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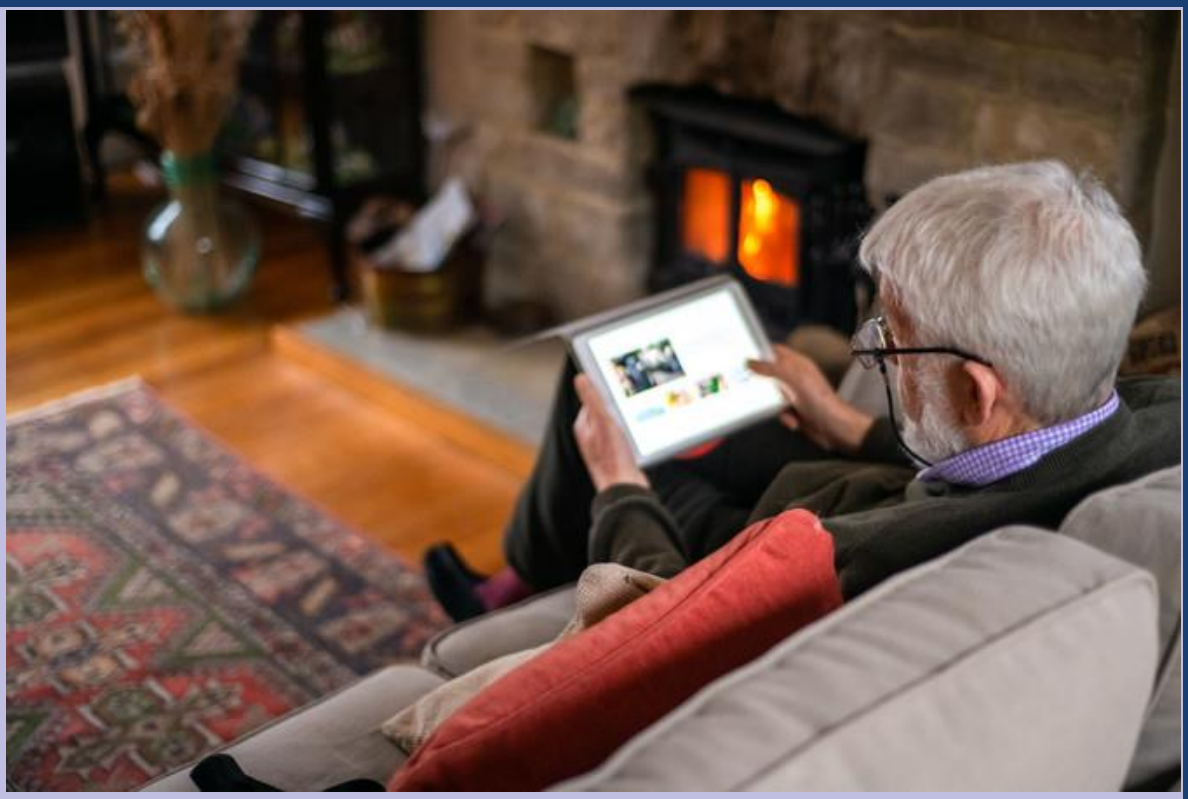

Digitalisation of health and care services for older adults; what can we learn from the COVID-19 pandemic

Summary Briefing

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Digitalisation of health and care services for older adults; what can we learn from the COVID-19 pandemic:

Summary Briefing

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The Problem

- The COVID-19 pandemic has accelerated the digitalisation of health and care services. This may be challenging for older people, who are the most likely to experience inequitable access to care as a result of digital exclusion.

Our Approach

- A mapping review of academic and grey literature was undertaken to a) identify the types of evidence available on the digitalisation of health and care services for older adults since the start of the pandemic and b) highlight gaps in the evidence base.

Key Findings

- Twenty-three UK studies were identified. Seventeen explored participants' experiences and perceptions of digitalised services, six focused on service utilisation and four on health outcomes (some collected more than one outcome).
- We assessed inclusion of equity factors via the PROGRESS-Plus framework[1]. Most UK studies collected evidence on between one and four equity factors; Age, gender, and race/ethnicity were the most often collected; occupation, religion, and social capital the least. Thirteen studies did not use information about equity factors to further segment their research data.
- To meaningfully address the effects of inequity stratifying along relevant PROGRESS-Plus factors is needed to identify the specific groups of older people who are most at risk from digital exclusion and to explore the intersectionality between services, technology and equity.
- UK studies were split almost evenly between those set in primary care (10 studies across GP, outpatients and unspecified primary care services), and those in what are traditionally considered secondary care services (13 studies across nine services including mental health, rheumatology and memory clinics). Given that a broader range of secondary services was included in the international literature (31 services), including, cardiology and cancer there may be a need for more primary evidence from UK services.
- Mapping the literature did not allow us to identify whether other services were being offered digitally but not yet evaluated or were not currently being provided digitally. We suggest more evidence is needed to understand which services have been digitalised in the UK.
- The UK evidence base centred on the use of telephones for remote service delivery (18 studies), but it was not always clear whether these were specifically digital/smartphone-based services. Video technology to facilitate clinician/patient interactions was explored in 14 studies. Six studies included online data capture such as e-booking and three incorporated apps. We found no UK studies exploring the use of wearable technology or delivery of webinars/classes via a health service.
- More understanding of how different types of technology are being used to deliver digitalised services, including whether telephone consultations were using landline or mobile technology and how video technology is being used, would help to identify the type of equipment and support which may be needed to help older people access services. Additional research on how other technologies such as apps and wearable monitors are being used would provide evidence of need.

[1] The PROGRESS-Plus framework considers Place, Race/ ethnicity, Occupation, Gender, Religion, Education, Socioeconomic factors, Social capital and Plus (e.g. age, disabilities)

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