



**NORTH LONDON PARTNERS**  
in health and care

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## Digital Inclusion:

JHOSC meeting 12 March 2021

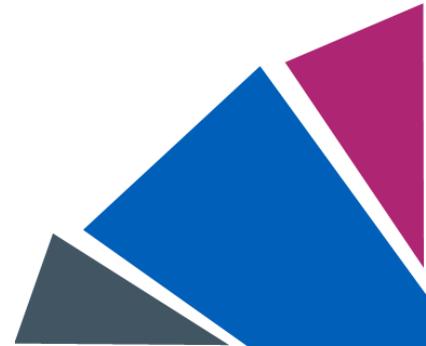


## Summary

The NHS and North London Partners had already been moving towards a more digital approach to healthcare prior to the Covid-19 pandemic. The demands of the pandemic and the requirement to reduce all face-to-face contact to reduce the spread of the virus, has led to an acceleration of this digital approach. More care is being delivered across primary, secondary and specialist care in a non-face-to-face way, through either telephone, video or virtual consultation. We recognise that there is a risk that particular communities and populations could be excluded from these changes, and have therefore committed to an equalities impact assessment. We would welcome the advice of the JHOSC on our approach to this.

This paper includes:

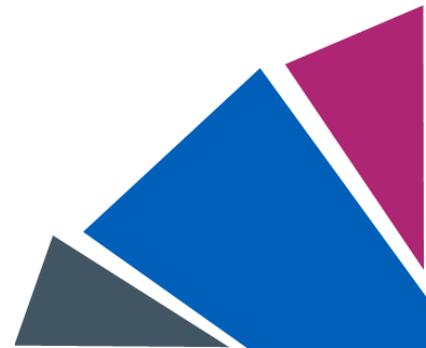
- Information about NLPs health equalities impact assessment commissioned for digital inclusion
- NCL's digital approach
- Defining and understanding digital inclusion/exclusion
- Insight from community engagement
- Considerations for JHOSC



**Commissioned health equality impact assessment**

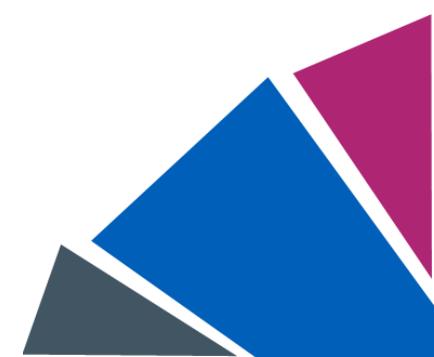
## Background

- North Central London (NCL) has commissioned an initial desk top equalities review of the impact of moving services and appointments away from face to face to digital options.
- The purpose of this equalities impact assessment is to better understand the impact of the move to a more digital approach to delivering healthcare, including a review of the potential impact, both positive and negative, on groups with protected characteristics and social inclusion groups.
- This will help inform an action plan that will set out the approach in NCL and how this way of delivering care may be adjusted to better meet the needs of the local population, increasing access (and recognising for different groups access will have different implications such as knowledge, equipment ongoing costs, environment) and reducing the impact on health inequalities.



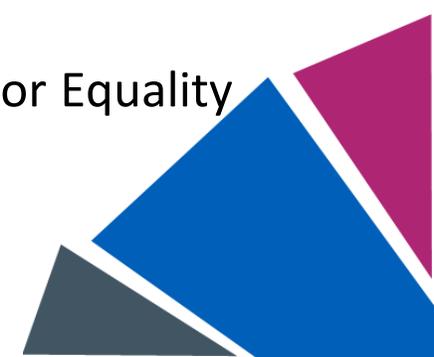
## Objectives of the equalities impact assessment

- Provide assurance to the NCL system and stakeholders about the move to a more digital approach to delivering health and care across the NHS and the safeguards that need to be in place
- Conduct a review of existing research into the impact of increased use of digital healthcare, and identify possible impacts on groups with protected characteristics (including socio-economic deprivation, carers, asylum seekers and homeless people)
- Identify which (if any) of the protected characteristics groups are more likely to be affected by the move towards a more digital approach
- Map this analysis onto the population information in NCL, and underlying population need, so that there is clarity about the geographical areas and population groups who need to be the focus of digital inclusion strategies
- Inform an NCL digital inclusion plan across all stakeholders, and include practical guidance about the rollout of digital approaches across all care settings and populations
- Consider the impact on safeguarding for vulnerable people



