



Impact of digitalisation on access to primary care for older people during the COVID-19 pandemic: an analysis using OpenSAFELY

Abodunrin Q Aminu, David R Sinclair, Katie Davies,
Alex Hall, Milan Wiedemann, Terence W O'Neill,
Barbara Hanratty, Andrew Clegg, Chris Todd

Briefing Summary

June 2024

Impact of digitalisation on access to primary care for older people during the COVID-19 pandemic: an analysis using OpenSAFELY

Briefing Summary

Abodunrin Q Aminu¹, David R Sinclair², Katie Davies¹, Alex Hall¹,
Milan Wiedemann³, Terence W O'Neill¹, Barbara Hanratty²,
Andrew Clegg¹, Chris Todd¹

NIHR Older People and Frailty Policy Research Unit

¹ School of Health Sciences, University of Manchester

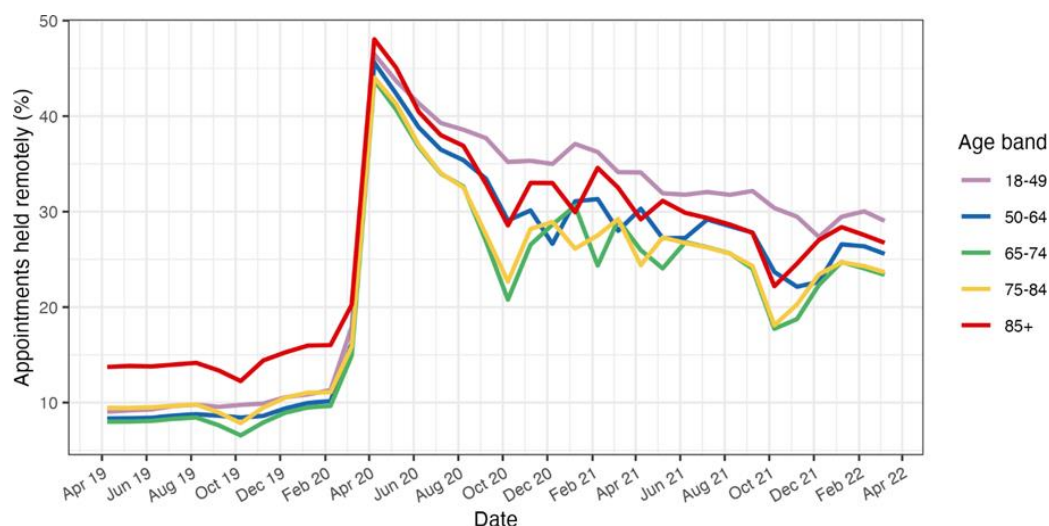
² Population Health Sciences Institute, Newcastle University

³ Nuffield Department of Primary Care Health Sciences, University of Oxford

June 2024

This research was funded through the National Institute for Health and Care Research (NIHR) Policy Research Unit in Older People and Frailty (funding reference PR-PRU-1217-2150). As of 01.01.24, the unit has been renamed to the NIHR Policy Research Unit in Healthy Ageing (funding reference NIHR206119). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

In this report, we present a feasibility study that examined the trends in remote consultations (telephone, video, and online GP consultations) among older people compared to younger adults in England before and during the COVID-19 pandemic, using TPP electronic health records data via the OpenSAFELY platform. By analysing approximately 19 million pseudo-anonymised records between 2019 and 2022, we found the following trends in remote consultations in England:



The annual number of remote consultations increased from 10 million remote consultations in the pre-pandemic period (March 2019 – March 2020) to 32 million in the pandemic years (March 2020 to March 2022) – an increase of over 200%.

- Analysis by age showed that pre-pandemic, whilst 85+ year olds had the least overall number of remote consultations of all adult age-groups, they also had the highest probability of a remote consultation (13%). However, in the pandemic period, the probability of remote consultation increased for all age groups with those age 18-49 years having highest proportion and those age 85+ having the second highest proportion.
- Analysis by gender showed that men were less likely to have remote consultations than women pre-pandemic and in the two years since the pandemic started.
- Analysis by socioeconomic status showed that prior to the pandemic, people from the two most deprived IMD quintiles had higher probabilities of remote consultations (IMD 1&2; 0.103 and 0.104, respectively) than people from the two least deprived quintiles (IMD 4&5; 0.094 and 0.086, respectively). This trend was maintained through the first two years of the pandemic with the most deprived group being more likely to have remote consultations.
- Analysis by ethnicity showed that in each of the three years analysed, White people were the ethnic group most likely to have a remote consultation.

Increased use of digital services is part of an NHSE policy for improving access to primary care and aligns with government policy for a national transition to digital telephony scheduled for completion in 2025. There are some concerns that a transition to digital services in primary care may exclude access for some older people. Whilst our findings show that there were significant variations in remote consultations by age, gender, ethnicity and deprivation quintiles during the pandemic, digitalisation may also have contributed to a greater number of appointments overall, potentially reducing barriers to primary care. Further research is warranted to examine the impact of these variations on health outcomes and OpenSAFELY as a platform for conducting such analysis is feasible.

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