NHS ˣ

Equality, Health Inequalities and Digital Inclusion Programme
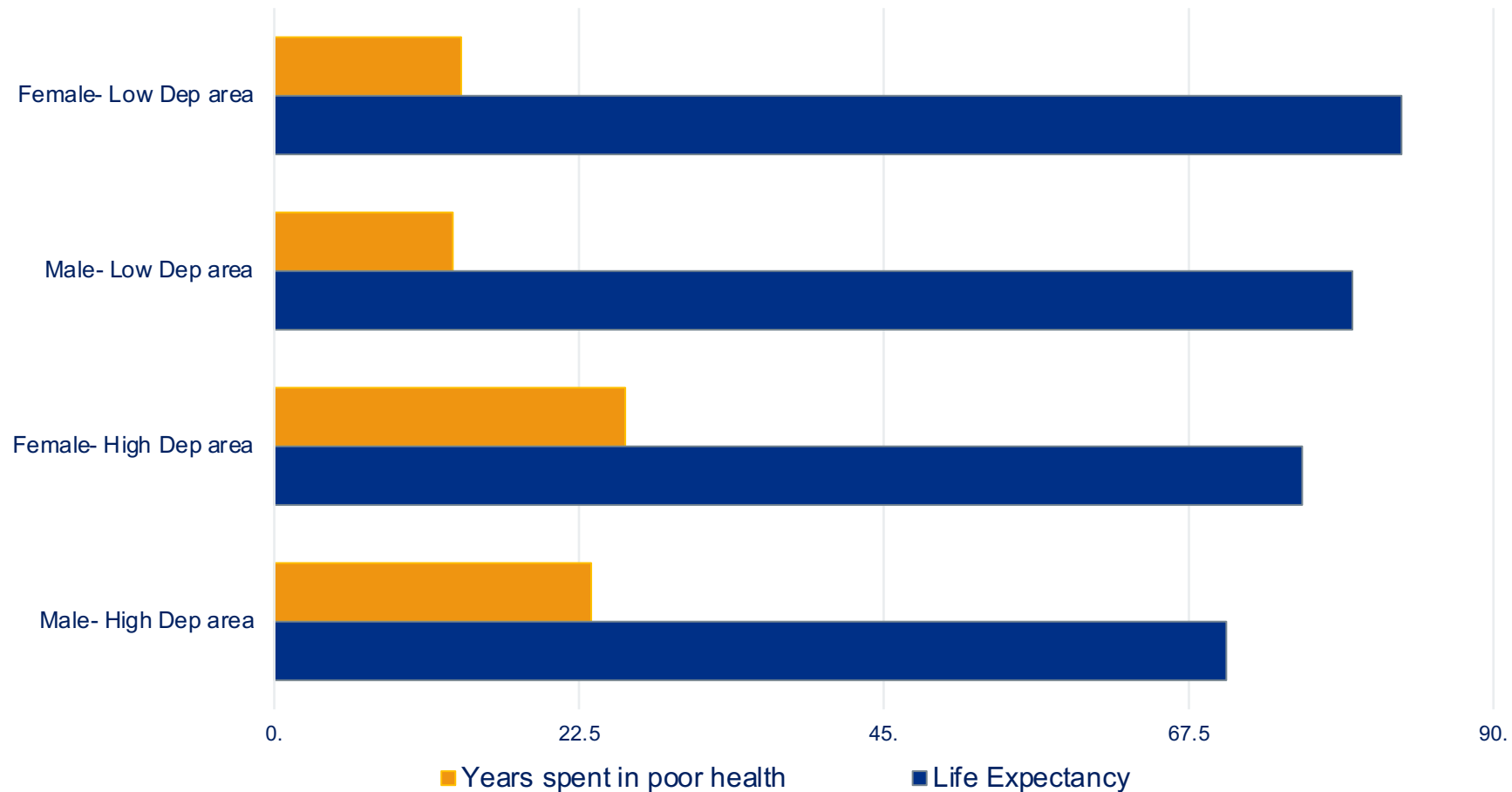
Show & Tell
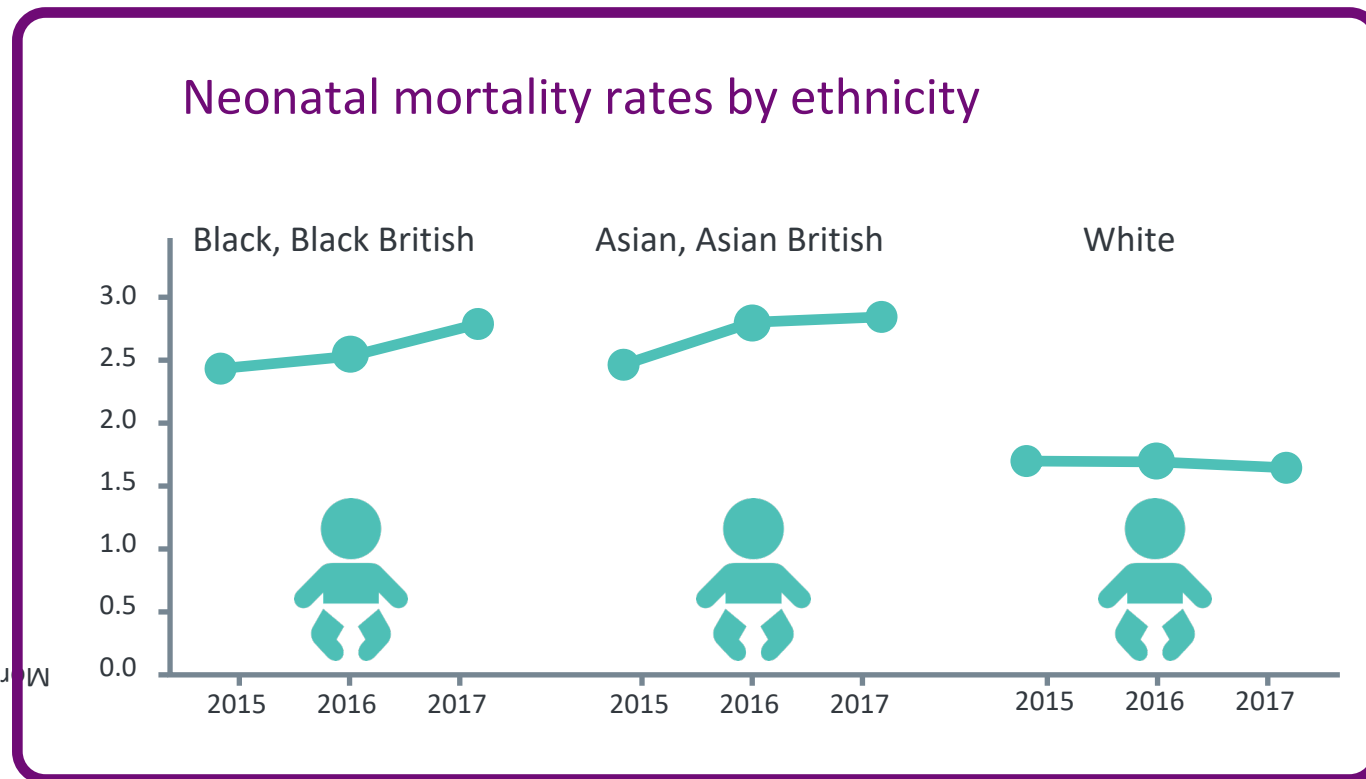February 2021

