

Ensuring digitally enabled health care is equitable and effective for all

Key messages

Policy-makers should act to improve people's experience of digital health and care services, to reduce inequalities and to ensure everyone is able to choose and use digitally enabled health and care services.

- National policy needs to encourage digitally enabled services but not to the exclusion of more traditional in-person services.
- Digital and in-person delivery should be combined to offer services that work for the local population and its evolving health and care needs.

To achieve this policy-makers should:

- support digital-first or digital-only services to have physical and low-tech alternatives
- incentivise and support suppliers to provide technology that mitigates digital exclusion
- through funding and support, encourage the exploration and use of technology to narrow the gaps in inequalities

- work with cross-government partners to tackle systemic barriers to access to digital services.

The new operating model between central and local leaders in health and care is still developing so the balance of roles and levers used at each level of the system will continue to change. As those roles become clearer, national policy-makers should ensure they use the levers available to support and enable ICSs to have the resources, capacity and capability to:

- develop and maintain hubs of best practice at system or place level, hubs formed from local partnerships to share best practice within and between systems
- co-ordinate and develop local initiatives to provide devices, data and digital skills to those with limited or no access.

What's the issue?

- Digital-first and digital-only approaches risk widening inequalities and creating inefficiencies.
- As use of digital technologies in health and care increases, some people have inadvertently been digitally excluded, and struggle to access and use digital health care services.
- As the NHS and social care expands the use of digital technologies, national policy-makers must ensure the benefits of digital approaches are available to all.

As the use of digital technology increases in health and care services, accelerated by experiences during the Covid-19 pandemic, we need to ensure access to and use of services is equitable and effective for all.

Why act now?

- Use of digital technologies is expected to increase further, for example, NHS England operational planning for 2023/24 specifies the intention to develop a 'digital-first' option for the public and 'A plan for digital health and care' provides a roadmap to establishing the NHS App and nhs.uk as the digital front door to health services.
- More than a quarter of people in England have limited digital capabilities and are likely to struggle online.
- One-third of offline people find it difficult to interact with health care services.

While many people think technology has the potential to improve their care, their experiences often fall short of their expectations.

Taking action

Support digital-first or digital-only services to have physical and low-tech alternatives

Policies for digital-first services risk removing choice and exclude some individuals for a wide range of reasons – for example, lack of access to digital technology or data, privacy concerns or simply a preference for in-person care. Policies should support the development of low-digital and no-digital options alongside digital first services.

Incentivise and support suppliers to provide technology that mitigates digital exclusion

National frameworks should require technology to be tested on a broad range of device types – technology needs to work well on the simplest devices without needing multiple devices. Frameworks should help providers find tools that use as little data as possible, improving accessibility for people who cannot afford or do not have access to data.

Through funding and support encourage the exploration and use of technology to narrow the gaps in inequalities

Technologies have the potential to exacerbate inequalities through exclusion however they can also narrow inequalities by overcoming traditional barriers to access, treatment and self-care such as literacy. Policy-makers should prioritise funding and support for initiatives to research, develop and implement technology that overcomes long standing barriers and narrows the gaps in inequalities.

Work with cross-government partners to tackle systemic barriers to access to digital services

16 per cent of 18–25 year olds do not have access to a laptop or desktop and 5 per cent UK households have no home internet access. 10 per cent of people recognise their digital skills need improving and 13 per cent lack confidence online.

Digital exclusion is relevant for all digital public services not just health and care. Cross-government initiatives including funding and industry partnerships are needed to provide devices alongside high-speed, reliable and affordable internet data for those who are unable to provide their own. In addition, local support to help improve the digital skills of the public is essential. This should link in with health and care services where digitalisation is a strategic priority.

Case study

Amy grew up without attending formal education and she cannot read or write. She's currently living in supported accommodation after experiencing homelessness. Amy is familiar with technology, and regularly uses her smartphone to dictate and to listen to written text read aloud. She also uses voice notes to message her friends and staff at the supported-living charity.

But this digital workaround falters when it comes to health services. She spoke about her experience of filling out forms online, and the text-to-speech software on her phone not registering different formatting on forms. Amy is not always comfortable asking people to help with forms, particularly when they are private and health-related, which results in her not engaging with services.

[Filling out forms] will take like five minutes to do, but in reality it takes a few hours because, I've gotta find someone – usually I've got to come down to the staff – who can sit down and do the form and in the end that's the reason why I don't really access health care a lot.

Use available levers to support and enable ICSs to have necessary resources, capacity and capability

The government and arm's-length bodies should provide ICSs with resources and support to develop collaborative hubs of expertise in order to develop and design inclusive care pathways. Hubs should be able to identify partners in the voluntary and community sector, co-develop services and pathways, and hold the best practice for the region. A focus on the core20plus5 framework would ensure inclusive digital services are aligned with inequalities strategies.

Further reading

Moving from exclusion to inclusion in digital health and care, The King's Fund

'Connection lost': people's experiences of using digital technology in health and care, The King's Fund

The digital divide, Good Things Foundation

UK digital poverty evidence review, Digital Poverty Alliance