

Research findings: The barriers to digital inclusion in Cheshire and Merseyside

November 2022



Introduction

The NHS, and the wider health and care system, is committed to delivering information and services digitally wherever appropriate.

For our patients, the delivery of health and care services digitally can mean better access to information, increased convenience, and enhanced control of their own health and care.

For our health and care system, embracing digital can mean more effective delivery of care, better outcomes and reduced costs.

For a large proportion of our population, accessing information and services online has now become a normal part of everyday life. However, for those who don't have the necessary digital skills, connectivity, motivation or confidence to use digital technology (the 'digitally excluded'), providing information and services digitally can cause a barrier increasing the risk of health inequalities.

To help support our digital plans, the Cheshire and Merseyside Integrated Care System (ICS) commissioned Influential, an award-winning marketing communications agency, to undertake research to investigate the barriers to digital inclusion, to help identify interventions that might help increase the adoption of digital health and care services by both the digitally enabled and the digitally excluded.

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1. Research approach

Our research approach is outlined in figure 1 and consisted of 3 stages.

Stage 1: Surveys

Surveys were conducted between May 2022 and June 2022 with people living in Cheshire and Merseyside to capture the drivers for, and barriers against, accessing NHS services online. The surveys included:

- An **online survey** of 1,015 digitally enabled people
- A **street survey** of 275 digitally excluded people

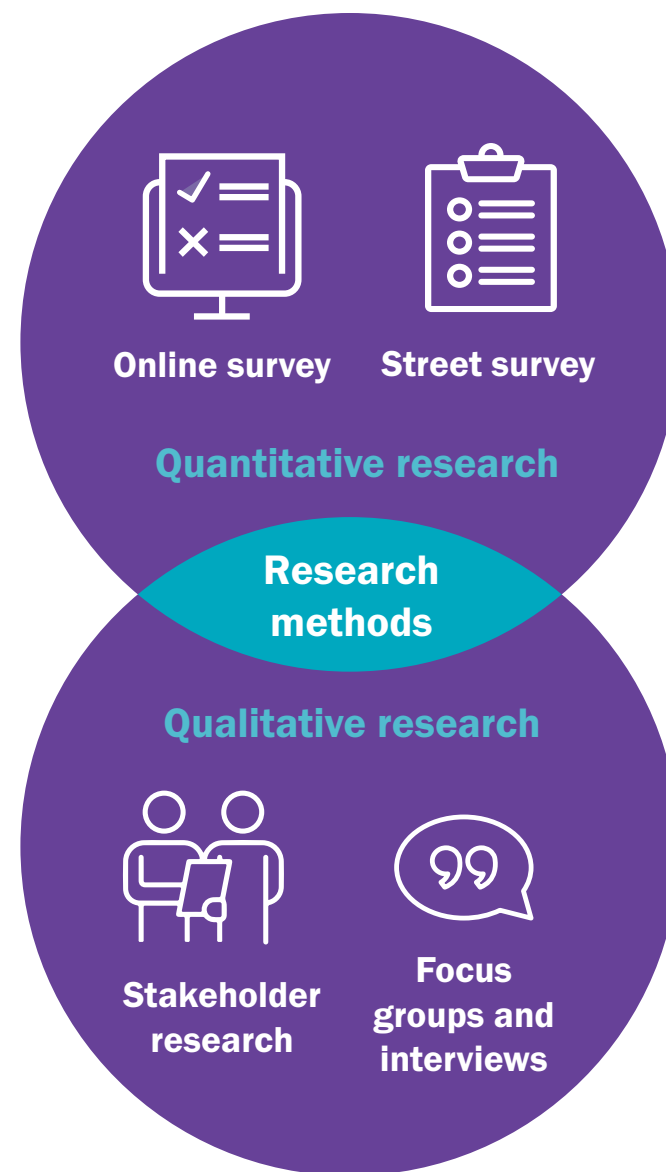
A representative sample of our population were surveyed (see figure 2 on page 4) from across the 9 Places in our geographic region.

Stage 2: Stakeholder research

Between July 2022 and August 2022, 18 **in-depth interviews** were conducted with NHS staff and organisations delivering care and support to disadvantaged communities and hard to reach groups* to better understand the drivers for, and barriers against, accessing NHS services online.

* Hard to reach groups included older people, travelling communities, adults with mental health support needs and young adults leaving care.

Figure 1: Research methodology



Stage 3: Focus groups and interviews

Throughout September 2022, **focus group sessions and interviews** were held with digitally enabled and digitally excluded people in Cheshire and Merseyside to explore the drivers and barriers to accessing NHS services online in greater detail and to identify opportunities for enhancing digital adoption. This included:



7 focus group sessions of up to seven digitally enabled people to understand the drivers and barriers to accessing NHS services online and to explore perceptions of the NHS App.



4 paired in-depth interviews with digitally enabled carers and the people they care for to understand the issues faced by carers when accessing NHS services and how accessing online services can help.

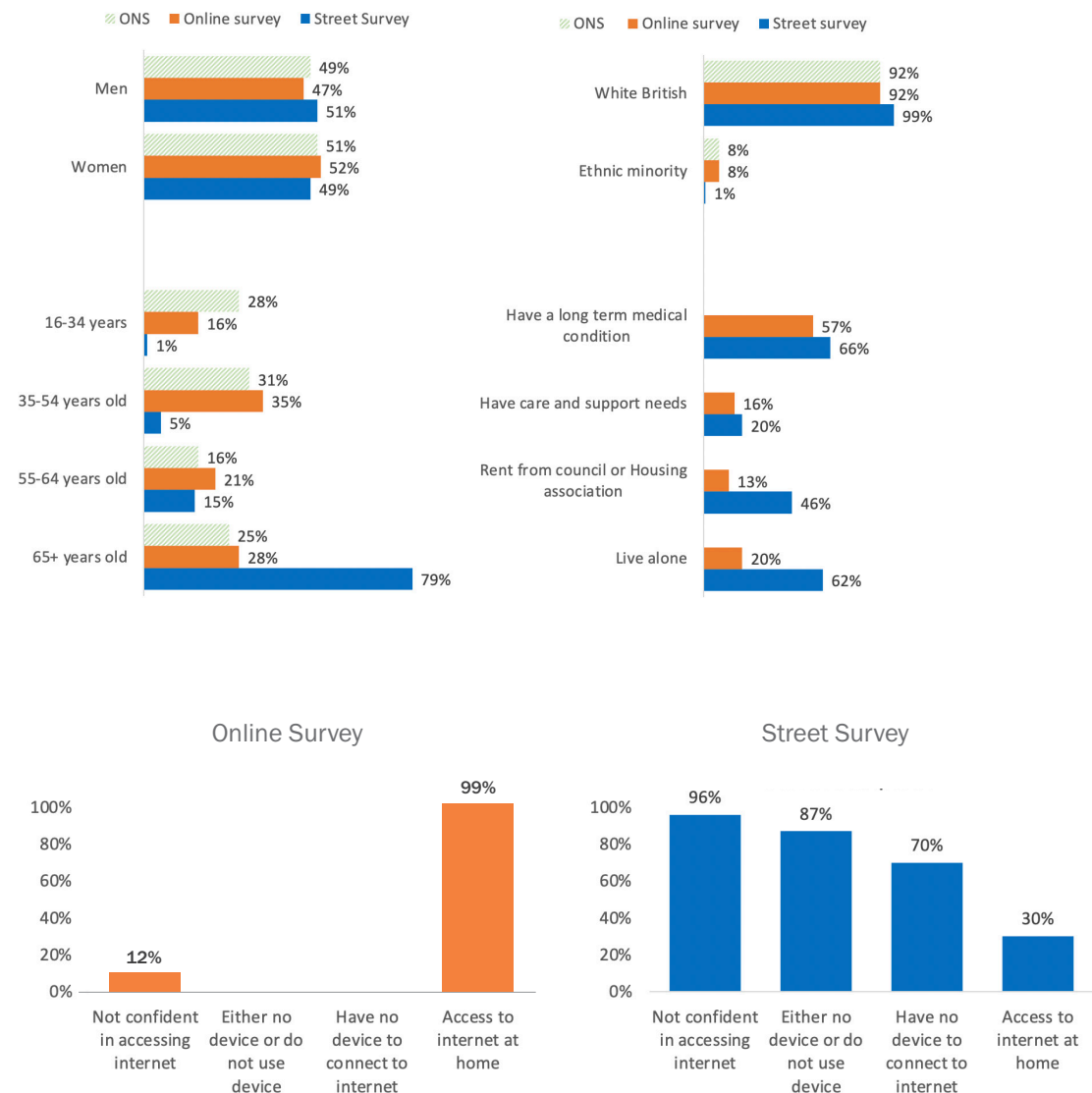


4 in-depth interviews with digitally enabled people whose first language was not English and who were not fluent in English to understand their experience of accessing NHS services online and potential barriers.



