Devon Communities Together

helping communities help themselves

Rural Digital Health Inequalities

1st December 2021 – 31st March 2022

Devon Communities Together

WELLMOOR

Together for Devon

NHS

Contents

1. Overview

This 4-month project aimed to address digital inequality in clinical pathways. It was one of 10 across the UK, funded by NHS X and supported by Thrive by Design. This programme was a joint cross-sector initiative: the Clinical Commissioning Group (CCG) and Devon Communities Together applied for the funding, with the latter as project manager, alongside community wellbeing charity Wellmoor. The project ran from December 2021 to the end of March 2022.

1.1 Context

Devon Integrated Care System (ICS) Health Inequalities Programme is working closely with our Devon ICS Population Health Management programme to support work to identify and address Health Inequalities (HI) experienced by local populations. It is also committed to ensuring the needs of our rural communities are well served. Devon Communities Together conducted a survey in the winter of 2020/21 on how digital exclusion affects the lives of socially isolated people in later life living in rural communities in Devon. 80% of those aged 65+ who responded indicated that they are not comfortable/ confident online. DCT and Wellmoor were already leading on a Voluntary, Community and Social Enterprise (VCSE) Digital Inclusion development programme in South Devon in partnership with South Hams and Teignbridge CVS and a local social enterprise "Net Friends". As we start to recover from the impact of COVID-19, it is clear that many existing inequalities have been exacerbated by the pandemic.

Digital transformation is happening at pace across the UK with more and more health services being delivered in innovative ways that harness recent technological advances. We know that this isn't comfortable for everyone and could be daunting for those who are not digitally enabled. In order to prevent health inequalities developing in the future, this work aims to understand how we can support the target group to gain the skills and know-how to engage with the digital transformation with confidence.

1.2 Proposal

We had a number of core aims:

- To discover what concerns people most about using digital access (virtual consultations) to secondary care
- To explore barriers to accessing secondary care digitally

- To map existing initiatives that support people to access health care digitally
- To find out what makes a “good” virtual consultation

The intention was to engage a particular group of patients:

- those living within the most deprived areas of our rural communities
- rural communities more than 20 miles from our acute hospitals
- older populations in these rural areas
- ten clinical areas of interest: cancer, MSK, ophthalmology, COPD, maternity, dermatology, gastroenterology, mental health, hypertension and chronic respiratory disease.

As well as speaking to Devon-based clinicians about their experiences.

The idea was not to explore barriers such as connectivity; access to devices or financial barriers as insight and strategy is already in place to inform and address these issues (for example, the Rural Proofing Toolkit for Health).

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2. Project delivery

2.1 Data and mapping

As part of an 8-week discovery phase, we set out to establish a baseline by collaborating with VCSEs and Health Care organisations to learn what is already known about people's experience of video consultations in secondary care and what previous insights had been gained.

This map shows the data that we were able to plot, along with existing initiatives (see Appendix C):

Figure 1 : https://www.google.com/maps/d/u/0/viewer?mid=1UgAqUzGy5RGqmkYF7_hhr4gB1IOuDMCy&ll=50.74029185774174%2C-3.943001562794765&z=9

The questions we were trying to answer through this mapping exercise were:

1. Which areas of Devon are most at risk of their populations being digitally excluded?

2. Which areas of Devon are farthest from Acute Care?

3. Which areas of Devon are at risk of digital exclusion for particular factors, such as age, deprivation, rurality or type of internet use?

4. What digital inclusion activities are already underway in Devon and where?

Key to the main layers of data:

- The red circles show the 20-mile radii from acute hospitals (represented by a red circle with a white cross in the middle)
- The red circles with a squiggle show the areas in the lowest decile on the Index of Multiple Deprivation
- The green circles denote the highest proportion of the population aged 65+
- The blue circles are where people have been identified as at risk of digital exclusion (based on internet usage)

NB Viewing the interactive map online allows the user to explore the other layers of data such as local authority boundary and zoom in on particular areas. We have also produced versions of this map which show the divisions per Primary Care Network and Local Care Partnership. Please contact us for these versions: laura.dixon@devoncommunities.org.uk

What the map currently tells us is that whilst there may be many initiatives around Devon to support people technically (and morally) with digital access, they do not appear to be in the areas of greatest need, i.e., those most distant from acute care and therefore where patients would seem to benefit most from a remote option. The map is open-source and editable: any layer can be removed in order to focus on one data aspect; additional initiatives can be added via a pin-drop.

