Digital Inclusion report

Findings from a survey conducted by our Community Researcher volunteers

February 2024

healthwatch Cambridgeshire

healthwatch Peterborough

Contents

About Healthwatch Cambridgeshire and Peterborough

We are your local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

All feedback has been anonymised so that individuals cannot be identified.

Introduction

We're thrilled to share an overview of our recent community research project that delved into the vital intersection of digital inclusion and healthcare services in North Cambridgeshire (Fenland, Peterborough, and Huntingdonshire).

This initiative emerged from a collaborative effort between Healthwatch Cambridgeshire and Peterborough, the North Care Integrated Neighbourhood Team, and our dedicated Community Researchers who are volunteers recruited from the community and managed by the project manager. Together, we set out to explore the connections between digital inclusion and healthcare access in our community.

Our primary focus was to understand how digital inclusion impacts individuals' access to healthcare services. Recognising the evolving landscape of technology and its potential impact on healthcare, we aimed to gather insights that could inform future improvements in our local health services.

Our fantastic team of Community Researchers took the lead by engaging with the public through a survey thoughtfully designed to capture diverse perspectives on digital access and its implications for healthcare across North Cambridgeshire. Additionally, some Appreciative Inquiry stories were collected in Huntingdonshire around the topic.

The success of this project wouldn't have been possible without the active participation of the community. We received 398 responses to our survey, reflecting the enthusiasm and commitment of our fellow residents to contribute to the betterment of healthcare services in the North Place.

To ensure a broad reach, we collaborated closely with the Integrated Neighbourhood teams. Through these partnerships, we were able to amplify the survey's impact and involve a wide range of voices in our research.

Analysis of the wealth of data collected has produced valuable findings related to digital inclusion barriers and opportunities for enhancing healthcare accessibility. Our aim is to transform these insights into actionable recommendations for our local healthcare providers and policymakers.

The key recommendations detailed later in this report highlight the need to address the following issues:

- **Enhancing digital accessibility**
- **Improving user-friendly design**
- **Ensuring flexibility in service delivery**
- **Providing education and training**
- **Improving integration and communication**
- **Ensuring updates and notifications are timely**

- **Improving accessibility for vulnerable Groups**
- **Establishing a feedback mechanism and continuous improvement**
- **Addressing technical challenges**
- **Maintaining human connection**

We're excited about the positive impact this research could have on shaping a more inclusive and accessible healthcare environment for all.

Timeline

June 12, 2023: Topic Agreement
Initial agreement on the focus of the research project: exploring the connections between digital inclusion and healthcare services in Cambridgeshire.

July-August 2023: Survey Development
The survey development phase, where questions were crafted and refined collaboratively by the research team, Healthwatch Cambridgeshire and Peterborough, the North Care Integrated Neighbourhood Team and the Community Researchers.

September 11-20, 2023: Survey Testing
A crucial period for testing the survey instrument to ensure clarity, relevance, and functionality. Adjustments were made based on feedback from the testing phase.

September 20 - December 5, 2023: Survey Implementation
The live survey period during which data was actively collected from the public across North Cambridgeshire. The Community Researchers and project partners facilitated the distribution and collection of responses.

December 5, 2023 - January 5, 2024: Data Compilation
Final surveys collected during the live period were added to the database, ensuring comprehensive data was available for analysis.

January 5, 2024: Data Analysis and Report Writing
Commencement of the data analysis process, followed by the synthesis of findings and the development of the comprehensive report.

February 2024: Report Submission
The finalised report, capturing key insights and recommendations, was submitted to the relevant stakeholders, providing a valuable resource for informing local healthcare policies and practices.

This timeline reflects a systematic and thorough approach to the research process, allowing for careful consideration at each stage to ensure the project's success and the generation of meaningful insights.

Methodology

In initiating the community research project on the connections between digital inclusion and healthcare services in Cambridgeshire, key stakeholders, including Healthwatch Cambridgeshire and Peterborough, the North Care Integrated Neighbourhood Team, and community representatives, collaboratively agreed on the project's focus.

A vital aspect of the project's success was the implementation of a comprehensive communications plan devised by the communications team at Healthwatch. This plan strategically outlined methods for disseminating project information through stakeholder networks, websites, and social media, ensuring optimal visibility and engagement.

The research team and stakeholders worked collaboratively to develop a comprehensive survey, aiming to capture insights into digital inclusion barriers and their impact on healthcare access. Following this, the survey underwent a rigorous testing phase from September 11 to 20, 2023, with feedback guiding adjustments to enhance its clarity, relevance, and functionality.

The communications plan facilitated the distribution of the survey to the community through stakeholder networks, project websites, and social media platforms. Simultaneously, 13 dedicated volunteer Community Researchers played a pivotal role in reaching diverse segments of the community. Spread across North Cambridgeshire and Peterborough, these individuals actively engaged with the public at events, community groups, doctors' surgeries, and within their social circles.

This approach aimed to gather perspectives from individuals who might not be reached through more traditional methods, ensuring a more inclusive representation of the community. Ethical considerations were paramount throughout the data collection process, ensuring informed consent, confidentiality, and respect for participants' privacy.

In addition to the survey-based methodology, we incorporated an enriching dimension to our research through Appreciative Inquiry stories. Over a span of three days, our team collaborated with colleagues from Cambridgeshire County Council to gather narratives that delve into experiences related to digital inclusion and healthcare services. These stories were collected in the settings of Huntingdon, St. Ives, and St. Neots town centres, providing a unique qualitative perspective to complement our quantitative survey data. A concise report featuring these Appreciative Inquiry stories is available in the Appendix, offering readers a deeper understanding of the lived experiences within our community.

Achievements

Throughout the community research project on the connections between digital inclusion and healthcare services in Cambridgeshire, collaborative efforts among key stakeholders, Community Researchers, and the communications team at Healthwatch led to noteworthy achievements. These accomplishments not only signify the project's success but also lay the groundwork for informed decisions and positive transformations in the local healthcare landscape.

The project fostered a high level of engagement among stakeholders, including Healthwatch Cambridgeshire and Peterborough, the North Care Integrated Neighbourhood Team, and community representatives. The involvement of diverse perspectives enriched the research process and ensured a comprehensive understanding of the topic.

The communications team at Healthwatch played a pivotal role in developing and executing a comprehensive communications plan. This strategy successfully disseminated project information through various channels, reaching a wide audience and maximising community participation.

The recruitment and involvement of 13 dedicated volunteer Community Researchers across North Cambridgeshire and Peterborough exemplified the project's commitment to community engagement. These individuals played a crucial role in collecting data from diverse locations and communities, ensuring a representative sample for the survey.
The innovative approach of engaging Community Researchers to collect data at events, community groups, doctors' surgeries, and informal settings significantly contributed to the project's success. This method allowed us to hear from individuals who might not have participated through traditional survey methods, ensuring a more inclusive and nuanced dataset.

The collaborative effort in crafting a comprehensive survey and subjecting it to a testing phase ensured the collection of high-quality data. Feedback from the testing period informed necessary adjustments, enhancing the survey's clarity and relevance. The project upheld ethical standards throughout, prioritising informed consent, confidentiality, and participant privacy. This commitment ensured a respectful and responsible approach to community engagement and data collection.

The data compiled from 373 survey responses, gathered across North Cambridgeshire, provided a rich dataset for analysis. The diverse perspectives collected by Community Researchers offered valuable insights into the complex interplay between digital inclusion and healthcare access.

These achievements collectively demonstrate the success of the community research project in its mission to explore and understand the connections between digital inclusion and healthcare services. The insights gained have the potential to drive positive changes, ensuring a more inclusive and accessible healthcare environment for the community.

Challenges

The implementation of our community research project brought forth a myriad of challenges, shedding light on the intricacies inherent in volunteer engagement and the collection of diverse perspectives.

A primary challenge lay in the logistical aspects of coordinating volunteer time. With volunteers juggling various commitments and some grappling with health issues, achieving consistency in their participation proved to be a significant hurdle. Navigating this required a flexible and understanding approach.

Volunteers demonstrated varying levels of expertise and specific support requirements, underscoring the importance of customised training and assistance. It was crucial to ensure that every volunteer felt sufficiently prepared to fulfil their roles, addressing the diversity in their backgrounds and skillsets.

Encountering resistance to survey participation was another challenge, with reasons ranging from being too busy to a lack of interest. This underscored the importance of refining outreach strategies and effectively communicating the value of the research to encourage broader community involvement.

