Have your say:

digital health

Healthier **Lancashire & South Cumbria**

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Executive Summary

The 'Have your say on digital health' engagement project has been a partnership between the Healthwatch Collaborative (Blackburn with Darwen, Blackpool, Cumbria and Lancashire) and Healthier Lancashire and South Cumbria. We were interested to hear from local people about how they were currently using technology to manage their health and wellbeing and to use this insight to shape the future strategy of digital health across Lancashire and South Cumbria.

The engagement programme was undertaken during the summer and autumn months of 2018 and involved the collection of 1,225 survey responses (online and paper survey), in depth conversations with people at 38 Chatty Van or community engagements and a further 12 focus groups, where we spoke to 185 people.

Despite high levels of people using digital technology, we identified more than 70% of survey responders were not using any websites or apps (an application downloaded by a user to a mobile device) to support their health and wellbeing. People who were going online to support their health and wellbeing preferred websites that were easy to use, understand and access. The NHS website (https://nhs.uk) was identified by many as a "trusted" source of information. We identified through the survey results that "not wanting to use digital health resources","not knowing about them" or "not understanding how to use them" were the main reasons that people were not currently engaging in using this technology to support their health and wellbeing needs.

Some people commented that they were "too old", "they could not afford to use digital technology", they found it "hard to remember the passwords" or they were "concerned about the security of sharing information online about their health". In addition, others commented that they did not want to lose the opportunity to speak to someone directly about their health or to rely on "Dr Google" for a diagnosis, with many people identifying anxiety caused through searching the web around health symptoms. More than 80% of respondents did not use any online discussion groups or forums.

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Executive Summary

Where people did use them, they identified that "getting support from other people with the same or similar experiences and conditions", "getting advice or suggestions from others" as well as "providing an opportunity to share their experience with others" were the main reasons for engaging in discussion groups and forums. Email (30%), text messages (28%) and by letter (15%) were preferred methods for receiving communications from healthcare providers.

During the Chatty Van and pop-up engagements we captured key themes through in-depth conversations as well as people's personal stories of using digital health. Building on these conversations we then met with a mix of different groups across Lancashire and South Cumbria to sense check the findings reported to date, to explore key issues in greater depth and to ensure we had captured a diverse range of views. Alongside any current use of digital health, we identified the key concerns and barriers that people experienced - as well as what would encourage people to more actively use technology in the future to support their health and wellbeing. In terms of barriers, people identified concerns around accessibility, security, social isolation, lack of support from some healthcare staff, reliability/quality of the digital health offer, as well as just not wanting to use or being ready to use these options. In addition, groups with disability, long-term health, religion and language needs identified where digital health services were not meeting their needs.

With regards to what would encourage access to digital health, the focus groups identified raising awareness, improving skills and confidence, learning from others, tailoring services (to meet individual needs), improving online registration systems, improving access to health results and records, as well as support from healthcare staff and community champions as being needed to help them to use these options.

The findings of this report will be used to inform the development of the Healthier Lancashire and South Cumbria digital delivery plans for 2019/20 and beyond.

For the latest news and developments in digital health across Lancashire and South Cumbria, visit: www.healthierlsc.co.uk/digitalfuture and follow @healthierlsc on Twitter or like Healthier Lancashire and South Cumbria on Facebook.

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2. Who is involved?

Healthwatch is an independent organisation set up to champion the views of people who use, or may use, health and social care services in Lancashire and South Cumbria, with the goal of making services better and improving health and wellbeing.

Who are Healthwatch?

Healthwatch are here to help people get the best out of their local health and social care services. This could be your GP surgery, hospital or care home for example. We listen to peoples views and experiences and share this feedback with those organisations who plan and deliver services to you.We ensure that people are consulted and are involved in the planning of new services or the changes of existing services.

Who are Healthier Lancashire and South Cumbria?

They are a partnership of organisations working together to improve services and help the 1.7 million people in Lancashire and South Cumbria live longer, healthier lives. The partnership is made up of NHS, local authority, public sector and voluntary and community organisations coming together to improve outcomes and care for local people, reduce pressures on services and make best use of our financial resources.

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3. What is this project all about?

Healthier Lancashire and South Cumbria launched their digital health strategy 'Our Digital Future' in June 2018. This strategy aims to set out how digital tools, services and new ways of working will support the future improvement and transformation of health and care services across the region.

The strategy outlines a set of shared principles aligned to five inter-connected themes: empower the person, support the frontline, manage the system more effectively, integrate services and create the future. At the heart of this is the goal to empower people to live healthier lives.

A core feature of the strategy centres around engaging people, patients, voluntary, charity and faith organisations as well as health and care services themselves, in making decisions about how we can use digital tools to improve the health and care of local people.

To do this, Healthier Lancashire and South Cumbria asked Healthwatch to help them hear from local people and to:

- explore how they currently use technology to manage their health and wellbeing and that of their families
- learn about the challenges people might face when using digital technology
- understand how they can better support people to use digital tools, and
- hear ideas about improvements for the future.

Our Digital Future shared principles

- We will create digital solutions with the people who will be using them
- We will judge our progress against this digital strategy from the public's perspective
- We will create an environment that empowers our frontline
- We will use data to prevent, predict and respond to ill-health
- We will work together to reduce complexity in order to improve quality and safety
- We will engage with academia, industry and others to accelerate innovation.

"As our digital offer grows we hope people will find it easier and more convenient to use online services, but technology will never replace the care and compassion that comes from our dedicated workforce"

DR SAKTHI KARUNANITHI MBBS
MD MPH FFPH
Chair of the Digital Health Board

4. What did we do?

Healthwatch and Healthier Lancashire and South Cumbria embarked on a listening project to hear what local people think about digital health, engaging with almost 2,000 people.

A survey was created to capture data from people regarding:

- which digital devices and online services they use
- whether they use websites or apps for health and wellbeing
- which services they use to look after their health
- whether they use any online forums for health information or advice
- how they would like the health and care organisations to communicate with them.

Between 16 May and 18 September 2018, 1,225 people completed the online survey.

Chatty Van & talking to local communities

Chatty Van went on tour and we also went out on foot to take our survey to a range of different locations. We enjoyed meeting with a variety of different people and either completing our survey with them or hearing in more depth about their digital health journeys and experiences. We visited a range of venues over the summer including:

- **hospitals**
- **libraries**
- **carnivals**
- **festivals**
- **supermarkets**
- **parks**

We spoke to more than 500 people at 38 events.

Focus groups

The focus groups provided an opportunity for us to have more detailed conversations with our communities including:

- younger and older people
- people in and seeking employment
- people from different cultural backgrounds
- people with physical or learning disabilities
- people with hearing impairments
- people with sight impairments
- people who are homeless
- drug and alcohol users
- offenders
- people with poor mental health.

We engaged with 185 people in 12 groups.

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5. Overview of the digital health survey results

1,225 people responded to our survey. The main findings are detailed below, but should you wish to view all the detailed feedback or monitoring information, please refer to the full report on the digital health survey provided in Appendix 1.

Which digital devices are people using?
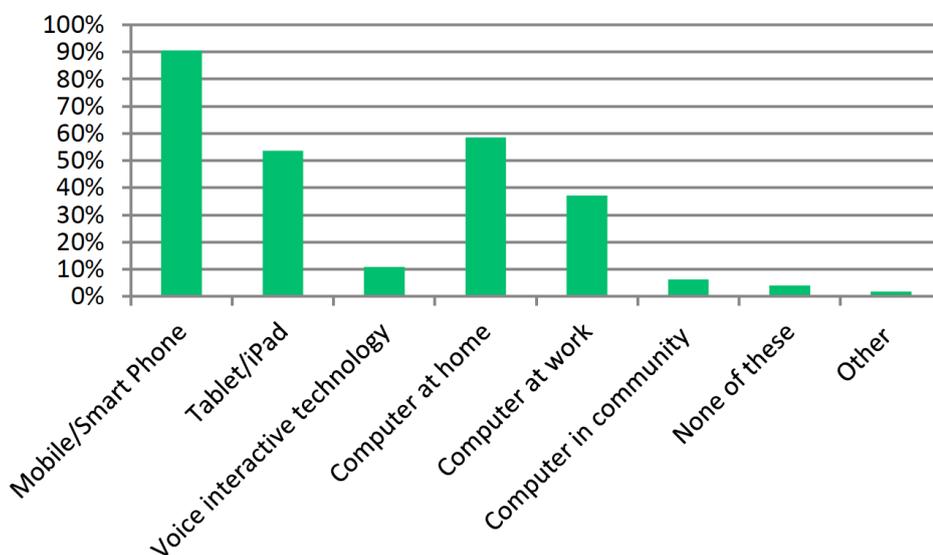
What other digital resources are people using?