77 face-to-face pharmacy interviews with digitally excluded people to explore interventions and messages that may encourage the digitally excluded to access NHS services online.

Figure 2: Profile of those surveyed



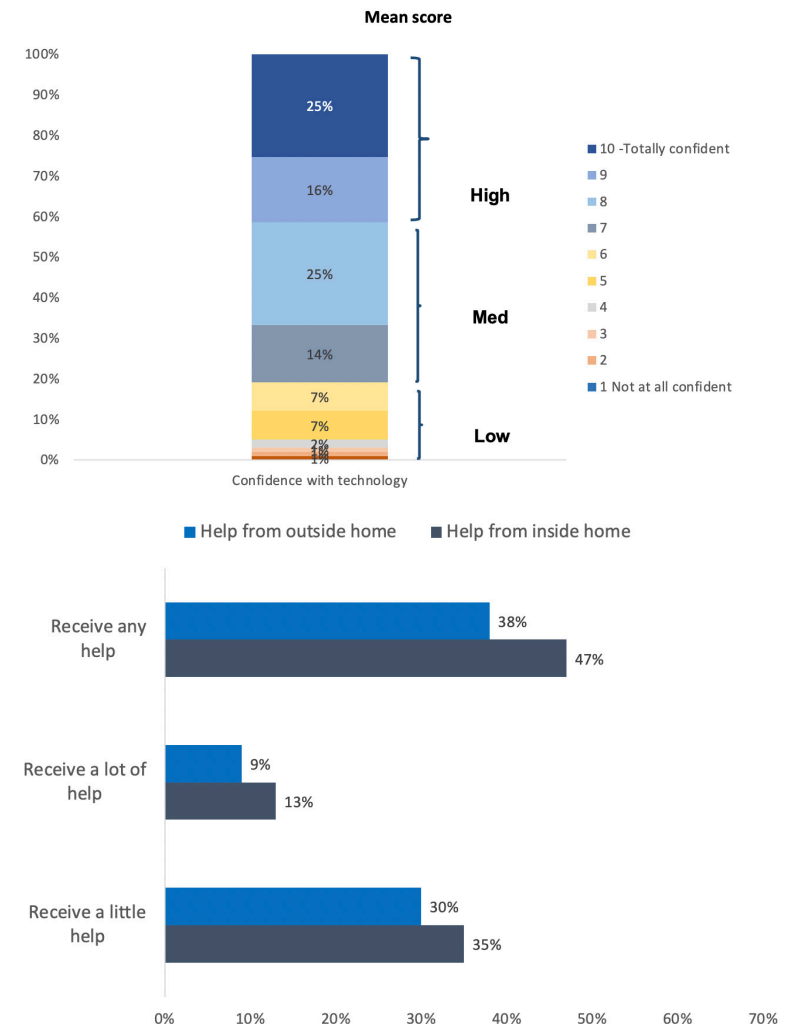
2. Survey findings

Online and street surveys were conducted to capture the attitudes and barriers of people accessing NHS services online.

- The **street survey respondents were predominantly elderly** with 79% aged 65 and over. In contrast, the online survey sample returned a mixed age range of responses, with a larger portion being from a younger age demographic.
- Technology and Internet access varied significantly between survey samples. **Only 30% of those completing the street survey had access to the Internet at home**, with a large proportion (96%) admitting they were not confident in accessing the Internet. In contrast, 99% of those who responded to the online survey had access to the Internet, with only 12% not feeling they were confident in accessing the Internet.
- **Those completing the street survey were more likely to live alone**, heightening the risk of social isolation and potentially impacting their ability to access digital help and support.
- **66% of those completing the street survey also had long term health conditions**, with 20% requiring care and support. These figures were slightly higher than the online survey sample.

Online survey findings

1. Although confidence in accessing general services online is high, the majority (60%) of people receive at least a little help.

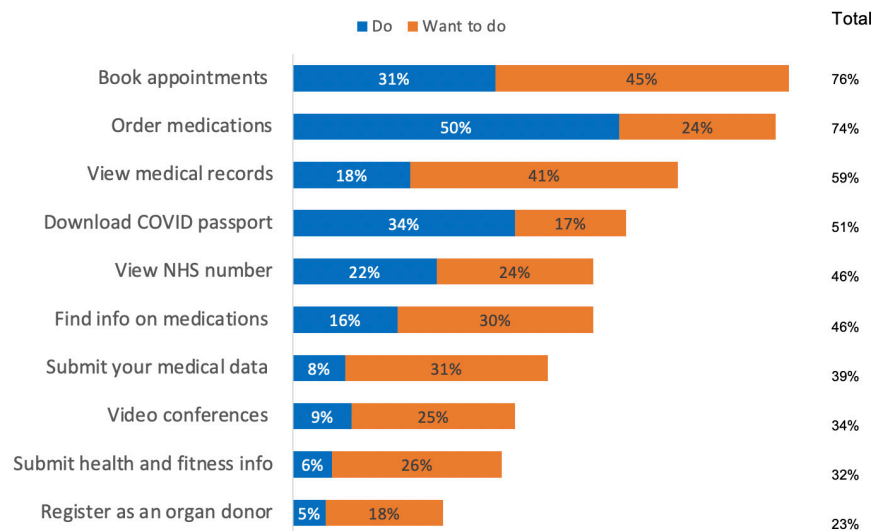


2. There is strong appetite for the greater use of NHS services online.

Among those who were surveyed online, whilst people were using some NHS services online, **more people appeared to be using the Internet to bank, shop or manage their utilities.**

Currently, **ordering prescriptions is the most frequently used online NHS service.** There is a **strong appetite for the greater use of NHS services online**, with 45% wanting to be able to use the Internet to book NHS appointments and 41% wanting to view their medical records. Focusing on these features could therefore help encourage more people to access NHS services online.

NHS services currently do or want to do online

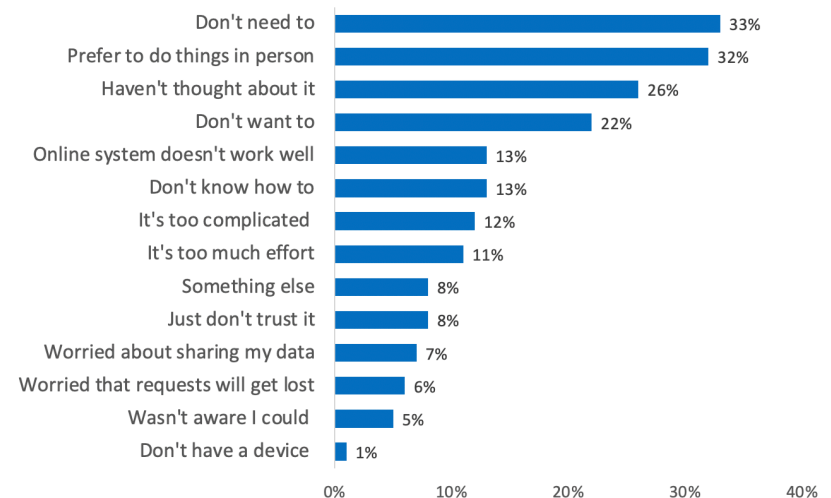


3. Key barriers to using NHS services online are ambivalence and desire to do things in person.

The most common reasons for not wanting to access NHS services online were that **people didn't feel they needed to** (33%), **had a preference for accessing services in person** (32%) or hadn't thought about it (26%). This suggests that **awareness efforts need to focus on the benefits** of accessing services online, may help encourage greater uptake.

Some respondents (see page 7) provided more specific reasons for not using online services centred around the system not working well and concerns around security and the sharing of data. Addressing these concerns as part of engagement activity could improve trust in NHS services online and help encourage greater uptake.

