

Digital Explosion - leaving no-one behind

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Leeds

NYHDIF - Covid 19 - The Digital
Explosion - November 2020



About Healthwatch Leeds

- Our role is to listen to people's views about health and care services in Leeds to then work with partners to improve services
- Members of key strategic boards Health & Well-Being Board, PEG
- Lead on the People's Voices Group, a partnership in Leeds to put people's voices at the centre of health and care decision making
- Some of our Covid 19 work has focussed on:
 - ❖ Care homes and the wellbeing of residents
 - ❖ Weekly Check In - how is it for the people of Leeds
 - ❖ How are people finding the move to digital services?



Digitising Leeds: Risks and Opportunities For Reducing Health Inequalities in Leeds



Known barriers to digital



National government has previously identified four key barriers to digital inclusion:

- access - not everyone has the ability to connect to the internet
- skills - not everyone has the ability to use the internet and online services
- confidence - some people fear online crime, lack trust or don't know where to start online
- motivation - not everyone sees why using the internet could be relevant and helpful

<https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy>

<https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is>

Aim and Insight



Introduction

The aim of the report is to highlight people's experiences in Leeds of the move to digitised health and care services during Covid-19 and pre-Covid-19, with a particular focus on hearing the experiences of people with the greatest health inequalities. It intends to help inform a city in which digitised and remote services provide patients and service users with a *wider* range of choice and improved outcomes.

Partnership In Action



The subgroup includes representatives from Forum Central, Leeds City Council, NHS Leeds Clinical Commissioning Group, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust, academic and research organisations and wider third sector partners

Report has been shared within each of these organisations to ensure it is relevant to their digitisation work as they emerge out of lockdown.



"I have access to iPad but not confident about using it"

"I'm young and tech savvy but there is so much to be said for human connection. I have a good relationship with my GP and I want to continue to see her in person."

Disability & Specific Conditions

"I don't hear as well through phone/video as I do face-to-face"
"i am totally blind in one eye and from my own experience, using internet is very bad for my eyes"

Getting the right platforms for the right people

"I would not use digital services if they were only available using a desktop device. My only means of accessing digital services is via my mobile phone so where services are desktop only, it renders the "service" useless."

Privacy

"I would not like to try book appointment using a PC in a library; not open all the time not private enough and no good if you are not well."



Trust in IT

"It is very complicated and most of the time it doesn't work"
"I am not comfortable with my medical files being online due to all the people hacking and accessing other people's files."

What to expect in the next briefing

- Focus on the experiences of 20 “Communities of Interest”, including **carers, culturally diverse communities, people with learning disabilities, sex workers, young people** and more
- An update on the progress made by the city’s services since the last report
- Key findings about how we can continue to make our city fully digitally inclusive
- Due out this month
- To receive a copy, please contact info@healthwatchleeds.co.uk

A few examples...

- Many carers are with the person they care for 24/7. In some cases, it would endanger the carer if they were to speak openly about their circumstances in the home they share.
- Many families don't have access to broadband or a device, or there is one device to share among a large family. When money gets tight, broadband is often the first thing to go.
- Sex workers and sexually exploited adults and young people who would normally rely on advocacy support are not always (made) aware that they can ask for someone to support them on their calls to services.
- Not all women feel confident speaking to a healthcare professional when they cannot read their expressions to gauge if they understand the issue and are sympathetic.

You
Said

We did!



Summary of findings

- Digital is not a “one-size fits all”.
- People told us they want digital to enhance rather than replace services.
- Digital works for some interventions and is not the best medium for others.
- Some groups face significant barriers to accessing services digitally.
- For parts of the population digital works really well for some interventions.
- Some platforms work for some communities and not others.
- Digitisation should take a person-centred approach and needs to be considered in partnership with the Accessible Information Standard requirements.
- There needs to be a city-wide approach to tackle the issues raised.
- People’s experiences of digital are constantly evolving and the changing needs should be understood on an ongoing basis in the planning of services.
- Health and care staff need tools, support and training.

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