People talked about smart TVs, digital health equipment such as blood pressure monitors, smart watches, gaming systems, ebooks and social media channels.

How are people using their digital devices?

- 86% use their device to search the internet
- More than 60% use their device for online shopping (66%) or to use shopping apps (61%)
- 63% use their device to access social media websites and 56% use it for social media apps
- 54% use their device for online banking and 49% for mobile banking apps
- Less than 40% use their device for online storage (38%), applying for jobs (28%) and accessing event or meeting planner websites (14%)

What is your age group?

The survey had a good response across all age groups and reflected the wider population profile with the exception of responses from under 16s which were lower than the average for the region.

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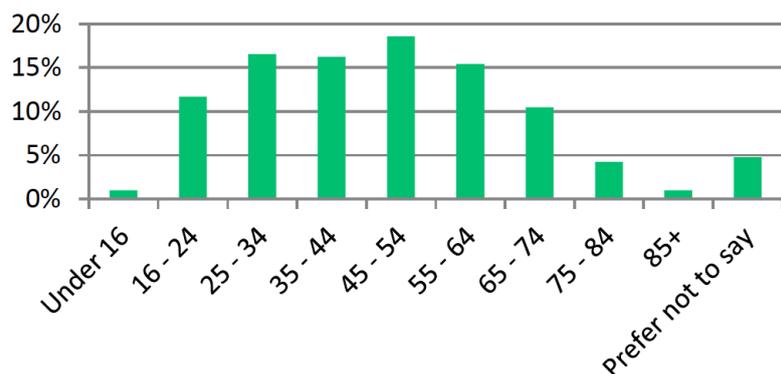
What do people use to support their health and wellbeing?

34% of respondents use digital tools to support their health and wellbeing:
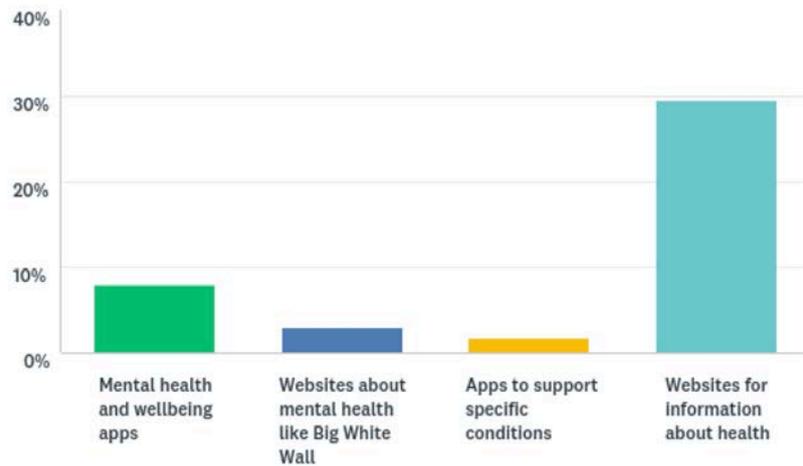
What are people's favourite apps and websites?

The most popular choices were:

- NHS Choices/ NHS Website
- Patient Access
- Fitbit
- Slimming World
- Online/ Google

The main reason given for why these websites and apps were people's favourite was because they are easy to use, understand and access.

> **My favourite is the NHS website because it's the first point of call for looking up symptoms and links you to other sites.**

Are people using digital devices to support their diet and fitness?

44% of people are using digital devices to support their diet and fitness. The following were popular; fitness apps, smart watches and weight loss apps.

What else are people doing to support their health and wellbeing?

- Downloadable apps such as Headspace, Calm, Brain Training, Sweatcoin and yoga/meditation apps.
- Using in-built smartphone apps such as Vitality Health, the Apple Health app and Samsung Health.
- Other digital options such as YouTube and podcasts.
- Non digital options such as reading books, health newsletters, walking the dog, using the gym, meeting with friends, using an exercise bike and watching videos and DVDs.

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How did people find out about their favourite websites and apps?

The most popular ways of finding out were:

- NHS Choices/ NHS website
- Patient Access
- Fitbit
- Slimming World
- Online/ Google

People also mentioned:

- Work/ colleague
- Pre-loaded on phone when bought
- Advertisement

I don't want to lose the ability to talk.

Most apps aren't accessible if you have a visual impairment.

The internet has provided very good support for my daughter with mental health and addiction problems, people just print off the information for me.

What are people using to support them in interacting with a service?

- Almost 1 in 5 people use the Patient Access website.
- Almost 10% use online services to access GP records but less than 2% have online access to hospital records.
- Less than 3% use Pharmacy Go app, My Health UK, Evergreen and iPlato/myGP app.
- Less than 2% use assistive technology in their home or websites/apps that allow people to link remotely to health services.
- More than 70% said they are not currently using digital to access services.

Why don't people use digital?
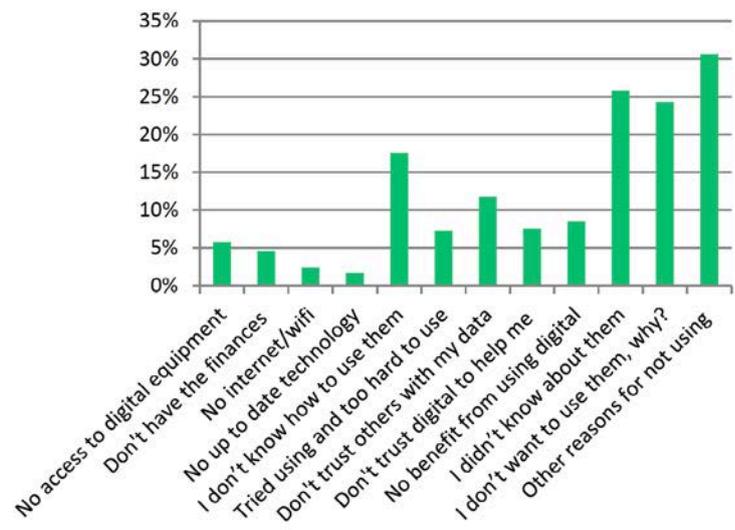
Other reasons people reported they don't use technology

- Not interested in technology
- No need for it
- Too lazy
- Rely on other options instead
- Feel too old
- Find it too hard to remember passwords
- Can't afford to go digital
- Concerned about security.

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What do people gain from using online discussion groups or forums?
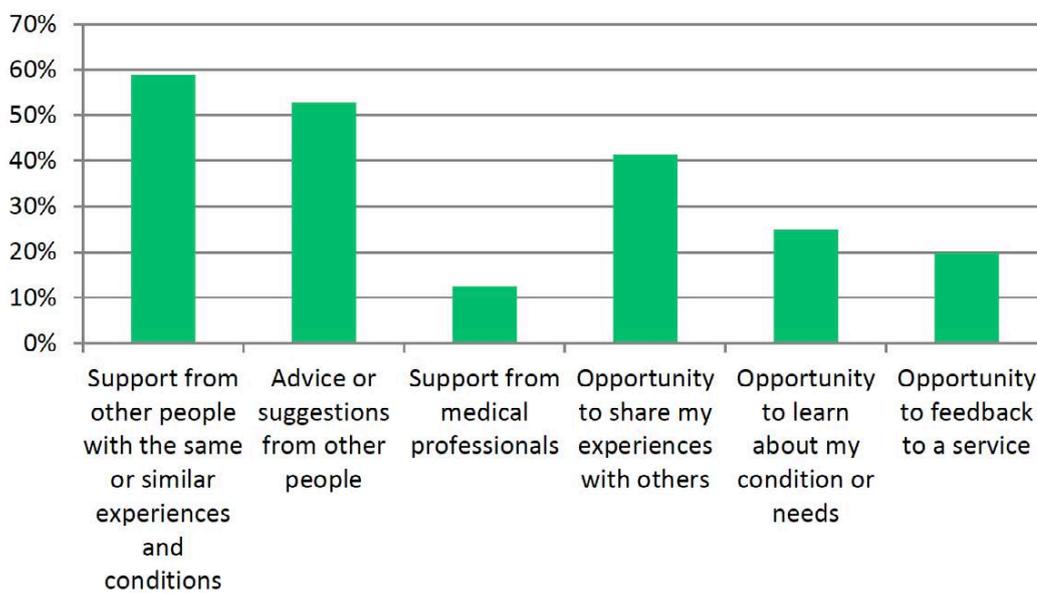
People's top three preferred options for receiving communication are:

Email
30%

Text message
28%

Written letter
15%

6. People's stories

Going on tour in our Chatty Van gave us a great opportunity to have some in depth conversations with local people out and about within our communities. We visited busy public areas including parks, shopping centres and leisure centres and attended local events.