2.2 Consultation

During February and March 2022, there were:

- 239 people contacted
- 36 in-depth discussions
- 85 in-depth email exchanges

- 88 online questionnaire responses
- 1 workshop
- 1 online focus group
- 4 in-person group chats

In addition, we spoke at length with 5 clinicians and 3 clinical managers.

Out of those we spoke to who were happy to tell us their location, they were spread across Devon as in the map below:

Figure 2 Location of those consulted

The below graph shows the means by which people engaged in in-depth discussions (please note that the figures refer to the number of discussions and not the number of people present):

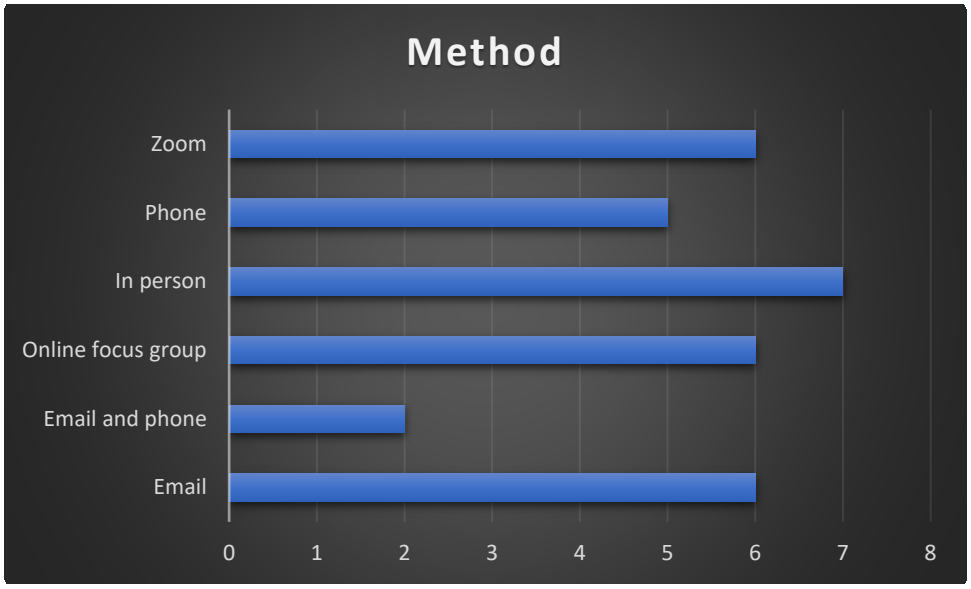

Figure 3 Method of in-depth discussion

We had hoped to speak to people in person but continuing pandemic restrictions meant that many discussions had to be virtual. Promotion gave people the option to engage in a variety of different manners. After much discussion in the project team, we set up an online questionnaire, with a paper version. The data from these questionnaires was less rich but it was interesting to see that although particular demographics were not targeted with these questionnaires, responses were predominantly from women and those in the older age group:

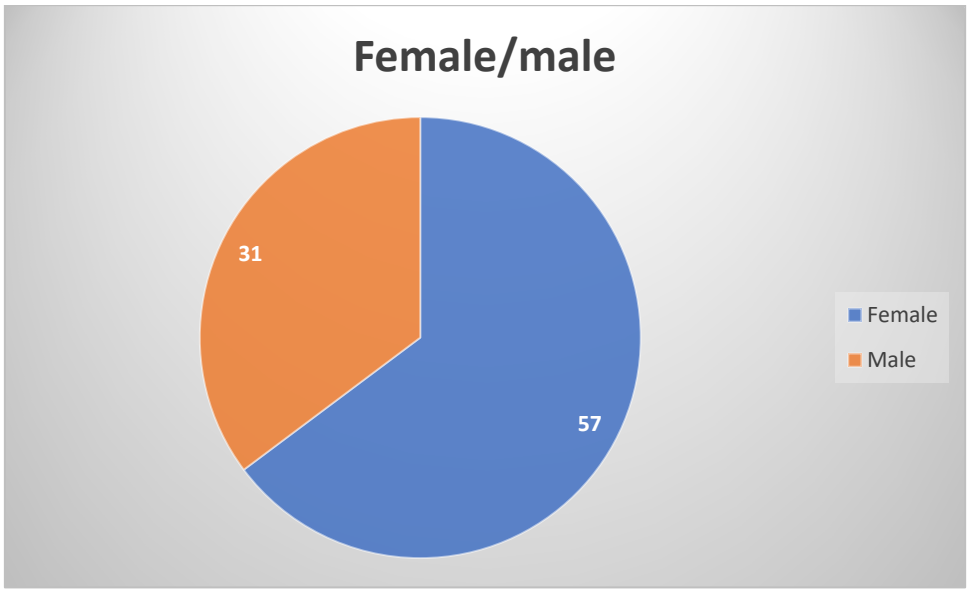

Figure 4 Online questionnaires: female/male

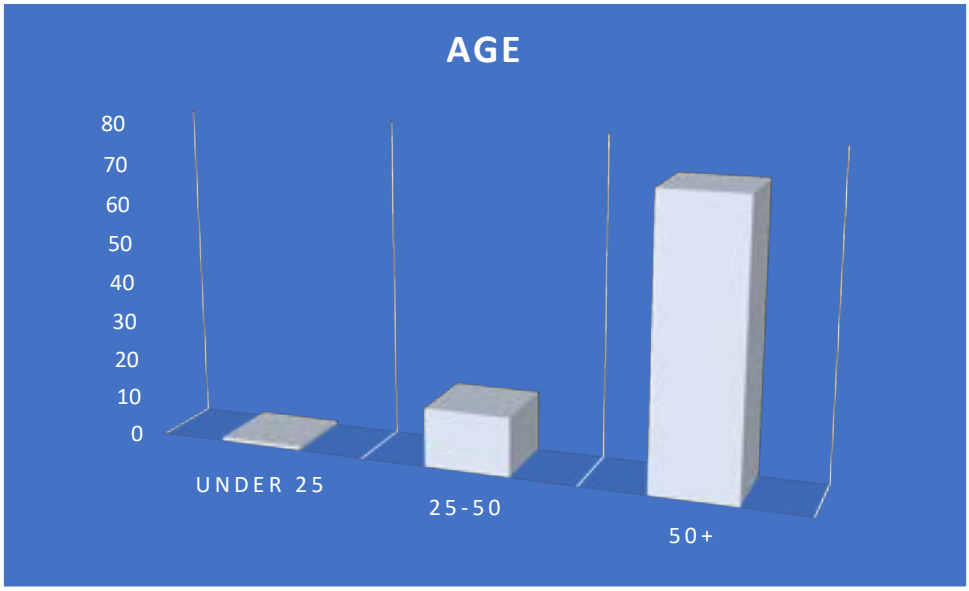

Figure 5 Online questionnaires: age

Our engagement efforts were severely hampered by the ongoing restrictions due to the pandemic, and until the very end of the project it was not possible to meet people face-to-face. The NHS was concurrently under a lot of pressure and many of the key people we needed to obtain data from, or ask for their opinion, did not have the capacity to become involved at that time.

3. Outcomes

Our investigations didn't identify a large number of people who had had video consultations, but most people had had some kind of virtual/remote interaction with either primary or secondary care services, particularly over the last couple of years. The messages that came through strongly were that people were wary of the need to access healthcare digitally and nervous that this would be imposed on them. Those who had tried a video consultation or were more confident in using digital technology were generally very supportive of new approaches, and could see the benefits, particularly in terms of saving time, money and resources. Even those reluctant to use digital could recognise that it would be positive to not have to undergo what was sometimes a trip lasting a whole day, given poor public transport networks.