During data collection, some participants steered conversations towards broader health issues and their experiences with the NHS, deviating from direct survey responses. This shift highlighted the multifaceted nature of healthcare experiences, necessitating flexibility in accommodating diverse community concerns.
The inclusion of demographic questions, particularly those related to income, sexuality, and gender, presented a unique set of challenges. Participants expressed discomfort or reluctance, emphasising the need for refining future surveys to ensure inclusivity and respect for individual privacy.

In addition to the challenges already mentioned, another hurdle emerged when well-publicised and efficiently organised events or community groups experienced low attendance. Despite effective promotion and organisational efforts, the limited turnout at some gatherings posed a significant challenge in collecting survey data. This situation highlighted the intricate nature of community engagement, emphasising the need for adaptive strategies to ensure meaningful participation and the comprehensive representation of diverse voices in the research project.

These challenges provided invaluable insights into the intricacies of community research. Mitigating these hurdles required adaptability, open communication, and a commitment to respecting the diverse perspectives of our community. In navigating these complexities, the project team gained a deeper understanding of the nuanced dynamics involved in engaging volunteers and collecting authentic community narratives, contributing to the overall richness of the research outcomes.

Lessons learned

Throughout the community research project, challenges became invaluable opportunities for learning, shaping key lessons that will guide future endeavours in community engagement and research initiatives.

Flexibility emerged as a crucial factor in volunteer engagement. Addressing logistical challenges around volunteer time required an adaptable approach, recognising and accommodating the diverse commitments and health considerations of volunteers. This flexibility ensures a more inclusive and sustainable participation model.

Tailoring support to meet the varying needs of volunteers was a vital lesson. Recognising differing levels of experience and distinct support requirements emphasised the importance of customised training and assistance. Ensuring that each volunteer feels adequately equipped to contribute positively to the project is fundamental for overall success.

Effective communication and outreach strategies proved critical in addressing resistance to survey participation. Lessons learned from factors such as busy schedules and lack of interest highlighted the significance of clear and compelling messaging about the research project's purpose and impact in fostering community engagement.

Managing unexpected shifts in participant conversations towards broader health issues showed the importance of flexibility and openness. Being prepared to navigate unanticipated discussions ensures a more holistic understanding of community concerns and experiences.

Respecting participant privacy when addressing sensitive demographic questions became a guiding principle. The challenges associated with certain questions highlighted the need for a careful and considerate approach to future survey designs. Low attendance at well-publicised events taught the importance of adaptive strategies for encouraging participation. Future efforts should focus on understanding community dynamics and tailoring outreach approaches to different contexts.

In conclusion, these challenges have provided invaluable lessons for enhancing the effectiveness of community research. Flexibility, tailored support, effective communication, adaptability, and respect for participant privacy emerged as guiding principles. Moving forward, these lessons will inform the development of strategies that foster meaningful engagement, yielding richer and more representative insights from the community.

What went well

Throughout the community research project, a number of accomplishments emerged, underscoring the positive impact of the endeavour.

The collaborative relationship-building among key stakeholders, including Healthwatch Cambridgeshire and Peterborough, the North Care Integrated Neighbourhood Team, and community representatives, was a standout success. This partnership not only facilitated the smooth execution of the project but also laid the groundwork for potential future endeavours with shared goals and interests.

The Community Researcher team emerged as a cohesive and supportive unit, demonstrating strong bonds that significantly contributed to the success of the data collection process. Their collective commitment and shared enthusiasm created a positive and encouraging atmosphere, ensuring the smooth functioning of the project despite individual challenges.

Data analysis

In this section, we embark on a comprehensive journey through the data collected in our digital inclusion survey, offering a nuanced exploration of the community's perspectives and experiences. The survey acts as a powerful lens, allowing us to unravel the intricate connections between digital inclusion and healthcare services in Cambridgeshire.

Our commitment to inclusivity and community engagement is reflected in the richness of the dataset, comprising responses from diverse voices across North Cambridgeshire. As we delve into the analysis, our aim is not merely to present numbers but to illuminate the stories and sentiments that shape the narrative of digital inclusion in our community. Through a meticulous examination of the survey data, we endeavour to uncover actionable insights that can inform policies, practices, and initiatives, fostering a more inclusive and accessible healthcare landscape for all.

a. Demographic results

The demographics section of the report provides an overview of the different characteristics and experiences of the people who took part in the survey. By looking closely at the data, we get a better understanding of the various factors that make each person unique in the surveyed group.

398 people responded to this survey.

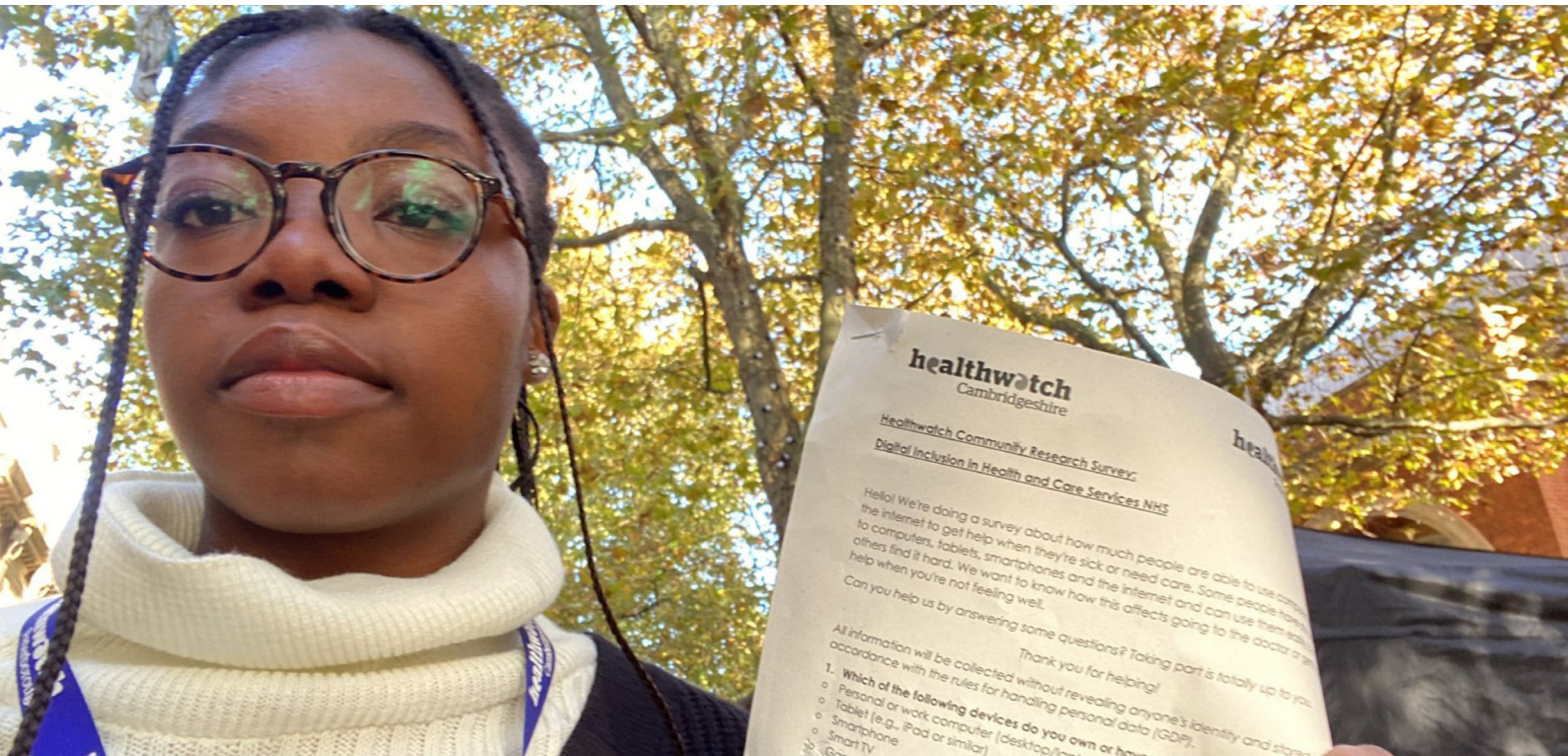
Locality	**Count**	**Percentage**
Fenland	102	26%
Huntingdonshire	64	15%
Peterborough	217	55%
Not known	15	4%
Total	**398**	**100%**

Responses were gathered from patients across 164 surgeries in the three localities. Peterborough has the highest representation, emphasising its significance in the surveyed population, while Fenland and Huntingdonshire also contribute meaningfully. The "Not known" category shows instances where locality information is not specified.