## Scope and outputs

- Analysis of the concept of 'digital exclusion' and how this may apply to healthcare provision
- Undertake a review of existing research, engagement tools and analysis relating to non face-to-face healthcare delivery, and the impact on access, health inequalities and patient experience
- Identify if any protected characteristics groups in NCL (including socio-economic deprivation and carers) are more likely to be affected by the move to digital provision
- Map this analysis onto known demographic information in NCL, so that there is clarity about the geographical areas and population groups who need to be the focus of digital inclusion strategies
- Understand the digital baseline and differing levels of digital poverty across NCL
- Inform a digital inclusion plan with recommendations for maximising positive impacts and ways to mitigate or minimise any adverse effects
- Identify ways we can work with in partnership with local councils and voluntary and community sector to ensure local communities have digital access across NCL and utilise our resources to share training, equipment, best practice and where/how digital improves access.
- Set out how the core constituent public sector health organisations can fulfil the Public Sector Equality Duty (PSED)



## **NCL's digital approach and current landscape**

**Enabling and empowering** GPs and primary care **clinicians** and **improving access** to healthcare, **health outcomes** and **patients' experiences** through accelerator projects funded by NHSE/I and NHSX.

## The aims of Digital priority projects for 2020/21

|                                       |    |   |   |   |               |
|--|---|--|--|--|--|
| <b>Online and video consultation</b>   | <b>Improving text messaging, website design</b>   | <b>Remote monitoring in care homes</b>   | <b>Digitalising social prescribing</b>   | <b>GP Connect and patient pathways</b>   | <b>NHS App beacon site</b>   |
| The use of online and video consultation is <b>embedded</b> and <b>normalised</b> across NCL by both patients and GPs. | GP surgery websites are clear and easy for patients to <b>understand</b> and find the information they need. Text message campaigns are <b>coordinated</b> and <b>effective</b> . | Care Homes are <b>enabled</b> and <b>supported</b> in using digital technology to support patient care and speed up communication s with primary care providers. | There is a <b>single Directory of Services</b> across NCL for social prescribing schemes, with GPs and Link Workers <b>confident</b> in the data provided. | GPs, 111 and UEC services have <b>access</b> to the same information and can share patient data safely and <b>securely</b> . | For patients in NCL to use the NHS App as the <b>front door</b> into the NHS's digital services. |

### The Digital Board

The Board is comprised of **commissioners, clinical leads, GPIT experts and SME/PMO experts**. Working together, the Board agree **how to prioritise and approve funding** to meet the needs and digital aspirations of the five boroughs in north central London.



Dependency on **core IT and infrastructure projects** (WiFi, internet, hardware) are seen as the **key enablers** to implement Digital First initiatives

Enabling and empowering GPs and primary care clinicians and improving access to healthcare, health outcomes and patients' experiences through accelerator projects funded by NHSE/I and NHSX.

## The aims of Digital priority projects for 2020/21



### Online and video consultation

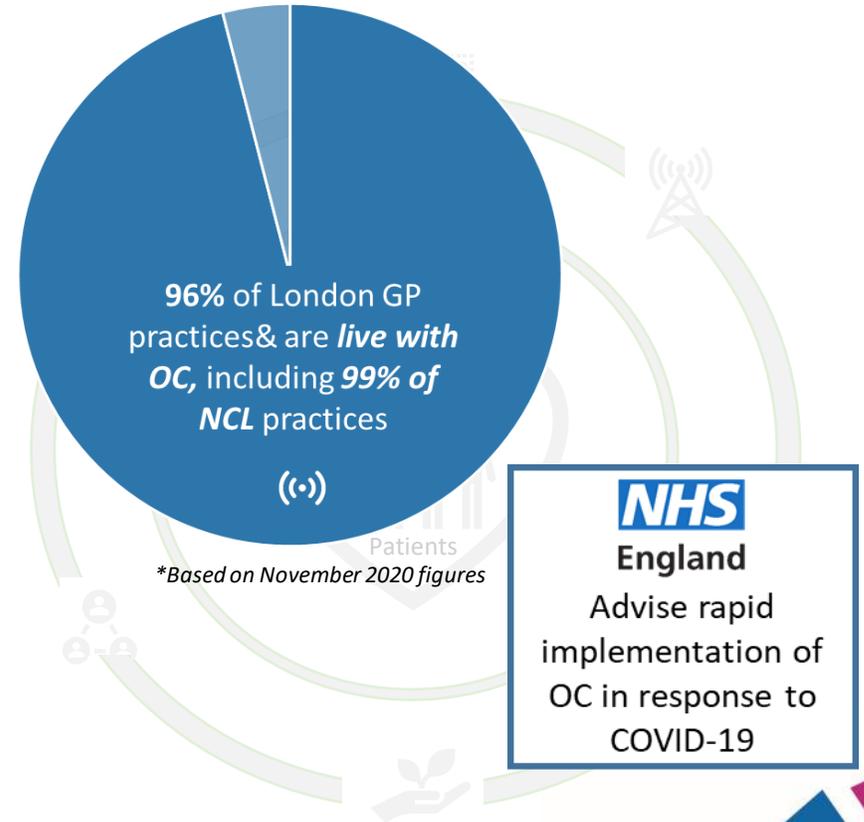
The use of online and video consultation is **embedded** and **normalised** across NCL by both patients and GPs.