"Couldn't physically get to an appointment so a good compromise"

"Helps that people don't have to travel as may be anxious beforehand and possibly emotional afterwards"

"Most important is that people feel they are held in mind then medium is secondary"

"This contact was essential during the pandemic"

For practitioners working in Mental Health, the advantages for the patient of being able to do a consultation from home (provided it was a safe and secure environment) were immense compared to the likely mental distress involved in travelling/parking/using transport/contact with other etc.

However, patients and clinicians alike were adamant that the first consultation- for any new condition - needs to be face-to-face.

3.1 Barriers

Out of the people who identified barriers to video consultations (as well as e-consult, which was a popular topic), the main ones were:

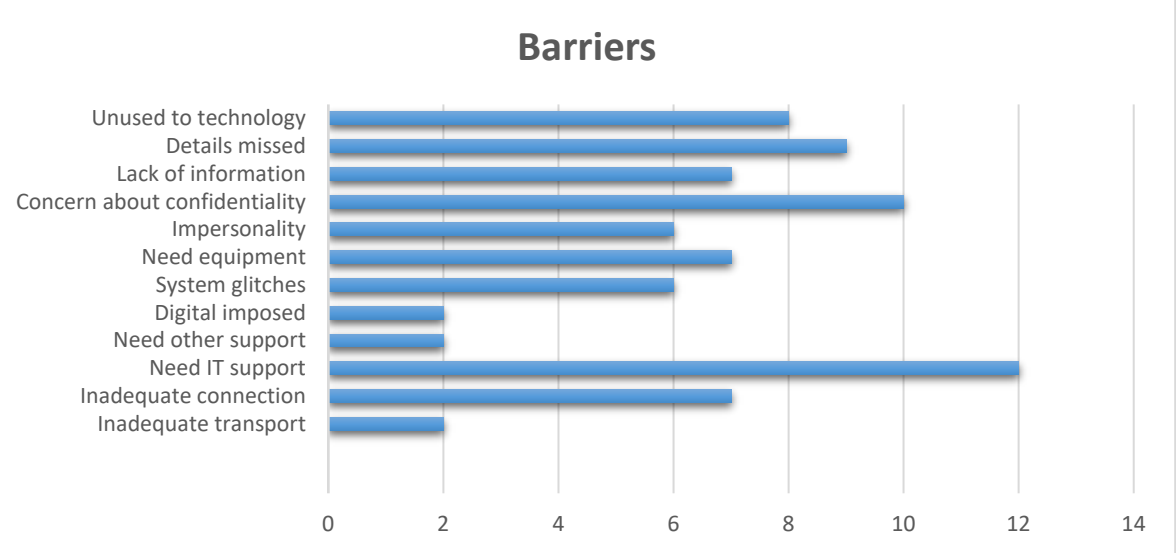

Figure 6 Common barriers

Whilst IT support is clearly identified as a key requirement, unlike the case with general Digital Inclusion projects and their findings, concern about confidentiality was quite high. Whereas digital support initiatives might be relatively easy to identify, if the support is needed to discuss a private healthcare issue then a traditional model of using volunteers, in a public setting, may not be the right one in this instance.

3.2 What does a good consultation look like?

This was a question that we put to both patients and clinicians. As a result, and combined with current available NHS guidance from around the UK, we put together a 'script' or crib-sheet for each role (see Appendix A). The various elements clearly show the complexity involved in not just setting up the technology correctly but in rethinking how the consultation can be most effective for both parties. For clinicians, there is a need, for example, to exaggerate gestures in a remote consultation. If a patient doesn't have access to technical support whilst on the call, it would be worthwhile the clinician having the capacity to help them troubleshoot. There is clearly a need for a training offer in this area. At the same time, a patient who may already find it difficult to speak to a healthcare worker about their issue in a face-to-face situation (lacking the confidence, or literacy in terms of language and health that would enable them to clearly explain their needs) might find any difficulties exacerbated in a virtual scenario. The need to increase peoples' knowledge and confidence is often in additional to any technology training requirements.