Age Group	Count	Percentage
16-17 years	5	1%
18–24 years	14	4%
25-49 years	148	38%
50-64 years	88	22%
65-79 years	100	25%
75-85 years	27	7%
85 plus	7	2%
Prefer not to say	4	1%
Total	**391**	**100%**

The age distribution in the data showcases a diverse group of respondents, with significant representations across various age brackets. This diversity is valuable for understanding perspectives and experiences across different life stages within the surveyed population.

Gender	Count	Percentage
A man	133	34%
A woman	253	65%
Non-binary	3	0%
Prefer not to say	3	1%
Prefer to self describe	1	0%
Total	**375**	**100%**



The data reflects a predominant representation of men and women, with limited responses in the non-binary and other categories.

Sexual orientation	Count	Percent
Asexual	16	4.3%
Bisexual	4	1.1%
Gay man	1	0.3%
Heterosexual/ straight	301	80.3%
Lesbian/ gay woman	2	0.5%
Pansexual	2	0.5%
Prefer not to say	45	12%
Prefer to self describe	4	1.1%
Total	**375**	**100%**

The data reflects a predominantly heterosexual population, with diverse representations of other sexual orientations. The significant percentage of respondents who prefer not to disclose their sexual orientation shows the importance of respecting individuals' privacy in this context.

Partnership status	Count	Percent
Cohabiting	24	6%
Divorced/ dissolved civil partnership	14	4%
In a civil partnership	5	1%
Married	196	50%
Separated	13	3%
Single	70	18%
Widowed	40	10%
Prefer not to say	28	7%
Total	**390**	**100%**

The data reflects a diverse range of marital statuses, with a substantial proportion of respondents being married or single. The inclusion of categories like cohabiting and widowed highlights the variety of relationship statuses within the surveyed population.

Ethnicity	Count	Percent
Any other ethnic group	6	1.6%
Arab	8	2.1%
Asian / Asian British: Any other Asian / Asian British background	11	2.9%
Asian / Asian British: Bangladeshi	3	0.8%
Asian / Asian British: Indian	6	1.6%
Asian / Asian British: Pakistani	35	9.2%
Black / Black British: African	21	5.5%
Black / Black British: Any other Black / Black British background	4	1.0%
Black / Black British: Caribbean	3	0.8%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	1	0.3%
Mixed / Multiple ethnic groups: Asian and White	1	0.3%
White: Any other White background	26	6.8%
White: British / English / Northern Irish / Scottish / Welsh	238	62.3%
White: Gypsy, Traveller, or Irish Traveller	3	0.8%
White: Irish	4	1.0%
White: Roma	1	0.3%
Prefer not to say	7	1.8%
Not known	4	1.0%
Total	**382**	**100%**

The data reflects a diverse range of ethnic backgrounds, with a substantial majority identifying as White British. Significant representations from Asian and Black ethnicities, along with various other ethnic backgrounds, contribute to the overall diversity within the surveyed population. The presence of categories like “Prefer not to say” and “Not known” highlights the importance of respecting individuals’ privacy regarding ethnicity.

Health/carer status	Count	Percent
I am a carer	27	7%
I have a disability	37	10%
I have a long-term condition	97	26%
I prefer not to say	16	4%
None of the above	200	53%
Total	**377**	**100%**

The data shows the diversity of health-related experiences within the surveyed population. While a significant percentage indicates no specific health-related category, there are notable representations of individuals with long-term conditions, disabilities, and those serving as carers. The inclusion of a "Prefer not to say" category highlights the need for sensitivity regarding health-related disclosures.

Preferred language

This data provides insights into the first language preferences of respondents.

1. English Dominance:
The majority of respondents (70.8%) indicate English as their first language, reflecting a predominant use of English within the surveyed population.

2. Urdu and Related Variants:
Urdu and Urdu-related variants (Urdu-Punjabi, Punjabi-Urdu) collectively represent a significant portion (6.9%) of respondents, underlining linguistic diversity within this group.

3. Ukrainian Representation:
Ukrainian constitutes 2.5% of respondents, indicating a presence of individuals with a Ukrainian language background.

4. Lithuanian and Other Languages:
- Lithuanian (1.6%), along with other languages such as Polish, Pashto, and Bangla, have smaller but distinct representations, contributing to overall linguistic diversity.

5. Single Respondent Languages:
- Various languages have representation from a single respondent, showcasing the broad spectrum of languages within the dataset.

In summary, the data highlights a predominant use of English, significant representation of Urdu and related variants, and diversity in other languages. The inclusion of various languages, even with fewer responses, showcases the richness of linguistic backgrounds within the surveyed population.

The following data provides insights into respondents' proficiency in understanding, speaking, reading, and writing English.

1. Understanding Spoken English:
- A significant majority (77%) of respondents claim to understand spoken English very well, indicating a high level of proficiency.
- Only a small percentage (1%) mentions not understanding spoken English at all.

2. Speaking English:
- Similar to understanding, a substantial majority (76%) reports speaking English very well.
- A small percentage (2%) indicates not speaking English at all well.

3. Reading English:
- The majority (73%) expresses a very high proficiency in reading English.
- A small percentage (2%) mentions not reading English at all well.

4. Writing English:
- A significant majority (70%) reports writing English very well.
- A small percentage (3%) indicates not writing English at all well.

5. Overall Proficiency Patterns:
- Across all categories, most respondents demonstrate a strong command of the English language, with a high percentage indicating proficiency in understanding, speaking, reading, and writing.

6. Grand Total:
- The total sample size varies slightly across categories but ranges from 381 to 385 respondents.

In summary, the data indicates a high level of proficiency in English among the surveyed population. The majority of respondents express confidence in their ability to understand, speak, read, and write in English. The small percentages indicating lower

proficiency suggest a diverse range of language abilities within the dataset.

Income status	Count	Percent
Disability benefits	26	8%
Income from self-employment	19	6%
Means tested benefit	34	12%
Occupational/private pension	44	15%
Other benefits	5	2%
State retirement pension	87	29%
Wages/salary	83	28%
Total	**295**	**100%**

The data highlights a diverse array of income sources among the participants, with a notable reliance on state retirement pension, wages/salary, and occupational/private pension. The inclusion of various income types reflects the economic diversity within the surveyed population.

It's notable that the total count of participants in the analysis is stated as 295, whereas the initial description mentions 398 participants. This difference may be attributed to the absence of a "prefer not to say" category.

Minority group status	Count	Percent
I am a refugee or asylum seeker	1	0.4%
I am a veteran	6	2.6%
I am an ex offender	1	0.4%
I am homeless	2	0.9%
I belong to the LGBTQ plus community	3	1.3%
I consider myself to be neurodiverse	19	8.2%
I don't have a support network	6	2.6%
I have experienced domestic abuse	10	4.3%
I live in a rural/isolated setting	9	3.9%
None of the above	151	64.8%
Prefer not to say	25	10.7%
Total	**233**	**100%**

This data shows the diversity of the surveyed population, with a mix of unique experiences and identities. The prevalence of "None of the above" indicates that a significant portion of respondents does not fall into the specified categories, reinforcing the complexity and individuality of the participants. The "Prefer not to say" category also highlights the importance of respecting respondent privacy in sensitive areas.

Whilst 398 people participated in the survey, only 233 provided responses to this particular question. This discrepancy may be attributed to various factors, such as the sensitive nature of the question, a perceived lack of relevance, potential technical issues, or, given its placement as the final question, respondents may have experienced survey fatigue.

In conclusion:
The demographic data collected in this report provides essential insights into the individuals who completed the survey. These demographics will play a crucial role in examining the relationship between people's perspectives on healthcare and their experiences with digital inclusion. It is noteworthy that certain questions were perceived as sensitive, and in future surveys, a thorough reassessment of these inquiries will be undertaken to ensure a more considerate and inclusive participation experience. The comprehensive demographic insights acquired lay the groundwork for nuanced analysis and informed recommendations aimed at enhancing accessibility and inclusivity in digital healthcare.

b. Digital Use survey analysis

Introduction

This section delves into the comprehensive analysis of data derived from specific survey questions. The inquiries were designed to capture the public's perspectives on digital access, capabilities, and their thoughts regarding healthcare in the digital realm. By scrutinising these responses, we aim to gain valuable insights into the public's digital experiences and perceptions, providing a nuanced understanding of the intersection between technology and healthcare.

Question 1: Which of the following devices do you own or have regular access to?

This question helps us find out how connected people are to digital tools. By asking about the devices they own or regularly use, we can understand if they have easy access to digital platforms. This is important in order to figure out how likely they are to use digital services, especially in healthcare. Knowing the types of devices can guide us in making digital health services more accessible and can help us communicate healthcare information in a way that suits the devices people use the most. Overall, it's about understanding people's digital connections and making healthcare services work better for them.

