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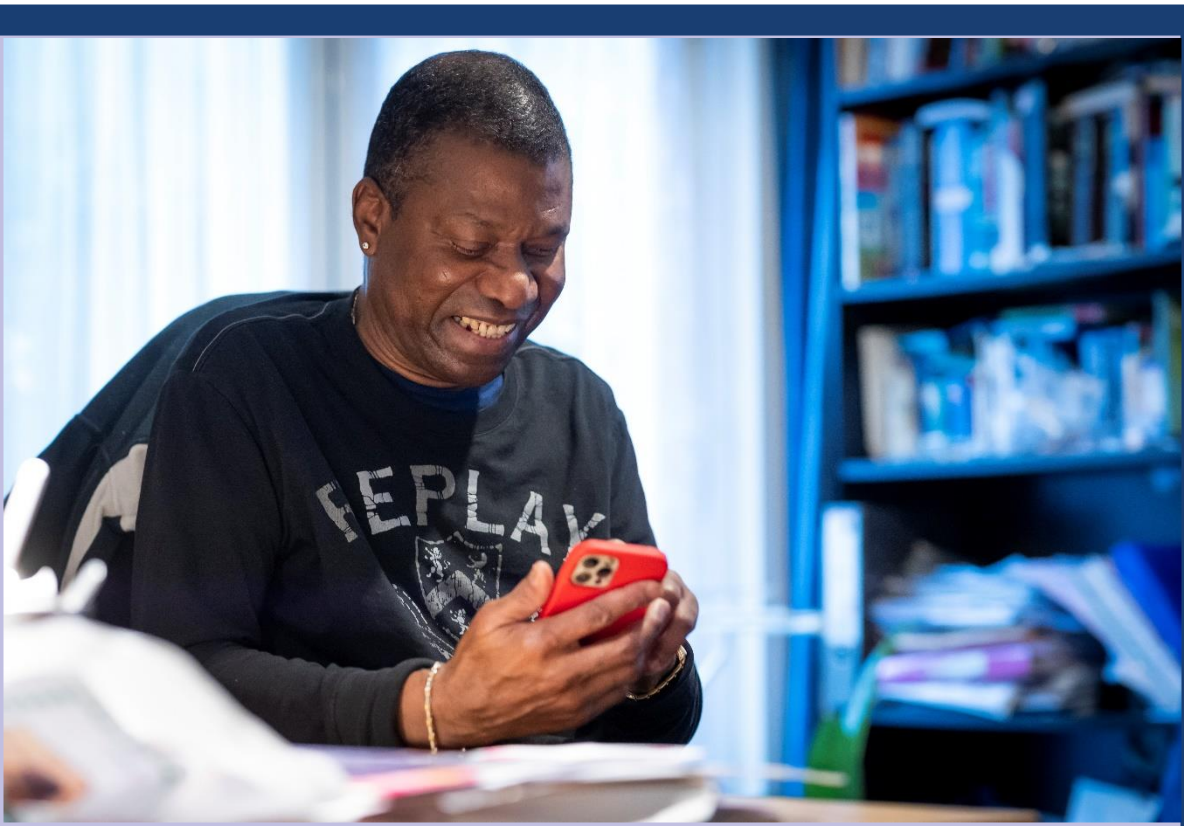

Experiences and views of older adults of South Asian background and Black African or Caribbean background about digitalisation of primary care services since the COVID-19 pandemic

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Executive Summary

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This report presents independent research funded by the National Institute for Health Research Policy Research Unit in Older People and Frailty. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Policy Research Unit Programme Reference Number PR-PRU-1217-21502

Executive summary

Background

For at least a decade, the World Health Organization (WHO) has been encouraging use of digital technology to improve health and social care services.[1] The NHS Long Term Plan outlines a ‘digital first’ vision that prioritises digital access to services[2] and the ‘Empowering the Person’ roadmap outlines milestones for ‘digital first’ services.[3] The COVID-19 pandemic of 2020-23 led governments worldwide to mandate lockdowns and social restrictions; both in UK and internationally, this was accompanied by rapid implementation of many digital health and care services.[4,5] In June 2022, the UK government affirmed its policy position for the continued digitalisation of health and social care, focusing on the NHS app as the ‘front door’ to NHS services, greater use of electronic care records, and digital self-management of long-term conditions.[6] There is a growing role for digital technologies to access health and care services, but as older age is the single main predictor for digital exclusion, there are concerns that older adults are being disadvantaged and excluded.[7] Other barriers to digital inclusion include socioeconomic status, literacy levels and ethnicity; the latter may include digital, literacy and language barriers for people from minority ethnic groups but may also be compounded by a lack of trust in authoritative institutions like the NHS.[8]

Prior to the COVID-19 pandemic, there is a lack of evidence for technologies to facilitate older adults’ access to health and care services. In the evidence collected since the start of the pandemic, there are two major shortcomings: (a) a dearth of qualitative evidence in the UK peer-reviewed literature that focuses specifically on older adults’ perceptions and experiences of digitalisation of health and care services since the start of the pandemic; (b) a lack of analytical focus on personal characteristics related to health inequalities, including ethnicity.