- The **NHS Long Term Plan** set out that every patient will have the right to digital-first primary care by **2023/2024**
- The **'Journey to a New Health and Care System'** published in April 2020 states **'virtual by default'** as one of its key expectations for ICSs in the next 12-15 months

In response to the **COVID-19 pandemic**, NHSE advised the **rapid implementation of online consultation** to support the **total triage model** in app GP practices. The current provider framework (DPS) lists **34 potential providers** for online consultation.

### The Digital First Board

The Board is comprised of **commissioners, clinical leads, GPIT experts and SME/PMO experts**. The Board evolves and changes depending on the projects that that come within the Digital First portfolio. Working together, the Board agree **how to prioritise and approve the funding** to meet the needs and digital aspirations of the five boroughs in north central London.



Dependency on **core IT and infrastructure projects** (WiFi, internet, hardware) are seen as the **key enablers** to implement Digital First initiatives

# Online Consultation in NCL

## Overview of the digital tools available

### Patient communication



#### Messaging

- 2-way messaging
- Batch messaging
- Scheduled messaging
- Photo attachments

#### Consultations

- Messaging
- Phone
- Video

### Online services



#### Online review questionnaires

- Long Term conditions
- Health and lifestyle

#### Self -management

- Self-management help
- Signposting local services
- Travel advice

#### Prescriptions management

- Acute
- Repeat

### ICT integration and access



#### Interoperability

- Patient record systems
- NHS app

#### Access routes

- NHS app
- Practice website

### Workload management



#### Workload management

- Reduced phone traffic
- Reduced work for practice staff
- Reduced repeat prescriptions management

#### eHubs

- Virtual eHubs for practices/primary care networks to process eConsults
- Out of hours eHubs

