Digital Health & Care

Guiding principles for health and social care providers and commissioners planning or delivering digital care in Suffolk and north east Essex

Guiding principles

These principles for the design of digital NHS and social care services have been co-produced with people in Suffolk and north east Essex. They aim to provide a helpful reference to remind providers and commissioners of health and social care provision about what people need from their local services to be able to fully engage with them.

Keep things accessible

Services must ensure that digital information is made available in formats that people can engage with, and understand, if they have specific communication needs (e.g. large font, multiple languages etc).

Make it a choice

Digital first, does not mean digital only. Services must ensure people are not excluded from accessing care if they do not have access to, or cannot use, digital means of communication.
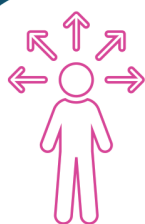
Signpost for inclusion

Services have an important role to play in supporting people to become digitally included. This includes signposting to, and investing in support from, local schemes, organisations and initiatives.
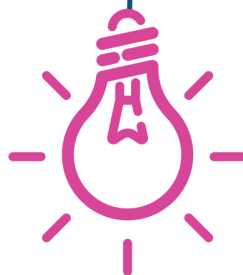
Purpose in mind

Digital services are not suited to all forms of health and social care support. Digital needs to be the right tool and should only be used when appropriate or useful.

Communicate change

A 'big bang' approach to introducing digital change can cause alarm. Services should tell people what they can expect, when and how. Where possible, change should be supported with both communication and engagement activities that help people to understand the need for the change and to ask for thoughts and ideas.

Simple websites

In a digital world, websites have become a 'shop front' and are therefore critically important in helping people to find their way around services. They must be easy to navigate, consistent across services and kept up-to-date.

Support carers

Family members, friends and carers have an important role to help people to access digital care. Where possible, they should be recognised and supported for the assistance they provide. This means being flexible and responsive to the needs of carers.

Help on hand

Sometimes people need help to use digital services, or to access information. Support must be easy to access online and staff should be prepared to offer help and assistance where needed.

Security

Digital services must be secure, with the highest standards of data protection. Providers and commissioners can increase people's confidence and trust in services by providing clear information about how personal information and data about them is stored, who it is shared with and why.

Personalise care

Digital communication can feel impersonal. People value positive interaction with professionals. Services must focus on appropriate 'customer care', adapt approach to meet the needs of the individual and train staff in how to engage with people effectively, and safely, online.

Co-produce

Services are better when they are created with the people that use them. Digital care offers many opportunities to gather feedback from people and to direct people to where they can feedback independently. New services should always be designed in co-production wherever possible.

This guidance has been co-produced with people who use services, carers, patients and professionals from voluntary and community sector organisations in Suffolk and north east Essex. It has been informed by the experiences of those who took part in the digital health and social care project coordinated by Healthwatch Suffolk in 2021.

Who is this for?

These guiding principles are intended for any services or organisations planning, commissioning or designing new digital services, as well as those with existing digital service offers. The guidance aims to provide co-produced information about how to best meet the needs of service users, patients and local people.

This document:

- Aims to provide a helpful reference to remind providers and commissioners of health and social care about the things people need from their local services to be able to fully engage with them.

- Has been created from the suggestions of patients, service users, carers, health or care professionals, Voluntary, Community and Social Enterprise (VCSE) representatives and the wider public.

Much of the feedback that Healthwatch Suffolk received related to primary and acute care, with some experiences and feedback referring to mental health or social care services (including the local authority).

In practice, this guidance can be applied to any health or care service or commissioning body as well as Voluntary, Community and Social Enterprise (VCSE) organisations working in health and care.

About the project

This co-production work has been part of a Healthwatch Suffolk project gathering people's experiences about using digital solutions to access health and care services. The project was commissioned by the Suffolk and North East Essex Integrated Care System (SNEE ICS) and the East Accord, which asked Healthwatch Suffolk and Healthwatch Essex to complete research to understand how people have felt about digital change during the coronavirus pandemic.

Each local Healthwatch devised a unique approach based on their individual strengths and the contacts they have with local people in communities.

This guidance is supported by evidence from people's experiences. Full details about the project, including a detailed report on the feedback, are available on the Healthwatch Suffolk website. Please visit www.healthwatchsuffolk.co.uk/digitalhealthandcare. You can also contact Healthwatch Suffolk on 01449 703949, or by email to research@healthwatchsuffolk.co.uk, for more information.

What are digital or remote services?

- Online consultations with health and social care professionals

- Telephone triage or appointments

- Finding NHS or social care information online

- Remote access to test results and your health information

- Online repeat prescription services

- Booking appointments online

All these and other similar services remotely connect people with local NHS and social care in Suffolk and NE Essex.

Learn more about this work and download the full experience report from:
www.healthwatchsuffolk.co.uk/digitalhealthandcare

What people told us

We asked people to identify the most important things providers and commissioners of services needed to consider when planning digital care and support in the future.

1. Services and commissioners must give people choice and alternatives if they cannot use digital or remote services, or if they find it difficult to use them.