Dominic's story

I have been receiving treatment for cancer and decided to make this video to help other people who might be in a similar position. The video was originally produced for 'check me lads' – a testicular cancer awareness and support group.

Using digital technology has really helped me to be more informed about my health situation. As a scientist I have been able to access the latest research, through journal articles, on cancer treatment. I love to read about science and I've utilised the time kept awake by my illness to become more informed. This has enabled me to hold valuable conversations with oncologists and the like to discuss my treatment and understand what's being done and why.

Most importantly, through Facebook, I've had an army of support through a tough year. My family is scattered around England, as are my friends, so informative posts have kept people 'in the loop'. I've also made contact and re-built relationships through social media.

As you'll see if you visit my online health story, I have used many types of media this year in lots of different ways and would love to give something back regarding promoting male cancer awareness as well as promoting early diagnosis checks for all cancers.

I have used Patient Access throughout the year and it has proved invaluable for booking ad hoc appointments and also ordering repeat prescriptions. The way it tells you when prescriptions are due is really useful when taking lots of medication. Furthermore, the site is really useful for accessing my records to keep a record of key dates and reminding myself of results from tests etc.

What people said about using digital technology to engage with healthcare:

"I don't currently, but I am happy with it as an idea"

Using the online booking system needs to be simpler – I have tried to register but unsuccessfully, so I still just ring up if I need an appointment.

I am using online repeat prescriptions but have no access to any of my health records or results. It would be good to have this too.

I use this for booking appointments with my doctor, but can't get a hospital appointment online, why isn't this available?

I go online to get my repeat prescriptions, this works really well.

I just haven't got round to setting up online yet but trying to call the practice is horrendous. I just generally go to the walk-in centre rather than try to make an appointment.

I think the online option is good for prescriptions. The text messages work well as appointment reminders.

GPs take ages to register you for digital online. We need one simple system.

They do the online booking at my surgery, but I don't want to do it. I only have a basic phone and don't really use a computer.

"I would be able to manage my health better if I was able to see my results online. It would also be more helpful if both my GP and consultant shared my results in one place and I had access to this."

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Pauline's story

I have had a really positive experience of using digital technology to manage my health.

I have been involved with the Fylde Coast 'testbed' programme – this was a six month project which has now finished. This has involved having digital equipment to stay in touch with clinicians and accompanying medical devices to self-report my health progress. We had initial training to use the equipment – it was so simple and so user friendly. My results were uploaded to a service that was monitoring this trial – if there were any problems with my results (for example, too high or too low), then someone would be in touch.

It was like having constant surveillance for my health condition. Being part of this programme has given me more knowledge around my condition and made me more aware of when I am going to be ill, and my need to take medication to address this. I am now an ambassador for the project. They are looking to roll out this programme across the Fylde Coast and other areas.

I have also been involved with Healthier Fleetwood – this has made me aware of my personal responsibility for looking after my own health. I was morbidly obese at the time. I realised through this that health 'wasn't something done to you' but rather something that you could control. I am now eight stone lighter and whilst I still have chronic health conditions, I do feel much better.

We need training in the community for others – the technology is there but people are reluctant to get involved. We need to build people's confidence in using the technology.

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What difficulties or concerns do people have using digital tools for health?

When you have a repeat prescription new medicines are not on but the old medicines are still on too. They don't change it on the website quick enough.

I find it better to phone up and ask for a repeat prescription and say what you don't want, it works a lot better than online ordering.

I have had problems with repeat prescriptions – they don't always send enough for two months of medication and I have to make multiple trips.

Using the online booking system needs to be simpler, I have tried to register but unsuccessfully, so I still just ring up if I need an appointment.

Lack of personal contact.

You can't book a nurse appointment online.

Access by elderly is an issue, there's little support for the elderly with low IT knowledge.

I worry about the security of systems with sensitive information.

If my phone comes up with 'number unknown', then my phone company blocks it, it could be the NHS ringing with results. Why can't they have 'NHS ringing' then I could be sure to get the results?

I am a patient of Southport and Ormskirk hospitals. I have to have blood tests. There is no digital link between the hospital and GP practice with regards to results. There is also no way I can get the results of a consultant's tests without requesting a letter or chasing the result and it takes ages. It would be nice if I could access my blood tests myself.

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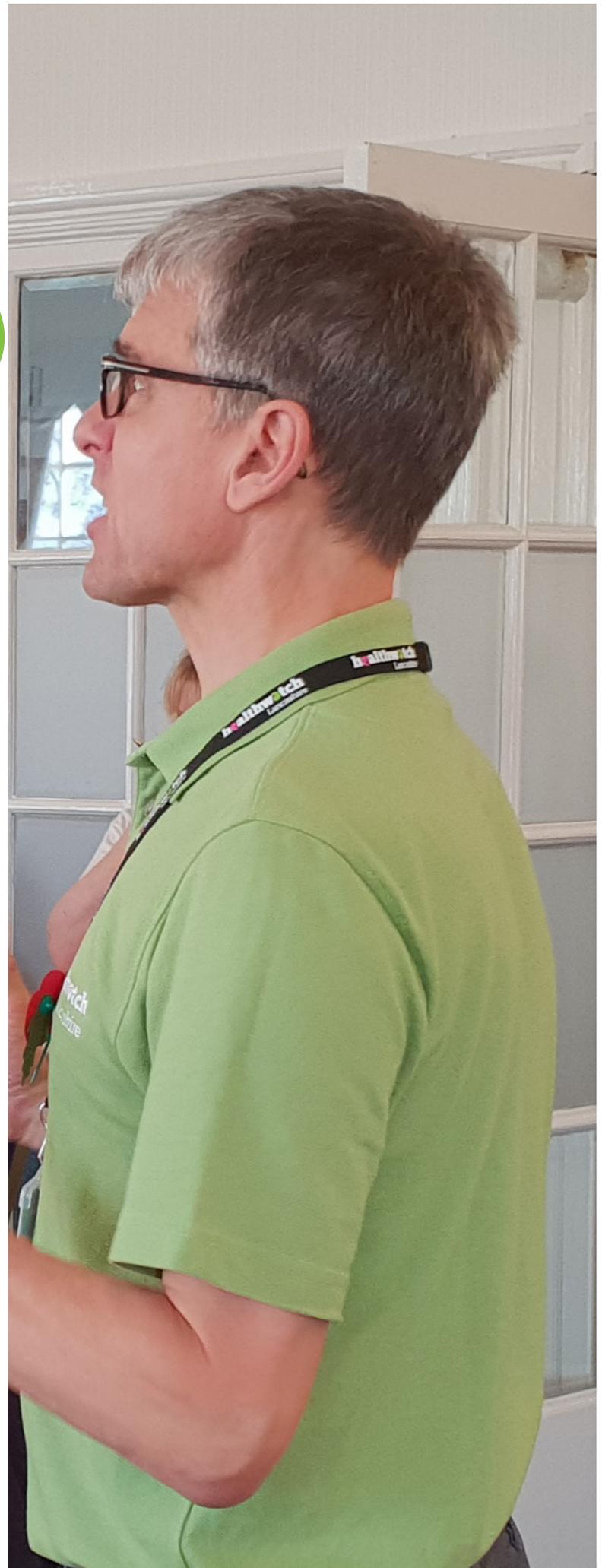
What difficulties or concerns do people have using digital tools for health?

You don't feel you always need to go into the surgery but an online chat or Skype with a GP to reassure you around a concern would be a great option.

I think it is a good idea and I'm keen to see more development to support accessing health services and looking after your health. I would be keen to get smear test results digitally rather than wait for a letter.