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society

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Health Inequity in Life Expectancy

Legend: ■ Years spent in poor health   ■ Life Expectancy

Categories (top to bottom): Female- Low Dep area, Male- Low Dep area, Female- High Dep area, Male- High Dep area

X-axis: 0, 22.5, 45., 67.5, 90.

Neonatal mortality rates remain high for babies of Black and Asian ethnicity

4 TO 5 TIMES MORE LIKELY TO DIE

Neonatal mortality rates by ethnicity

Mortality rates per 1,000 live births

Black, Black British | Asian, Asian British | White

3.0
2.5
2.0
1.5
1.0
0.5
0.0

2015 2016 2017   2015 2016 2017   2015 2016 2017

I didn't know 1 in 4 black men get prostate cancer. Did you?

EHIDI programme in context

VISION: We want the communities we serve to feel confident using our digital services and tools.

Equalities, Health Inequalities and Digital Inclusion Team

Our mission is to accurately identify and enhance our understanding of digital health and social care risks and opportunities in respect of people with protected characteristics.

We aim to use these insights to create the most inclusive health and social care experiences possible, in order to reduce heath inequalities.

NHSx is a joint unit, bringing together teams from the Department of Health and Social Care and NHS England and NHS Improvement, to drive the digital transformation of care.

National Priorities
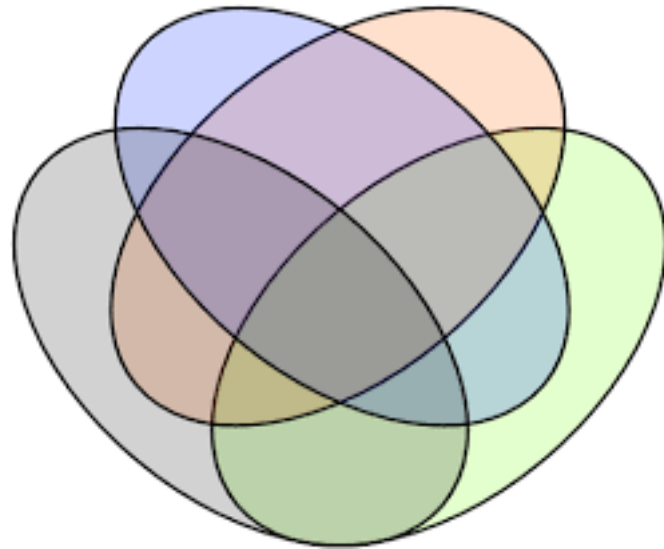
The Equalities Act 2010

The Public Sector Equality Duty (PSED)

Long Term Plan - Chapter 2: More NHS action on prevention and health inequalities

Phase 3 Letter - C2 Health iinequalities and prevention

Tech vision - User needs and inclusion

Intersectionality…

- Age
- Ethnicity
- Assigned Gender
- Sexuality
- Class
- Education
- Language
- Disability

- Religion, Migration, Citizenship, Housing, Geography, Caring status

We live at the Intersections of overlapping systems of privilege and oppression

Taking an intersectional approach

- Helps us understand complexity of prejudice
- Our identity in group group can be compounded by our identity in another group
- We all have overlapping identities
- World constructed for dominant group

We live at the Intersections of overlapping systems of privilege and oppression

Vision

We want the underrepresented communities we serve to feel confident using our digital services and tools

Give Voice

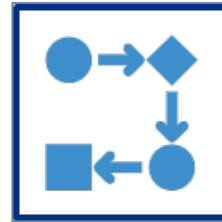By asking questions

By listening

By evaluating

Embed Understanding

By good practice

By diversity

By action

Show We Heard

By feeding back

By explaining action

By showing impact

Build Agency

By mentoring

By digitally enabling

By supporting

Build Trust

By listening

By acting

By feeding back

Live discovery phase projects

NHS^x

GP Tech #1

With Digital First Primary Care team - to better understand: who benefits or not from the shift to online GP booking and consultations? What does good tech look like? Benchmarking.

Due April/May

NHS contact preferences

Understanding people's preferences about how they want to be contacted by NHS and social care teams and how people can keep their details and preferences up to date.

Due end January

GP Tech #2

With London Community Pharmacy Programme – better understand how or if the concept of community pharmacy options is useful?