Reasons for not accessing NHS services online



I worry about my privacy online and how my health-related data is used. There is very little information by the NHS on how they safeguard data. **(35-44, Male, Cheshire East)**

Very easy to get misdiagnosed by a doctor who does not know my medical history. **(55-64, Male, St Helens)**

I spend time listening to messages telling me to get online. I have registered online for my practice and can access my medical records etc. But when I try to book an appointment it says we do not offer this service online. When I try to get my repeat prescription it says I don't have any. **(75+, Female, Cheshire East)**

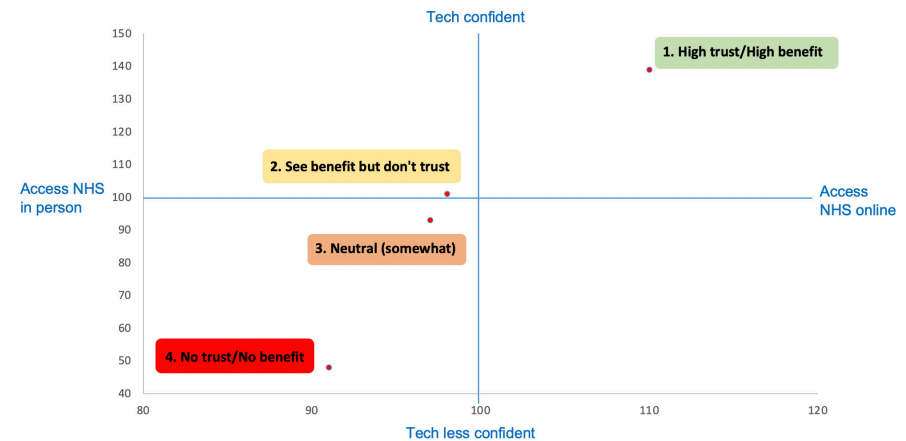
I don't know enough about it to know whether it would benefit me or not. **(75+, Female, Sefton)**

There is always scope for privacy to be compromised through negligence or hacking/phishing. **(55-64, Male, Liverpool)**

4. There are four clear attitudinal segments towards accessing NHS services online.

From those surveyed online, there were **4 clear attitudinal segments** to accessing NHS services online. These included:

1. High trust/High benefit
2. See benefit but don't trust
3. Neutral
4. No trust/ No benefit



34% of those within the high trust/ high benefit segment were aged 16-54. 13% of **those within the no trust/ no benefit segment were aged 65 and over.**

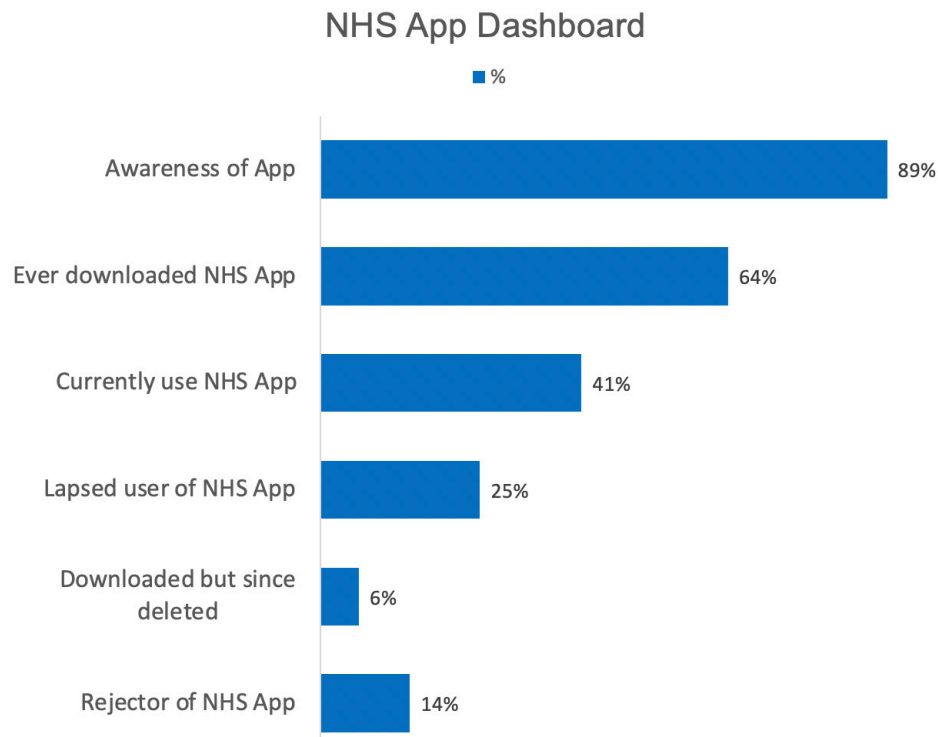
11% of women were somewhat neutral about the use of NHS online services and 16% of women could see the benefits but had concerns about use.

5. Use of the NHS App could be higher and a significant number have lapsed.

89% of those surveyed online were aware of the NHS App but many did not know what specific features or benefits the NHS App provided.

64% had downloaded the NHS App and 41% currently use it.

25% described themselves as being lapsed users of the NHS App and 14% described themselves as rejecters of the NHS App.



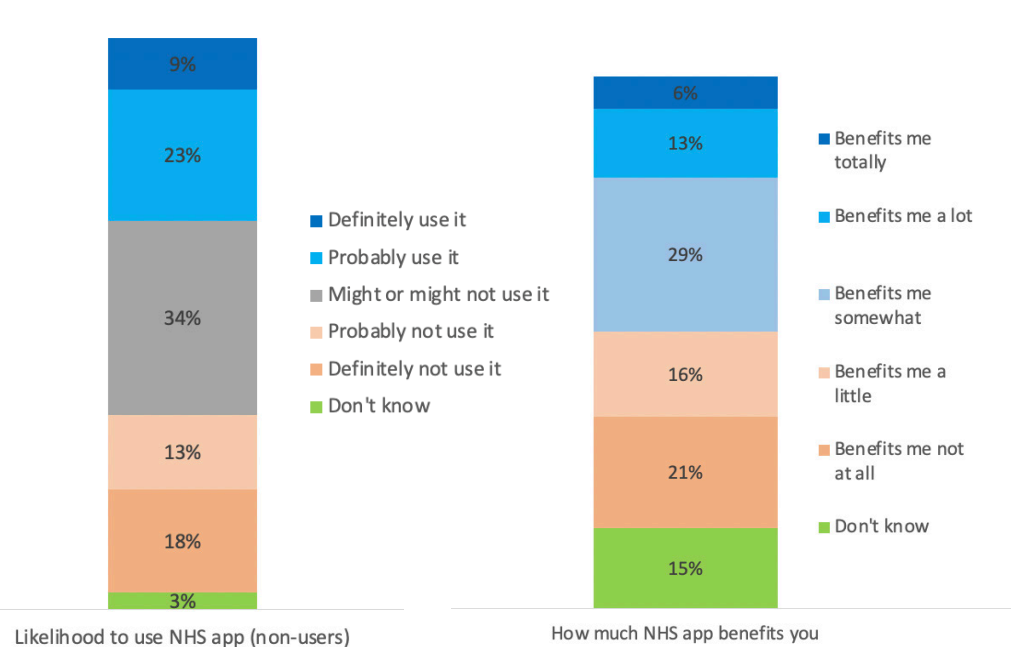
Key observations include:

- Fewer women use the NHS App than men and have a much higher rate of lapsed usage.
- Those with mental health conditions have low NHS App usage and a high rate of lapsed usage.
- There is low use of the NHS App within the C2DE social and economic group.
- Those who live alone have a high rate of NHS App rejection (21%).
- Pregnant women have the highest NHS App usage of all sub-groups.
- Ethnic minorities have a relatively high NHS App usage.
- 50% of those surveyed trust the NHS App but only 21% stating it contributed to them feeling healthier.

6. Take up of the NHS App is likely to be weak going forward without a repositioning of its role and a compelling set of benefits.

The likelihood of current non-NHS App users using the app was weak. 9% stated that they would definitely use it, with 18% stating that they would definitely not use it. This suggests take up of the NHS App is likely to be weak looking ahead, without intervention.

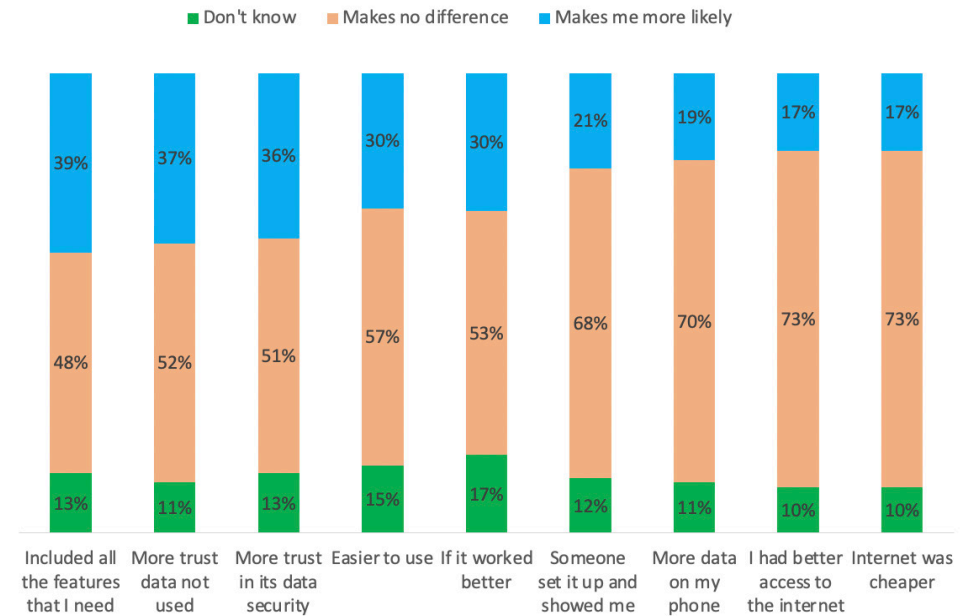
The perceived benefits of NHS App among non-users is only moderate, with only 19% stating that it will benefit them totally or a lot and a third (37%) stating that it will benefit them a little or not at all. A quarter (21%) stated that the app provides no benefit.



