Royal College of Physicians of Edinburgh response to Digital Poverty Alliance Inquiry into Digital Inclusion and Health Call for Evidence

<u>1. Do you have experience to share around the different impacts of digital poverty at different life stages? For example, around pregnancy and parenthood, or on older people?</u>

The Royal College of Physicians of Edinburgh ("the College") is pleased to be able to respond to this call for evidence on digital inclusion and health which it considers is an important and highly relevant subject.

To inform our response, the College sought the views of a number of our Fellows working across the UK as well as members of our Lay Advisory Committee who provided very useful input from a lay perspective.

Fellows indicated that the impact of digital poverty became especially pertinent during the COVID-19 pandemic when services were affected for all life stages, but in particular for older people. They said that the lesson was to be mindful and to mitigate the impact of digital poverty both during rapid (like Covid) and slow (chronic diseases epidemic) emergencies.

One of our Lay Advisory Committee members reflected on his experience as Chairman of Veterans' Housing Scotland, a charity that provides over 600 affordable rented homes for disabled veterans across Scotland. They said they saw many tenants struggling with on-line communications and believes that 10% of the charity's disabled households have no internet access and have to rely on other forms of communication. Many of the disabled tenants complain that on-line form filling is overly complex, lengthy and often not user friendly or intuitive; this doesn't appear to be linked to age although older tenants do struggle more and many of their aged tenants live on their own. The charity provides regional visiting officers across Scotland who assist disabled tenants with many of these problems but this is a costly resource for a not for profit charity. In addition, visual impairment and manual dexterity, especially in the elderly group can present problem with online resources.

Another Lay Advisory Committee member talks about knowing personally a number of elderly people living in remoter communities who are firmly in the digitally excluded category, namely having neither the access to broadband connectivity or any devices or the financial ability to afford to have these.

<u>2. Do you have experience to share around location? For example, the rural and urban divide, or different regions or nations of the UK?</u>

Professor Mahmood Adil, the College's Clinical Data & Digital Health Lead, produced a report in relation to Scotland *'Digital exclusion & healthcare in Scotland'* to advise the Scottish Government during the Covid-19 pandemic. This report is attached and Professor Adil would be happy to be contacted to provide further information if required; his email address is m.adil@rcpe.ac.uk

<u>3. Do you have experience to share around language barriers? Is the impact of digital positive or negative here in your own experience or that of your community?</u>

The College considers that language barriers must continue to be addressed with great care as part of the ongoing roll out of digital NHS services. The advent of google translate has been a positive experience for some people but requires education and training to use this resource.

4. Do you have experience to share around different medical specialties and the impact of digital exclusion in these settings?

5. Do you have experience to share of how lack of digital access (suitable device, suitable connectivity) plays a role in digital exclusion from health-related services?

a. Does this relate to access to devices? What devices are most suitable? Are different devices required for different tasks? Does the age of the device play a role?

b. Does this relate to connectivity? Is this more related to infrastructure or affordability?

Fellows believe that there real challenges for many patients in relation to access to devices- and patients' being able to afford to purchase devices and/or pay for broadband- and connectivity and are mindful of connectivity challenges in the most remote rural and island communities. This is critically important with the move in England to reliance on the NHS app for patients to obtain information, review their personal data and order medications and book appointments. The app is a positive move but may further alienate those who are digitally illiterate or have no access to the devices.

A number of Fellows highlighted that some colleagues have no access to a work device to undertake duties off-site and refer to challenges when working across more than one organisation but, for example, only being able to access certain services on NHS Board/Trust issued laptops. They also expressed concern at having to be completely dependent on maintaining their own wifi etc at home/off site and ensuring this is sufficient to meet demands at their own cost. In addition, where some specialities serve as regional centres such as kidney and transplant medicine, hepatology and others access by clinicians to other results systems in other centres would help to optimise care of patients.

Some added that if they had better support, including with some simple and subsequently more complex tasks and with training, they are convinced they could do more and be more efficient and cost-effective.

6. Do you have experience to share of how a lack of digital skills impacts health?

a. Are these basic digital skills - such as turning on a computer and filling in forms - or more complex skills?

b. Do you believe digital services are too complicated? If so, why? If not, do you have good examples of user-friendly services?

c. If you are working in a health-related role, have you had training on relevant digital services, including AI? Have patients had this training?

d. Have you seen AI starting to be used in digital health? Do you welcome this or not?

Fellows believe that a significant proportion of the clinical workforce may lack the appropriate levels of 'digital literacy' i.e. the ability to access, understand and use digital tools to improve patient outcomes.

Some Fellows expressed concern that in their hospital new systems are introduced without training or an organisational steer on the best or preferred methods of communication which can lead to a lack of understanding about where communications are being undertaken, where and how to store information and best practice around the security of information storage. They express particular annoyance that no training is offered in time saving features when they are introduced. They said that the use of AI, for example in summarising papers could be very helpful and were aware some colleagues were using AI successfully in this respect. It would also be useful to understand how to simplify and speed up digital activities such as via short cuts to setting up favourites lists. This training should be part of clinician induction at each hospital. Ideally a unified It system throughout the NHS would be helpful as doctors move between hospitals frequently.

The College is keen to work with all other interested stakeholders to enhance digital literacy in the clinician workforce and considers this is a critically important area.

7. Do you have experience to share around choice and empowerment?

a. Do you feel choice remains important for patients in selecting whether to engage online or offline?

b. Do you feel digitisation of services is inevitable, or do you believe certain contact methods should always have an offline alternative? If the latter, which, and why?

c. Do you feel that online services provide greater or lesser empowerment for vulnerable groups? Why?

Fellows said it was important that patients were able to exercise choice in terms of engaging online or offline. They added that there will always need to be an alternative to online services for certain groups, for example people with genuine and specific difficulties including certain disabilities. The increase in online virtual clinic consultations has led to two responses – some patients have found it useful and timesaving for simple issues while others have found it a poor substitute and feel frustrated as it often means a face-to-face consultation is not possible. Several patients have said they are given no choice in a virtual versus a face-to-face consultation. Choice should remain.

8. Do you have experience to share around e-health literacy?

a. To what extent do you feel that online health services promote greater individual health understanding?

b. To what extent do you feel people need more support to understand what sources of information are safe and reliable?

c. Do you have concerns or thoughts to share around the use of social media and influencers for health information?

Fellows consider that the UK is at early stage of this revolution and that developing the right content for appropriately stratified population while considering their needs, accessibility and digital literacy is a long journey. They suggest Nordic countries are more advanced on this and we should learn from them and other countries.

They believe that support for patients to help them understand what sources of information is reliable is very important and have real concerns about the huge amount of misinformation and

harmful content circulating online, some of which has the potential for very serious harm and even death. They highlight that the Academy of Medical Royal Colleges (AoMRC) has done some good work to develop relevant criteria and refer, as an example, to its report from 2023 *Assuring the credibility of health information sources on social media platforms* (link [here](#))

9. Do you have specific ideas to share around local solutions?

a. Do you feel that there should be a framework of digital inclusion activity for health, but with local providers deciding how best to deliver that? Why?

b. Or, do you feel that there should be a nationally consistent picture?

c. If you work in a relevant role, how would devolved nations be reflected within this, given the devolution of health but the national responsibility for digital inclusion?

Fellows consider that a national overview is important but local delivery, adapted to specific local circumstances, is essential due to the varied populations and clinical needs.

As a must, IT systems between hospitals should as far as possible be the same, information for patients should be unified around the UK to avoid confusion – for example patients' information around the UK should be standardised and consistent.