Although digital services may provide better access for some, others may find it difficult to access services in this way. This might be, for example, because they lack the necessary skills and knowledge or confidence to use technology, or they do not have access to the appropriate equipment to enable them to use digital services. See our graphic overleaf for more information about reasons for digital exclusion in Suffolk and NE Essex.

Some people feel that digital care is inappropriate for their needs, for example, when seeking support for their mental health. Others might have a disability that prevents them from using digital services. Some may simply feel too distressed or unwell and feel that they need to see a healthcare professional face-to-face.

'Digital first' does not mean 'digital only'. People should not be disadvantaged because they cannot access a digital service.

National data shows that millions of people are not online, either because they are unwilling to use online services or because they lack the skills to use the internet safely or effectively. This should not prevent people from accessing care.

The cost of technology and broadband can also present a barrier to accessing digital services. Although less common than skills or knowledge based barriers, not every Suffolk resident will be able to afford a smartphone, computer or broadband access. Similarly, some areas of the county can suffer from poor broadband or mobile internet connectivity.

These broader economic issues should be acknowledged and addressed in countywide work on deprivation and infrastructure.

Health and care services can mitigate for digital exclusion by offering other ways to access care. In some cases, this may be as simple as providing an option for a phone call rather than a video appointment. It is also clear that many people want to retain an option for face-to-face interaction, and that services should not offer "digital as default".

Instead, digital access should be offered as part of a range of options people can choose according to their needs and circumstances. Services must consider appropriate uses of digital and how people request to be seen face-to-face if they need it. This is particularly true of people living with long-term conditions, who are often more alert to changes in their health than the clinicians they see.

Finally, family members, carers, friends and others are often an important source of support for people who are digitally less able to access services. However, this reliance on support can 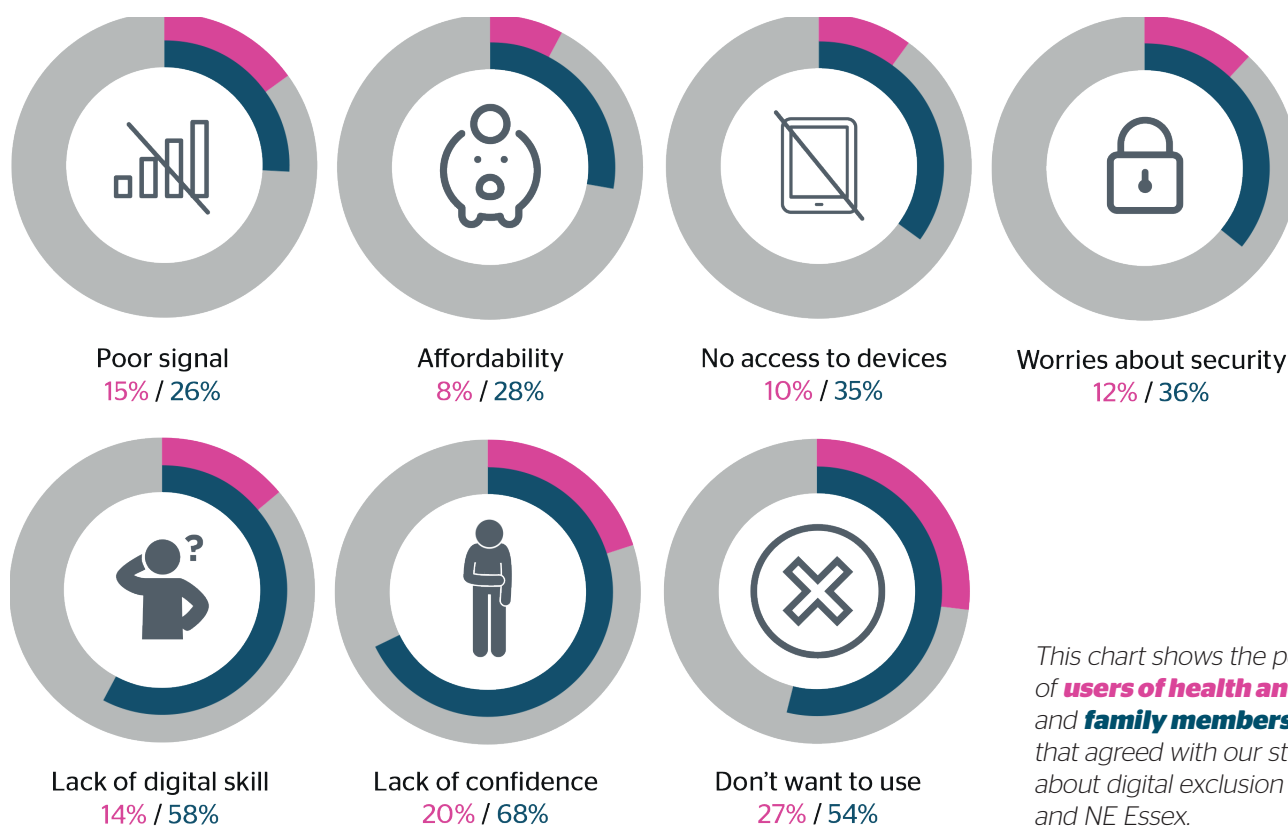reduce a person's independence to access care and support and compromise their privacy. Providing choice and alternatives to remote care will help to ensure that people can continue to independently access the care they need.