Q1 Type of device	Count	Percentage
Basic phone	82	21%
Games console (e.g., Nintendo, Xbox, PlayStation)	60	15%
Personal or work computer (desktop/laptop)	221	56%
Smart TV	155	39%
Smartphone	313	79%
Tablet (e.g., iPad or similar)	165	41%
None of the above	9	2%

This data provides insights into the types of devices owned or regularly used by survey respondents. The majority, 79%, own or have access to smartphones, making them the most prevalent device. Personal or work computers (56%) and tablets (41%) also show significant usage. Smart TVs, games consoles, and basic phones have varying but notable levels of ownership at 39%, 15%, and 21%, respectively. Only a small percentage (2%) reported having none of the listed devices. The high ownership of smartphones suggests that digital interventions and healthcare services optimised for mobile platforms may be particularly effective. Additionally, considering the diversity of devices can help tailor digital inclusion strategies for a broader audience.

Question 2. Do you have access to the internet on a regular basis?

This question asks if you can regularly use the internet. It's important in a survey about digital inclusion and healthcare because it helps identify if you have easy and consistent access to the internet. This matters for your overall connection to digital tools and services, especially in healthcare. If you have regular internet access, it means you can probably use online healthcare services and resources. This question helps us know how people can communicate about health, such as through online platforms or emails. It's also useful for finding out who might face challenges in using the internet regularly, so we can work on making healthcare information reachable for everyone.

Q2 Level of internet access	Count	Percentage
No, I have no access to the internet	19	5%
Yes, at work	85	21%
Yes, on a mobile network (e.g., smartphone, tablet) with a SIM	207	52%
Yes, on home wi-fi/ broadband	327	82%
Yes, on public wi-fi (e.g., in a cafe)	93	23%
None of the above	15	4%
Other	12	3%

In the survey we asked 398 participants if they have regular access to the internet. Here's what we found: 5% said they have no internet access, 4% chose "none of the above," and 3% mentioned "other" options. Importantly, 21% reported having internet access at work, 52% through a mobile network (like a smartphone or tablet with a SIM), and a significant 82% through home Wi-Fi or broadband. Additionally, 23% mentioned accessing the internet on public Wi-Fi, such as in a café. This data helps us understand the diverse ways people connect to the internet; crucial information for shaping digital inclusion strategies, especially in the context of healthcare where online access is increasingly important.

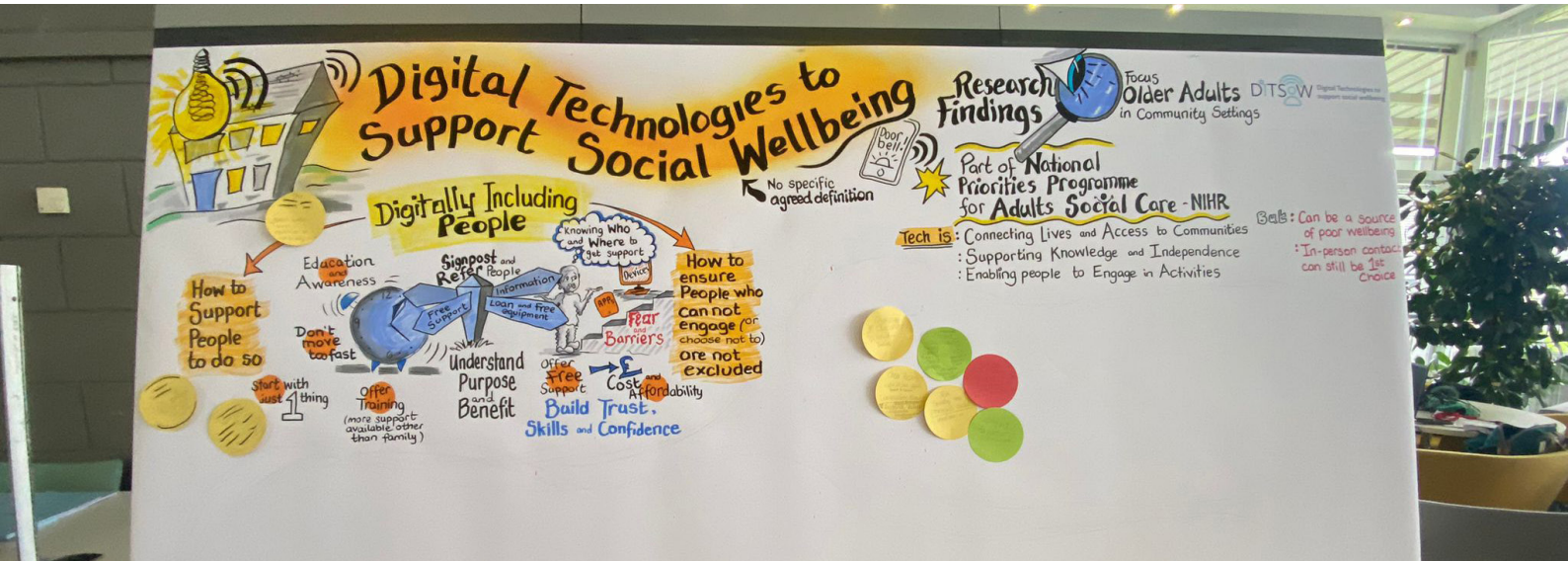
Question 3: Have you ever used online systems to interact with Health & Social Care services (e.g., booking appointments, accessing medical records)?

In a survey about digital inclusion in relation to healthcare, asking this question serves several purposes. Firstly, it helps gauge the extent to which individuals have embraced digital platforms for engaging with health and social care services. This insight is valuable for assessing the current level of digital adoption within the surveyed population.

Secondly, the question allows for understanding specific interactions with online systems, such as appointment bookings and accessing medical records. This granularity helps identify the areas of digital healthcare services that individuals are familiar with or find accessible. It provides valuable information for healthcare providers to tailor and improve their online services based on user experiences and preferences.

Furthermore, the question sheds light on potential barriers or facilitators to digital engagement in healthcare. Participants who have used online systems can offer insights into the effectiveness, convenience, and user-friendliness of existing digital platforms. On the other hand, those who haven't utilised such services may reveal barriers that need addressing, such as concerns about privacy, lack of awareness, or technological challenges.

In summary, this question helps in assessing the current landscape of digital interaction with health and social care services, understanding user experiences, and



identifying areas for improvement to enhance digital inclusion in healthcare.

Q3 Used online systems to interact with healthcare services	Count	Percentage
Yes	233	60%
No	155	40%
Total	**388**	**100%**

Of the 398 respondents:

- Yes: 233 people, constituting 60% of the total respondents, have used online systems to interact with Health & Social Care services.

- No: 155 people, making up 40% of the total respondents, have not used online systems for such interactions.

This data indicates that a significant majority of respondents have experience with online systems in their interactions with healthcare services, suggesting a notable level of digital engagement within the surveyed population.

Q3	16-17	18-24	25-49	50-64	65-79	79-85	85 plus	Prefer not to say	Total
Yes	40%	50%	66%	65%	59%	30%	29%	100%	60%
No	60%	50%	34%	35%	41%	70%	71%	0%	40%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

This analysis provides a breakdown of responses across different age groups. It's evident that younger age groups tend to have a higher percentage of affirmative responses, indicating greater familiarity or utilisation of online systems for healthcare interactions. Conversely, older age groups, especially those above 65, show a lower percentage of affirmative responses. This information can guide targeted strategies for digital inclusion, recognising varying levels of engagement across different age demographics.

Q3	Fenland	Huntingdon-shire	Peterborough	Not Known	Total
Yes	52%	70%	61%	50%	60%
No	48%	30%	39%	50%	40%
Total	100%	100%	100%	100%	100%

This analysis provides insights into the utilisation of online systems across different localities. Huntingdonshire has the highest percentage of affirmative responses (70%), indicating a higher adoption rate of online systems. On the other hand, Fenland and Peterborough show slightly lower percentages of affirmative responses, suggesting variations in digital interaction with health services across these areas. The "Not known" category indicates an equal split between yes and no responses. Understanding these locality-based patterns can inform targeted strategies for improving digital inclusion in specific localities.

Q3	A man	A woman	Non-binary	Prefer not to say	Prefer to self-describe	Total
Yes	51%	65%	100%	67%	100%	60%
No	49%	35%	0%	33%	0%	40%
Total	100%	100%	100%	100%	100%	100%

This question looked at whether people have used online systems for healthcare tasks like booking appointments or accessing medical records. The results show that 60% of the respondents have used these online services, while 40% have not. Looking at gender differences, more women (65%) have used online systems compared to men (51%). Interestingly, among those who preferred not to share their gender, 67% have used online systems. This suggests that healthcare services need to consider diverse preferences and ensure that their digital platforms are inclusive for everyone.