7. Focussing on the range of features and trust in security are key messages that need to be communicated to increase take up of the NHS App.

Non-users of the NHS App were asked to rate the impact of various improvements or interventions that could help encourage take-up of the app.

39% felt that having access to all the features that were needed from one place would increase their likelihood of using the app. Trust and data security were also key considerations, with 37% requiring assurance that data would not be used for other purposes and 36% needing more assurance surrounding data security.



Street survey findings

1. There are strong barriers to overcome about the internet in general before this group would consider using NHS services online.

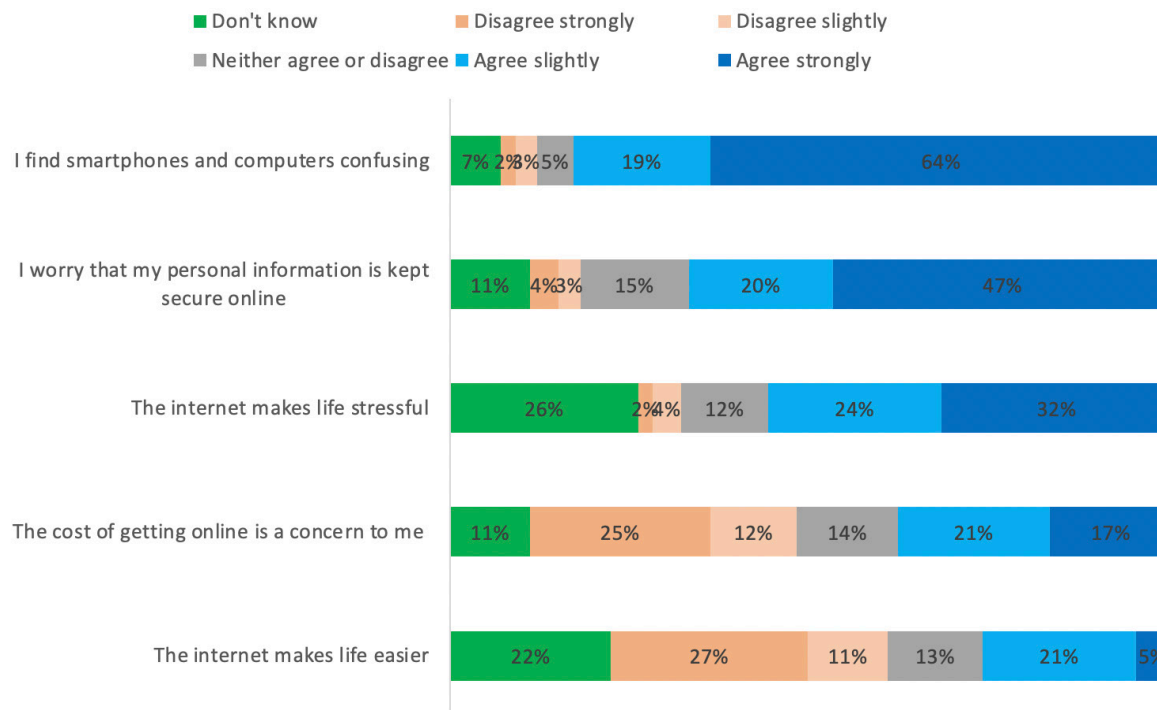
Responses from the street survey revealed that there are strong barriers to accessing NHS services online caused by **negative attitudes towards the Internet in general**, which would need to be addressed before this sample of our population would consider using NHS services online.

83% felt that smartphones and computers are confusing and 56% agreed that the Internet makes life stressful.

There were also some strong concerns about online security, with two-thirds (67%) worrying about their personal information being kept secure.

38% advised that the cost of getting online was a concern.

A quarter interviewed did not use the Internet.

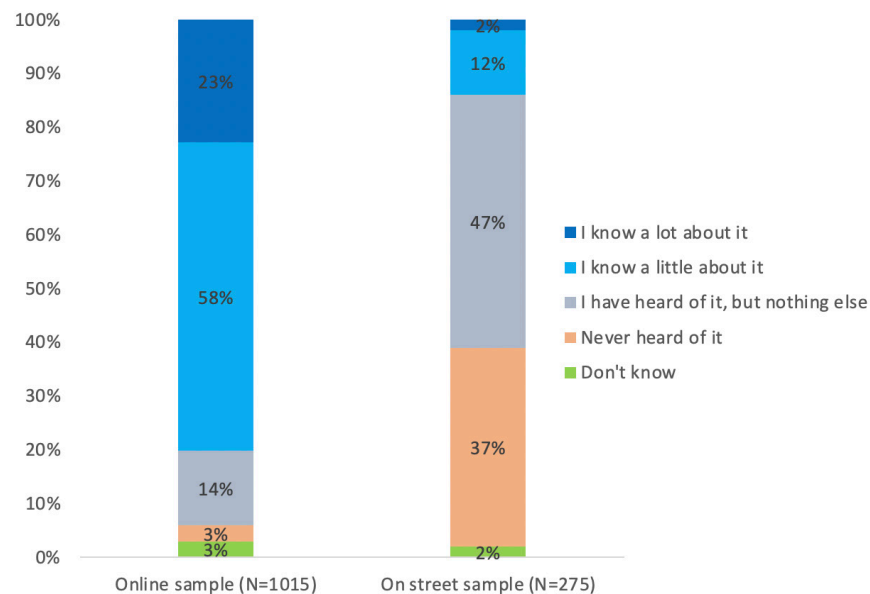


2. The digitally excluded have limited knowledge or experience about accessing NHS services online.

The street survey responses revealed that **awareness about accessing NHS services online was extremely low.**

Only a small minority (14%) knew NHS services could be accessed online. Just under half (47%) had heard about it but didn't know anything about it. Two thirds (37%) had never heard about it.

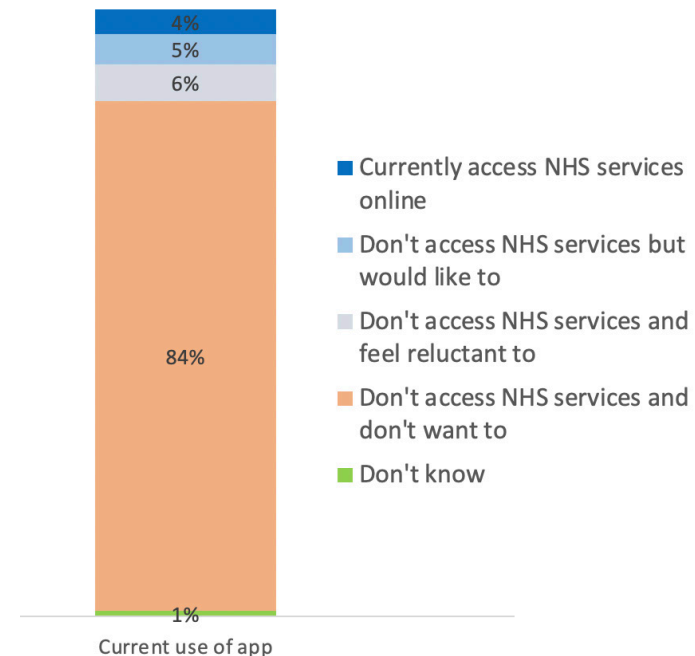
Using the online survey responses as a benchmark reveals just how low awareness rates were among those interviewed as part of the street survey with just 14% aware of NHS services being delivered online compared to 81% surveyed online.



3. The digitally excluded have very limited appetite for accessing NHS services online.

The vast majority (84%) of the street survey **respondents did not want to access NHS services online.** A further 6% felt reluctant to do so. Attitude statements (see page 12) revealed a wide range of emotional barriers which were thought to be the reason for why this was the case.

A very small percentage (5%) said that they don't currently use NHS services online but would like to, with appointment bookings and ordering medication being the main drivers or reasons.