2. Services must ask people about their communication needs and preferences and respond appropriately.

All organisations that provide NHS care and/or publicly-funded adult social care must follow the the NHS Accessible Information Standard in full. The legal duty is set out in section 250 of the Health and Social Care Act 2012 (see more on page eight).

This includes that services must ensure they have the means through which they can identify people's communication needs, record them and respond to them so that no one is prevented from accessing care or support.

Professionals should regularly discuss communication needs and preferences when speaking to people accessing their service and this

Poor signal
15% / 26%

Affordability
8% / 28%

No access to devices
10% / 35%

Worries about security
12% / 36%

Lack of digital skill
14% / 58%

Lack of confidence
20% / 68%

Don't want to use
27% / 54%

*This chart shows the percentage of **users of health and care** and **family members / carers** that agreed with our statements about digital exclusion in Suffolk and NE Essex.*

There is no one type of communication that works for all people. Services must be prepared to engage with people using a form of access appropriate to their needs.
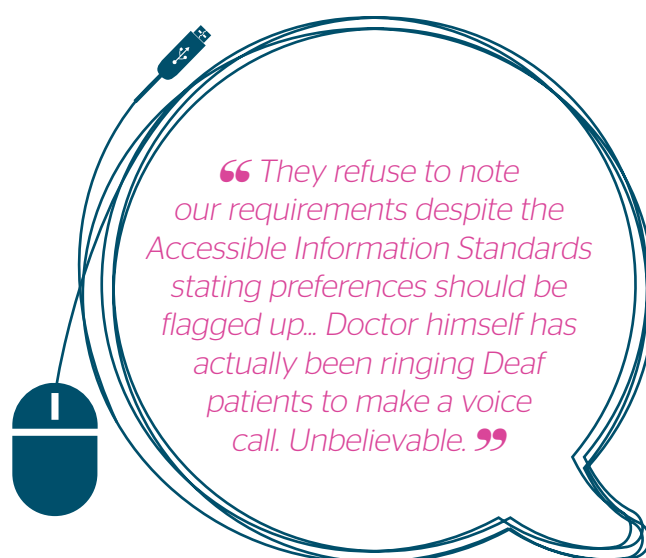
should happen from the very first contact.

It should not be assumed that, just because someone can use or access digital technology, this is the best way to communicate with them. For example, some people may be able to access a video call, but their communication needs (e.g. being visually impaired, deaf or hard of hearing or having speech difficulties) might give them a poorer experience of treatment.

At worst, using the wrong form of communication can mean that people misunderstand important information about their care, or that services fail to provide the right treatment or support. If a person is struggling with technology, find another way to communicate with them if possible.

Some people will need to be able to access remote services in a way that gives them privacy. For example, privacy may be important for people to feel comfortable talking about mental health concerns or they may not want to have a conversation about their physical or mental health at home with family or household members present. Services should have the flexibility to address these concerns using alternative methods of contact.

Once people have told a service about their communication needs, these should be recorded, reviewed regularly, and information presented

66 They refuse to note our requirements despite the Accessible Information Standards stating preferences should be flagged up... Doctor himself has actually been ringing Deaf patients to make a voice call. Unbelievable. 99

in line with guidance overleaf on continuity and accessibility. Clinicians or professionals engaging with patients should know about the communication needs of a person before they connect with them to offer care, support or advice.

Creating continuous dialogue between people and services about their communication needs would help to ensure that people receive information in a format suitable to them.

3. Services should only need to ask people to share their communication needs or preferences once.

Accessibility preferences must be consistently applied to all communications from services, particularly if that information directly relates to a person's care or support.

This avoids people having to repeat the same information, or repeatedly not receiving information because it was shared in a format that was inappropriate for them. It also protects people from potential harm caused by misunderstanding information about their care.

Information about people's communication needs and preferences should be accessible to professionals before they connect with a service user. This will ensure that they are prepared, in advance, to meet the needs of the individual and increase confidence in patient outcomes.

Information relating to people's communication needs and preferences should be shared between services where legally possible, particularly if they are referred from one service to another.

Information sharing between services can be difficult, but services and commissioners should make every effort to ensure that the number of times a person has to relay information about their communication needs is reduced to an absolute minimum.

Useful to know - The NHS Accessible Information Standard

1. Identify	2. Record	3. Flag	4. Share	5. Meet

All NHS and publicly funded social care organisations are legally required to follow the Accessible Information Standard. However, knowledge about this important requirement is limited across services. Indeed, over time, some services have expressed to Healthwatch Suffolk that they have been entirely unaware that it exists.