In summary, the question highlights variations in online healthcare system usage based on gender identities. The findings emphasise the importance of making digital health services accessible and user-friendly for a diverse range of individuals.

The data below represents responses from the survey regarding ethnicity and provides insights into the use of online systems for healthcare by people from different ethnicities.

1. Online System Usage by Ethnicity:
- The percentage of individuals who have used online systems for healthcare interactions varies across ethnic groups.
- The highest usage is reported by White: British / English / Northern Irish / Scottish / Welsh individuals, with 61% indicating they have used online systems.
- Notably, Asian / Asian British: Pakistani individuals also show a usage rate of 6%.

2. Low Online System Usage:
- Some ethnic groups, such as Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background, Mixed / Multiple ethnic groups: Asian and White, and White: Roma, report 0% usage.
- Black / Black British: Caribbean and White: Gypsy, Traveller, or Irish Traveller individuals also show low or no reported usage.

3. Preferences and Unknowns:
- A small percentage of respondents prefer not to disclose their ethnicity (2%), and a similar percentage is labelled as “Not known” (1%).

4. Observations:
- The data highlights disparities in the usage of online healthcare systems across different ethnic groups.
- Strategies to enhance digital health services may need to consider these variations and work towards ensuring equitable access and inclusivity for all ethnicities.

In summary, this analysis offers insights into the distribution of online healthcare system usage among various ethnic groups, emphasising the importance of understanding and addressing potential disparities in digital inclusion efforts.

Question 4: To what level do you agree or disagree with each of the following statements?

The data presented reflects responses to questions about confidence levels in using various digital tools for day-to-day tasks and communication. These are the key points:

Confidence in Using Apps for day-to-day tasks:
- Agree completely: 51% (200 respondents)
- Agree slightly: 16% (64 respondents)
- Disagree completely: 20% (79 respondents)
- Disagree slightly: 5% (18 respondents)
- Neither agree nor disagree: 6% (25 respondents)
- Unsure or don't know: 2% (8 respondents)
- Total: 394 respondents

Confidence in Using Online Search Tools:
- Agree completely: 65% (258 respondents)
- Agree slightly: 12% (49 respondents)
- Disagree completely: 13% (53 respondents)
- Disagree slightly: 3% (11 respondents)
- Neither agree nor disagree: 3% (13 respondents)
- Unsure or don't know: 3% (10 respondents)
- Total: 394 respondents

Confidence in Using Written Communication (e.g., Email, WhatsApp, Text):
- Agree completely: 66% (260 respondents)
- Agree slightly: 13% (51 respondents)
- Disagree completely: 12% (49 respondents)
- Disagree slightly: 3% (11 respondents)
- Neither agree nor disagree: 4% (15 respondents)
- Unsure or don't know: 2% (9 respondents)
- Total: 395 respondents

Confidence in Using On-Screen/Video Communication (e.g., Facetime, Zoom, Teams, Skype):
- Agree completely: 57% (225 respondents)
- Agree slightly: 16% (64 respondents)
- Disagree completely: 17% (65 respondents)
- Disagree slightly: 4% (14 respondents)
- Neither agree nor disagree: 4% (16 respondents)
- Unsure or don't know: 2% (9 respondents)
- Total: 393 respondents

Overall, the data suggests varying levels of confidence in using digital tools, with generally higher confidence in using online search tools and written communication compared to apps for day-to-day tasks and on-screen/video communication. The "unsure or don't know" responses are relatively low across all categories.

Question 5: If you've used online services, what were the primary reasons for doing so? (e.g., shopping, travel, banking) (free text answer)

The data compares the digital use for NHS/healthcare with other online services people could use. Here's a breakdown of the key findings:

Digital Use for Various Online Services:
1. Banking: 180 responses (45%)
2. Booking/Arranging Appointments: 18 responses (5%)
3. Browsing/Researching: 32 responses (2%)
4. Convenience: 9 responses (2%)
5. Entertainment: 16 responses (4%)
6. Maps: 1 response (0%)
7. News: 1 response (0%)
8. NHS/Healthcare: 54 responses (14%)
9. Shopping: 156 responses (39%)
10. Social/Communication: 40 responses (10%)
11. Travel: 99 responses (25%)
12. Work/School:23 responses (6%)
13. Nothing: 45 responses (11%)
14. Other: 9 responses (2%)

Observations:
- Shopping and Banking Dominant: A significant percentage of respondents engage in online shopping (39%) and banking activities (45%).

- NHS/Healthcare Usage: About 14% of respondents use online services for NHS/healthcare purposes.

- Diverse Online Activities: Respondents also use digital platforms for travel (25%), social/communication (10%), work/school (6%), and other miscellaneous activities.

- Low Usage for News and Maps: Few respondents reported using online services for news or maps (both at 0% or 1%).

Implications:
- The data suggests a strong reliance on digital platforms for daily activities, with shopping and banking being the most prevalent.

- While a notable portion utilises online services for healthcare (NHS), there is potential for further engagement and promotion of digital healthcare solutions.

- Understanding diverse digital behaviours can inform strategies for improving digital services, ensuring accessibility, and catering to the varied needs of users.

In summary, this data highlights the diverse landscape of digital usage, emphasising the significance of online shopping and banking, with opportunities to enhance digital engagement in healthcare services and other areas.

Question 6: Have you ever experienced any challenges/ accessibility issues whilst using digital services?

From the responses, several trends related to challenges and accessibility issues in using digital services emerge:

1. Common Issues:
- Users commonly mention issues such as unavailability, text size, and language-related challenges.
- Some users face problems with website design, particularly regarding navigation and clarity.

2. Unavailability Concerns:
- Unavailability of services is a recurring theme, impacting users' ability to access or use online platforms effectively.

3. Technical Challenges:
- Technical errors, including system crashes and internet connectivity issues, are mentioned by respondents as barriers to using digital services.

4. Accessibility for Specific Needs:
- Some respondents, particularly those with visual or hearing impairments, highlight difficulties in using online tools due to design issues and lack of accessibility features.

5. Lack of Human Interaction:
- Several users express a preference for human interaction over digital tools, citing the absence of options to speak to a person or find help when needed.

6. Complexity and User-Friendliness:
- Users frequently mention challenges related to the complexity of websites and applications, emphasising the importance of user-friendly design.

7. Reluctance and Lack of Familiarity:
- Some respondents express a lack of interest or familiarity with digital tools,

while others find them challenging due to a lack of technical knowledge.

8. Concerns about Security:
- Security concerns are highlighted, with mentions of scam adverts, reluctance to make online purchases, and scepticism about trusting certain websites.

9. Need for Workshops and Training:
- Users express a desire for workshops and training sessions to improve their understanding and usage of digital services.

10. Issues with Specific Platforms:
- Specific issues are raised with certain platforms, being perceived as useless and challenges with the NHS online tools.

11. Diverse Reasons for Non-Usage:
- Users provide diverse reasons for not using digital services, ranging from financial constraints and lack of devices to personal preferences and challenges with understanding modern communication.

These trends collectively highlight the multifaceted nature of challenges faced by individuals in using digital services, emphasising the need for user-friendly design, accessibility features, and targeted support for specific user groups. Additionally, addressing concerns related to security and building confidence in online tools are crucial aspects for improving the overall digital experience for users.

User friendly design concern:
"Not being user friendly. Not connecting to a new tab when clicking (so that I can go back to original pages). Not being clear and/or transparent about product sources."

Preference for Human Interaction:
"No option to speak to a person if there is a problem or options are too limited."

Accessibility Challenge for Specific Needs:
"Mainly that many websites and apps don't adapt well to system-wide zoom in settings, making them unusable or difficult to navigate."

Question 7: If you wanted help using digital services, where would you go to get it?

Including this question helps in understanding the support-seeking behaviour of individuals regarding digital services. This information is crucial for tailoring interventions, improving accessibility, and addressing specific concerns, ultimately contributing to the overall goal of enhancing digital inclusion in healthcare services and beyond.

The data represents responses to the question "If you wanted help using digital services, where would you go to get it?" The findings provide insights into the preferred sources for seeking assistance with digital services:

1. Family/friends: The most prominent source is family and friends, with 261 respondents (66%) indicating that they would turn to their close social circles for help with digital services.

2. I don't need help: A notable portion of respondents (54 individuals, 14%) expressed self-reliance, stating that they don't need help with digital services.