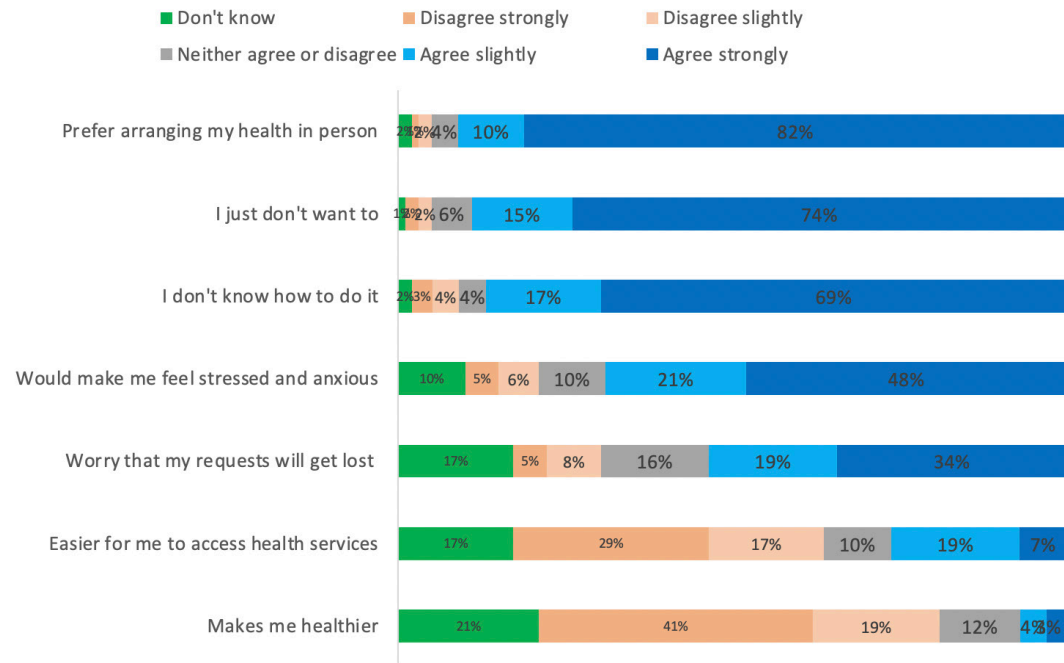
Barriers for not accessing NHS services online mostly included **deep-rooted preferences for accessing health and care services in person**, not having the necessary digital skills and concerns that it would cause stress and anxiety - possibly due to concerns about security and privacy.

Over nine in ten (92%) prefer to access health and care services in person, with nine out of ten also stating that they just don't want to use NHS services online (89%).

Many of those surveyed did not have the necessary digital skills to be able to access NHS services online, with 86% stating they don't know how to do it.

Two thirds (69%) also agreed that accessing NHS services online would make them feel stressed and anxious.

Crucially, accessing NHS services online was not thought to offer many benefits. Only a quarter (26%) stated that it would make accessing services easier and only 7% stated that it would make them healthier.



I'm dyslexic, I can't use a computer. **(25-34 years, Female, Halton)**

I'm frightened, I can't see properly. **(75+ years, Female, Cheshire East)**

Wouldn't trust that my personal details would be secure and not go elsewhere. **(65-74 years, Female, Sefton)**

I don't know what to do it's all so confusing and I don't understand. it **(65-74 years, Female, St Helens)**

I don't use the internet don't know how and I'm too old to start now. **(75+ years, Male, Warrington)**

Prefer to go to surgery and speak face to face, don't use Internet, don't want to. **(75+ years, Male, Halton)**

4. Appetite for services increases if help is available to set up and use it.

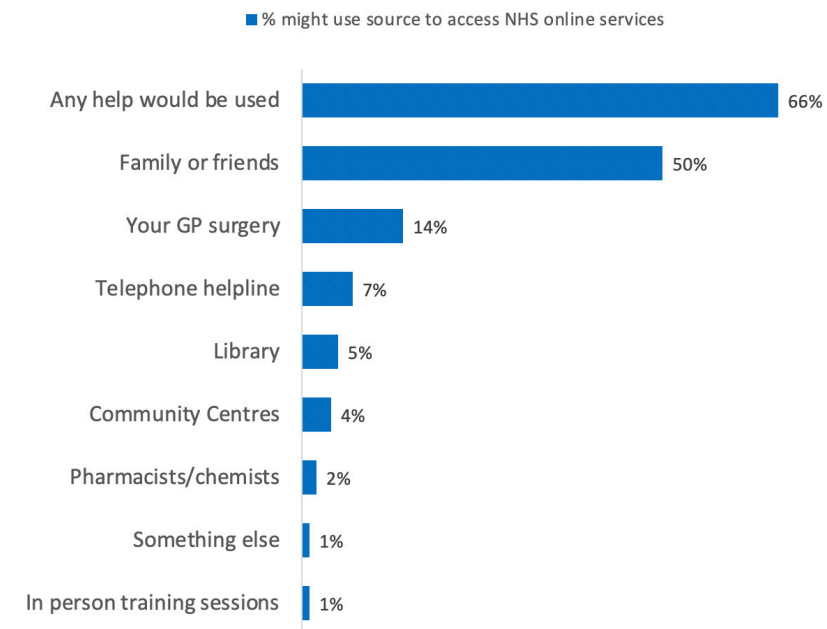
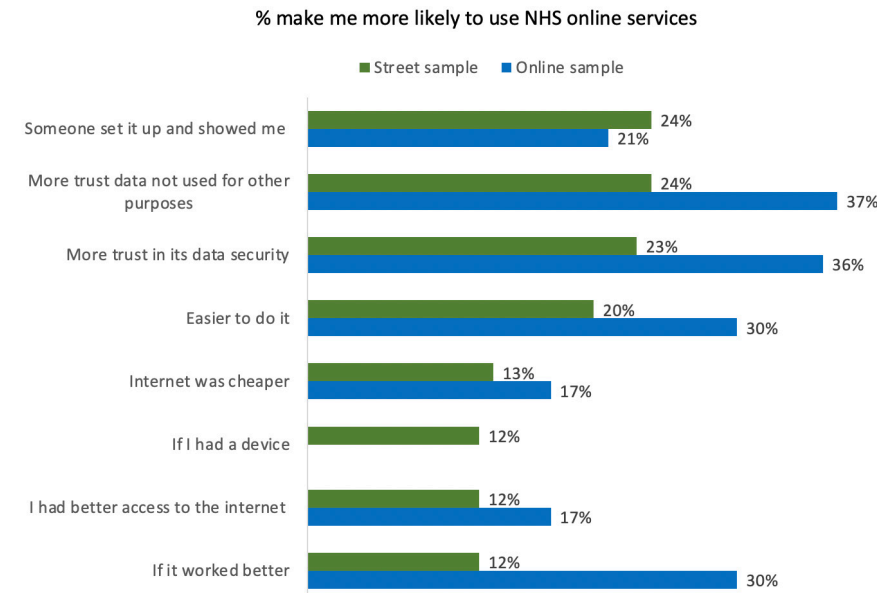
A quarter (24%) of respondents to the street survey stated that **having someone to set up and show them how to access NHS services online could make them more likely to use these services in the future**. When asked whether they would use some help, two thirds (66%) indicated that they would.

There was a strong preference towards accessing help from informal networks with 50% stating they would prefer to access help and support from family and friends.

One in seven (14%) stated that they would access help and support from their GP surgery suggesting that this would be the most effective formal channel for supporting those who are digitally excluded to access NHS services online. Other support channels included a telephone helpline (7%), libraries (5%), community centres (4%) and pharmacies (2%).

Notably, responses to both the street survey and online survey indicated that **reassurance surrounding the use of data** - the purpose for which it is being used and its security would also help encourage people to use NHS services online. **Making NHS services online easier to use** and providing **cheaper or better access to the Internet** were also changes which could improve take up rates across both audiences surveyed.

It is important to note that, for many different reasons, 40% of those who responded stated that they would not use online services despite improvements and support being available.



3. Stakeholder research findings

The aim of the stakeholder research was to gather insights from NHS staff and organisations delivering care and support to our disadvantaged communities and hard to reach groups to better understand the drivers for, and barriers against, accessing NHS services online.

Hard to reach groups included older people, travelling communities, adults with mental health support needs and young adults leaving care. From the research, 3 distinct categories of people were identified.

Digitally enabled **Digitally excluded**



1. People who can access online services on their own

Those with proficient digital literacy to access online services independently. Includes young people, students and digitally proficient adults.