The guidance in the Accessible Information Standard (AIS) supports many of the conclusions of this guidance, including asking about and recording communication needs, passing this information to professionals involved in people's care wherever possible and ensuring that people receive information in a format that they understand.

The Accessible Information Standard, formally known as DCB1605 Accessible Information, is made up of a Specification and Implementation Guidance that must be reviewed by all involved in the design and development of digital service offers.

General information about the AIS can be found on the NHS England and Improvement website: www.england.nhs.uk/ourwork/accessibleinfo/

> 66 Several consultations have been done by telephone, which is hard for me because I have moderate to severe hearing problems. I have asked for video calls to be made, so I can lip read if necessary, plus facial expressions help. I've been told that video calls are only used if symptoms can be displayed by the patient. 99

People should only need to express it once

If systems are set up well enough, people should only have to express their communication preferences once. From there, services should record the need, flag it up with anyone delivering care to the person, make their preferences known to others involved in delivering care and ensure those needs are met.

4. Services should provide information in an accessible way.

Information and communication from health and social care services needs to be accessible by everyone. Yet, too often, people report that current digital services and health or care information online is complicated, hard to navigate or not appropriate for their needs.

Where appropriate, digital communication should be written in plain English, available in multiple languages (including British Sign Language) and formats (e.g. easy read or large print) and designed to be accessible by people who use supporting technology (for example screen readers). Technology (e.g. Browsealoud and Google Translate) is available to support some of these functions on websites.

Not providing information in an accessible way can stop people who otherwise have the equipment and skills from accessing services and information digitally. Accessibility can be improved through co-production with service users (see point 12 for more information on co-production).

5. Services should ensure that information on websites is simple, easy to navigate and up-to-date.

In a digital world, websites have become a 'shop front' and are therefore critically important in helping people to find their way around services.

66 I sometimes get very stressed if the online services are not very clear to understand (I'm autistic). 99

Whilst this is the case, people commonly find service websites are hard to navigate, sometimes unreliable and that important information is hidden, difficult to find or out of date.

In addition to being designed for accessibility, information stored on websites needs to be simple and easy to navigate. Critical information should be displayed in a clear location and, preferably, higher up on website pages. Websites need to be compatible with, and optimise for, a wide range of devices.

Website information needs to be correct and up-to-date so that people can, for example, quickly identify whether a service is accepting new registrations or referrals. Entries on websites could be dated to help people know whether the information they are browsing has been recently updated.

Sometimes simple web elements can present a significant barrier to access too. For example, a person with sight loss may struggle to complete a re-captcha task that relies on the identification of images.

The ease with which a website can be navigated is at times assumed, rather than tested, with those it is intended for. This can lead to issues for end users when those assumptions have not been tested on a range of individuals with different needs. The best way to ensure information online is appropriate is to co-produce it with people who have a range of communication needs. We've included more information about this approach from page 18.

Specific user testing before making a new website live is a useful way to spot potential issues. The same is true of websites that are already live. Improving the consistency of web design across services would also improve accessibility and help to ensure everybody understands what services are available.

If possible, services should have a nominated lead for the management of their website. This person should check core information at regular intervals

to ensure the site is up-to-date and displaying the correct information about how people can access the service. Maintaining a schedule of pages, and a log as to when they were last updated, can help to ensure information is updated regularly.

Websites are also an opportunity to provide useful signposting to other sources of care and support. However, again, attention must be paid to ensuring signposting information is kept up-to-date and that it offers a realistic expectation about what other services can do for people.

6. Services must provide technical support and guidance on how to use digital solutions.

Services should provide information and support for using digital tools.

For example, written or video instructions should be offered about how to do basic things like accessing forms, how to book an appointment or make an enquiry. In addition, where people need to use video conferencing like Teams or Zoom, instruction should be provided on how to use the features of these services (e.g. muting, turning on video or audio or raising a hand).

In addition to guidance and instructions, services should provide access to technical support. If people experience issues with websites or digital access, there should be a clear and established way to access help.

This technical support should extend to professionals who are there to support patients to access care, for example, reception staff, clinicians and carers.

Online consultation and conferencing solutions can be hard enough to navigate if you are familiar with the technology. Those unfamiliar with the technology can find it intimidating to use. This can lead to a loss of independence and distract people, and professionals, from making the most of the time available in a session. Services can help by ensuring people know what to expect in advance of their appointment.

Engage people about service change and development

If you are introducing a new digital service, think about talking to people who may need to use it in advance. Make sure people understand the need for the change and how it might benefit them. Consider inviting your local Healthwatch or patient group to engage people on your behalf.

7. Services should provide information and signpost to sources of support for people who are less digitally able.

Health services are unlikely to be able to address issues around lack of access to technology, lack of digital skills, low confidence and distrust in technology alone.

However, there have been programmes in the county (and nationally) that have aimed to help people to develop the skills they need to access technology. Some of these programmes have even provided access to a device for those who do not have them.

For example, in 2020, East Suffolk Council trialled a 'Grandpad Loan Scheme' that aimed to tackle social isolation amongst mainly older residents who have little or no contact with loved ones or the outside world due to a lack of Wi-Fi, equipment and/or skills.