Using digital technology has really helped me to be more informed about my health situation. As a scientist I am accessing the latest research through journal articles on cancer treatment. From this I can understand the next options of treatment and I can be more informed and empowered when discussing my care with my oncologist and GP.

I just use the NHS website to check for symptoms before contacting the GP when I need too. I avoid other websites and ring 111 if I am concerned.

I run a children's nursery and I use information from the NHS website to advise parents about symptoms, for example head lice, that's very useful.

We will use online NHS websites, putting in symptoms, but sometimes I'm concerned about what this might show. I would prefer to speak to a health professional, if concerned.

In theory using health websites is good, maybe for long term conditions, but we would prefer to speak to someone especially if it is to do with the children.

I use a Nike training app it's very motivating, prompting me and providing training programmes.

An open forum to discuss or raise health issues with peer and professional support would be great.

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Ben's story

We have a computer and iPads at home and I use facetime. My wife's quite savvy with computers but I don't want to use digital technology for my health and wellbeing.

I went for my blood pressure to be taken at the doctors this morning and I was in and out in 10 minutes – no problem it's great. I don't need technologies. I don't have any trouble booking a doctors appointment and I phone the surgery to re-order prescriptions. It all works well in South Ribble for me. I just go to Lloyds and collect my medication - no problems!

I just do not trust my personal details being out there. I like face-to-face and I don't think they should use digital technologies to replace people.

I have looked at websites and have found the information useful. I think the NHS does a great job but I don't want to give personal details on surveys in case I get inundated with info. I definitely like face-to-face.

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7. Feedback from focus groups

Alongside the digital health survey, pop-up events and Chatty Van engagements, the project team set out to meet with a mix of different groups across the Lancashire and South Cumbria footprint to sense check the findings reported to date, to explore key issues in greater depth and to ensure that we captured a diverse range of views.

Between 8th October and 9th November 2018 we met with 12 different groups and spoke to 185 people.

- Milan Ladies Group – an Asian ladies group in Blackburn
- East Lancashire Deaf Society - deaf people in East Lancashire
- Darwen Aldridge Enterprise School – Childcare students in Darwen
- Age UK - older adults group (aged 55 plus) in Barrow
- People First - people aged 50 plus with mixed disabilities and lifelong health conditions in Barrow
- Voice for All Group - people with learning disabilities in Central Lancashire
- Empowerment workforce - professionals with experience of working with diverse groups of people in Blackpool

- Blind Veterans UK - blind people residing in and around Blackpool
- Fulfilling Lives – staff and volunteers working with people with poor mental health, presenting as homeless, involved in alcohol and substance misuse and/or offending behaviour in Blackpool
- Just Good Friends - reducing social isolation for older adults in St Annes
- Fylde and Wyre Patient and Public Engagement Group
- professionals and lay people with experience of diverse groups in Fylde and Wyre
- Preston College - Health and Social Care students in Preston

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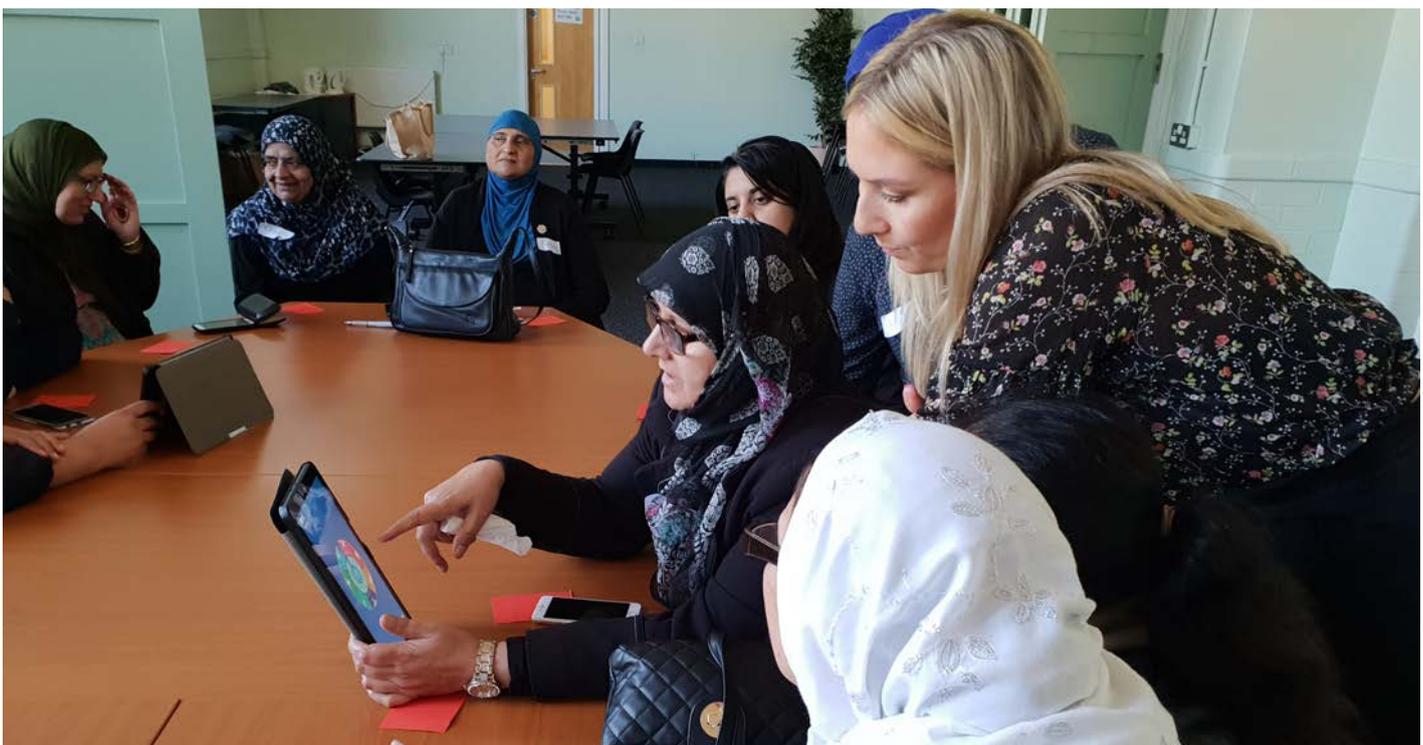
What devices are people using?

Most of the groups commented that all members had access to smartphones or other digital technology (tablets, laptops and computers), although this was much reduced in the groups with older participants, those with people with learning disabilities and those with a visual impairment.

Within these groups only a smaller number had access to or used digital devices. In terms of the two older adult groups, there appeared to be a higher number of people having access to and using digital technology at the St Annes group in comparison with the Barrow group where many of the group identified themselves as unemployed and seeking work. Whilst only small numbers of people with learning disabilities reported using smartphones or computers, a number of members did use assistive technology (such as Telelink).

Are people accessing appointments or other health services online?

All the discussion groups reported low take up of online registration with GP practices and people booking appointments or repeat prescriptions online. In particular the Milan Ladies Group, East Lancashire Deaf Society, Age UK Barrow, People First mixed disabilities group and the Voice for All group had the lowest take-up - with only the Empowerment workforce group reporting that around half the group were accessing their health records, booking appointments and ordering repeat prescriptions online.

Similarly, whilst service users of Fulfilling Lives may have had more limited access to appointments or other health services online (due to socio-economic circumstances), the staff and support team were familiar with and using digital health services.

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What other online options are people using to support their health?

Milan Ladies group

One member used Patient Access and another had downloaded myGP for repeat prescriptions. Other members of this group had used the NHS websites and Google to look up health conditions online.

East Lancashire Deaf Society

This group mainly used their smartphones to access videos, YouTube, TypeTalk and Facetime. They also used Signlive, a video interpreting service, and the 111 BSL Service, a video relay service provided by NHS 111 that enables people to make a video call to a British Sign Language (BSL) interpreter. These services enable people with hearing impairments to increase their access opportunities to health and care services.

Darwen Aldridge Enterprise School group

Reported the importance of social media communication channels - using their smartphones for YouTube, games, Facebook, Snapchat and Instagram. They did use some apps to support their health and wellbeing which they accessed either through the Apple App Store or Google Play: these included iPhone health apps, Sweatcoin, Headspace, Change4Life, Stoptober as well as wearing Fitbits.