2. People who can access online services with help

Those who require assistance initially or ongoing from another to access online services effectively. Includes young people and adults with learning difficulties, young people and adults with disabilities, the elderly (mostly non-care home residents), non-English speaking carers, the house bound with access to Wi-Fi.

3. People who need access to online services provided for them

Those who cannot access online services independently at all. Includes care home residents, house-bound patients without access to digital devices/connectivity, some members of the travelling community, hard to reach groups without access to digital devices, connectivity and/or without the necessary digital skills.

The key barriers to accessing NHS services online were:



Lack of trust

Concerns about cyber security scams, data security, lack of trust and unfamiliarity with the Internet are reasons for an unwillingness to go online. These concerns were largely linked with older people and those with disabilities, mental health problems and hard-to-reach groups such as travelling communities.



Lack of skill

Not having the basic digital skills, knowledge or capability were key barriers to accessing online services. This was largely experienced by older age groups, those living in deprivation or with mental health problems, disabilities or language barriers.



Lack of kit

Not having the basic digital skills, knowledge or capability were key barriers to accessing online services. This was largely experienced by older age groups, those living in deprivation or with mental health problems, disabilities or language barriers.



Lack of will

Not having the motivation to access services online. Possibly caused by not understanding the benefits, lack of support to address the barriers identified or reluctance due to the perceived complexity and volume of online services that exist.

For our hard to reach groups, the following observations were made:

Older people

- Reassurance is needed about security and the use of data.
- Many lack digital skills and support is needed to help learn and access online services.
- Online services need to be user friendly to support a willingness to adopt.

Travelling communities

- Strong reliance on the use of mobile phones to access online services.
- Peer influence helps build trust and instigates behaviour change.

Adults with mental health support needs

- Varying levels of digital capability and some help may be required through trusted support networks.
- Low awareness of NHS online services.

Young adults leaving care

- Attention is focused on wider life challenges such as housing and employment.
- Established support networks will help instigate behaviour change and trust in online services.

Financial poverty creates digital poverty with the lack of access to technology exacerbated by the cost of living crisis.

There is a **link between low literacy levels and digital exclusion** through not having the digital skills to effectively and safely use digital technologies.

Those who are **digitally independent have low awareness and use of the NHS App**, and are unaware of the services available such as prescription management and appointment booking.

Interviews with participants working within the NHS revealed **the following areas of focus that are vital** in order to encourage uptake of NHS online services.



NHS App

- The wide variety of online platforms available is causing confusion for our people and our NHS workforce.
- To encourage increased use of the NHS App, it needs to be integrated with the online platforms used by GP surgeries, prescription providers and other patient-facing appointment booking systems.
- The range of features available as part of the NHS App needs to be extended to help drive adoption - being able to book appointments and view medical records were viewed as essential features.
- The functionality of the NHS App needs to improve - the word 'clunky' was commonly used.



Access to shared records

- NHS health and social care records do not link up which means that carers and support services are not always aware of changing care needs or medications.



The workforce

- Front-line staff engaging large groups of NHS patients outside of GP practices play a critical role in influencing uptake of online services including community pharmacists, support workers, care workers, NHS Ambassadors and others in the third sector supporting the digitally excluded.
- Lack of engagement and training can lead to a low levels of trust, confidence and support for online services across the workforce.
- Lack of digital skills, kit or problems with technology can impact adoption and promotion.

4. Focus groups and interview findings

Focus group sessions and follow-up interviews were held with digitally active and digitally excluded people in Cheshire and Merseyside to explore the drivers and barriers to accessing NHS services online in greater detail and to identify opportunities for enhancing digital adoption. To explore more specific barriers, interviews were held with carers and those whose first language was not English.

Key findings - Digitally enabled

1. The societal move to online services is thought to be inevitable.

The vast majority of digitally enabled respondents used the Internet extensively for online banking and shopping.

There was a general acceptance that use of the Internet was an **integral part of modern life** and that the move towards more services being available online was inevitable. However the downside to this was seen to be the creation of a two-tier society with the digitally enabled having access to services and the digitally excluded being further disadvantaged.

Trust in **data security** was considered to be a major factor when deciding whether to use online services.

Online service providers, such as Amazon, were noted as having **good problem resolution procedures** and this helped create trust and increased brand equity.

Timely communication and confirmation messages were also felt to be important in building trust and confidence in a seamless online service.

Personal interaction is valued and being able to talk to someone, particularly if something goes wrong, is considered to be important.

If there is a problem I want to talk to someone – if there is a query I go online and get through the bots to get to a person.

I have confidence in using all of them. I trust Amazon because I have used it so many times. I don't have to think about it. Click, click it's done and it works.

I feel safe using Amazon because it is so big and you can get your money back. It's a big company and worldwide.

2. There is an undercurrent of dissatisfaction with the NHS post COVID.

There were clear signs of a **deterioration of sentiment**, with many feeling that the **NHS had deteriorated** since before COVID.

Not being able to easily access a GP was a source of frustration particularly among older participants. Some felt that **COVID was an excuse** for reducing GP access and expressed frustration that their GP services were still not back to normal.

It was also felt by some that they were being **pressured and forced into accessing health services online** and this made them feel reluctant to embrace change. There was also widespread belief that the **NHS has not engaged** with them about the move to online services, which is seen by many to benefit the NHS rather than service users.

We feel that we have been forced into this. I can't remember the last time I saw my doctor. They say do it all on e-consult. In the end I can't be bothered.

The NHS is much worse now after COVID.

In my surgery - there are 10 doctors and you can't see one, can't get an appointment. When you do go in there is no-one waiting. Why? What are they doing?

3. There are strong concerns about the movement towards accessing NHS services online and face to face interactions are seen to be vital in healthcare.

There were concerns that the move to NHS services online would **create inequalities** by disadvantaging certain groups such as the elderly and those with mental health conditions, learning difficulties or low literacy skills.

There were also concerns that it could **reduce the emotional connection** between the NHS and service users through less face-to-face interaction due to virtual signposting, diagnosis and services. This created added **concerns surrounding privatisation** and how NHS services would be delivered in the future, with fears of a 'call-centre style' approach.

While many could see the benefits of online services, **face-to-face contact with a clinician is viewed as the optimum method of receiving healthcare**. Without face-to-face contact, there were concerns about misdiagnosis.

I'm 28 so it's not just the elderly that don't like it - I would much rather speak to someone face to face. I want to have a face to face consultation and I don't trust the system.

There are some problems there is nothing you can do unless you see them face to face. When I've seen someone online, I have made no progress.

Online is definitely reducing my relationship with my GP.

4. Accessing NHS services online are positively viewed if it meets consumer needs.

Online services that deliver real value and serve a need were viewed very positively by respondents.

Whilst online **prescription services were viewed positively** due to providing time and convenience benefits, there were some **negative perceptions of the electronic consultation form used by GPs (eConsult)** due to functionality issues and anxiety surrounding the use of the service.

There were **mixed views on video consultations**, which were considered to be inferior to face-to-face consultations but superior to telephone consultations due to the ability to provide non-verbal cues which would help build an emotional connection with the clinician whilst also supporting diagnosis. Many felt that video consultations would deliver time and convenience benefits but would be best used for more routine appointments where a physical examination is not required.

Use of the NHS 111 online symptom checker and helpline was relatively widespread and most were open to the idea of using this service as a method of accessing help and support. However, there were some concerns that callbacks sometimes did not happen, there was an emphasis on self diagnosis. Often people were signposted to their GP or walk-in centre for support making the NHS 111 service feel like an unnecessary step in the process and that staff were perceived to be following a script and not qualified.

The repeat prescription part is brilliant – I don't have to go in there, write it all down and put it into the little letter box. The next day it's in the pharmacy. It saves a lot of time.

You find that you repeat yourself to the doctor after you've put it on the eConsult.

I'd rather do something face to face rather than online because I would forget what to ask online and you miss out on the empathy and compassion.

5. The NHS App currently has a weak market offer and would need more functionality to meet consumer needs.

There was widespread use of apps to access healthcare services. However many of these apps were competitor apps and not the NHS App. In most cases, these apps had been recommended by the GP, demonstrating the important role of healthcare professionals in promoting the NHS App and encouraging its use.

Whilst overall awareness of the NHS App was generally high, **knowledge of the NHS App was weak** and there was some confusion about the services offered, with some mistaking it for the NHS Track and Trace app and deleting it for this reason.

Many felt that the NHS had not communicated strongly about the NHS App.

There was widespread awareness that ordering prescriptions was already a feature of the NHS App, along with being able to access your COVID passport and NHS Number.

Use of the NHS App was usually driven by the need to obtain a COVID passport. Now COVID passes are no longer required, many people no longer have a compelling need to use the NHS App.