3. Community Hub/Group: Community hubs or groups are mentioned by 35 respondents (9%) as a potential source of assistance for navigating digital services.

4. Medical Practice: Thirty-seven individuals (9%) would seek help from their medical practice, indicating a recognition of healthcare professionals as potential resources for digital assistance.

5. Library: Libraries are identified by 26 respondents (7%) as places where they would go for help with digital services.

6. Other: Thirty-two respondents (8%) mentioned other unspecified sources for seeking assistance with digital services.

7. Wouldn't ask for help/Wouldn't know where to ask for help: A small percentage (16 individuals, 4%) expressed hesitancy or uncertainty, stating that they wouldn't ask for help or wouldn't know where to seek assistance.

Observations:

- **Prevalence of Informal Support Networks:** The majority prefer seeking help from family and friends, indicating the importance of informal support networks in digital literacy

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- **Self-Reliance:** A substantial number of respondents feel confident in handling digital services independently, stating that they don't need help.

- **Recognition of Formal Institutions:** Medical practices and libraries are recognised by a portion of respondents as potential sources for digital assistance, acknowledging the role of formal institutions in providing support.

- **Hesitancy and Uncertainty:** A small but noteworthy percentage expressed hesitancy or uncertainty about seeking help, either stating that they wouldn't ask for assistance or not knowing where to ask.

Question 8: In your opinion, what measures could be taken to improve digital inclusion for all users? (Free text answer)

Trends in the Data:

1. Call for Education and Training:
- A consistent theme is the need for education and training, especially for individuals lacking confidence or familiarity with digital tools. Suggestions include free courses, workshops, and face-to-face lessons, demonstrating a strong desire for accessible learning opportunities.

2. Advocacy for Accessibility:
- Users emphasise the importance of accessibility in various forms – both physical (Internet access, free Wi-Fi) and digital (user-friendly interfaces, simplified processes). There's a call for standards ensuring web accessibility, catering to diverse needs, including considerations for visual and hearing impairments.

3. Affordability and Resource Access:
- Affordability is a recurrent concern, with calls for making internet access cheaper, providing free devices for those on low incomes, and offering free Wi-Fi in public service areas. There's also a need for financial support, such as free or low-cost hardware and Internet access.

4. Inclusion of Older Generations:
- The data highlights the challenges faced by older individuals, indicating a digital generation gap. Recommendations include destigmatising technology, providing in-person options, and tailoring digital services to accommodate the needs and preferences of older generations.

5. Multilingual and Inclusive Approach:
- The need for multilingual support is emphasised, suggesting the importance of offering services in different languages. Additionally, users advocate for a more inclusive approach by considering the needs of those who may not be comfortable with digital technologies due to various reasons.

6. Preference for In-Person Services:
- Many express a preference for in-person services and are resistant to the complete transition to digital platforms. This indicates a reluctance or discomfort with relying solely on digital solutions, underlining the importance of maintaining options for face-to-face interactions.

7. Concerns about Security and Trust:
- Some users express distrust in online services and emphasise the need for clear instructions and security measures. There's a sentiment that digital services should not compromise security or patient information.

8. Advocacy for Human Interaction:
- Several respondents stress the importance of retaining human interactions, particularly in healthcare. They argue that digital services should not completely replace face-to-face appointments, and there should be options for individuals who prefer personal communication.

Conclusion:
The trends in the data collectively underscore the importance of a holistic and inclusive approach to digital inclusion. Initiatives should address education, accessibility, affordability, and the unique needs of diverse user groups. Balancing technological advancements with respect for individual preferences, especially among older generations, is crucial for successful digital inclusion. Additionally, efforts should be made to build trust in digital services and ensure they align with the diverse needs and preferences of the user base.

Question 9: How satisfied are you with current digital health services?

Including this question helps in gathering valuable feedback about the current state of digital health services, enabling stakeholders to make informed decisions, enhance user experiences, and ultimately contribute to the ongoing improvement and success of digital healthcare initiatives.

The data below represents responses to the question "How satisfied are you with current digital health services?" Here's a breakdown of the key findings:

Overall responses:

I don't use digital services:
- 88 respondents (22%) indicated that they don't use digital health services.

Neutral:
- 98 respondents (25%) expressed a neutral stance regarding their satisfaction with digital health services.

Satisfied:
- A majority of respondents, 105 individuals (27%), reported being satisfied with current digital health services.

Unsatisfied:
- 41 respondents (10%) expressed dissatisfaction with digital health services.

Very satisfied:
- 34 respondents (9%) reported being very satisfied with the digital health services they use.

Very unsatisfied:
- 26 respondents (7%) indicated that they are very unsatisfied withcurrent digital health services.

Observations:
- The majority of respondents fall into the categories of either being satisfied (27%) or neutral (25%) about digital health services.

- A significant portion (22%) mentioned that they don't use digital health services.
- There is a notable proportion of respondents expressing dissatisfaction (10%) or very unsatisfied (7%) with the digital health services they use.

Implications:
- The data suggests a varied range of sentiments regarding digital health services, with a balance between satisfaction, neutrality, and dissatisfaction.

- Understanding the reasons behind dissatisfaction or non-usage can guide improvements in digital health services.

- Positive feedback from those satisfied or very satisfied can inform best practices and areas of success that can be reinforced.

The data presents satisfaction levels with current digital health services across different age groups.

Satisfaction Levels by Age Group:

1. I don't use digital services:
- Highest among the 85 plus age group (100%), followed by the 65-79 years age group (59%).
- The 16-17 years age group also shows a significant proportion (40%) not using digital services.

2. Neutral:
- The 16-17 years age group and the 25-49 years age group both have 40% of respondents expressing neutrality.
- Notably, the 85 plus age group shows no neutrality, indicating a clear stance towards either usage or non-usage.

3. Satisfied:
- The 18-24 years age group has the highest satisfaction rate (43%).
- The 25-49 years age group also shows a relatively high satisfaction rate (32%).

4. Unsatisfied:
- The 16-17 years age group has the highest percentage of dissatisfaction (20%).

5. Very satisfied:
- The 25-49 years age group has the highest percentage of very satisfied respondents (11%).

6. Very unsatisfied:
- The 50-64 years age group has the highest percentage of very unsatisfied respondents (11%).

Observations:
- The younger age groups (16-24 years) tend to express higher satisfaction and lower dissatisfaction with digital health services.
- The 85 plus age group stands out with a high percentage (59%) of non-users, potentially indicating a digital divide or limited access among this demographic.
- The 25-49 years age group shows a balanced distribution across satisfaction categories, with higher satisfaction and very satisfaction percentages.

Implications:
- Tailoring digital health services to address the specific concerns of different age groups can enhance overall user satisfaction.
- Focusing on improving accessibility for the older age groups may help bridge the digital divide observed in the 85 plus age group.

In summary, this data provides insights into the nuanced satisfaction levels with digital health services across various age groups, offering valuable information for targeted improvements and interventions to ensure inclusivity and satisfaction among users of different ages.

The following data illustrates satisfaction levels with current digital health services across different gender identities, excluding the non-binary reference.

Satisfaction Levels by Gender:

1. I don't use digital services:
- The highest percentage of respondents not using digital services is among men (27%), followed by women (21%).

2. Neutral:
- Among men, 23% are neutral, while among women, 25% express neutrality.

3. Satisfied:
- Men and women both have relatively similar satisfaction levels, with 29% and 26%, respectively.

4. Unsatisfied:
- Men and women have lower percentages of dissatisfaction (5% and 13%, respectively).

5. Very satisfied:
- Men have a higher percentage of very satisfied responses (10%) compared to women (7%).

6. Very unsatisfied:
- Women have a slightly higher percentage of very unsatisfied responses (7%) compared to men.

Observations:
- The patterns among men and women reveal differences in digital service usage and satisfaction levels.
- Women tend to express slightly higher levels of dissatisfaction and very unsatisfied compared to men.
Implications:
- Understanding gender-specific patterns helps in tailoring digital health services to address the distinct needs and preferences of men and women.
- Targeted interventions can be designed to enhance overall user satisfaction based on identified patterns.

The data indicates that the non-binary category, along with those who prefer not to say or prefer to self-describe, makes up a very small fraction, with just four respondents out of a total of 398 participants. This limited representation emphasises the statistical insignificance of these groups in the survey findings. It underscores the need for caution when drawing conclusions or trends for categories with such low numbers, recognising the challenges in generalising findings for these specific identity preferences.

In summary, this data provides insights into satisfaction levels with digital health services based on gender, emphasising the importance of gender-inclusive approaches and targeted interventions to address diverse experiences and preferences.