# Current uptake of eConsult in NCL



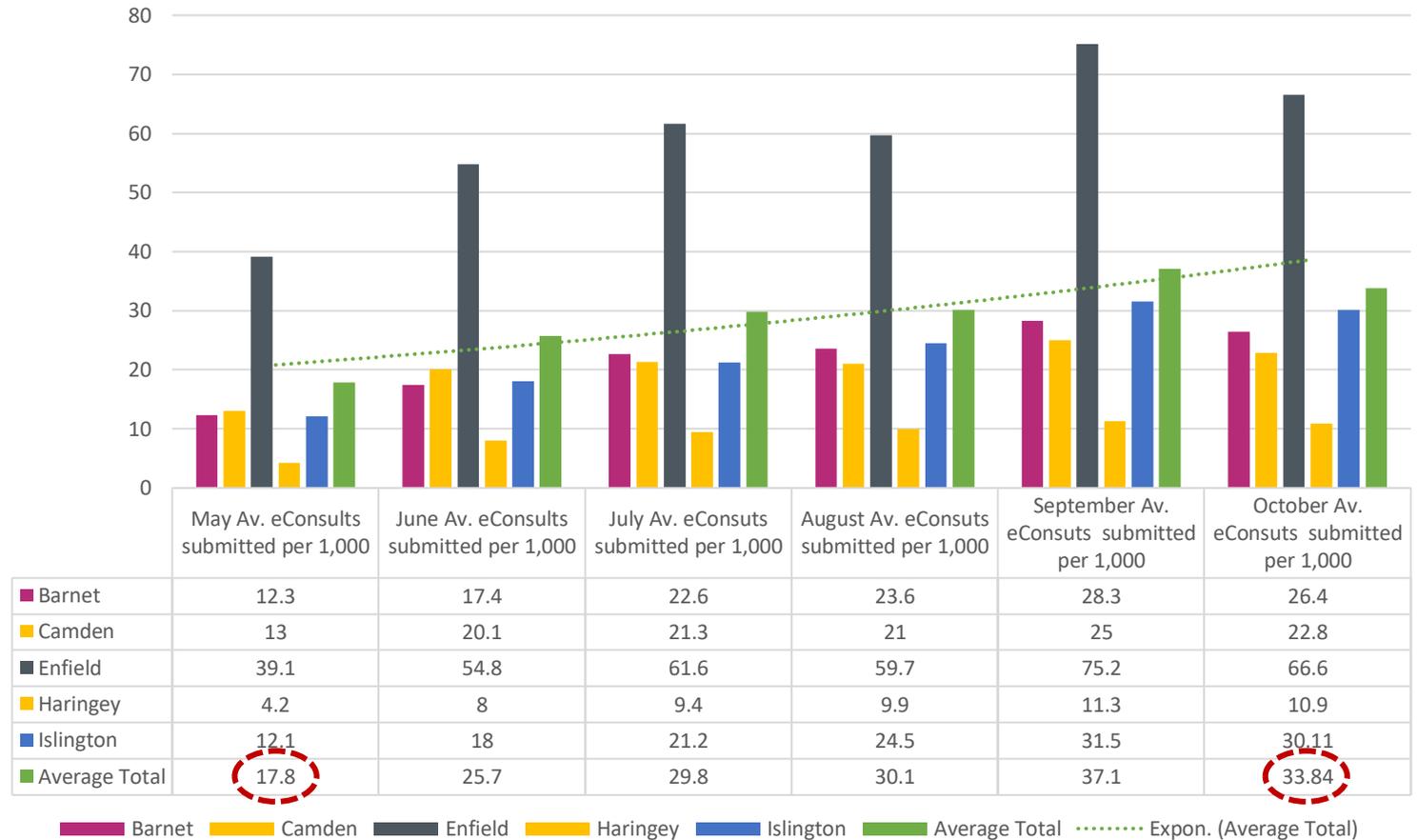
**99% of Practices** are using an online consultation provider (166 eConsult, 2 DoctorLink, 6 Dr IQ, 6 Footfall and 1 EMIS Foton)

**NCL has the 2<sup>nd</sup> highest utilisation** across London and **Enfield was the first** borough to adopt online consultation

**Utilisation has nearly doubled** (over the last 6 months)

October saw high levels of patient satisfaction with **63% of patients likely or extremely likely to recommend online consultation** for care and advice

MONTHLY AVERAGE E-CONSULTS PER 1,000 PTS





# Additional utilisation figures

October 2020



| Borough            | Visits        | Unique visitors | Self-help visits | Local service visits | eConsults submitted | eConsults diverted |
|--------------------|---------------|-----------------|------------------|----------------------|---------------------|--------------------|
| Barnet             | 38767         | 24165           | 1511             | 166                  | 12339               | 1314               |
| Camden             | 22697         | 15608           | 874              | 220                  | 6878                | 757                |
| Enfield            | 61439         | 34512           | 3838             | 775                  | 20932               | 1861               |
| Haringey           | 12265         | 8012            | 337              | 73                   | 3488                | 372                |
| Islington          | 22676         | 14821           | 968              | 235                  | 8154                | 866                |
| <b>Grand Total</b> | <b>157844</b> | <b>97118</b>    | <b>7528</b>      | <b>1469</b>          | <b>51791</b>        | <b>5170</b>        |