Age UK Barrow group

Only two people (a husband and wife couple) were regularly using digital technology by accessing a laptop at home that they shared to make GP appointments and seek online information.

People First group

Had smartphones and access to computers and laptops but did not use them often for health purposes other than to search for information on the internet.

Just Good Friends group

Those accessing digital technology used quite a mix of resources to support health and wellbeing. This included accessing online games as a way of connecting with family members, searching for health symptoms, along with making use of technical support in independent living facilities including the use of pendants, bracelets and emergency pull cords.

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Voice for All group

A number of members did use assistive technology (Telelink). Where two of the group were using technology to support their health one reported that they were positive about this use: "I know how to use a computer and how to look for health information". They were also happy to consider online registration with primary care; "it would be good for prescriptions". In addition, it was evident from the rest of the group that there was some awareness of other health and wellbeing digital applications in response to a demonstration of the NHS Online Orb.

Empowerment workforce group

Members reported using technology for booking GP appointments and prescriptions online.

Blackpool Fulfilling Lives group

The staff and support team are required to access health service technology to support their service users and were therefore fairly familiar and proficient with the digital health technology and services provided. They don't access the FYI directory of services (www.fyidirectory.co.uk) due to the information not always being up to date.

Blind Veterans UK group

Alongside booking appointments and repeat prescriptions, members reported using audio and visual patient calling systems (as well as emails and Skype) along with other external control button assistive technology to access devices.

Preston College

Used Messenger, Snapchat and Instagram, and watched videos on YouTube. Their experience of using digital health was fairly limited; their engagement was primarily through health apps. Examples included:

- Healthify Me, which helps you monitor nutrition and physical activity
- Flo, which helps with ovulation monitoring, tells you the chance of pregnancy and gives advice
- Glow, which tells you about fertility, ovulation and has a calendar.

Headspace was also mentioned, this app helps with meditation and mindfulness. "I have thought about mindfulness, like a sleeping aid or just for relaxing".They watch lots of vloggers and felt that some vloggers could be key champions in helping us spread health messages to younger people as they have a wide reach. Vloggers are people who make short films that record their thoughts, ideas, or opinions on a subject and then post them on the internet.

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What barriers do you face when accessing digital?

There were a number of barriers identified across the 12 groups, and whilst it was interesting to note that many of the concerns were shared across the groups (and reflected feedback from the survey and other engagement activities), there were also some quite unique differences identified.

Shared group concerns:

Data cost, access (limited Wi-Fi) and phone storage

The cost of accessing data was a concern for many of the groups that we met (Milan Ladies group, Darwen Aldridge Enterprise School students, Empowerment, Blind Veterans UK, Just Good Friends and Preston College students). Many of the apps took up a lot of space, and again, linked to cost, people did not have the capacity within their devices to download and use these. Some groups commented that even within the GP practice environment it was difficult to access Wi-Fi (Just Good Friends and Darwen Aldridge Enterprise School students).

Fear of self diagnosis

Both the young people's groups (Darwen Aldridge Enterprise School and Preston College students) identified concerns around searching the internet for an explanation of health symptoms and then misinterpreting the information provided. "I use Google, but that sometimes gives false information and it convinces me that I have something seriously wrong or a life threatening condition" (Preston College student).

One of the members of the Darwen Aldridge Enterprise School students group similarly stated that she was afraid of the results she might find when researching her symptoms online and that she would need to be able to trust the source of information. The Fylde and Wyre Patient and Public Engagement group also referenced concerns around patients being scared by an online search of symptoms. The Fulfilling Lives group highlighted that online data is only as good as the person inputting the data and when information is not up to date this may undermine confidence and trust in the system.

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Lack of digital equipment

The Age UK Barrow group reported that the lack of digital equipment was the main barrier for not using digital health. Some of the group had no mobile phones of any kind and only one person had a smartphone. It was noted that most of this group were currently unemployed and seeking work which may have accounted for the low levels of phone ownership or personal access to other digital devices. Only two members of the group had access to a computer at home (other group members identified accessing computers at local libraries, but this was time-limited per user).

The Fulfilling Lives group also highlighted that the cost of devices and/or the accompanying contracts was prohibitive for service users and that this was the main barrier to accessing digital health support. The Empowerment group commented that there can be an issue with people using outdated technology (and in particular old mobile phones) as this is often not compatible with the requirements for digital downloads. The concern around using older devices was also raised by the Fylde and Wyre Patient and Public Engagement Group.

Lack of support to access online appointments

The Fylde and Wyre Patient and Public Engagement group felt that health staff do not really encourage patients to register for online services. There needed to be more of a 'can do' and willingness from health staff to support the online registration within GP practices. One member of the group shared her experience of trying to register for the recommended app from the practice. Unfortunately when she had visited the GP practice to resolve her difficulties, she was advised that she probably had "too many photos of grandchildren on her phone".

The Age UK Barrow group also commented that communicating with receptionists was difficult and often unhelpful when enquiring about accessing records and getting other information. In contrast, however, the same group commented that pharmacies were doing a lot and signing people up for notifications about prescriptions. A wider question was posed around whether reception staff may not have been skilled or knowledgeable enough to get online, and whether there was also enough publicity (posters and other marketing) to encourage patients to register for online services.

Accessing appointments to book online

Where people had registered with their practice for online booking, there were still concerns. The Just Good Friends group commented that the availability of appointments online varied. Some of the group mentioned they were unable to book appointments to see the practice nurse and none were able to book emergency appointments. The Fulfilling Lives group also highlighted that the 'emergency appointments option' is not always available as appointments seem to have been booked by people telephoning for emergency appointments from 8am. There were further comments from members of the Just Good Friends group they felt there were restrictions to booking and changing appointments online – it can be easier and more efficient to just have a conversation, than try to resolve online.

Lack of information on what is available

Both of the Barrow groups expressed a concern around limited information on what digital health support is available. The Age UK Barrow group said that there was a lack of information about services available digitally in individual surgeries and other health establishments. Similarly, the People First group with mixed disabilities commented that they would benefit from knowing what information or services were available digitally.

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Lack of ability or confidence to use technology

A number of the older groups highlighted the barrier of ability and confidence to use technology as a problem for many people. Again, both of the Barrow groups commented that, whilst there was an interest in using digital systems, they did not feel confident in their own abilities, having what they described as "basic knowledge" only.

There were similar concerns amongst some of those attending the Just Good Friends group: "unfortunately I have never used technology, I have tried using a mobile phone, but I just never used it frequently enough to remember the functions". Another person from this group commented: "booking appointments online feels like a minefield: if the appointments were actually updated, and I could use the system, then I would. I just need to be shown how: my grandchildren could show me. I am happy to learn, but it is a bit scary - I don't want to make a mistake. I am on Facebook, but health is different."

Complicated process for registering for online health services

A number of groups highlighted the problem of how complicated the process was to register for online services at your GP practice. The Fylde and Wyre Patient and Public Engagement group commented that at the moment there is a two page form and two levels of documentation required before you can even register, let alone mastering passwords that cannot be changed and are not memorable. There appeared to be contradictions with simple requirements to register for an app (date of birth and phone number) compared with having to rigorously prove identity when registering within the practice. This feeling was echoed by one of the members of the Just Good Friends group. "I want to do things online, but I asked the receptionist and they didn't know how to get me set up. I took in a photo, passport, everything that I needed and they couldn't help. It was a waste of time." The Empowerment and Fulfilling Lives groups in Blackpool similarly highlighted that the requirement to remember long passwords, provide proof of identity and answer too many questions was off-putting for those attempting to set up online health services.

Security of health data online

A number of groups identified concerns around sharing personal details and health records online and whether this was secure. The Preston College students group said that people worry about the security and privacy of information. Similarly, the Empowerment group highlighted that people were concerned about the secure transfer of these records online, particularly for people moving in and out of the health and social care footprint (e.g. offenders, those who reside in institutions or are part of the armed forces personnel). The Blind Veterans UK group highlighted their concern about the security of patient records - access should be on a "need to know basis", as they were worried about "nosey staff" and friends and relatives over-stepping professional boundaries at work. At the Just Good Friends group, one person commented that they do everything online (on a computer), except banking and contacting the doctor.This combination of not sharing financial or health data online was a recurring theme in many of the engagement sessions.