The following data illustrates satisfaction levels with current digital health services across different localities: Fenland, Huntingdonshire, Peterborough and Not known.

Satisfaction Levels by Locality:

1. I don't use digital services:
- Fenland has the highest percentage of respondents not using digital services (39%), indicating a significant portion of individuals in this locality do not engage with digital health services.
- Huntingdonshire follows with 25%, Peterborough with 15%, and Not known with 7%.

2. Neutral:
- Fenland (26%) and Peterborough (27%) both have similar rates of respondents expressing neutrality, suggesting a similar level of ambivalence or non-committal attitude toward digital health services.
- Huntingdonshire has 19%, while Not known has a higher percentage at 21%.

3. Satisfied:
- Huntingdonshire has the highest satisfaction rate (34%), indicating a notable positive sentiment toward digital health services.
- Peterborough and Not Known follow with 29%, while Fenland has a lower percentage at 18%.

4. Unsatisfied:
- Fenland and Huntingdonshire both have 5% expressing dissatisfaction, suggesting a relatively low level of discontent.
- Not known has a higher dissatisfaction rate at 21%, while Peterborough has 14%.

5. Very satisfied:
- Peterborough has the highest percentage of very satisfied respondents (9%), indicating a notable level of strong positive sentiment.
- Huntingdonshire follows with 8%, while Fenland and Not known have lower percentages at 7%.

6. Very unsatisfied:
- Huntingdonshire has the highest percentage of very unsatisfied respondents at 9%, followed by Peterborough at 7%, Fenland at 5%, while Not known has none.

Observations:
- Huntingdonshire stands out with the highest satisfaction rate, but it also has notable percentages in both very satisfied and very unsatisfied categories, indicating a polarised sentiment.
- Fenland has a significant portion of non-users and a relatively low satisfaction rate.
- The data indicates that Peterborough has a broader spectrum of sentiments, with higher percentages in both very satisfied and very unsatisfied categories, reflecting a diverse range of opinions and experiences regarding digital health services in the locality.

Implications:
- Tailoring digital health services to address specific concerns in each locality is crucial, especially in localities with higher non-usage or dissatisfaction percentages.
- Recognising the diverse sentiments in Peterborough and Huntingdonshire calls for a nuanced approach to improve user experiences and satisfaction.
- Understanding the reasons behind non-usage in Fenland and dissatisfaction in Not known can guide targeted interventions and improvements.

In summary, this data provides insights into satisfaction levels with digital health services across different localities, offering valuable information for targeted improvements and interventions to address the varied needs and sentiments of users in specific geographic areas.

Question 10: Can you tell me why you answered question 9 in the way you did? (Free text answer)

Trends in the Data:

1. Mixed User Experience:
- Users express a varied experience with digital health services, ranging from satisfaction and ease of access to frustration and dissatisfaction. Some find it convenient, while others struggle with navigation, technical issues, and complicated interfaces.

2. Preference for Human Interaction:
- A notable trend is the preference for human interaction, especially in healthcare. Many respondents emphasise the importance of face-to-face appointments, expressing concerns about confidentiality, safety, and a desire to speak directly with healthcare providers.

3. Accessibility Concerns:
- Several respondents cite difficulties in accessing digital services due to various reasons, such as lack of internet access, literacy challenges, or disability-related issues. Concerns about information being sent only in digital format, creating barriers for those who prefer non-digital communication, are also highlighted.

4. Appointments and Prescription Management:
- Users commonly use digital services for booking appointments and ordering repeat prescriptions. However, issues with the appointment system, such as difficulty in finding suitable time slots or the unavailability of online appointment booking, are highlighted.

5. Reluctance towards Complete Digitisation:
- Some respondents express resistance to the idea of a fully digitised health service. There is a sentiment that certain healthcare processes, especially in GP surgeries, are heading towards full digitisation, and respondents are not entirely comfortable with this direction.

6. Concerns about Security and Confidentiality:
- Security concerns, both in terms of information security and the safety of relying solely on digital platforms, are mentioned. Some users are not convinced of the benefits of complete digital access, citing potential errors and a lack of 24/7 monitoring.

7. Issues with Online Triage:
- Some users express dissatisfaction with online triage portals, stating that it's the only way to access their GP, and they find it ludicrous. Others find it hard to navigate, and there are concerns about not receiving responses or facing difficulties in following up.

8. Accessibility for Diverse Needs:
- Users emphasise the importance of making digital health services accessible for individuals with diverse needs, including those with disabilities. The need for simplicity, clarity, and accessibility features for different user groups is highlighted.

9. Need for Improvement and Simplification:
- There is a consensus that digital health services can be improved. Users call for simplification, clarity in instructions, and enhancements to user-friendliness. The idea of continuous improvement in an evolving technological landscape is prevalent.

Conclusion:
The data reflects a diverse range of experiences and opinions regarding digital health services. While some users appreciate the convenience and accessibility, others highlight challenges, including issues with navigation, security concerns, and a preference for human interaction. The trends suggest a need for a balanced approach, addressing accessibility concerns, improving user interfaces, and maintaining options for those who may not be comfortable with complete digitisation. Continuous efforts to enhance and simplify digital health services are crucial for widespread acceptance and effectiveness.

"It's good that I can order my prescription online and not have to be on hold for hours."

- This quote highlights the positive aspect of digital health services, emphasising the convenience and time-saving benefits, specifically in prescription management.

"The only way I can access my GP is through an online triage portal which is ludicrous."

- This quote expresses frustration with the exclusive reliance on an online triage portal, indicating dissatisfaction with the limitations imposed by the digital-only approach.

Question 11. What do you think are the strengths of the current digital health services? (Free text answer)

Several trends and themes emerge from the responses regarding what would improve the digital health experience:

1. Desire for Simplicity and Clarity:
- Many participants expressed the need for simpler, user-friendly interfaces and websites with fewer glitches.
- The request for clearer communication, avoiding medical abbreviations, and providing reference numbers for follow-up suggests a desire for straightforward and understandable interactions.

2. Personalisation and Patient Choice:
- Respondents want the ability to choose between digital, telephone, and face-to-face interactions based on their preferences. This reflects a desire for a flexible and personalised approach to healthcare services.
- The idea of patient-specific links and access to information relevant to one's condition indicates a need for more tailored, patient-centred resources.

3. Improving Access and Communication:
- Faster response times, quicker access to appointments, and reduced wait times are consistent themes. Participants express frustration with long waiting queues, especially when booking appointments online.
- Accessibility challenges, such as forgotten login details and the need for bigger text, highlight the importance of making digital health services inclusive and easy to navigate for all users.

4. Unified Platforms and Integration:
- Participants frequently mention the desire for a single app or website that consolidates all health-related information and services. This includes integrated access to medical history, appointments, prescriptions, and educational resources.
- The mention of different organisations using different systems suggests a need for better integration and compatibility among various healthcare platforms.

5. Education and Training:
- Many respondents express a desire for training and guidance on how to use online services effectively, especially for older individuals or those less familiar with technology.
- The need for awareness, education in multiple languages, and tutorials reflects a broader call for increased digital literacy and accessibility.

6. Concerns about Privacy and Security:
- Some respondents mention concerns about confidentiality and security, emphasising the importance of ensuring that digital health services are secure and trustworthy.

7. Improving Hospital Services:
- Participants express a desire for improved hospital appointment systems, indicating that the digital health experience extends beyond general practitioner services to broader healthcare interactions.

8. Addressing Language Barriers:
- The need for information and services in multiple languages and the inclusion of audio translation services underscore the importance of addressing language barriers to enhance accessibility.

9. Real People Interaction:
- While digital services are acknowledged, there's a recurring theme of the preference for human interaction, especially when it comes to sensitive healthcare matters. Some participants express the desire to speak to a person rather than booking appointments online.

10. Technical Assistance:
- Respondents mention the importance of having technical support, particularly for older individuals or those facing challenges in using technology.

In conclusion, these trends highlight the multifaceted nature of improving the digital health experience, encompassing usability, personalisation, access, education, and addressing diverse user needs and preferences.

"The services I have used have been easy to access."
- This quote suggests that, for the individual who provided it, the digital health services they have interacted with are user-friendly and accessible, showcasing a strength in the current system.

"It's usually easier and quicker to use digital health services, and there is then a record of any transaction. It also frees up staff time to support those who are unable to use digital health services."
- This quote highlights the efficiency and time-saving benefits of digital health services. It not only makes the process easier for users but also contributes to optimising healthcare staff resources.

"I am confident in using online services. But often prefer to call."
- This quote reflects a user's confidence in utilising online services, indicating that the current system has provided a level of comfort and assurance in digital interactions. The ability to choose between digital and traditional communication methods also showcases flexibility in the system.

