NIHR | Policy Research Unit Older People and Frailty

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

Alex Hall, Nisar Ahmed, Brenda Poku,
Jane McDermott, Jayne Astbury, Chris Todd

Briefing Summary

August 2023

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

Briefing Summary

August 2023

Alex Hall, Nisar Ahmed, Brenda Poku, Jane McDermott, Jayne Astbury, Chris Todd

NIHR Older People and Frailty Policy Research Unit
School of Health Sciences, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, M13 9PL, UK.

The study

The COVID-19 pandemic of 2020-23 led governments worldwide to mandate lockdowns and social restrictions, accompanied by rapid implementation of many digital health and care services. As older age is the single main predictor for digital exclusion, there are concerns that older adults are being disadvantaged and excluded. Other barriers to digital inclusion include literacy levels and ethnicity. There is a lack of robust evidence that focuses on the experiences of older adults from minority ethnic groups in accessing health and care services since the start of the pandemic.

This study aimed to explore the experiences of older adults from South Asian backgrounds and Black African or Caribbean backgrounds in the use of digitalised primary care services since the beginning of the pandemic. This report summarises the views of 27 older adults from these two minority ethnic groups, obtained from face-to-face and online focus groups held in April and May 2023.

Main findings

Four main themes were identified in the data:

Accessibility

- Participants reported strong concerns of language barriers for older people in their communities where English is not spoken as a first language.
- Participants were critical of a perceived increase in gatekeeping by GP receptionists and inappropriate questions about reasons for appointments.

Importance of visual contact with clinicians

- Participants felt that visual contact with clinicians is important to allow patients to feel confident that their problems are understood, and to develop a therapeutic relationship.
- Participants preferred face-to-face consultations but saw video consultations as an acceptable alternative in maintaining visual contact.

Stresses of shift to remote access

- Some participants highlighted frustrations and distress at being unable to make appointments via technologies available, and that this has led to a deeper fear of becoming ill in the first place.
- Some participants of Black African Caribbean background reported discrimination and racism when trying to make appointments.

How far is technology the answer?

- Participants recognised that digital is here to stay and can bring many benefits but cautioned against seeing it as a panacea and advocated for choice of access.
- There were suggestions that simple queries may be appropriately addressed remotely, but certain issues (e.g., sexual/reproductive health; mental health) are more appropriately addressed face-to-face.

Key recommendations

- 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.
- Visual/in-person contact with clinicians is perceived as very important. 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 offline options.

NIHR | Policy Research Unit
Older People and Frailty

This document is available in large print.

Please contact the NIHR Older People and Frailty PRU for assistance.

Email: pru-manager@manchester.ac.uk

Telephone: 0161 306 7797

MANCHESTER 1824
The University of Manchester

Newcastle University

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at **LSE**