These programmes can change over time depending on investment and whether they have been deemed a success. As such, services and commissioners should proactively research, and invest in, digital inclusion initiatives as a priority. That includes signposting people to information about how they can get help if they need it.

Technical support and signposting need to be provided in an individuals preferred format in line the with guidance on communication methods above.

8. Prepare people for new digital services with good communication and engagement.

People should be made aware of any changes to how services are accessed and this should happen before the changes are implemented.

Services should aim to tell people what they can expect, when and how. Such changes, depending on how much they are likely to impact on people, should be supported with both communication and engagement activities. You might consider asking your local Healthwatch or patient representative group to talk to people using a service and to seek their thoughts and ideas.

In doing this, services can consider solutions in advance (e.g. how to address a particular patient need). Services can also use insights to provide specific Frequently Asked Questions (FAQs) that can help to allay patient or carer concerns once a service has been launched. For more information about the benefits of this type of engagement activity, and examples of how it has worked in practice, please contact us.

Consider that a 'big bang' approach to digital service change can cause alarm. Getting communication from a service unexpectedly can cause confusion for people, for example, if they receive a text about booking an appointment without being aware that this information was coming. In some cases, people can think that information received without warning is a scam.

Sometimes, people's care is impacted when they have missed a planned communication and support is stopped (e.g. a missed call from a doctor or if an appointment is cut short by poor internet connection). In these cases, services should take positive steps to contact the patient again or offer an alternative way for them to find support.

In addition, services should aim to let people know what equipment and information they will need to prepare when accessing an appointment digitally. For example, communicating to people that they need a webcam or to send a photo and how to do this.

Services can improve how people perceive changes by telling them about the potential benefit and ensuring people fully understand the reasoning behind why changes are needed. Lack of communication can lead to misunderstanding or wrong assumptions. For example, some people worry that moving to digital services means that their GP surgery is trying to stop them from getting an appointment.

Some carers and family members felt forced use of digital services meant their relative lost independence to access care.

Carers, friends and family members often play a vital role in supporting digital inclusion and this must be a consideration when planning digital care.

9. Services should give support and flexibility to people who help others to access services.

Friends, family members and others who help people to access services are an important source of support.

Where possible, they should be recognised and supported for the assistance they provide. This means that digital services need to be flexible and responsive to the needs of carers and other people providing informal support for a relative or friend.

This could include a system to record an individual giving consent for someone else to access services on their behalf. For some individuals, this may be very difficult, for example, if someone has recently had a stroke. There needs to be flexibility in place for others to access information about their health and care if necessary.

> 66 *It took away his independence as he needed help all the time.* 99

Services should also seek to recognise this by recording whether an individual is receiving support from family, friends or someone else to avoid them having to repeat the same information.

People may not want to rely on support from others to access services. For example, they may not want to discuss their physical or mental health with a family member. Providing choice and alternatives can support this independence and reduce reliance on informal support.

> 66 ...in the end I just pretended I was her. I don't like to do that at all, it goes against all of my principles, but what else can you do to get someone their medication, or an appointment. You have to tell lies to do it. It is crazy, especially when you are dealing with someone who is dying. 99

> 66 If receiving a call, you need to know the number they are calling you on or you may not trust this situation. Understanding the security of digital is important too. I do get wary not knowing where someone is when they try to interact with me. I personally like to know they are local, and know the local area. 99

10. Services should provide reassurance about the confidentiality of people's information and where it is stored.

Services must strive for the highest standards of security and data protection.

Some people may be suspicious or nervous about their information being secure. The COVID-19 pandemic has been a perfect storm for fraudulent activity in the UK and people may be suspicious of information they receive about systems or services that are unfamiliar to them.

Providers and commissioners can increase people's confidence and trust in services by providing clear information about how personal information and data about them is stored, who it is shared with and why.

The EU General Data Protection Regulation [GDPR] legislation requires that services provide clear, easy to understand, information about how people's personal data will be used. Privacy statements are a useful tool but are sometimes hard for people to find, access (if they are entirely web-based) or interpret. Consider how this information can be presented in different more accessible formats.

Others might need reassurance that websites or other digital spaces are safe and secure. This can be addressed by communicating about trusted information and sites. For example, letting people know what the correct site is for a service, or letting them know how to access a trusted link to zoom or other third-party digital tools.

Hosting hard copy information online can also help people to know that a communication from a service is genuine and not fraudulent.

People should be made aware of how the information they provide is being used. For example, notification if their interaction with a service is recorded and the reasons why. Staff of all levels should be prepared to offer adequate responses to people if they have concerns about the security and/or information sharing practices of digital health or care services.

