Health Board	26 th July 201	8	Agenda Item	3iv.					
Report Title	Digital Inclusion, NHS Wales and ABMU								
Report Author	Hamish Laing, Executive MD and CIO								
Report Sponsor	Hamish Laing and Tom Crick OBE								
Presented by	Professor Hamish Laing								
Freedom of	Open								
Information									
Purpose of the	To demonstrate the importance of Digital Inclusion for the								
Report	NHS in Wales, to give examples of what is already being done and to consider what more ABMU in particular could be doing to improve Digital Inclusion.								
Key Issues	The NHS is not supporting Digital Inclusion for its staff and patients. This is both a moral issue but also a barrier to service transformation and getting best value out of digital investment. Welsh Government have placed expectations on Health Boards and Trusts to play their part in Digital Inclusion. The benefits of investing in Digital Inclusion have been demonstrated with a high Return on that Investment as well as direct operational benefits.								
Specific Action	Information	Discussion	Assurance	Approval					
Required				Х					
(please ✓ one only)									
Recommendations	 To note the benefits of addressing Digital Inclusion and the risks of not doing so To note Welsh Government expectations of Health Boards to play a greater part in improving Digital Inclusion. For ABMU to adopt the Digital Inclusion Charter and explore opportunities to secure a Digital Inclusion co- ordinator on a trial basis and to develop Digital Champions in all our units and amongst our larger staff groups. 								
	 For ABMU to commission support for Digital Inclusion from partners with the requisite skills to support us in supporting our patients and staff. ABMU to advocate for a Digital Inclusion Guide to be commissioned for all of NHS wales to use. 								



Digital Inclusion, NHS Wales and ABMU

INTRODUCTION AND CONTEXT

The NHS in Wales and its partners in Social Care and third sector organisations increasingly are exploring ways to provide access to services and advice for patients and service users through digital technologies; in some circumstances, care is being delivered digitally. These opportunities are expected to accelerate and are being encouraged.

Welsh Government have recognised that 60% of people in Wales aged 75 and over and 25%¹ of disabled people are still digitally excluded. "These people are also more likely to access health and social care services than the rest of the population, [*and that*] it is critical that we encourage more digital inclusion activities as part of our digital health transformation work, across a range of health settings"². The importance for Health and Social Care has been reiterated in its recent progress report which makes clear its expectation that the NHS must play a greater part³.

WHAT IS DIGITAL INCLUSION?

Digital Inclusion is about working with communities to address issues of opportunity, access, knowledge and skill in relation to using technology, and in particular, the internet⁴. In the context of the NHS this would apply to those who use our services, Citizens seeking to maintain or improve their wellbeing and our staff who must use new digital technologies for their work and in their own lives.

⁴ Digital Communities Wales

¹ National survey for Wales 2016-17

² <u>https://gov.wales/about/cabinet/cabinetstatements/2018/digitalinclureport/?lang=en</u> accessed 23 May 2018

³ <u>https://gov.wales/docs/det/publications/180418-digital-inclusion-progress-report-and-forward-look-</u> 2018-en.pdf

IS DIGITAL INCLUSION AN ISSUE IN WALES?

Wales and some regions of the UK face challenges with Digital Inclusion. Inclusion is lower in Wales (and parts of Scotland and NI) than in much of England, although recent work by the Department of Digital, Culture, Media & Sport has identified significant regional variation for digital skills and inclusion⁵.

Digital Inclusion is estimated using measures of Infrastructure availability, the number of people who have never been online, possession and use of basic digital skills as well as social measures which predict exclusion. Figure 1 demonstrates that outside our two city conurbations, the likelihood of Digital Exclusion is high⁶.

Welsh Government's Strategy (September 2017) set a central mission of delivering *Prosperity for All* and describes what needs to be done to deliver its priorities, and how it will join up services and work differently across Government and with partners to have a greater impact in improving digital skills⁷. There is an ambitious programme (Superfast Broadband Cymru) to deliver the required infrastructure to those households not commercially attractive to broadband providers and the Swansea Bay City Deal has made improved infrastructure a priority.