**~41X more**  
since May (36)

**55% increase** since  
May (3337)

**123% increase**  
since May (3383)

**105% increase**  
since May (25271)

| Top 10 utilised templates     | Barnet | Camden | Enfield | Haringey | Islington | Grand Total  |
|-------------------------------|--------|--------|---------|----------|-----------|--------------|
| <b>Administrative help</b>    | 3060   | 1633   | 6649    | 921      | 1823      | <b>14806</b> |
| <b>General advice</b>         | 3149   | 1933   | 5059    | 927      | 2397      | <b>13465</b> |
| Rash, spots and skin problems | 852    | 400    | 1100    | 265      | 532       | 3149         |
| My child is generally unwell  | 366    | 141    | 608     | 80       | 167       | 1362         |
| Earache                       | 302    | 137    | 528     | 92       | 208       | 1267         |
| Contraception                 | 234    | 243    | 311     | 69       | 248       | 1105         |
| Back pain                     | 261    | 99     | 521     | 76       | 139       | 1096         |
| Cold or flu                   | 238    | 116    | 441     | 52       | 165       | 1012         |
| Depression                    | 199    | 166    | 366     | 52       | 180       | 963          |
| Cystitis in women             | 190    | 159    | 328     | 53       | 177       | 907          |
| Anxiety                       | 181    | 144    | 241     | 53       | 137       | 756          |

| LTC reviews               | Submitted  | Diverted  |
|---------------------------|------------|-----------|
| Asthma review             | 126        | 6         |
| Blood pressure review     | 137        | 4         |
| Contraceptive pill review | 208        | 1         |
| COPD review               | 10         | 0         |
| Diabetes review           | 49         | 2         |
| Hypertension review       | 8          | 0         |
| Medication review         | 210        | 0         |
| Thyroid review            | 37         | 1         |
| <b>Grand Total</b>        | <b>785</b> | <b>14</b> |

## Defining and understanding digital inclusion/exclusion

**Digital exclusion** occurs when people and groups in society are unable to exploit the benefits from technologies including the internet or devices. At an individual level, digital exclusion is a combination of a number of contributing factors reflecting an individuals' access to, use and engagement with digital technology.

The gap between those who are excluded and those who are able benefit from technology is known as the **digital divide**.

**Digital inclusion** is an approach for overcoming the barriers to opportunity, access, knowledge and skills for using technology (Gann 2018).

**Quantification** of digital exclusion and inclusion would require an agreed criteria for NCL. We know from local work that there are differences in local definitions. [see next slide]

## Health inequalities and disadvantaged groups – factors likely to contribute to digital exclusion:

- Different income groups or socioeconomic classes
- Different ethnic and racial groups
- People living with disabilities and others
- People who live in different geographic areas, like urban and rural areas
- Different levels of deprivation
- People with differing sexuality and sexual behaviours
- Homeless people and the rest of the population.
- Asylum seekers and migrant workers



# Comparison of criteria used – examples of variations



| Criteria for discussion  | NHS Digital   | Islington   | THT   |
|--|---|---|---|
|  | <a href="#">Digital Inclusion Guide for Health and Social Care (June 2019)</a>  | <a href="#">Islington Digital Inclusion Resource Pack: Support and Signposting for Local Organisations (Nov 2020)</a>       | <a href="#">Update and proposal to the THT board: community engagement and co-production on digital access to health and care services (July 2020); with input from VCSE, Digital Accelerator and GP Care Group</a>   |
| Older age groups   | <ul style="list-style-type: none"> <li>older people</li> </ul>  | <ul style="list-style-type: none"> <li>Older people</li> </ul>  | <ul style="list-style-type: none"> <li>Some groups of older people</li> </ul>   |
| Lower income groups  | <ul style="list-style-type: none"> <li>people in lower income groups</li> </ul>   | <ul style="list-style-type: none"> <li>People in lower income groups and/or who are unemployed</li> </ul>                   |   |
| Unemployed   | <ul style="list-style-type: none"> <li>people without a job</li> </ul>  |   |   |
| No recourse to public funds  |   |   | <ul style="list-style-type: none"> <li>People with No Recourse to Public Funds (NRPF)</li> </ul>  |
| Fewer education qualifications / left school before 16   | <ul style="list-style-type: none"> <li>people with fewer educational qualifications excluded left school before 16</li> </ul> | <ul style="list-style-type: none"> <li>People who left school before the age of 16</li> </ul>                               |   |
| Homeless   | <ul style="list-style-type: none"> <li>homeless people</li> </ul>   | <ul style="list-style-type: none"> <li>Homeless people</li> </ul>   | <ul style="list-style-type: none"> <li>People who are homeless or in insecure housing</li> </ul>  |
| Insecure housing   |   |   |   |
| Social housing   | <ul style="list-style-type: none"> <li>people in social housing</li> </ul>  |   |   |
| Living in rural areas  | <ul style="list-style-type: none"> <li>people living in rural areas</li> </ul>  |   |   |
| Women fleeing domestic abuse   |   |   | <ul style="list-style-type: none"> <li>Women fleeing domestic abuse</li> </ul>  |
| People without confidential or secure home environments  |   |   | <ul style="list-style-type: none"> <li>People without confidential or secure home environments</li> </ul>   |
| Disabilities   | <ul style="list-style-type: none"> <li>people with disabilities</li> </ul>  | <ul style="list-style-type: none"> <li>People with a disability and/or who are chronically ill</li> </ul>                   | <ul style="list-style-type: none"> <li>People with additional barriers (e.g. speech impairments, people who are blind)</li> </ul>   |
| Chronically ill  |   |   |   |
| Complex and multiple needs   |   |   | <ul style="list-style-type: none"> <li>People with very complex and multiple needs</li> <li>People who can access online services but are experiencing challenges with online access include people who have new diagnoses, and more complex conditions which require multiple investigations.</li> </ul> |
| First language not English   | <ul style="list-style-type: none"> <li>people whose first language is not English</li> </ul>                                  | <ul style="list-style-type: none"> <li>Migrants and refugees and/or people for whom English is a second language</li> </ul> |   |
| Migrants and refugees  |   |   |   |
| Gypsy, Roma and Traveller communities  |   | <ul style="list-style-type: none"> <li>Gypsy, Roma and Traveller communities</li> </ul>                                     |   |
| People without digital devices, or without data and wifi - often those on low or no income, and those who are covered within the other groups outlined here. |   |   | <ul style="list-style-type: none"> <li>People without digital devices, or without data and Wi-Fi - often those on low or no income, and those who are covered within the other groups outlined here.</li> </ul>   |