Due end March

NHS 111 first:

With London Digital Transformation team - collect insights from BAME communities in NE London 'call 111 in non-life threatening circumstances'.

Due end June

Live discovery phase projects

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Primary Care Access #1

Understanding the experience of communities with protected characteristics, in East London and Birmingham, when accessing GP's.

Due mid February

Maternity Access #2

Understanding the user friendliness and inclusiveness of maternity services.

Due end February

Urgent Care

Understanding the inclusiveness of urgent care and how it's used by people with protected characteristics.

Due end February

Total Triage

Supporting NHSE/I colleagues with the process of health inequalities deep dives.

Due end March

Virtual Outpatients

Supporting NHSE/I colleagues with hhealth iinequalities deep dives.

Due end March

Live discovery phase projects

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Digital Inclusion #2: Spoken word translation

Partner with Tower Hamlets CCG to coproduce and test out efficacy of NHS App animation explainer and user guide in Sylheti, Somali and Romanian languages.

Feedback Loop

Evaluate EHIDI impact. Using animation to feed back to community outreach leaders how sharing people's experiences is informing improvements to digital health and other services.

Capacity Building

Recruit and mentor the community research team.

Practice Guide

Ensure sustainability by recording methodology and documenting best practice for community research team

Primary Care Access Research Challenge

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Context:

- COVID-19 has shone a harsh light on health inequalities

- Rapid channel shifts risk further compounding inequalities

- Building on existing studies[1], we co-designed a research challenge with East London community outreach leaders

- We set out to capture the experiences of seldom heard communities

- The aim of this deck is to surface the current barriers and inequalities experienced by a range of patients

1. https://www.healthwatch.co.uk/blog/2020-07-27/doctor-will-zoom-you-now, https://digital.nhs.uk/about-nhs-digital/our-work/transforming-health-and-care-through-technology/empower-the-person-formerly-domain-a/widening-digital-participation

What we did...

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- We interviewed 71 people in East London[2]

- Interviews took place over a two-week period in December 2020

- We asked participants about how their experience of booking GP appointments and consultations changed since the start of the pandemic

- Phone interviews were completed by Community Outreach Leaders - themselves local people

- More than half of the interviews were completed in mother tongue

- Only two of 71 offered a video consultation in 12 months, phone appointments are the default

2. Target is 100 interviews by Feb 2021.

FINDINGS: Rapid shift away from face-to-face/verbal interactions has created and exacerbated barriers

Phone booking
(rather than walk-in)

Online only booking
(rather than walk-in)

Phone consultation
(rather face-to-face)

Video consultation
(rather than face-to-face)

Increases barriers for those…

with low or no skills in spoken English	with low or no skills in reading English	with low or no skills in spoken English	with low or no skills in spoken English
relying on help in verbal communication	with no or limited online access and technology	relying on others to help communicate	relying on help in verbal communication
without private space to call from	with low or no digital literacy	unable to sit by a phone for four hours	with low or no digital literacy when asked to take, attach and email photos, or engage in online correspondence
		without private space to have a consulting call	without a private space to have a consulting call.
		with no or low digital literacy when asked to take, attach and email photos, or engage in online correspondence	

4 MAJOR IMPACTS…on those with poor digital access, low digital literacy and lower English language skills

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Increased Friction

Takes longer to book or long online journeys

No longer given specific appointment times

Four-hour telephone slots meansit's difficult to arrange translation or help with tech

Having to communicate in a single form (spoken) rather than able to use full range of verbal and non-verbal communication

Not able to speak in private
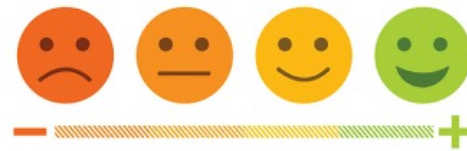
Patient Experience

Rushed calls

Not able to express yourself fully

Frustration with not being heard by the GP

Generates concerns about the quality of consultations

Reduced Access

Higher friction increases failure to start a booking process online

Long and difficult booking process (sometimes 30 steps) leads to higher abandonment