As part of the "Curriculum for Wales" reforms, a new Digital Competence Framework was made available to all schools from September 2016. The new approach means more than just using computers and aims to equip pupils with the cross-curricular digital skills they need and can apply in the real world in the years to come.⁸ Whilst welcome, there are many citizens without the digital skills they need to engage with the NHS digitally. This applies to our patients but also our staff.

⁵ <u>https://digitalinclusion.blog.gov.uk accessed 27 May 2018</u>

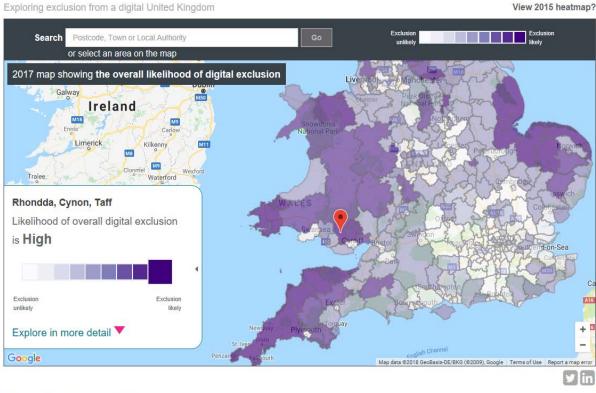
⁶ <u>http://heatmap.thetechpartnership.com</u> accessed 20 May 2018

⁷ <u>https://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf</u>

⁸ <u>http://www.gov.wales</u>



Exploring exclusion from a digital United Kingdom





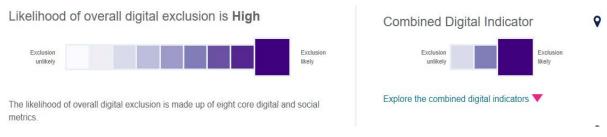


Figure 1: Digital Inclusion "Heat Map" for England and Wales 2017

THE CASE FOR DIGITAL INCLUSION

Digital Inclusion benefits citizens as well as the NHS. Improving digital literacy has been shown to have a significant impact on improving health outcomes for patients by helping them to take control of their health and care. Giving them skills to access to the right information and services enables them to manage their conditions better as well as helping to relieve the burden on NHS services⁹.

⁹ https://digital.nhs.uk/about-nhs-digital/our-work/transforming-health-and-care-throughtechnology/self-care-and-prevention-domain-a/widening-digital-participation

The benefits for individual patients and carers, include:

- improved self-care for minor ailments
- improved self-management of long term conditions
- improved take-up of digital health tools and services
- time saved through accessing services digitally
- cost saved through accessing services digitally
- reduced loneliness and isolation

Supporting people to get online and use digital health resources can be crucial to delivering NHS priorities including:

- physical and mental wellbeing
- prevention
- avoiding deterioration of existing health conditions
- self-care
- long term condition management
- appropriate use of urgent and emergency care
- shared care
- shared decision making
- more appropriate use of services, including primary care and urgent care
- better patient adherence to medicines and treatments

Evaluation of Phase One of the NHS Widening Digital Participation programme in England provides the most detailed analysis in the UK of the impact of increasing digital inclusion on health. Of those who were supported by the programme¹⁰:

- 56% went on to find information on the internet about health
- 59% felt more confident in using health information
- 51% have now used the internet to explore ways to improve mental health and wellbeing
- 52% feel less lonely or isolated
- 54% of those in need of non-urgent medical advice said they would now go online before consulting their GP, to look at sites such as NHS Choices
- 21% made fewer calls or visits to their GP, with 54% of those saving at least three calls in the three months before being surveyed and 40% saving at least three visits over this period.
- 10% made fewer calls to NHS 111, with 42% of those saving at least three calls in the three months before being surveyed.
- 6% made fewer visits to A&E, with 30% of these saving a minimum of three visits in the three months before being surveyed.
- 29% went online to find health services, such as looking for a new GP.
- 22% progressed to booking GP appointments online and 20% have ordered repeat prescriptions online.
- 17% went online to rate or review their GP or another health service they have used.