**This toolkit serves as a how-to guide on strategies that can be used when tackling digital exclusion in our communities.**

‘Playbook’ or ‘Toolkit’ from Leeds and Croydon Councils collaboration with Age UK and Tech Resort.

<https://digitalinclusionkit.org/>

**Equity of access guidance from UCL Partners.**

In July London academic health science networks hosted a webinar on virtual consultations and equity of access. Key reflections – need for shared learning and centralised resources.



The Covid-19 lockdown has exposed how vulnerable some of us are. Without internet access and basic digital skills, millions of people across the UK have struggled to access vital local services. As the first lockdown began, the [Ministry of Housing, Communities and Local Government](#) asked council digital teams to [submit proposals for tackling the pandemic](#).

[Croydon Council](#) and [Leeds City Council](#) applied separately with partners to create a “playbook” or “toolkit”, collecting together the best digital inclusion tips we’ve used in the past. MHCLG invited us to work together, and digitalinclusionkit.org is the result!

Our two councils were joined by [Age UK Croydon](#) and [TechResort](#), and we’ve been working collaboratively for the last few months. We all share our digital know how with others, and have learned so much as a result.

‘digital exclusion is its own inequality’. Facing this together means that we can implement the best adaptations and solutions driven by patient need, focused on equity and targeting division.

<https://uclpartners.com/blog-post/how-to-make-virtual-consultations-accessible-to-all/>

Link to the full webinar from July.

<https://youtu.be/aCZ2UlwSV-I>

**Insight from community engagement**

## Feedback from JHOSC meeting 29/1

### Benefits

- Digital methods create additional opportunities for people to access services, stay in touch and feel part of the community
- Lots of young people already using digital platforms and for some is a better option
- Digital support delivered through volunteers (Haringey) had been very successful
- New devices have been made available to some (example given in Islington schools) helping to foster good relationships and encourage attendance

### Challenges

- Variety of digital options and use during Covid mean people want to have a choice
- Access to hardware/devices, digital skills and online safety awareness can be a hindrance
- Some platforms Teams/Zoom are impersonal
- Not always easy to know who is present via virtual consultations
- Easy to circulate misinformation via digital platforms/channels
- Using digital can be challenging for those whose first language isn't English and may require support from families
- Digital channels also challenging for people with learning disabilities
- Technology sometimes fails!