At the Preston College group, students commented on their experience of using Instagram and their concerns about advertisements for diet products and nutritional information. One student commented, "I once bought a drink from a celebrity endorsed thing, it was pineapple or something. It made me unwell and didn't work so stuff like that isn't reliable". The Empowerment group commented that they felt that there may be reluctance for patients to give permission to share medical records, particularly those patients from vulnerable groups. Both the Empowerment and Fulfilling Lives groups raised a concern about people's capacity to consent to share information and records, as well as a concern about who holds or controls this information.

Traditional communication methods are easier

In terms of online prescriptions, one group member at the Fylde and Wyre Patient and Public Engagement group highlighted that they had to wait six days after ordering an online prescription, this seemed unreasonable and much slower than traditional methods for re-ordering prescriptions. Similarly, the Blind Veterans UK group commented that ordering prescriptions online is inconsistent depending on whether this involves medicines, ointments or equipment as these are supplied separately (through the pharmacy or direct from an external company).

Active discouragement from accessing online health information

Both the Milan Ladies group and Empowerment workforce group identified that GPs can be a barrier to accessing information online. The Milan Ladies group felt that GPs can be a barrier because they don't feel they can share information with patients. The Empowerment group highlighted that GPs are discouraging patients from accessing health services online (preferring face-to-face). Finally the Age UK group in Barrow highlighted a slightly different problem around internet search of symptoms. They commented that when using the internet to gather information about their condition and then speaking with their GP, one member perceived that their GP was dismissive: "doctors may be funny about information from the internet."

Complexity of websites and apps

A few of the groups highlighted a concern around the complexity of information within websites. Several members of the East Lancashire Deaf Society group, for instance, felt that websites often have a lot of information which they struggle to understand. This concern was echoed by the Preston College students group, who felt that there were too many websites which were too wordy and needed to be more user-friendly. Empowerment also commented that online systems needed to be more user-friendly. The Milan Ladies group commented that ease of access and being simple to navigate are necessary features of health apps for the group, otherwise they would not use them and simply call the doctor instead. One lady stated, "I need to feel comfortable first."

It's easier to speak to someone

One of the students at Preston College commented, "I feel better having personal contact, a human to speak to. I would rather see my doctor they don't see you online". Similarly, the Empowerment group commented that some people prefer to see a health and social care professional face-to-face t reassurance. The Fulfilling Lives group similarly highlighted that there was a preference to meet a health professional in person. There was concern that using video consultation like Skype, for example, might lead to misdiagnosis.

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More specific group concerns:

Lack of consideration toward the needs of people with learning disabilities

The Voice for All group is a self-advocacy group for people with learning disabilities. The group felt that despite many efforts on their part as a group, they were finding it difficult for health services to take account of their needs through digital or traditional communication channels. The Voice for All group use a system of 'Red, Amber and Green' reports which are developed to support people with learning disabilities to share their particular needs or concerns with health and social care professionals in advance of health appointments or treatment. Unfortunately despite these reports being shared in advance, quite often health and care professionals don't seem to be aware of their needs.

Language

Language barriers were identified by the Milan Ladies group and by the People First mixed disabilities group. The Milan Ladies group reported that apps such as Patient Access are not available in languages other than English. A member of the Barrow group was from Eastern Europe and did a lot of work with other nationalities locally, indicating that language was a frequent barrier for them.

Religion

Religious views were raised as a potential barrier for the Milan Ladies group with regards to accessing health information online. There was some sensitivity around how some services were funded, particularly with regards to lottery funded projects and the ethical issues of this funding being associated with gambling. Funding streams should take religious preferences and requirements into consideration.

Social isolation

The potential impact of digital health on social isolation was highlighted as a concern by the Empowerment workforce group, who felt that reliance on technology might lead to some members of the community becoming even more socially isolated, identifying that health appointments might be the only time when some people connected with others.

Accessibility to healthcare services and information East Lancashire Deaf Society raised the issue that the Patient Access app does not allow for booking an interpreter for a GP appointment so deaf patients have to make appointments face-to-face at the surgery. It was felt that if online GP apps could recognise and retain individuals' specific requirements; whether language or a sign language interpreter, modern artificial intelligence ought to be able to ensure that an interpreter could automatically be booked when they book an appointment online.

The Blind Veterans UK group commented that GP patient calling and information screens are visual and not auditory, therefore leading to patients missing appointments. This issue was also identified as a concern by a visually impaired member of the Voice for All group. The use of audio communication systems in GP surgeries have often been removed without alternative systems put in place. Additionally, most visual screens in healthcare settings are not tailored to meeting the needs of visually impaired patients who have some sight. Conversely a member of the People First mixed disabilities group with a hearing impairment commented that there was not enough visual information and too much reliance on audio messages. The same person commented that at the moment they find messages left on their mobile and home telephone voicemail which they are unable to listen to.

Concerns around self-care

The Empowerment group reported a concern that some people were not good at taking responsibility for their self-care and that this might be a barrier for accessing digital health. The Preston College students group talked about not being bothered to think about lifestyle impact on health and needed other incentives to access wellbeing apps. The Milan Ladies group highlighted that religious and cultural views might influence whether people would take greater responsibility for their health (through digital health or traditional approaches). Cultural and socio-economic factors are likely to influence the knowledge, skills, confidence, attitude and motivation of people managing their own health and wellbeing. Where individuals have a lower level of health literacy, they are potentially less likely to use digital health channels to manage their health.

And finally … just don't want to!

Some of the members of the Just Good Friends group consciously chose not to have a computer or a mobile phone – they wanted "to live life in the slow lane". The Empowerment group also commented that some people would rather just walk in to the surgery to get an appointment and access services.

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How could you be encouraged to access digital health?

There was a lot of interest in support sessions to help improve knowledge and ability to use digital technology in general and digital health resources and services in particular.

Workshops to help improve knowledge and ability

There was a lot of interest in support sessions to help improve knowledge and ability to use digital technology in general and digital health resources and services in particular. The Milan Ladies group commented that if they were supported through workshops in community venues to access digital health information and online appointment and prescription booking, then they would feel confident to carry on doing so. They felt if they were sold the benefits of 'being in control' then they would use it. Similarly, amongst some of those not already using digital health within the Just Good Friends group, there was a willingness to learn and to use digital pathways, but they needed to be shown how.

The Age UK Barrow group also identified that digital health upskilling session would be helpful, possibly by organisations such as Age UK and other community groups and at locations such as libraries. They were keen to be more informed about what is actually available locally (with regards to online booking), particularly as there was some inconsistency between different surgeries. Suggestions how this could be addressed included: conversations with the GP when attending reviews, display screen advertising of digital services within the surgery and maybe a video of the NHS Online Orb to prompt patients to ask for more information. The experience in Barrow was that many surgeries had electronic sign-in systems and that perhaps a dedicated laptop or similar that people could use within the surgery would help, particularly if staff were available to help if necessary.

The Voice for All group commented that social media platforms were not regularly used but the members of the group said they would like to use them, if they knew how. The need for guidance and training was a recurring theme throughout the conversations. There could be a wealth of resources out there, but people may need support to be able to use them effectively. There needs to be an emphasis on making health information as simple as possible for everyone, not just adults with learning disabilities. Health professionals use a lot of jargon and medicalised language and this might be a barrier to access and understanding for all sections of the community.

Better use of media to share information

The People First mixed disabilities group felt that case studies of how others have benefited from using digital technology to support or improve their health condition would be really helpful in encouraging others to consider this option. The Voice for All group liked the idea of videos (based on the NHS Healthcheck video shared) for informing people about what to expect when visiting a health centre, clinic or hospital. Such videos were considered to be useful in providing information about what to expect when visiting a health and care setting as well as potentially helpful in reducing any anxiety or uncertainty prior to a procedure or treatment visit. It was considered good practice to involve people with learning disabilities within these videos as with the example one shared in the session.

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Using social media and apps

The Preston College students group valued the importance of seeing other people's stories and shared experiences through video. They proposed using Snapchat as a platform to highlight experiences and stories. This could help with the fear that can be initiated by looking online. The group also talked about the importance of positive online role models who they follow on social media and how this impacts on their lifestyle choices. They liked inspirational quotes and would share and watch videos of their role models. The Darwen Aldridge Enterprise School group similarly identified the importance of key influencers and referenced YouTube vloggers and local football clubs. The group felt that if digital health was promoted to them through these channels, they would be more likely to try out and use health and wellbeing apps.