For those using competitor apps, **the NHS App needs to offer a new app differentiator** to encourage people to switch and to make **improvements to its design and functionality** which was often described as “clunky” and “poor”.

Being able to book appointments on the NHS App is essential and there is an ultimate desire to be able to book an appointment on the day or a few days in advance. Many participants also expressed interest in the idea of being able to **inspect their medical records** using the NHS App.

Other **suggested features of the NHS App** included:



Health and fitness data

NHS App should integrate with other health and fitness apps and smart wear to provide health professionals with access to real-time health and fitness data.



Digital correspondence

NHS App should provide access to all digital correspondence such as appointment and discharge letters.



Family data

NHS App should provide access to view family health and care information to support parents and carers.



Ambulance Tracker

NHS App should provide access to an Ambulance waiting time information to help support decision making about whether to go directly to A&E.



Emergency button

NHS App should provide access to an emergency feature which could be activated if someone has had an accident or requires urgent help.



Greater access to online consultations

NHS App should provide access to 24-hour support with video calls available with doctors around the UK.



Self diagnosis

NHS App should provide an algorithm which enables diagnosis of issues, treatment options and suggestions of what to do next.

6. Data security is seen as a hygiene factor, with most trusting the NHS.

Data security was generally not viewed as a barrier to accessing NHS services online, particularly among younger participants and those who were confident using the Internet. Within these groups, there was trust that the NHS was managing data securely.

Within some groups, data security and fear of information being hacked was more of a concern. This tended to be a particular concern for women, those in lower economic groups and those who were generally less confident in using the Internet.

If there was a data breach, opinion was mixed on whether this was an issue, as many felt that there was little that hackers could do with their medical data. However, for some (mostly women) this was a concern.

We've grown up with the web, so we just assume that security works. I have never had any concerns.

As soon as you download the App you know that your details will be safe.

Your medical history is very personal so you don't want that stuff on an App.

7. The role of carers is too complex to be completely online.

Carers were responsible for accessing healthcare services for those they were providing care for. In some cases, the person being cared for was unable to access healthcare services due to having complex needs but in most cases, those being cared for were capable but didn't because of an inability to use the Internet, with no desire to learn.

Those with care responsibilities had mixed views about accessing NHS services online. There were positive comments about some services such as ordering prescriptions and booking appointments, which saved time and made life easier. However, for those looking after people with complex needs, accessing online services presented some problems, particularly in acute situations when emotions are high and it was **easier and more reassuring to talk to someone**. Those with complex needs also required care from a range of health and social care providers. Many carers commented that **in-person communication was vital** to ensure all parts of the health and care system had the most up-to-date information.

I feel like a walking medical record. The different hospital departments aren't linked up and the carers aren't linked up. That's the part of the NHS that I feel needs fixing, so one hospital can see the records of another. No-one talks to anyone.

I just want to call someone and say that I am in an acute situation and I need help. Because I am not in a rational state of mind.

8. When English is not a first language face-to-face interactions are more important.

Those whose first language was not English tended to use the Internet for social media rather than for online services such as banking and shopping. This was mainly due to language barriers causing a **lack of confidence** completing online forms and a **preference to engage in person** to use gestures and body language to aid communication.

Whilst respondents were open to the idea of accessing NHS services online, there was a general **lack of awareness about the NHS App** and what services were available, as well as **concerns about data security** and a **perception that online healthcare services lead to poorer health outcomes**.

With language being the primary barrier to accessing NHS services online for those whose first language isn't English, making training and promotional **information available in alternative languages would be helpful**, in addition to providing online services in alternative languages as well.

"I rely a lot on explanation to understand things. I won't be able to do that if I am reading things on a screen. There is no way for me to understand things or ask anyone questions. If I have a question, I can't ask it on an app, but I can ask it if I am sitting in front of a GP.

I don't use online shopping, because I find it too difficult to read the product descriptions.

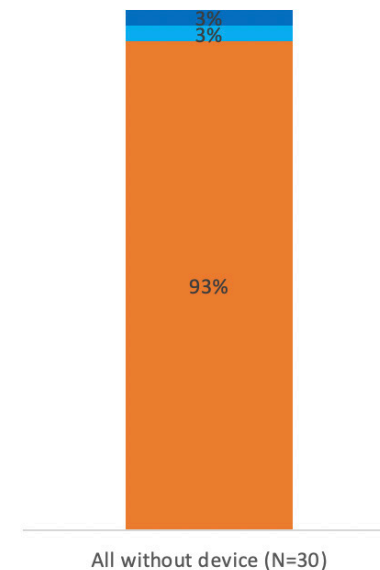
Key findings - Digitally excluded

1. Supplying digital kit to those who don't have it is unlikely to encourage use of the Internet.

93% of digitally excluded people without access to a device stated that **having access to a device would not make them more likely to use the Internet** for online services.

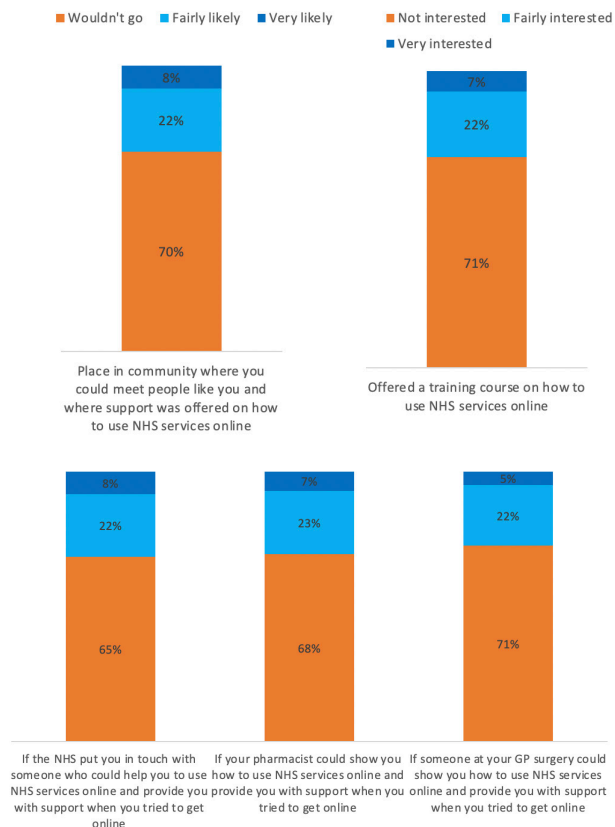
This suggests that providing those who are digitally excluded with access to kit as an intervention would not make any difference to their uptake and use of NHS online services.

■ No difference ■ Little more likely ■ Much more likely



2. Offering training or Digital Buddies could help only a small minority.

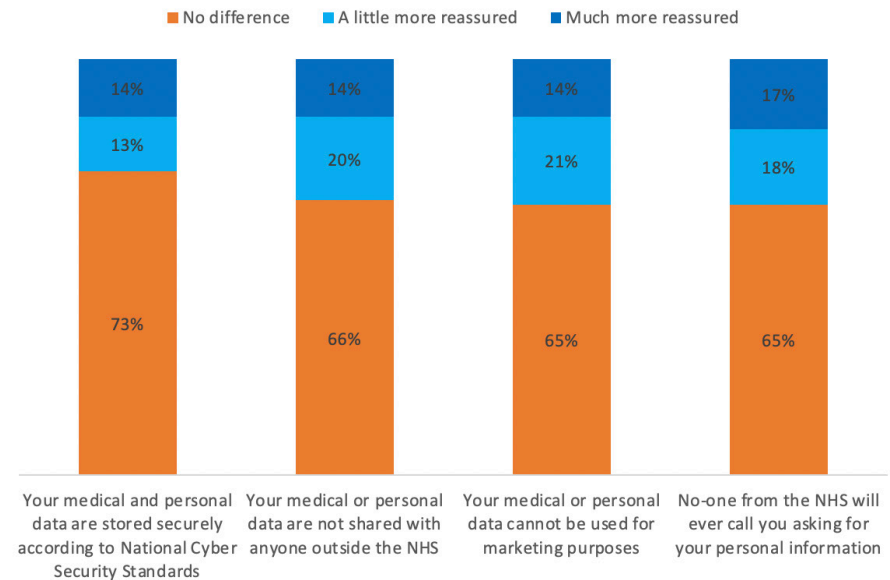
Only 1 in 12 people indicated that they would benefit from some form of training and support in how to use NHS services online suggesting that support such as Digital Buddies have limited appeal. In terms of who provides support for accessing NHS services online, support from someone in the NHS or a pharmacist ranked slightly higher than a GP - which could suggest that some respondents were reluctant to add additional burden to their GPs.



3. Communications are unlikely to encourage the digitally excluded but messages around data security work slightly better.