4. Solutions

4.1 Ideas for support

Most people we spoke to were keen to share their ideas for support or new initiatives. Whilst the graph in Figure 2 shows evident need for IT support as well as consideration of confidentiality and ways to make sure that details aren't easily missed (such as only using high-resolution cameras to show specific areas or upload pictures, and asking for pictures to be uploaded as a matter of course), there are numerous more detailed measures that could help reduce digital health inequalities:

There was an overarching feeling that a hybrid of solutions is needed, and that different areas need different (or a mix of) solutions.

The project has put together a number of case studies which give a picture of different approaches to digital healthcare from around the county. The collection also includes a report on a rural village where the feeling is that "digital is not the solution for us" but the rurality of the area means that travelling to healthcare appointments is often impractical if not impossible. See Appendix B.

4.2 New initiatives to address Health Inequalities

1. Wellmoor and DCT are both involved in the Core20Plus5 Connectors scheme, which is just starting out in Devon. The initiative is focussing on Ilfracombe and the North Dartmoor PCN, with the aim of comparing the approach in coastal and rural Devon.
2. ACRE Rural Health and Care group: This newly-formed group, established by Policy Advisor Jeremy Leggett, is aimed at supporting colleagues in rural areas across the UK to navigate government policy.
3. Devon VCSE Digital Partnership, building on asset mapping, building on recruitment and training of digital champions
4. Devon ICS Digital Inclusion Strategy Partnership, overseeing Digital Inclusion in the development of the new Digital Inclusion Strategy

4.3. Ideas for next steps

4.3.1 Supporting older people with technology

One of the case studies, where we spoke at length to representatives of organisations based in Tavistock, highlighted the need to consider Dementia as an important factor when considering the health needs of older people. Home Instead Tavistock and Tamar Valley has carried out research into, and practical trials of, a number of systems aimed at supporting older people via technology:

- ✓ myhomehelper is a simple tablet for older people struggling with memory
- ✓ Kraydel - Konnect provides "health and wellbeing through your TV"

In reality, these technologies are still currently prohibitively expensive for many individuals. Out in the community, especially in rural areas, a different approach could be used. A trusted healthcare worker or specially trained

person in the Community could visit rural parishes, equipped with a tablet, to support people to carry out an e-consult, upload pictures, order prescriptions, book vaccinations or attend a video consultation. This person could also carry out some tests such as blood pressure, weight etc that people would otherwise need to travel to a surgery for. If sessions were arranged at village halls, for example, the addition of refreshments could provide the opportunity for much-needed social contact as people wait to be seen. This is of course a nascent idea in need of development, but it could potentially address the majority of the barriers identified above.

4.3.2 Village halls as Health Hubs

Whilst not a new idea, one village, again featured in a case study, wants to use the faster broadband at the village hall to enable locals to attend video consultations supported by a volunteer. This is similar to the initiative above but is 'ready to go' after due consideration of confidentiality and privacy. Such a scheme could be scaled up, with the potential to liaise with clinicians about clustering appointments according to geographical area (although this would be incredibly complex to set up). The advantage here is that the volunteer is trusted and local. Again, the emphasis would be on the social aspect of a regular session in the hall. There has been a recent, successful programmes started in Scotland, promoting the idea of community health hubs: Digital Community Health Hub drop–ins have opened in Dundee - Health and Social Care Alliance Scotland (alliance-scotland.org.uk).

4.3.3 Identifying digital capacity

As part of the project, we started to consider the question of how do you know if a patient has the capacity to access their healthcare digitally. In reality, it seems that in many cases, a patient who is able to respond to an email is considered to be digitally capable. A Digital Pioneers project in London has been looking at system change, embedding this question and the responses in patient records. A similar scheme could work in Devon, but to be done properly, would be time-consuming and complex. There is a strong argument that, in order to reduce digital health inequalities, we need to take time to understand someone's digital capability and avoiding generalising. We put together a number of questions as part of a flow chart, below. They are very much on a practical level so for a system to be as effective as possible, the questions would need to be asked regularly and with each new health condition as it appears. For example, a patient's confidence may fluctuate, their

memory might deteriorate, their health condition may reduce their capacity to use technology, mental health issues may affect this capacity and their willingness to use technology may differ according to the nature of each condition.