Question 12. What would improve your digital health experience? (Free text answer)

From the data, several trends and common themes emerge regarding what would improve the digital health experience. Here are some key trends:

1. Desire for Combined Services and Easy Access:
- Respondents express a preference for services that combine digital, telephone, and face-to-face interactions.
- Emphasis on easy access to all relevant information.

2. Efficiency and Convenience:
- Requests for quicker responses and simplified processes, such as reference numbers for follow-ups.
- Desire for straightforward booking of doctor's appointments and responsive email options.

3. Flexibility in Communication:
- Advocacy for individual choice in the mode of service delivery, be it digital, telephone, or in-person.
- Recognition of the importance of providing options for different communication preferences.

4. Improved Information Accessibility:
- Calls for more personalised information linked to specific conditions and diseases.
- Requests for full integration of medical history and access to relevant health records.

5. Training and Education:
- Requests for proper training, especially for older individuals or those less confident in using online services.
- Desire for more education on devices, software, and available services.

6. Simplicity and User-Friendly Design:
- The need for simpler and less complicated systems, apps, and websites.
- Emphasis on the importance of clear and easy-to-navigate interfaces.

7. Accessibility and Inclusivity:
- Concerns about accessibility, especially for people with disabilities and those from disadvantaged backgrounds.
- Calls for more flexibility in booking, reduced wait times, and prompt responses.

8. Integration and Centralisation:
- The desire for one app or website for all healthcare information and services.
- Calls for integrating information from different sources into a unified platform.

9. Timely Updates and Responsiveness:
- Requests for regular updates, timely responses, and improvements in software.

10. Human Interaction and Personalised Care:
- Preference for face-to-face communication with qualified doctors instead of semi-medical trained personnel over the phone.
- Desire for more human contact, especially for specific medical concerns.

These trends highlight the importance of providing a flexible, efficient, and user-friendly digital health experience that caters to individual preferences and needs. Continuous improvement, education, and inclusivity are crucial aspects to consider in enhancing digital health services.

"Quicker responses, reference numbers to follow up with, less abbreviations."

"Give people choice over the way they want the service provided. It could be a mixed model of digital, telephone, and face-to-face, but ultimately it should be down to the individual to choose how they'd like to receive their care."

"To be able to book doctor's appointments and have an email option that someone responds to. Better websites with fewer glitches."

These quotes highlight the importance of efficiency, flexibility in service delivery, and improvements in appointment booking and communication channels to enhance the overall digital healthcare experience.

Question13: Is there anything else you would like to share about your experiences with digital inclusion and Health and Social Care? (Free text answer)

Analysing the trends in the data regarding experiences with digital inclusion and health and social care, several key themes emerge:

1. Digital Exclusion Awareness:
- Many respondents emphasise the importance of recognising the choice of individuals who prefer not to use technology and digital platforms. They advocate for alternative options to access health and social care, catering to those who choose not to engage with digital services.

2. Accessibility for Older Generations:
- A recurring concern is the potential isolation of the older generation due to factors such as lack of computer literacy, internet access, and reliance on family and friends for digital assistance. Patient confidentiality is highlighted as a significant issue when seeking help for health-related matters.

3. Observational Aspects in Healthcare:
- Some respondents express concerns about the loss of observational aspects in healthcare during digital or online appointments. The ability of doctors to observe patients in person is considered crucial, and the shift to digital methods is seen as a potential drawback.

4. Communication Preferences:
- The preference for human interaction and face-to-face communication in healthcare is evident. Respondents highlight the value of speaking to somebody in person, expressing concerns about the limitations of digital interactions, especially in sensitive health-related situations.

5. Concerns about Digital Progress:
- Some respondents feel left out and express concerns about the direction of digital progress, particularly among older individuals. The sentiment is that digital progress may not be suitable for everyone, and there is a call for providing options beyond digital methods.

6. Issues with Appointment Booking and Access:
- Challenges related to the clarity and simplicity of digital appointment booking systems are mentioned. Some respondents have faced difficulties transferring patient access when moving locations, and there are calls for a unified system rather than multiple apps for different regions.

7. Confusion and Overcomplication:
- Confusion arises from receiving notifications and important health-related information through text links to online portals. Some respondents express that online systems can be overcomplicated, leading to a lack of clarity in the healthcare process.

8. Mixed Sentiments on Digital Services:
- While some respondents have had positive experiences with digital services, others are cautious and express a preference for traditional methods. There's a recognition that not everyone is comfortable or familiar with digital services, and a hybrid system is suggested to maintain a balance.

In summary, the data reflects a diverse range of opinions and concerns related to digital inclusion in health and social care. It highlights the need for inclusive and flexible healthcare systems that accommodate varying preferences and address challenges associated with digital adoption, particularly for older individuals.

Key recommendations

Based on the data analysis, here are some key actionable recommendations:

1. Enhance Digital Accessibility:
- Recognise and respect the choice of individuals who prefer not to use technology. Provide alternative options for accessing health and social care.
- Increase awareness of digital services among the population to ensure inclusivity.

2. Improve User-Friendly Design:
- Simplify and streamline digital platforms to make them more user-friendly, particularly for the elderly and those with limited digital literacy.
- Consider a unified app for all healthcare needs to reduce complexity.

3. Flexibility in Service Delivery:
- Offer a mixed model of service delivery, allowing individuals to choose between digital, telephone, and face-to-face interactions based on their preferences.
- Provide options for booking appointments online, sending emails, and utilising various communication channels to cater to diverse needs.

4. Education and Training:
- Implement training programs to enhance digital literacy among users,

especially older individuals.
- Offer tutorials, workshops, and step-by-step guidance to help individuals navigate and utilise digital health services effectively.

5. Improve Integration and Communication:
- Ensure seamless integration of medical records across different healthcare services and platforms.
- Enhance communication channels by providing more face-to-face interactions, especially during appointments.

6. Timely Updates and Notifications:
- Keep digital platforms up-to-date with timely information, including appointment updates and access to medical records.
- Implement text message notifications for test results and other important health-related updates.

7. Accessibility for Vulnerable Groups:
- Consider the needs of people with disabilities, providing accessibility features and support.
- Ensure that digital health services are inclusive and do not exclude individuals who may face challenges with technology.

8. Feedback Mechanism and Continuous Improvement:
- Establish regular feedback mechanisms to collect insights, preferences, and concerns from users.
- Use feedback to inform continuous improvements in digital health services, addressing identified issues promptly.

9. Address Technical Challenges:
- Tackle technical challenges, such as network issues and glitches on websites, to improve the overall user experience.
- Provide support for individuals facing difficulties in accessing digital services due to technical reasons.

10. Maintain Human Connection:
- Acknowledge the importance of in-person interactions in healthcare.
- Ensure that digital advancements do not compromise the human touch in healthcare services.

These recommendations aim to create a more inclusive, user-friendly, and effective digital health experience, addressing the diverse needs and preferences of the population.

Conclusion

Engaging Community Researchers was paramount in co-producing this project, as their local insights, cultural understanding, and lived experiences bring a unique richness to the research process. These individuals, embedded within the community, possess an intimate knowledge of the context, ensuring that the project is not only culturally sensitive but also addresses the real and nuanced needs of the community. Their involvement fosters a collaborative approach, breaking down traditional researcher-participant barriers and creating a more inclusive, representative, and impactful study. In embracing Community Researchers, we not only acknowledge the expertise within the community but also establish a foundation for sustainable, community-driven initiatives that genuinely reflect the diverse perspectives and voices of those involved.

The Appreciative Inquiry (AI) report complements the survey data by providing a qualitative and narrative dimension to the insights gathered. While the survey offers structured responses, the AI approach delves into the positive aspects and strengths of the digital health experience, offering a more nuanced understanding. Integrating both the survey data and AI report provides a holistic view, allowing for a comprehensive and well-rounded analysis of the digital health landscape.

In conclusion, achieving digital inclusion in health and social care requires a balanced approach that respects individual preferences, improves accessibility, and promotes ongoing enhancements. Prioritising user-friendly design, providing flexible service delivery options, and addressing technical issues will ensure that the benefits of digital advancements are available to everyone. Through education, training, and a commitment to maintaining personal connections, we can create a future where technology enhances rather than replaces the personalised and compassionate care that individuals deserve. The key is to develop a digital landscape that is not only advanced but, more importantly, inclusive and responsive to the diverse needs of our communities.

Appendix

A separate Apprendix document is available and it contians the following:

- Example social media posts
- Literature such as posters
- Copy of survey
- Appreciative enquiry report

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