¹⁰ <u>https://www.goodthingsfoundation.org/</u> [Tinder Foundation]

This evaluation estimates a return on investment of £6.40 for every £1.00 spent by the NHS on digital inclusion support.

Increasing digital inclusion has benefits for society as a whole, as well as for the NHS. It is important to take these benefits into consideration when considering the impacts for public health. Analysis of Scottish data carried out for Carnegie UK Trust ¹¹ in 2016 demonstrated the wider societal benefits of internet use being associated with better health and wellbeing.

Those who use the internet are more likely to have:

- been to a cultural event
- visited outdoors for recreation
- taken part in sport
- volunteered

Conversely those who are not online are more likely to have visited their doctor once a month or more.

A 2014 report from BT - Valuing Digital Inclusion¹² - calculated the social return on investment (SROI) of digital inclusion for individuals and for workers.

For individuals, getting online is worth £1,064 a year due to:

- increased confidence
- less social isolation
- financial savings
- increased opportunities in employment and leisure

In 2015 Welsh Government acknowledged the findings of The Cabinet Office Digital Efficiency Report which suggested that online transactions are 20 times cheaper than by phone, 30 times cheaper than by post and as much as 50 times cheaper than face to face¹³.

EQUITY OF OPPORTUNITY AND ACCESS

In launching the Digital Health and Care strategy for Wales¹⁴, Mark Drakeford AM recognised the opportunity digital technologies provide to "create a Wales where

¹¹ <u>https://www.carnegieuktrust.org.uk/publications/role-digital-exclusion-social-exclusion/</u>

¹² https://www.btplc.com/Purposefulbusiness/Connectivity/Beingonlineisgoodforsociety/Valuing-Digital-Inclusion.pdf

¹³ Digital First. Welsh Government 2015

¹⁴ Informed Health and Care: A Digital Health and Social Care Strategy for Wales

citizens have more control of their health and social care, can access their information and interact with services online as easily as they do with other public sectors or other aspects of their lives, promoting equity between those that provide and those that use our services in line with prudent healthcare and sustainable social services".

In 1971 Julian Tudor Hart described the "Inverse Care Law"¹⁵ in South Wales, with the principle that the availability of good medical or social care tends to vary inversely with the need of the population served. More recently, research has shown that those who suffer social exclusion are at least four times more likely to be digitally disengaged than those who are more socially advantaged16. It is therefore essential that we do not act to create a "Digital Inverse Care Law", leaving behind those who are digitally excluded; either by choice or circumstance. This will require careful planning and constant monitoring.

WHAT IS THE NHS IN WALES ALREADY DOING?

The NHS in Wales has huge reach into communities, through our community services, local health and wellbeing centres, pharmacists, optometrists, dentist and GP surgeries as well as through outpatient consultations. We also work closely with local authority, academic and third and voluntary sector partners.

Although there is no "central register" of Digital Inclusion activities, several elements of Workstream one ("Information for You") in the national digital plan will improve Inclusion. We know that Health Boards and Trusts have installed free public Wi-Fi on hospital premises making it easier for patients to use information and services when they most need them, and many have programmes to improve the digital skills of their staff. Digital Communities Wales report that most Health Boards have developed local initiatives to improve Digital Inclusion for patients.

Nonetheless we have not seen a concerted and co-ordinated effort by the NHS in Wales to use our reach to help address the levels of Digital Exclusion that exist. Not only are we missing out on opportunities to improve the health, wellbeing and wealth of our communities and hence reduce demand on the NHS, but we are increasing

¹⁵ THE INVERSE CARE LAW Tudor Hart, Julian. Lancet , Volume 297 , Issue 7696 , 405 - 412

¹⁶ Price Waterhouse Coopers (2009) "Champion for Digital Inclusion, The Economic Case for Digital Inclusion" <u>http://parliamentandinternet.org.uk/wp-content/uploads/Final_report.pdf</u>

the risk that the most advantaged will benefit from digital strategies whilst the disadvantaged who would benefit most, will be left behind.