Longer to diagnose and treat - higher risk of non completion

Reduced Patient Agency

Patients are forced to rely on friends and family to book telephone and online appointments

Reduced formal and informal support services means patients must ask family and friends to translate during appointments, often covering private subjects

Four-hour appointment slots take away autonomy and increase reliance on others

Patient Voice

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> Booking over the phone is harder when you don't speak good English. I am elderly person; I have heart condition and I have high risk of catching the virus. I have been advised to stay at home. I find it easy to talk and explain myself when I am seeing the person face to face.
>
> Somali Man, 86

> I was told a doctor will call me, but I was not given specific time and I did not know what time he will call. I was worried and anxious that I could miss the call.
>
> I even went to the toilet holding my phone just in case the doctor calls.
>
> Bangladeshi woman, 54

> She explained that her young son usually helps with doing things digitally, but this was difficult when she had a gynaecological issue she needed to talk to the doctor about.
>
> Conversation with our outreach worker and Bangladeshi woman, 40's

> We had telephone consultation and I was told to take picture. This was first time I had to take a picture and sent to the GP. I asked them how can I do because I have not done it before. They send us a link and I asked my husband to do it. We waited for the doctor to call back but he did not call back and we call again. We were told to resend again the picture as they did not get the first one. My husband resent again. Seeing a doctor has now become a long process.
>
> Bengali woman, 54

> I don't want to beg people all the time when I need to go the GP
>
> Somali woman, 76

> After covid my GP practice only allows us to book to get a call from the surgery through e-consult. Receptionist calls us to book appointment for phone consultation. I don't like it, too long process to speak to your doctor.
>
> Bangladeshi Woman, 42

Patient Voice

NHS X

> " I have been updated by my surgery regularly about the changes since Covid. The changes will not have any impact on how I can contact them.
>
> Black African Woman, 60

> " I'm happy with my GP, I have no issue, I get home visits.
>
> Somali woman, 85

> " I had a good experience with my telephone consultation, the doctor was very helpful, he listened to me and gave me options.
>
> Somali, male 37

> " I have had a telephone consultation. Called through reception for call back and GP returns call. Was able to get my prescription. Used a text message to link to a GP online service. It was smooth and helpful.
>
> Afro-Caribbean female 42

61% of participants would recommend their GP

> " Everything is online now. You have to call the surgery to book an appointment with them they will give you a time when the GP will calls you back. I found it easy to make an appointment with doctor, within 24 hours I had a call back, it was a phone consultation which went well.
>
> Pakistani Woman, 28

EHDI Team

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Leadership & Subject Matter Expertise

- Shabira
- Strategic direction/Budget and strategy setting
- Supporting teams to embed EHIDI considerations into their work areas
- Internal/External speaking events and workshops
- Line management
- Mentoring and coaching
- SME on ARI steering group

Research, Inclusive Practice & Evaluation

- Dom, Emmy, Nick
- Supporting partners – scoping, writing test materials, recruitment strategies etc
- Designing and conducting our own research
- Upskilling coordinators – practice development and 1:1
- Analysis and findings
- Curating inclusive design resources
- Project evaluation
- Understanding and mapping digital inclusion across NHSX / NHS .

Community Outreach

- Community Network Manager (vacant), 17 Outreach Coordinators
- Managing Outreach Coordinators and Facilitators
- Onboarding and training Coordinators
- Managing People's Network Steering Group
- Payment and query resolution
- Monitoring and reporting- Stats and data
- Members network admin
- Developing and delivering skills training for the network
- Identifying opportunities and supporting participants to engage in other healthcare feedback forums.

Feedback & Impact content

- Stephanie & Janet
- Community feedback loops
- EDI content research, review, content writing and development
- EDI Content design
- Impact reporting
- Budgeting and project managing content production
- Supporting content dissemination strategy