> 66 People do not always trust for example eConsult. Not clear on where information is going. It does not explain how it works. It needs to be explicit in this to give confidence that your information is kept at the surgery. 99
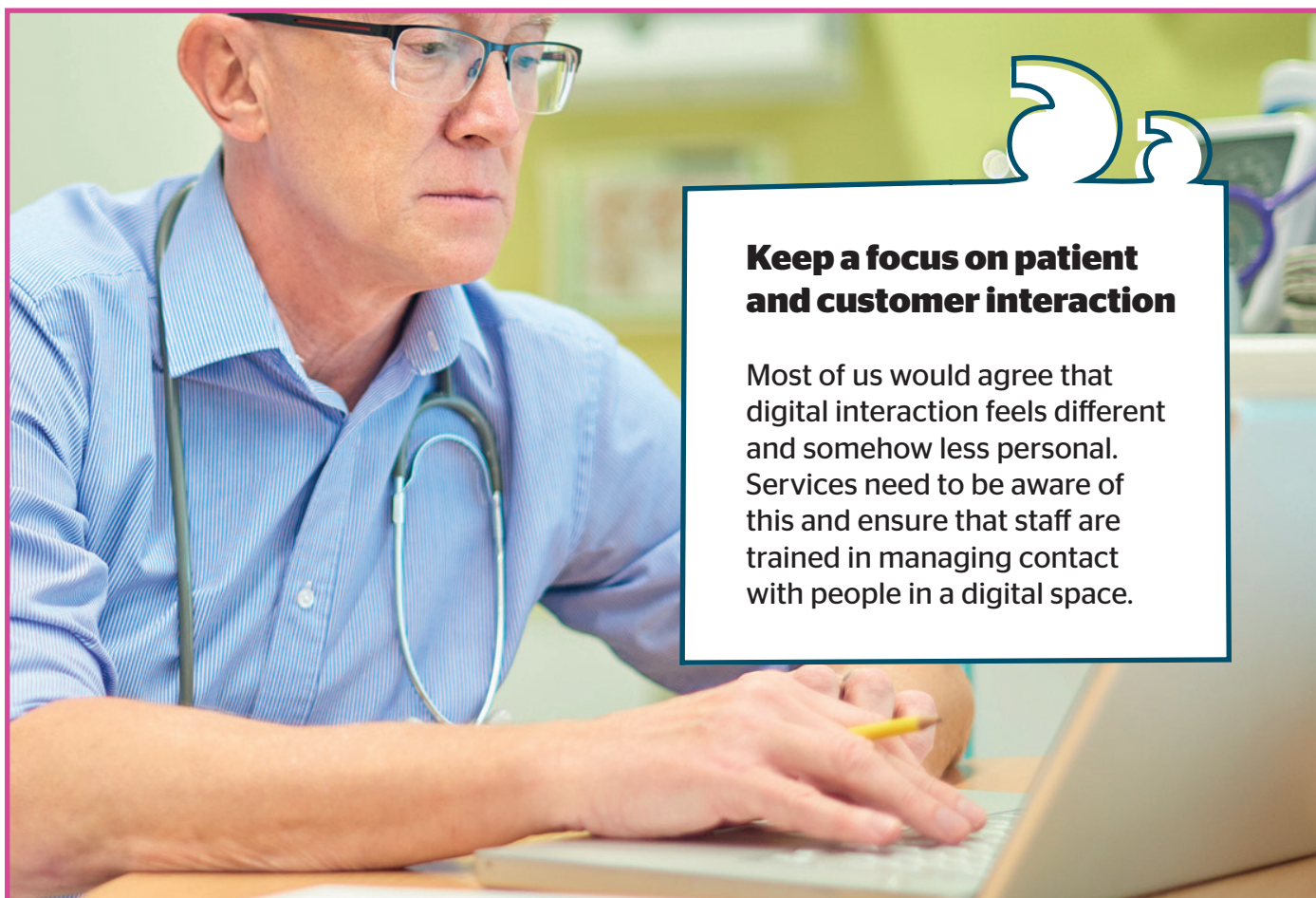
Keep a focus on patient and customer interaction

Most of us would agree that digital interaction feels different and somehow less personal. Services need to be aware of this and ensure that staff are trained in managing contact with people in a digital space.

11. Services should put the patient first and check they understand the information they receive when communicating digitally.

Services providing digital access should continue to ensure that people remain at the centre of their care. This could be as simple as ensuring that they have enough time in an appointment to talk and understand the information provided, particularly if they have specific communication needs.

Consider the option of offering double appointments, or other similar solutions, especially where a person is interacting with a digital service for the first time. In addition, professionals should check that people have understood the information they are given by asking follow-up questions and summarising at the end of an interaction.

People also value positive and friendly interaction with professionals. Some may feel that this is lost when providing care digitally. Therefore, both commissioners and providers should focus on appropriate 'customer care' and train staff in how to communicate and engage with people effectively online.

> 66 The social care process is a very oppressive field of interaction – where there are overtones of criticism and judgement.

> 66 Being on a Teams call with no supportive body language, or small reassuring smiles, listening to the hard facts of events can be extremely tough and potentially disengaging. 99

> **❝** *We are used to 'face to face' contact to have conversation. When fired questions over the phone it feels less human. We have to use them, and they need to be as 'people friendly' as possible.* **❞**

12. Services should work in co-production with the people who access them and continue to gather feedback on the effectiveness of digital.