## What our most recent engagement has told us

- Understanding digital inclusion or exclusion to services does not necessarily always mean people do not have digital access. i.e.
  - Does a person have the privacy or physical space in their home to access digital services?
- IT literacy does still impact our local communities
- Accessibility to services and to book GP appointments was an issue pre-lockdown and this has been exacerbated by the pandemic. These include:
  - You need to be registered with a GP to book online or access online appointments
  - If you don't speak English as a first language booking online or over the phone can be challenging
  - If you are hard of sight or hearing booking online or over the phone can be challenging
- Safeguarding; for those at risk of abuse – online provides some real challenges, including lack of privacy.
- There is confusion around how to access appointments and a lack of understanding about what is available. This ties into a wider issue around how people are supported to make appointments (with a focus in primary care) and where they can find reliable information about services.
- As part of this work we also need to recognise some of the positives moving to digital has brought e.g.:
  - Improve patient experience for family planning services with speedier referral to abortion (less trauma for women).
  - Improved patient experience and speedier referral to first appointment for Moorfields eye hospital services.

## Current community work

### **Islington: Community Research and Support Programme**

The focus is on digital exclusion working with Islington BAME, older residents and residents in social inclusion groups.

The project is being delivered through a consortia led by Healthwatch Islington, and three other local charities and in partnership with voluntary organisations across Islington, primary care networks and a local mosque. The project covers:

- the Somali community in Islington.
- BAME residents
- a range of Islington residents, including those over 65 years

The key areas the project are researching are:

- Working with those who are digitally literate and those with less knowledge to understand the different barriers
- Researching impact of digital accessibility and barriers
- Alongside a general understanding of residents use to and access to internet and digital equipment
- Ways in which people access the internet and access online services and support
- Types of technology that people use

The projects all offer support, which includes:

- Provision of equipment,
- Provision of training and support

Islington Council and Healthwatch have also undertaken a research project pre-pandemic on digital inclusion and the support people need – this has informed the development of the above work.

# Current community work (continued)

## Haringey digital inclusion project

- Haringey's primary care team is leading on a digital inclusion project in collaboration with primary care, Whittington Health, NMUH, Barnet, Enfield and Haringey Mental Health Trust, Haringey Council and Public Voice. The project involves providing support to enable and empower local residents to access health services digitally by providing training, building confidence and in some cases loaning devices (such as mobile phones).
- They are also looking at setting up community based hubs, such as in libraries, where residents can access online consultations privately. Digital access and inclusion was also a recurring feedback theme at a public meeting in November 2020.
- Feedback relating to digital inclusion include themes such as:
  - Some concerns around privacy and confidentiality
  - Lack of confidence in using new technology, support should be provided when introducing new technology
  - Concerns that move to digital could increase health inequalities particularly for older people
- Healthwatch Haringey's [Lessons from Lockdown report](#), from August 2020 includes residents' feelings around digital access and inclusion.
- Healthwatch Haringey have also been commissioned to support primary care networks in Haringey with their communications and engagement. This involves supporting practices developing Patient Participation Groups to ensure a more diverse group of patients can feed back into service development. This includes supporting them to use digital platforms to involve patients.

## Current community work (continued)

### **Islington: Community Wellbeing Projects and Good Neighbours Scheme:**

A series of estate based community projects that are commissioned in partnership and delivered through Help on Your Doorstep. The projects work with the local community including employing local people, to understand needs, skills and developing a range of sustainable solutions together. This includes wellbeing interventions and activities.

Since the start of the pandemic and as we moved into 'recovery' the project has adapted instantly to move online and address the specific challenges covid-19 has brought

such as supporting people to access online support and services which tackle social isolation. The services range from wellbeing activities such as local exercise groups & coffee mornings, to befriending support via whatsapp groups & 1:1 telephone & online, to managing basic needs such as accessing pension support and benefits online, shopping and other council / health services.

### **Across NCL boroughs:**

All community development projects and local VCS support delivered in the NCL boroughs through the pandemic have included elements of digital inclusion. Including, offering advice and support to local residents as they move services online or to telephone. There have been a range of learnings through the VCS – as they support local residents, particularly those who are most vulnerable or are within the social inclusion groups, through multiple lockdowns – coming up with innovative ways of working to support the needs of their clients.

## Considerations for JHOSC

## Considerations for JHOSC

We would be grateful for the Committee's comments or suggestions on the following areas:

- The scope and objectives of the equalities health impact assessment
- Solutions or themes that might be included in an action plan
- Any known examples of good practice around digital inclusion
- Ongoing concerns raised by residents around digital exclusion