Unless rates of digital inclusion rise steeply we will find that our efforts to adopt "digital first" solutions are hampered and delayed leading to protracted periods of "double-running" of analogue and digital approaches and non-delivery of benefits.

WHAT IS ABMU DOING?

ABMU is probably at the forefront of "citizen-facing" digital initiatives. We were the first Health Board to offer free public WiFi in a hospital and since April 2018 provide that in every acute and community hospital in the Health Board. We have up to 12,000 concurrent users at peak times. We are the first Health Board to offer our patients a patient-controlled record (Patient's Know Best) with integration into the national data architecture. For the first time in Wales patients will have access to their secondary care information and be able to share that securely with whoever they wish as well as being able to message their clinical team for advice. This evaluation demonstrator will go live for outpatients in Princess of Wales shortly. Alongside that we are working with Digital Communities Wales to provide support to patients to use Patient Knows Best and other online applications. We gave up our inhouse IT training capacity as a "CIP" some time ago but we have recently invested in trainers for some of our digitally excluded staff to support them through their online training and hope to expand this to broadening their basic digital skills capability, which will improve their life opportunities. However, we do not have a programme for digital skills for patients or staff more generally. This means we do not get best value or efficiency when our staff use software applications (eg office, ESR) and some of our patients cannot engage with us digitally when we would want them to be able to do so.

WHAT MORE COULD THE NHS DO?

We are fortunate that there is plenty of experience and advice that we can draw upon: Welsh Government has a Digital Inclusion Board and has commissioned the Wales Co-operative Centre to deliver Digital Communities Wales¹⁷. Although quite a modestly funded programme, it has some excellent online resources and has supported many organisations to improve Digital Inclusion. Over 200 organisations in Wales have signed their Digital Inclusion Charter¹⁸ (Annex A), although no NHS body has yet done so in its own right. If Boards and Trusts were to adopt the charter

¹⁷ https://digitalcommunities.gov.wales/#what_we_do

¹⁸ <u>https://digitalcommunities.gov.wales/charter/sign/</u>

it would demonstrate commitment to Digital Inclusion and bring some focus for Boards on this important issue.

NHS Digital in England have just published a Digital Inclusion Guide for Health and Social Care¹⁹, which contains important principles for a Digital Inclusion strategy and references further guidance from the UK Government Digital Service as well as extensive links to online resources and partner organisations. Whilst inevitably some of the content is not applicable in Wales and there is local information that would be relevant to us in NHS Wales, there would be merit in considering if this workstream should commission such a guide for NHS and Social Care in Wales. This could be informed by research commissioned by Wales Co-operative Centre, in partnership with ABMU from Carnegie Trust UK which will report in November 2018.

ACKNOWLEDGEMENTS

I am grateful to Karen Lewis, Wales Co-operative Centre and Professor Tom Crick MBE, for their assistance with this paper.

RECOMMENDATIONS

- 6. To note the benefits of addressing Digital Inclusion and the risks of not doing so
- 7. To note Welsh Government expectations of NHS Wales to play a greater part in improving Digital Inclusion.
- 8. For ABMU to adopt the Digital Inclusion Charter and explore opportunities to secure a Digital Inclusion co-ordinator on a trial basis and to develop Digital Champions in all our units and amongst our larger staff groups.
- 9. For ABMU to commission support for Digital Inclusion from partners with the requisite skills to support us in supporting our patients and staff.
- 10. ABMU to advocate for a Digital Inclusion Guide to be commissioned for all of NHS wales to use.

¹⁹ https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion

Annex A

Digital Inclusion Charter for Organisations

Launched in February 2016, Digital Communities Wales have created a Digital Inclusion Charter for organisations in Wales which are promoting basic digital skills and helping people get online.

