

Digital exclusion project brief

Find out about the project and how to apply

About the project

We are undertaking a project exploring potential inequalities surrounding the shift to remote GP appointments during the COVID-19 pandemic. We recognise that services have had to adapt to new ways of working very quickly, but this means they may not have fully considered the impact of these changes. We want to speak to people who may find it more challenging to access care remotely or virtually. We are seeking support from local Healthwatch to conduct engagement with patients and professionals.

Background

In May 2020, NHS England reported that before COVID-19, roughly 95% of GP appointments were carried out face-to-face. During the pandemic, it is estimated that as many as 85% of consultations have been carried out remotely.

The NHS Long Term Plan set out a clear ambition to digitally transform the NHS. We therefore know that senior NHS leaders will be looking to retain much of the capacity for digital appointments as we transition out of the acute phase of the pandemic.

To explore people's perceptions of remote consultations, we recently partnered with Traverse and National Voices to engage with people who have had a remote consultation in the last few months. This project resulted in an [insight report](#) (The Dr Will Zoom You Now) and ['top tips'](#) guidance for both patients and professionals around how to prepare for a remote consultation (including video and phone).

However, this project aimed to gather a general view from users and did not explicitly seek representation from any specific groups. We also know that this self-selecting sample was made up of people who are generally comfortable using technology, as they participated in our research engagement exercises online.

Though there are significant potential benefits to increased use of digital appointments, and we have been hearing lots of positive feedback about this (both through our regular channels and through the Traverse work), we also know that remote consultations don't always work for everyone.

In this next phase of our work, we want to explore how the shift to remote consultations has affected people who may find it more challenging to access care remotely or virtually.

This project will be a deep dive into the experiences of people from groups that previous research has identified as being at greater risk of digital exclusion - those from areas of social deprivation, especially:

- - the over 65's
- - people with disabilities
- - people with language barriers.

This gives us an opportunity to understand who might be getting "left behind" by the rapid transition to remote GP consultations and gives a strong equality focus to this project.

Our aim is to understand how these groups' interaction with primary care has changed alongside the shift to digital service delivery, what the potential equalities and access issues around digital appointments are, and what changes and improvements could be made to address these.

Objectives and scope

We will be looking at people's experiences of primary care, given that these are the most common types of appointments which the greatest number of people will experience regularly.

We want to explore how the primary care experiences of our three target groups have changed over the course of the pandemic, with reference to the mass shift to digital consultations. Across all three groups, we want to focus on the experiences of people living in areas of relative social deprivation.

We'd also like to contextualise these experiences by exploring the move to digital from a professional perspective. The project will therefore involve engaging with NHS staff

We are looking for local Healthwatch to partner with GP practices or PCN's (Primary Care Networks) to recruit all participants from a single GP practice or PCN. This is so that everyone interviewed will have the same baseline level of care and digital service offer, as well as to provide opportunities for staff engagement and contextual data on the change in service provision and take-up.

We will be looking to shape interview questions with reference to the insights gained from the Dr Zoom work, looking at any areas which patients have pointed to as problem areas, or areas which have been left unexplored by the existing research.

Possible areas to explore in the interviews would include:

- Were people given the option to choose digital or face to face appointments?
- If people have experienced digital appointments, what were the positives/negatives, how did they feel about it?
- How difficult did they find it accessing the technology?
- What would improve their experience?
- If people have not had an experience of digital appointment, did they find it more difficult to get a face to face appointment?
- Could any support have helped them to access a digital appointment? Would they have wanted this?
- Did the shift to digital discourage anyone from accessing services?

We will invite participating local Healthwatch to help us develop a detailed interview guide.

What we would like local Healthwatch to do

We would like to work with five local Healthwatch to carry out interviews with both staff and patients at their partnered GP practice or PCN. We are particularly keen for local Healthwatch to partner with GP practices or PCNs that serve local populations affected by social deprivation.

This could be economic deprivation, be the result of lower income or geography (e.g. rural areas), or communities who experience a poorer quality of care due to other characteristics such as ethnicity or language barriers.

When writing your proposal of how you plan to highlight the experiences of people from areas of relative social deprivation, it may be useful to refer to the [English Indices of Deprivation](#).

Across all three target groups, we would like local Healthwatch to recruit a participant group reflective of local demographics, in particular focusing on ensuring a representative proportion of Black, Asian, and Minority Ethnic participants.

We would like to engage a mix of professionals within the primary care setting, with each local Healthwatch engaging with four to five professionals. Suggested professional roles include: the practice manager, a GP, other clinical professional, a PPG rep. Engagement with staff could be conducted through one-to-one interviews or through a focus group with multiple staff members.

We suggest interviews with primary care staff may be useful to do first in order to form a relationship with the practice staff which could help with recruitment of patients; we will provide additional support on interview questions for staff.

The patients interviewed should be people from groups which our research has identified are at greater risk of digital exclusion; all to be from areas of social deprivation:

- Older people - (65+)
- People with disabilities - especially people with sensory impairments, learning disabilities, or dexterity/mobility issues.
- People with language barriers - whose first language isn't English. Local Healthwatch should identify a non-English language which is widely spoken in their area and use a translator.

There should be at least 15 patient participants in total; this must include five people per group outlined above.

Our approach and funding on offer

We are inviting local Healthwatch organisations to propose an approach that addresses our research questions through engagement with the groups outlined above, focusing on areas of social deprivation, and taking into account Black, Asian, and Minority Ethnic representation. We recognise that a different approach may be appropriate for each patient group.

We would expect local Healthwatch to use on-to-one interview or small focus groups to conduct the engagement work.

The focus is on qualitative research, capturing stories and personal experiences rather than numbers or percentages.

To support this work, participating local Healthwatch will receive a grant in two parts:

- £5,000 to carry out the work
- £1,000 for a translator/ to cover translation costs

What your proposal needs to cover

Interested local Healthwatch should submit a proposal of no more than 500 words outlining how they would fulfil the project brief locally.

Your proposal should address the following:

- How will you recruit from the three groups we've outlined?
- How will you recruit a set of participants representative of the demographics of your area, with a particular focus on Black, Asian, and Minority ethnic representation?
- How will you highlight the experiences of people from areas of relative social deprivation?

- How will you initiate partnerships with a GP practice/PCN? (Please include whether you already have good links with a GP surgery/ your plan of how you plan to partner up)
- Any initial thoughts you have on more detailed research questions of local relevance
- What risks there might be to successful local delivery of the project (e.g. Healthwatch contract re-tender, staff capacity) and what you have in place to mitigate against these

Submitting your application

To submit your application, or to ask any questions, please email research@healthwatch.co.uk and CC Urte Macikene: Urte.Macikene@healthwatch.co.uk / 07384 902589

Reporting

The data generated through the research will be brought together with the other findings from the project by Healthwatch England in a national-level publication in the spring of 2021. Of course, each local Healthwatch will be able to write up and publish the results of their work as they see appropriate, but this would have to align with the timings of the overall project. This can be discussed further with the project team.

Project timeline

Month	Activity
25 September 2020	Deadline for expressions of interest
7 October 2020	Announcement of local Healthwatch selected to participate
October - December 2020	Local Healthwatch recruit and carry out research
January - February 2021	Data analysis
March 2021	Report write up
April - May 2021	Final report published