutions.

9. Understand how NHS providers are ensuring equitable access for people who are not online/unable to use digital approaches and potentially share these for learning and service improvements.

10. Consider producing a list of tools and digital approaches for City and Hackney NHS providers so that as far as possible they use common online services/tools so that service users would only have to learn how to use a couple of tools i.e. Attend Anywhere, Teams or Webex for online consultations/patient groups.

11. Link with providers in City and Hackney and understand their plans for digital services, how they are involving service users in these plans and co-producing these and share lessons and learning so service users don't experience "consultation fatigue".

12. Understand safeguarding issues when developing digital and remote services and consider producing resources and guidance for our local system.

13. Build in outcome measurement into new online services, i.e. a framework that could cover clinical, patient and professional outcomes and experience.

14. Consider producing/sharing best practice guidance for healthcare professionals using these tools to ensure a good service user and staff experience.

15. Collect professional feedback of digital approaches to ensure healthcare professionals feel competent and safe using these tools and it does not contribute to already high stress levels for staff.

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