Promotion through other media channels

The Fylde and Wyre Patient and Public and Engagement group talked about the importance of using more traditional promotion of digital health through newspaper advertising spreads. TV marketing for apps was also suggested by the Milan Ladies group as a means of raising awareness of digital health, especially at teatime prime TV slots.

Health professionals encouraging patients to register

One lady at the Milan Ladies group felt that a "nudge" approach from GPs could encourage residents to access digital health, such as a letter from the GP explaining how to do so. Acknowledging the complexity of the current system, the Fylde and Wyre Patient and Public Engagement group queried whether simple solutions like the GP practice texting a link to patients might be an option. Overall, this group felt that there needed to be more of a 'can do' attitude and willingness from health professionals to support the online registration within GP practices. It was commented that there are some good examples of GP practices with high levels of online registration and access to online health records amongst their patient population, so it is achievable.

Local connectors, trusted champions and drop-in facilities

The Milan Ladies group felt confident that once they knew how to use apps, they could act as a local connectors or champions, cascading knowledge to both their families and other community members. One lady explained, "If you educate the ladies, you're educating the whole house". The group felt that this might also provide the opportunity to reach out to socially isolated members of the community to access information online; these were people who do not leave home and although they may live with family members may still be socially isolated. One member of the East Lancashire Deaf Society group suggested that the group could be used to help spread awareness of digital health amongst the deaf community; they have a team of community developers who could deliver this work. Similarly, the Blind Veterans UK group commented on the role that local champions could play in supporting access to and use of new technology for those less able and skilled. Fulfilling Lives also highlighted the importance of using trusted champions who understand the needs of the most vulnerable as well as the value of drop-in centres. This could include third sector venues, job centres, benefit offices and council offices. Such facilities could offer support to those who are excluded or barred from using health services. The Empowerment group also supported the idea of community champions to support people in using digital health technology.

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Creating digital solutions with the people who will use them

The Blind Veterans UK group felt that champions from the visually impaired community should be included and involved in the redesign of new and improving services. This should include the testing out or sense checking of new innovations and digital health systems, as well as assisting with the training of health and social care professionals to ensure that they can support the needs of visually impaired people. It would also be important to learn from how visually impaired patients have personally innovated their own solutions to the issues they encounter such as colour coding medication.

Video consultations

The Milan Ladies group felt that WhatsApp video consultations with GPs would be a useful and time-saving approach, especially for working people. Some members of the Voice for All group also liked the idea of a video call with a doctor or nurse, as visiting the surgery or health centre could be stressful and caused anxiety particularly if there was a long wait.

The East Lancashire Deaf Society felt that being able to have a video call with an interpreter at GP appointments would be beneficial and could reduce the waiting time for appointments, which are currently affected by the need to have a GP and interpreter available at the same time. However, members of the group were concerned about the need for confidentiality and Wi-Fi/data availability at the GP surgery to enable this option. The group felt that it would be very beneficial to them if a similar video call process could be rolled out to other health services such as dentists, eye clinics etc.

The Blind Veterans UK and Empowerment groups also liked the idea of utilising Skype or similar video calling technology where appropriate for health appointments. The Preston College students group were keen to see the use of technology to communicate with people more instantaneously. Live chat for example could be used to ask a healthcare professional about symptoms. The Empowerment group also like the idea of having a live chat system with health and social care professionals.

Keep online booking updated and more options

Both the Just Good Friends and the People First mixed disabilities group suggested that being able to access nurse appointments online would be helpful. Just Good Friends also highlighted the need for the online booking system to be regularly updated with new appointments.

Digitalised hospital or healthcare passport

The People First mixed disabilities group felt that a digitised 'hospital passport' would be good and this could be updated by the individual and professionals and used in case of admission to hospital. It could include communication needs, religious and cultural issues in addition to purely medical information. A big concern for the Voice for All group surrounded their challenge of trying to share their needs with health and social care professionals in advance of health appointments or treatment. Unfortunately, despite these reports being shared in advance, quite often health and care professionals don't seem to be aware of their needs. The Voice for All group felt that there should be a better way of health and care services taking note of the specific needs of patients with learning disabilities. The group were keen to see if this was something that the digital health team could explore. In particular they wanted to know whether there would be a way that GP referrals to hospital could highlight or flag the needs of patients with learning disabilities going for appointments or treatment.

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Personalised and person-centred apps

Fulfilling Lives and a number of other groups identified the development of personalised and person-centred apps as a very positive digital health consideration for those who are more vulnerable or who might need additional support. The People First mixed disabilities group felt that people with a sensory impairment may benefit from an app. An individualised and personalised app could be set up, for example to help them navigate hospitals and in waiting areas for notifying when they are next to be seen. The use of apps such as Ava for hearing impaired people to aid communication was mentioned to them, but the lack of general awareness within the Barrow group indicated that more information needs to be made available about the possibilities and the best digital tools to use as technology is advancing very quickly. Members of the East Lancashire Deaf Society group felt that having a British Sign Language (BSL) option on apps would support them to access apps more readily, for example a video BSL signer in the same way as on TV. The group asked if there were options on apps like myGP to indicate special requirements.

The Voice for All group were interested to know whether it might be possible to develop an app that included all the health and social care needs of an individual with learning disabilities. This could include a link to any personal needs that might need to be considered as identified by the 'Red, Amber and Green' report, personal health records, information around wellbeing activities, as well as any health and care appointment details and associated transport details to support such visits. A general consensus was that communication needs to be in a format that is easy to understand and suits the needs of the individual whether verbal, easy read, audio, video or pictures so that they are informed and involved. Members of the Voice for All group also talked about the things they might do for their emotional health and wellbeing, a member of the group said they enjoyed art and being creative. They said they would benefit from an app which helps them to learn and try out new things. "I would like to use apps for relaxation and to calm down, to teach me how to do art or stories."

Making digital health fun

A focus on fun was identified by the Darwen Aldridge Enterprise School group with games such as Wii Sports appealing to young people because they encourage fitness through activities that are also fun to participate in. The group felt that current apps did not hold their interest. Although the group felt that gamification of apps would be a means of making accessing health and wellbeing apps appealing, there would need to be a series of new challenges built into them to keep their interest. The group also felt that if the apps involved a competitive aspect that they might not engage in this to the same extent as adults, particularly avoiding competing against their siblings. One member of the group thought that it would be beneficial to have all fitness activity apps in one place, in a similar fashion to the NHS Online Orb. The group also felt that incentivisation would encourage them to access digital health, although more consideration was required for what rewards might be beneficial other than food and money.

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Fitbit or other devices to co-ordinate and/or capture health activity

The Empowerment group proposed the idea of developing a Fitbit or a similar device that prompts activity, for example, to take medication, do exercise, make appointments, etc. On a similar theme the group suggested that patients could have their own digital repository to include the medical records etc. and have the ability to input own data such as BP readings, blood sugar levels, administration of own medication and changes in body and health, including side effects from medication. The group also liked the idea of digital bracelets (containing secure patient information and / or GPS information), though consideration would be required for patients who would be reluctant to wear and dispose of it.

Developments on the NHS Online Orb

The Fylde and Wyre Patient and Public Engagement group were keen on the development of the NHS Online Orb app, with particular questions around when it would be available to download on different formats and whether a 'family access' version would be available. The NHS Online Orb also received positive feedback from the Preston College students' group. "I would use the Orb, it sounds brilliant for information."
Members of the East Lancashire Deaf Society group felt that the NHS Online Orb was very accessible, and the colour scheme worked well; "keep it simple and easy to access!" Another member of the group asked the team to consider having a function to be able to contact Emergency Services quickly through the NHS Online Orb. The Empowerment group also liked the idea of just having one single overarching app with the NHS Online Orb.

Access to and sharing health records and results

The Fylde and Wyre Patient and Public Engagement group wanted improved access to health records online. At the moment this was still quite limited for most people – reflecting the need for further work with local GP practices. One group member commented that her GP had asked her when she last had a procedure - she felt this was information that should be available and accessible within medical records and that it would be good for patients to have access to this as well as their health professional. On a similar point, the Empowerment group proposed a single point of entry system that enabled the patient to have access to results at the same time the Doctor receives them, to ensure a swifter diagnosis and treatment. Fulfilling Lives felt that all health and social care professionals should have their own digital device provided by their organisation so they could access patient records at point of need. Where patients were reluctant to share personal information with some health staff, for example, receptionists, the Empowerment group felt there could be a 'colour flagging system' that was recognised only by the GP and patient to protect privacy.