Aims and approach

The present study provides a qualitative exploration of the experiences of older adults from South Asian backgrounds and Black African or Caribbean backgrounds in the use of digitalised primary care services. These two groups were chosen as they are the two largest minority ethnic groups in England and Wales.[9] Twenty-seven people took part in four focus groups held in-person or online using video conferencing software. Patient and public involvement and engagement (PPIE) was sought in two ways: (1) through a participatory approach with community organisations for the recruitment and arrangement of focus groups; (2) through feedback on the focus group topic guide. Data were analysed via framework analysis.

Findings

The findings are organised around four key themes:

Accessibility

This theme explores the extent to which people feel that online/remote access to health services is accessible. Many participants referred to trying (and often failing) to telephone GPs at 8am to get an appointment. Some participants felt that the role of the receptionist has become more of a gatekeeping role, in which receptionists ask what are perceived to be sometimes inappropriate, personal or sensitive questions about symptoms and reasons for wanting a GP appointment.

There was a strong sense that language difficulties made remote access to health services difficult for older people who do not speak English as a first language, both in terms of attempting to use online means to access appointments or health information, but also if they needed to explain medical symptoms over the telephone. Some participants suggested that it might be useful if information and interactive services were available in different languages. However, others were mindful that poor first-language literacy among some older people in their communities meant that this would not suit everybody.

There was a perception that online systems and technology-facilitated access are designed for predominantly ‘white people’ or those who are proficient in English, with concerns expressed with the lack of consultation during the development stages. Participants talked extensively about (a lack of) digital skills among older people in their communities.

Overall, the role of (usually younger) relatives and members of community organisations to support people digitally (both in general and around health appointments/prescriptions) was cited as being important. However, it is not clear how appropriate this might be in the context of health care in upholding privacy, e.g., in the case of women making gynaecological appointments.

Importance of visual contact with clinicians

This theme highlights the extent to which people feel it is important to be able physically to see (and be seen by) a health professional. There was a strong preference for in-person appointments as participants queried how well GPs might understand a problem if they cannot see the patient. Others suggested that a face-face consultation with their GPs was important at an inter-personal level for the purposes of ‘connectiveness’ which was described as ‘uplifting’ and ‘healing’. This was also related to some of the feelings about language challenges and the feeling that some older people may be able to explain problems much better in person rather than online or over the telephone.

Although there was limited experience of video consultations with GPs, some participants were positive about this mode of consultation and perceived it to be the next best thing to an in-person appointment. Video consultation was seen as a familiar mode of communication as participants were able to relate it to remote interaction with relatives during the pandemic.

Stresses of shift to remote access

This theme identifies psychosocial impacts for participants attempting to access health services remotely. There were multiple examples of fear of using technology to make health appointments, which caused stress, agitation, frustration and high levels of anxiety at not being able to make health appointments. These experiences were felt by some to contribute to a deeper fear of becoming ill in the first place.

Some participants felt that digital access to health care has been ‘thrown at them’ and that it will take time for them to adjust to this new way of working. There were concerns about consent and the ‘small print’, with the sense that people may be very confused about what is happening with their data when engaging with the health service digitally. This sense of fear and confusion of using technologies to access health care was cited within a wider narrative of fear and lack of confidence in using technologies more generally (e.g., fear of online banking and scams).

The topic of institutional racism and discrimination within the health service was raised by participants in the Black African Caribbean groups, with some feeling that they are not treated with sympathy, empathy or respect when making appointments. There were descriptions of being treated differently, both over the telephone and in person, because of being identified as Black or ‘not British’.

There were some reflections on cultural gender differences, with examples of digitally excluded Asian men possibly being further excluded because they are more reluctant to seek health care than women. However, these reflections were made with the caveat that the vast majority of study participants were women.

How far digital is the answer

This theme explores the extent to which participants view digital access to health and care services as acceptable and appropriate. Participants accepted that digitalisation is the way forward but cautioned against seeing it as a panacea. There was recognition that one size does not fit all and there were calls for offline alternatives. Choice was seen as very important, and participants felt that people should be given options about mode of consultation, with some suggesting adopting a ‘hybrid approach’ as a way forward. Some participants were sceptical about the potential benefits of technology-based access to the health service if there was a fundamental lack of clinical workforce to deliver care.

Implications/Recommendations for policymakers

A number of suggestions arise from this work for policymakers to consider regarding the future of digitalised health and care services:

- Design of digital health services must involve in-depth consultation and user experience research with older adults from diverse backgrounds, including those who have limited English language ability.
- It is important not to underestimate the impact of language barriers and the challenges this can pose for digital literacy and engagement. Simply offering translation functions within digital technologies may be insufficient.
- Although older adults may be able to ask friends or family for support in using digital technologies and may be willing to learn how to use digital technologies, there are times when this will not be appropriate as people need privacy to raise intimate health issues.
- More simple queries may be addressed online or via telephone, but face-to-face/visual contact with clinicians is important to allow patients to feel confident that their problems are understood, and to develop a therapeutic relationship. This may be particularly important for older people who have limited or no English language skills, and particularly important for certain health issues such as sexual/reproductive health and mental health. The use of video technology is seen as an acceptable alternative to in-person consultations.
- It is imperative to maintain choice in how to access health services, including hybrid and offline options.
- The use of buddies or champions at a practice level may warrant further consideration and evaluation to help support people who are having difficulty accessing services.

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