Healthwatch Lewisham Digital Exclusion Report

45 residents shared their experiences of accessing services during the pandemic



10 GP staff helped develop recommendations

Participant Profiles



were Black British with 31% White British.



were over 55 years old. 83% confirmed that they are not in employment or retired.



identified themselves as disabled.



spoke English as their second language.

Key Findings

Technology and IT Skills

Online appointments created barriers for participants that didn't feel confident in using devices to access online systems.

Appointment availability and booking system

40% of participants said that long waits on the telephone were the biggest barrier to accessing care.

Digital Poverty

Some participants experienced significant barriers in accessing care due to the cost of phone bills or digital technology.

Communication

20% of participants received a letter in the post and only 11% had a telephone call from their GP practice about changes during the pandemic.





felt the shift to phone, video or e-consultations had made accessing GP services harder.



would choose face-toface appointments if given the choice.

Confidentiality

There are concerns around sharing personal information over the telephone. Some people only wanted to discuss private health matters with their doctor.

Continuity of Care

Several people felt the new appointment systems had made it more difficult to see the same doctor or nurse.



Impact on Mental Health

Not being able to speak to a GP in person had caused significant anxiety for participants who didn't trust the quality of remote appointments.



Recommendations

- Services should re-establish the option of booking appointments in-person to ensure residents that can't afford to engage with the digital systems can access care.
- 2. Services should clearly communicate with patients about the different types of appointments and how to access them.
- With the expansion of digital, local systems should look to offer an extensive training programme to help residents engage with online systems.
- 4. Services should offer a hybrid consultation system which embeds patient choice.
- 5. Training for front line staff about digital isolation and how to support people to access appointments.



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