Improving or updating health websites and digital health technology

The East Lancashire Deaf Society group commented that the A-Z list on the NHS website had too much jargon and long words and were keen to see if a summary BSL video could be included in each section. Fulfilling Lives identified the importance of ensuring that digital resources, like the FYI directory, are kept up to date – many of the services on the current resource have already changed since its launch last year. The Empowerment group felt there needed to be an efficient and effective system that provides awareness on digital services, support and eligibility. They also felt there needs to be a system that reviews and monitors technology to ensure accuracy and relevance.

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Assurance and dispelling myths about security

The People First mixed disabilities group felt that dispelling myths about online security would be a great help as health issues are private and personal, and people do have worries about hacking and other intrusions into their private lives.

Engaging specific communities

The East Lancashire Deaf Society were keen to understand if emergency services had a means of contacting deaf residents if responding to a request for help, such as by text message, and whether other digital channels had been considered in order to get in touch once they are near the person's home.

The Milan Ladies group felt that men might at first be resistant to change, but if they had the opportunity to manage their health by themselves online without the barrier of having to speak to others about it, then this would be more appealing. They felt that connecting with the mosques to spread the message could help with this.

The Blind Veterans UK group felt that we could learn from other countries' digital health innovations; for example, they cited "intelligent personal audio sat nav" and the use of pharmacy bar code information scanning systems.

Using apps to address health barriers

The Darwen Aldridge Enterprise School group felt that apps could help young people who are afraid of talking about their health issues to research for themselves initially before opening up to a GP. They felt that sessions in schools demonstrating apps such as the NHS Online Orb would also help them to understand how to use them and encourage them to make more use of them. They felt that ratings of apps on ORCHA were a good idea and that they would choose apps based on these user feedback ratings. The Empowerment group also commented that apps were a convenient and useful way to enable flexible access to health related information and support.

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8. Conclusion and recommendations

What we learnt from our survey results

Who completed the survey?

1,225 people completed the online and paper survey with a good response across all age groups, this reflected the wider population profile. The responses ranged from 10.5% for 65–74 years to 18.5% for 45-54 years; with the exception being responses from under 16s which were lower than population norms (1.2%).

In terms of geographical spread, the highest percentage of responses received was from the Blackburn with Darwen area (more than 38%). The Healthwatch Blackburn with Darwen team have attributed this high response to publicising the survey through their social media marketing channels. In terms of ethnicity, there was a higher than anticipated survey response overall from people with an Asian British/Pakistani/Indian background (13.3%).

Again, this response may have reflected the high numbers of respondents from the Blackburn with Darwen area where the profile of Asian/Asian British is 28.1%. Overall there were more females who responded to the survey (66%), than males (31.5%), with a small percentage who identified as transgender (0.7%) or preferred not to say (1.2%).

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What we found out from the survey?

Despite the high levels of public use of digital technology overall with more than 90% of respondents using a smartphone, it was surprising to find that 66% of those who completed the survey were not using any websites or apps to support their health and wellbeing. However 46% of people were using them for diet and fitness. Where people were using online support, they preferred to use websites and apps that were easy-to-use, understand and access. The NHS website was identified by many as a 'trusted' source of information. We identified through the survey results that 'not wanting to use digital health resources', 'not knowing about them' or 'not understanding how to use them' were the main reasons that people were not currently engaging in this technology to support their health and wellbeing needs.

Some people commented that they were "too old", "they could not afford to use digital technology", and they found it "hard to remember the passwords" or they were 'concerned about the security of sharing information online about their health'. In addition, others commented that they did not want to lose the opportunity to speak to someone directly about their health or to rely on "Dr Google" for a diagnosis (many people identifying their anxiety caused through searching the web around health symptoms).

Where people were involved they identified that "getting support from other people with the same or similar experiences and conditions", "getting advice or suggestions from others' as well as 'providing an opportunity to share their experience with others" were the main reasons for engaging in discussion groups and forums. Email (30%, text messages (28% and by letter (15% were the preferred methods for receiving communications from healthcare providers.

What we learnt from focus group discussions and other engagements

Working with a diverse range of people through focus groups discussions and other engagements provided us with specific insight into current levels of involvement in digital health, what resources are being utilised, the barriers for those with varying needs and what would encourage individuals to access technology to support their well being in the future. In addition, learning from case studies illustrated the important impact digital resources had made in the lives and wellbeing of particular people, for example, as a mechanism for taking responsibility, seeking out information and taking action accordingly. It also illustrated, for others, the challenges in winning hearts and minds around digital health.

In terms of focus groups, most people had access to smartphones or other digital devices, although this was much reduced amongst the older adult groups, people with learning disabilities, those with a visual impairment and those marginalised and vulnerable. People with learning disabilities and those with a visual or hearing impairment did, however, additionally report the importance of assistive technology in supporting their wellbeing needs.

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Recommendations

The focus groups told us what discouraged them from using digital health technology and what might help them in the future. These were the main recommendations:

1. Improve skills and confidence to use digital health: many groups identified a need for upskilling sessions to improve understanding and confidence in using digital technology.

2. Address the complexity of the digital health offer: make improvements to websites so that they are regularly updated, less complex, easy to navigate and simple to use.

3. Provide free access to digital devices and the internet within communities for people who have issues with their affordability.

4. Improve the online registration process: with more appointments available, which are updated regularly for all health professionals within the GP practice.

5. Ensure that digital health resources take account of:

   - Language needs
   - Religious and cultural needs
   - Audio and visual options for those with hearing and visual impairments, including support needs for people with different disabilities (e.g. people with a learning disability).

6. Provide case studies to learn from others' experiences of using digital health and provide videos of real people using services.

7. Build on existing good practice - for example, learning from other countries to support and improve digital health solutions.

8. Ensure healthcare staff take responsibility to champion the cause for digital health – in particular encouraging patients to register for online services.

9. Work with trusted community champions to promote digital health within their communities and groups.

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10. Raise awareness of digital health options through targeted promotion and advertising using digital and non-digital channels and in particular highlighting trusted and reliable apps and websites (e.g. the NHS website).

11. Tailor digital health solutions for different groups of end users and ensure that people who use them are involved in co-creating effective solutions.

12. Explore digital health solutions to resolve communication challenges through traditional channels; for example, making sure interpreters are available to give support to patients with a hearing impairment to attend GP appointments, co-producing digitalised hospital or healthcare 'passports' for people with learning disabilities and co-producing personalised and person-centred apps for different end-user groups.

13. Explore the offer of video consultations with health professionals to assist patients where they have difficulties getting to health and care settings, or where they might have associated anxiety of visiting hospitals or other clinical environments.

14. Encourage the further development of apps to help patients who are anxious or afraid to initially talk to a health professional about a concern they may have.

15. Make digital health more fun as well as incentivising better health behaviours and use of apps and websites to support wellbeing.

16. Endorse the further development of the NHS Online Orb as a means of bringing together key digital health resources.

17. Endorse the further development of platforms and websites that signpost people to the most suitable and effective apps for their needs.

18. Make improvements to online security, as well as dispelling myths and reassuring people about the safety of their digital health records.

19. Make improvements to digital health technology so that patients and health professionals can access health records and results online.

9. Next steps

Following the launch of Our Digital Future strategy in June 2018, Healthier Lancashire and South Cumbria have been exploring how digital tools, services and new ways of working can support the future improvement and transformation of health and care services across the region. Their overarching ambition is to empower people, by giving them access to clear, relevant, and reliable health information, believing that over time this will lead to better health outcomes for the whole population.

This report has provided valuable insight into the appetite of local people to adopt digital approaches to support their health and wellbeing. It has also identified potential opportunities for development and challenges that may need to be overcome in order for digital tools to become embedded, as an integral part of how health and care organisations inform, support and communicate with their public and patients.

The findings of this report will be used to inform the development of the Healthier Lancashire and South Cumbria digital delivery plans for 2019/20 and beyond. For the latest news and developments in digital health across Lancashire and South Cumbria, visit: **www.healthierlsc.co.uk/digitalfuture** and follow @healthierlsc on Twitter or like Healthier Lancashire and South Cumbria on Facebook.