Messages that provided reassurance about data security had slightly more appeal than messages promoting the personal benefit of NHS services online, reflecting the security concerns that many digitally excluded people have about how data is used, stored and accessed.

35% felt that messages reinforcing the fact that you will never be contacted by the NHS for your personal information and your data will not be used for marketing purposes provided the most reassurance.



However, whilst messages providing reassurance about data security would appear to work slightly better, **messages about the personal benefits that NHS services online provide are still important.**

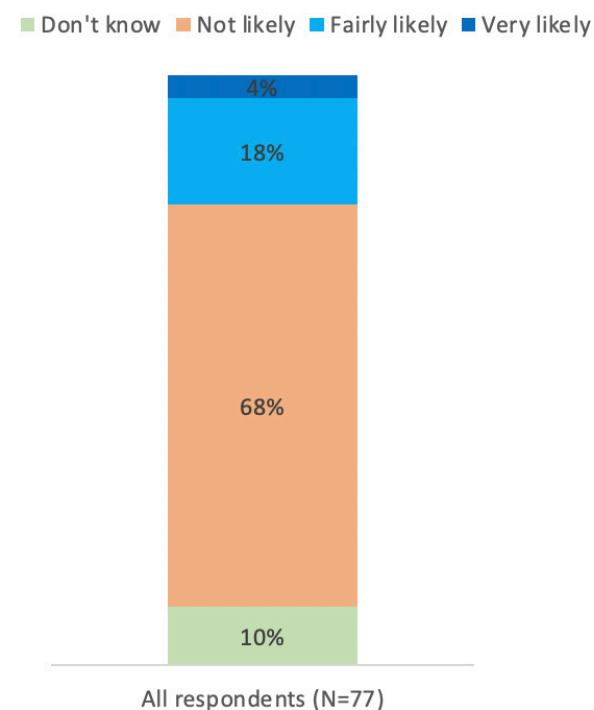
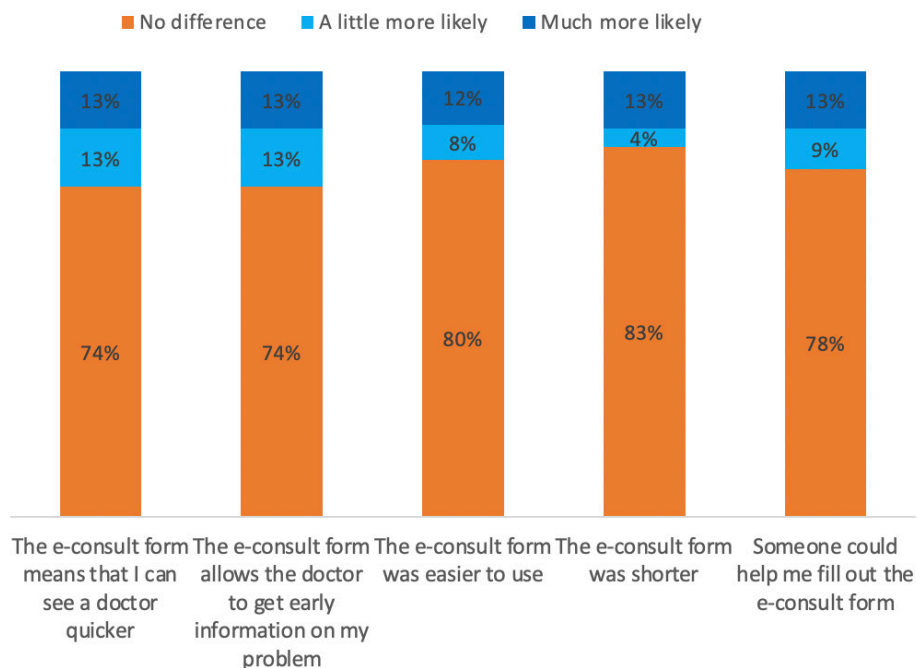
A quarter (26%) stated that seeing a doctor quicker or allowing the doctor to get early information on my problem would make them more likely to use NHS services online.

22% also stated that having access to help and support would also make them more likely to use NHS services online.

4. Despite access to a variety of interventions interest in accessing NHS services online was weak.

After outlining the benefits of accessing NHS services online and the interventions available, **two thirds (68%) of our digitally excluded sample of people stated that they were not likely to access NHS services online in the future.**

18% stated they were fairly likely, with only 4% stating that they were very likely.



5. Recommendations

1. We need to follow a two-tiered strategy for the digitally excluded.

There is a subset of society that has no appetite for becoming digitally enabled. For this digital excluded group, interventions such as the provision of kit or support to access NHS services online will not make a difference and they are unlikely to change.

For those who are **unwilling to change** we need to:

- Ensure that there are clear and easy to use ways for these members of society to continue to access health care through non-digital channels.
- Provide targeted help and support through training or a Digital Buddy Scheme to address any concerns and to help them, or those who provide their care, access NHS services online.

There is another subset of digitally excluded people who do have some appetite for learning and are willing to receive training and support to help them develop their digital skills and learn how to use NHS services online.

Data security remains a particular concern among the digitally excluded, so messages that provide reassurance about how data is collected, used and stored will be most likely to help encourage behaviour change and the adoption of online services, albeit on a small scale.

For those who are **willing to change** we need to:

- Promote training courses and support services such as the Digital Buddy Scheme to help build confidence and digital skills.
- Provide targeted messages about data security to provide reassurance and alleviate any concerns.
- Promote the personal benefits of accessing NHS services online which will help make life easier.
- Ensure promotional information and training is accessible and available in a range of different languages.

2. We need to promote the benefits of using NHS services online to the public and our health and care system.

Our public

The public accepts the fact that NHS services will move increasingly online. However, there is a widespread sentiment that the NHS has not engaged with the public and that the move has been accelerated due to the COVID pandemic.

To encourage the uptake of NHS online services, we need to:

- Develop communication campaigns to make the case for the move to online services - clearly focusing on the personal benefits and not on the functionality itself.
- Provide reassurance that digital health services will not replace personal contact and that online services have an important role to play in helping to support NHS efficiency to enable better health and care.
- Provide assurance that there will be non-digital alternatives for those who need them so that NHS services will remain accessible for all.
- Ensure promotional information and training is accessible and available in a range of different languages.

Our health and care system

Our health and care professionals are key to achieving widespread adoption, and are who our public look to for guidance and support.

It is vitally important that digital ways of working and delivering care work effectively for our NHS health and care professionals in order for them to promote the benefits to patients. This also requires our NHS health and care professionals having proficient skills and confidence in the use of digital.

To support our NHS health and care system to use and encourage the uptake of NHS online services, we need to:

- Providing digital skills training and support to ensure our NHS health and care professionals are aware and confident in the use of NHS online services.

3. We need to address the issues raised with existing NHS services online.

Whilst some online services, such as prescription services, are viewed very positively, some **notable concerns and frustrations were raised regarding existing NHS online services** such as eConsult - the online GP consultation form.

The eConsult online consultation form used by GPs is a source of antagonism with service users and has the potential to erode trust in the NHS digital experience.

There was frustration that this form was only available within surgery hours and that it was not very accessible for people to use. In addition to this, on completing the form, very often the same information was then asked for by the clinician with seemingly no reference to the detail entered on the form.

To address the concerns and frustrations regarding eConsult we need to:

- Review the use of the eConsult system with the aim of making this process more simplified and accessible.
- Provide clarity on how clinicians are using the data entered on the form to manage patient expectations.

4. Improvements are needed to the NHS App to promote uptake.

Adoption of the NHS App is likely to continue to be low unless changes are made to improve its features, functionality and promotion.

Currently, the NHS App is not being recommended by GPs, it does not have a strong differentiator or perceived benefit compared to competitor apps, and there is no longer a need to download it for the COVID pass.

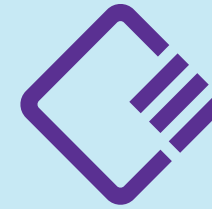
To address these issues and improve the uptake of the NHS App, the following changes need to take place:

- The NHS App requires a refresh to improve the functionality of the app - to make it more appealing and easier to use.
- The functionality needs to match the services available on competitor apps and provide a new differentiator which provides advantage over the competition.
- Appointment booking is a key feature service users require - particularly to be able to book and manage appointments within a period of days rather than weeks.

Once the above has been addressed, a communication campaign for the NHS App will be required, which is fully supported by our health and care professionals to help promote and encourage uptake.

NHS

Cheshire and Merseyside



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Health and Care Partnership

Find out more

You can find out more about our plans to support digital inclusion across Cheshire and Merseyside by visiting:
www.cheshireandmerseyside.nhs.uk