The research report has also shown that patients, carers, as well as voluntary and community sector and health and care professionals are willing to contribute to improving digital access to services.

Be proactive in gathering feedback

Digital platforms offer excellent opportunities to gather feedback from people using them on an ongoing basis. However, services should not rely on digital patient feedback alone as this will be a barrier that prevents some of the most important feedback from being heard.

To address this, services must also promote opportunities to feedback using other means, such as an independent body like Healthwatch.

They work closely with services to help them to communicate about ways of working and gather feedback to support service improvement. In addition to communicating with users of your services and gathering independent feedback, your local Healthwatch can also offer helpful signposting for patients and the public to local sources of support for their health and care.

Most importantly, it is not enough simply to gather feedback. Services and commissioners should also be prepared to offer information about how those views have been heard and used. People can often become disengaged if they feel their contributions have not been valued by services.

Useful to know... The NHS Standard Contract

The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. It notes that providers must provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch.

See more: www.england.nhs.uk/nhs-standard-contract/21-22/

Healthwatch Suffolk can provide tools that can help services to gather feedback (e.g. a feedback widget for service websites or hard copy comment cards). Please contact info@healthwatchsuffolk.co.uk or call 01449 703949 for more information.

Developing new services in co-production

Services should also work in co-production when developing new services or making changes to an existing digital offer.

Co-production is an approach that means involving people who use a service as equal partners in the design of that service. Meaningful co-production can provide several benefits to services, including designing services that better meet patient needs and breaking the barriers between people and services to establish dialogue, confidence and trust.

As a quick reference, here are some useful learning points promoted by Healthwatch Suffolk and the National Development Team for Inclusion (NDTi) for anyone considering a co-production project:

- **You cannot co-produce a solution if you have not identified the problem or challenge with people in co-production first -** Co-production means involving people from the start.

- **Co-production means everyone's active involvement -** All contributions are equal. It is particularly important to have diversity, from those who use services and those who understand the wider community.

- **Co-production does not work if people think they already have the answers.**

- **Leadership needs to facilitate and be appropriate in style -** Leaders will be found in different places in co-production, not just in a manager who is responsible for delivering the project or change.

- **Do not expect short-term changes when starting co-production –** It's an approach to gain long-term benefits. People need to understand the nature of co-production and how to take it forward, and there needs to be trust and understanding between everyone involved.

- **The starting point for change is cultural and behavioural -** Listen to, and act upon

information that was not previously heard, and work in ways to include different people, and considering different types of solutions.

- **It is essential to evidence the outcomes of co-production -** Co-production requires resources and people giving their time. As a result, there is a need to show evidence of valuable outcomes that justifies this.

- **It is different everywhere -** Given all the above points, and the huge variety of ways that co-production can be used, there is no real template for how to do it. This means you can be creative and innovative with a tailored approach.

Healthwatch Suffolk has a dedicated Co-production team that can help you to design services with local people. You can learn more about the approach, see examples of co-production in practice, find help and support and much more on: **www.healthwatchsuffolk.co.uk/co-production**

The Healthwatch Suffolk team can offer helpful advice, guidance, training and support to develop co-production projects.

13. Digital is not suited to all forms of health and social care

There is strong support for the continuation of digital health and social care services from patients, service users and professionals working within services (including NHS, social care and Voluntary, Community and Social Enterprise workers). However, many applied conditions to this support.

This included that digital must not be considered appropriate for all forms of health and social care. Respondents considered that digital platforms are best suited to routine care, follow-up and triage, but not for the treatment or review of complex conditions / circumstances or for diagnostic purposes (aside from minor ailments or common concerns).

Whilst uncommon, people have shared examples of remote contact with services that has led to poorer physical or mental health outcomes. This includes misdiagnosis of conditions by telephone and delayed treatment for serious illness. These examples emphasise why thorough triage is such an essential component of many digital services.

Digital solutions offer a convenient way to provide routine care and follow-ups, however services and clinicians should be responsive to the concerns of people that feel a face-to-face appointment is needed. People with long-term conditions are encouraged by services to become expert in their physical and mental health, and to self-manage their conditions. Therefore, notice should be taken when they are insistent about the need for face-to-face contact.

Some of the factors that people have considered

> 66 *An initial telephone consultation with my GP is useful..... BUT telephone consultations are limited in what they can achieve, sometimes I do actually need to be able to SHOW the doctor what the problem is rather than trying to explain it over the telephone.* 99

within this context include:

- Environmental factors - Are people able to speak about their concerns in a private space?

- Comfort - Does the nature of a persons physical or mental health condition mean that remote care is likely to make them feel vulnerable or exposed?

- Communication - Is the individual able to properly describe and communicate about their concerns?

- Hidden problems - Sometimes problems cannot be seen on camera and may be difficult for people to describe.

- Masking concerns - Is the person, or people around them, likely to mask the true nature of their concerns?