Charter Principles

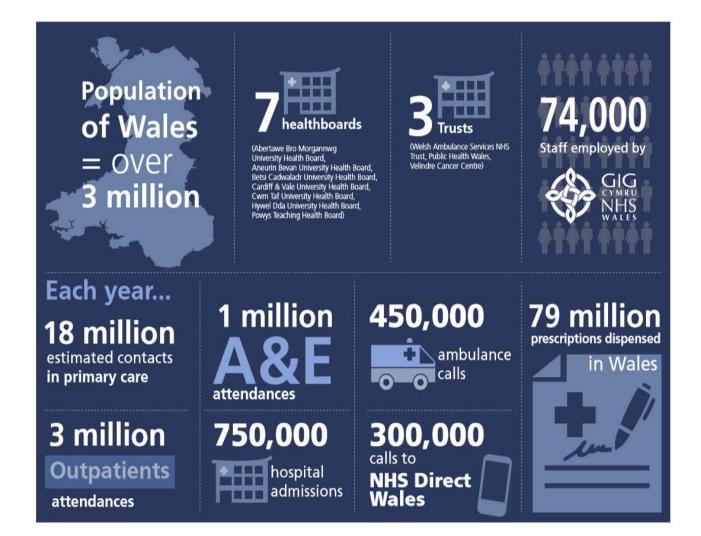
- 1. Ensure that all our staff and volunteers have an opportunity to learn basic digital skills, and that they take advantage of this opportunity.
- 2. Ensure that digital inclusion principles are embedded into our day to day activities.
- 3. Encourage and support our staff and volunteers to help other people to get online and have the confidence to develop basic digital skills and help other organisations to embrace digital tools.
- 4. Commit support and resources for digital inclusion activities and initiatives in Wales in whatever ways we can.
- 5. Share best practice and activity around digital inclusion with Digital Communities Wales so that our activities can be co-ordinated for maximum impact and measured consistently.
- 6. Look to build local partnerships amongst organisations which want to share ideas and co-ordinate activities with others in their area.

To sign up your organisation, go to:

https://digitalcommunities.gov.wales/charter/sign/

Appendix B

Summary of patient / service users contacts in NHS Wales



The NHS in Wales has huge reach and regular contact with our its communities that can be used to support Digital Inclusion for citizens

corporate objectives (please ✓)	enabling healthie	3		ivering	De	monotroting	Securing o	4 11	Er	nhadding	
		Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		emonstrating value and ustainability	Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
	Х		Х		Х		Х		Х		
and Care \square	Staying	Safe			Dignified		Timely	Individual		Staff and	
	Healthy	Car	Care Care Care Care						Resources		
Standards	Х			Х				X X			
(please ✓)		4	_								
Quality, Safety a					1						
By engaging in Di											
we will reduce ris											
patient engageme		•									
employer who dev					alth	n Board tha	at is suppo	rting	its pa	atients	
and modernising		ot w	orking	J.							
Financial Implica											
We will need to co											
inclusion. In the fi											
inclusion co-ordin											
support. We could											
ROI has been sho			-	ant as di	gita	al exclusio	n will be a	barrie	er to	service	
change towards c											
Legal Implication											
It is acknowledge											
digitally excluded. This initiative therefore would be expected to have a positive											
impact on equality	у.										
Staffing Implicat	ions										
The appointment	or secor	ndm	ent of	f a Digita	al Ir	nclusion Co	o-ordinator	on a	a fixe	d term	
basis. Agreement				0							
need some time r							0	•			
					•						
Long Term Impli Generations (Wa		•		ng the ii	mp	act of the	Well-bein	g of I	Futu	re	
Improving the dig				usion of	oui	r staff and	patients wi	ll cor	ntribu	ite	
positively to "A pr											
Wales", a "More e				•	•						
contributing to a "								,			
Report History											
	Management Board and presented to the WG Digital and										
		Data Group, chaired by the Leader of the House in June									
)18	2. Cup	,	~ ~	, 2000					
Appendices	Di	gital	Inclu	sion Ch	arte	er for Orga	nisations i	n Wa	les (Annex	
	A)	•				Ũ			```		
	N	HS a	activity	v infogra	aph	ic (Annex I	3)				