- Complexity - People have expressed the view that complex conditions and circumstances are not well suited to digital intervention.

> 66 Using digital technology for individuals with shame issues is not ideal. They don't like, or cannot function, seeing themselves on screen without it being shame inducing. They find the camera too exposing. 99
>
> *(Clinical Psychologist)*

14. Promoting the benefits of digital care - Don't lose sight of the things people have valued about using digital services

The focus of the co-production work associated with this research has been on understanding more about the issues people said needed consideration in the planning of local digital care. However, it is also important to think about the things people said have been good about using digital services.

These stated benefits can be used by services, and the wider system, to promote the benefits of digital services and to encourage participation.

Participants throughout the research, particularly those with greater digital access and ability, reported benefits to the increased use of digital services. This included recognition that remote access had kept health and care services open, and able to deliver some forms of support safely, during the pandemic.

It is important to note that, although there was strong support for digital provision amongst the sample, the benefits reported were often conditional (see point 13). This was true of both service users and professionals providing services.

Data from phase one survey responses - What was good?

Patients, service users, carers and the public

Of the **361** people that responded to the question, **222** people left a positive comment. This is what they said:

- Speed, both in terms of ability to access services quickly and promptness of response, has been valued the most.

- People have appreciated the reduction in the need for travel, and associated worries about parking and parking costs.

- Convenience, and the fact that services could be accessed in a place and at a time that suited the individual, was important for many people.

- A number of individuals said they had found specific systems and services easy to use. Most of those respondents were rated low for levels of digital exclusion.

- For those confident in the use of digital services, some specific services had been easy to use.

- Digital services had enabled people to access care safely during the pandemic. This was particularly important to people who had been shielding.

- A few people said digital services had positively improved their sense of control and empowerment in discussions.
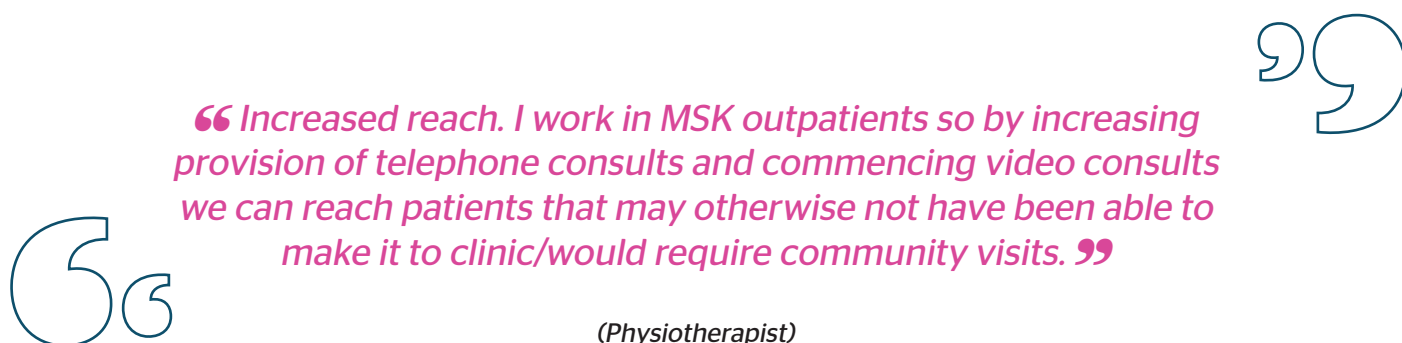
Health and social care professionals

In general, professionals (**98** respondents) were quite confident in their use of digital technology and **68%** agreed with the statement *'I feel digital appointments are effective'.*

This is what they said has been good about digital care:

- The removal of inefficiencies, particularly in relation to the loss of time associated with travel, but also because practitioners felt they could organise their workload more effectively.

- Service capacity had improved. Health and social care professionals could treat or support more people than if they relied on non-digital forms of contact.

- Digital services had enabled professionals to involve family and friends in assessments/consultations more easily.

66 More time to chase things up as not travelling everywhere for face-to-face meetings. 99
(Social Worker)

- Use of digital services had been instrumental in enabling services to function during the pandemic and in providing safe care.

- Some professionals felt digital care offered a convenient alternative to people who are working, or who may find it difficult to make time for appointments.

- Some professionals commented that digital services gave patients and service users easy access to help and support.

66 Increased reach. I work in MSK outpatients so by increasing provision of telephone consults and commencing video consults we can reach patients that may otherwise not have been able to make it to clinic/would require community visits. 99

(Physiotherapist)

This document has been produced as part of a project exploring the digital health and social care experiences of patients, carers and professionals on behalf of the Suffolk and North East Essex Integrated Care System.

It will be publicly available on the Healthwatch Suffolk website. It will also be made available to Healthwatch England and bodies responsible for the commissioning, scrutiny or delivery of local health and care services. This may include Suffolk Clinical Commissioning Groups, the Suffolk Health and Overview Scrutiny Committee, the Suffolk Health and Wellbeing Board and Suffolk County Council. We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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