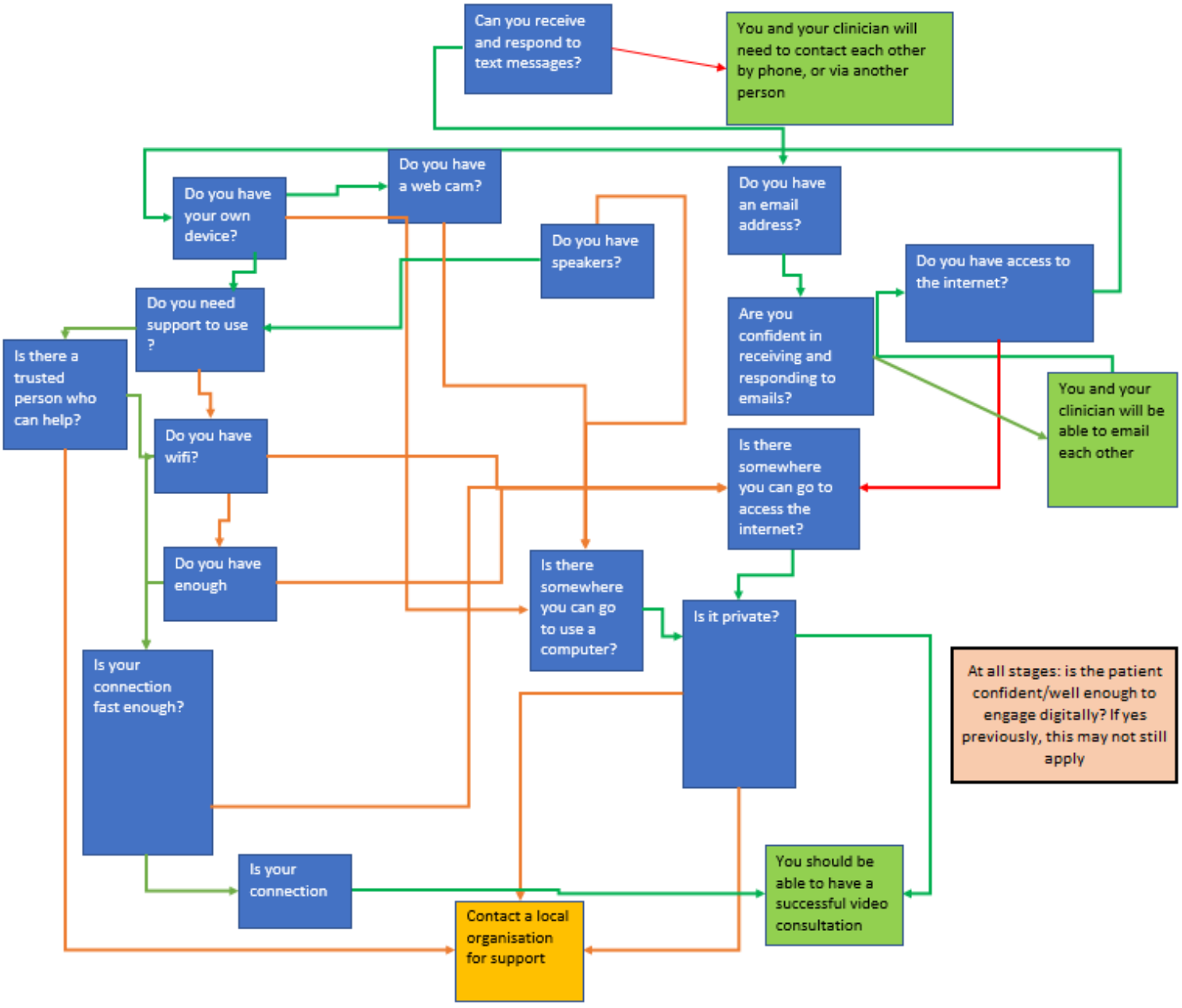

Figure 7 a snapshot of questions to identify digital capacity

5. Evaluation

The three key outcomes that we wanted to see at the end of this project were:

1. Increased intelligence re how to best support rural patients to access online health services
2. Upskilling of the VCSE sector to provide this support at a local level
3. Creation of opportunities for health providers/ VCSE and service users to co-design solutions

We feel that we have certainly gained further insights into the issues around accessing healthcare digitally in older populations in rural Devon, as shown above. We have shared these insights widely at the two workshops run by the Institute for Voluntary Action Research (IVAR) on behalf of the project and via presentations at online meetings as well as in person at the Devon Training Hub's Health Inequalities Symposium. A presentation will be given to the ICS Digital Inequalities partnership, to influence both policy and funding decisions.

We hope that the various interactions we have had with VCSEs over the last few months, as well as a wide distribution of this report, will help organisations around Devon to consider some of the issues facing our most rural communities. The partnership between DCT and Wellmoor will continue with Core20Plus and other initiatives as they arise, with meetings planned with other VCSEs to look at how to progress some of the next steps identified above.

The final workshop for the project gathered local residents, organisations and healthcare workers to discuss these next steps in more detail:

Theme	Ideas & Actions
Non-digital patients:	• Need to complement, not replace personal contact. • Establish patient preferences – *'there's no standard operating procedures in place. Need the infrastructure and for systems to be aligned.'* • Avoid making assumptions – '*not everyone will have someone to come in and help them.'* • Smart technology in care homes – '*issue is that digital infrastructure is not good enough. We need to prioritise people who need it most.'* • Understand what people need in relation to tech. • Low tech 'flyer' – digital signposting to resources (e.g., Teignbridge Council leaflet on Fuel poverty)

	• Tech support in GP practice waiting rooms/pharmacies • Solutions need to be local – '*mapping what already exits and making this visible and joined-up*' • Catering for the range of digital engagement across patients: *'There are groups who either don't want or can't use digital consultations. For example, our feedback shows people with hearing difficulties prefer in person.'*
Upskilling – NHS staff	• Upskilling the workforce around digital is important but it must be inclusive. • Upskilling staff to respond to different needs within communities • *'Scepticism about not seeing the whole person in a digital consultation'.*
Community Health Hubs	• Those who are reluctant to have an interpreter or an advocate present, require localised community support to increase confidence and motivation to engage with tech. • Tell GP Practices in local areas about Hubs • *'Don't forget people who struggle to access the village hall.'* • Potential for Hubs to be evaluated – '*linking in with small bids for extra support and evaluation.*'
Roving devices (tablets)	• Link with blood test and urine test (enhance e-consult) • Young volunteers to play a role in upskilling patients • Provide free data – '*devices take away the burden of having to fund their own devices*'

Figure 8 Next steps: ideas and actions

5.1. What we could have done better or differently?

We asked some consultees if their confidence levels had increased after the conversation, on a scale of 1 to 5, with 5 being most confident and 1 least. Most scores were between 2 and 4; talking about digital health services and signposting people to resources currently available did very little to increase the scores. Indeed, some scores decreased after finding out more about what might be involved so this raises the need for additional support and more insight into how to raise confidence.

Due to the pandemic and the pressures over the winter on the NHS, we were unable to obtain the key data that would have given us information about the number of video consultations offered and the number missed. From what people told us, however, very few knew that a video consultation was a

possibility in secondary care. We were very kindly given access to data on video consultations, from the Devon Digital Accelerator Programme. The findings were very similar to ours (see below) with key ways to overcome barriers being the provision of:

- A private room in a familiar voluntary/ community organisation
- A trusted worker or friend "on hand" to help in person or on the phone.
- Phone credit and/or internet connection

University Hospitals Plymouth (UHP) shared data on their telephone and video consultations; feedback was overwhelmingly positive, with 82% of those asked indicating they would be happy to continue using video or telephone:

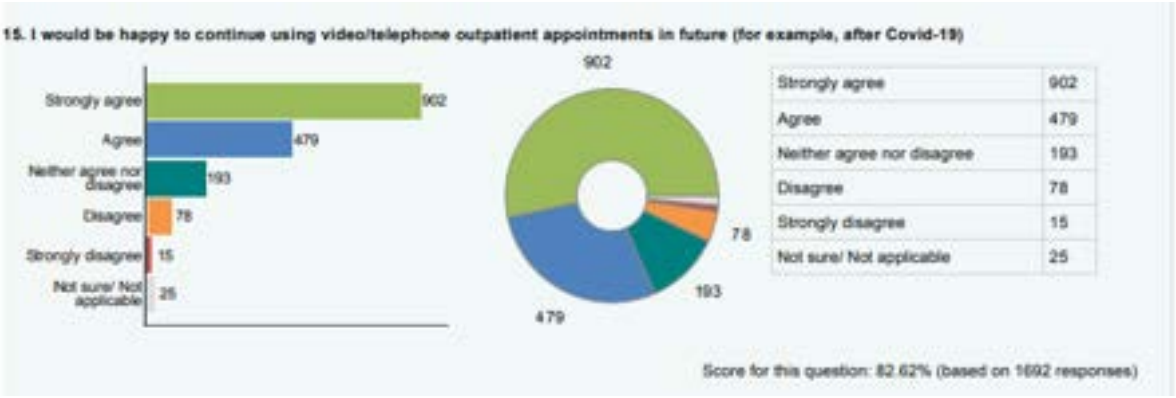

Figure 9 UHP video and telephone consultation data 2021

Despite best efforts, we didn't manage to engage with organisations representing patients on the different pathways, although we were able to have conversations with clinicians working in Mental health. Due to the short delivery period, this remains a development area.

5.2 Conclusions and recommendations

5.2.1 Summary

- ❖ Very few people we spoke to knew that video consultations were an option
- ❖ We know the positives, when it works well for many people, saves time and money both ways, better for environment etc.
- ❖ There is no 'one-size fits all' solution - a hybrid/mix and match strategy is paramount

- Initiatives (IT support and others) exist but not necessarily in rural areas distant from acute hospitals
- Support from a trusted, digitally capable person is vital in the community
- A community-based solution in rural areas could also help maintain the social contact that is so vitally important
- There are people for whom digital access to healthcare is not an option

5.2.2 Comments and advice from NHS Digital Pioneers coaches

As part of the NHS X programme, Thrive by Design organised coaching sessions with senior health practitioners to support us with progressing the ideas that came out of the project. exchanged emails and then had a video coaching session with Bob Gann, Digital Health Literacy Advisor NHS England and NHS Improvement and Roz Davies, previously Thrive by Design Managing Director, Leeds and York Partnership NHS Foundation Trust.

“I think you have some compelling stories and narrative and I do hope your ICS recognise the value of working in partnership with the voluntary and community sector.” Roz

“The work that you have been doing in Devon is very impressive. The way that you have used mapping to present both the areas of digital inequality risk and the range of services available, in particular from the voluntary sector, is amongst the best that I have seen. As you take this work forward, the role of the voluntary sector will be crucial as providers of support for people who are at risk of digital exclusion and as the best source of rich, qualitative insights into people’s experiences.” Bob

Following discussions with our coaches the focus going forward should now be on:

1. Who are the key people we need to engage with now to highlight the VCSE role in driving this agenda?
2. How a cross sector partnership could solve real problems and what could happen without that approach
3. What is the USP of the voluntary sector in this context?

6. Acknowledgements

We are very grateful to everyone who gave their time to help us understand the issues around digital access to healthcare in Devon. They are too numerous to mention, but special thanks go to:

Ildi McInhoe, Lisa Beer, Martin Morrisey, Heather Rayne, Lynn Roddy, Elaine Cook and Chulmleigh Lunch Club

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Kevin Dixon, Si Culley, Jeff Chinnock, Stuart Steel, Nick Pennell

Fern O'Neill, Amanda Nash, Maja Jorgensen, Sarah Delbridge, DCC Public Health Team

Katie Taylor, Edmund White, Lucie Hartley, Mark Brownbill, Ruth Davidson, Shona Plunkett

The Thrive by Design Team

Charlotte Pace and Annie Caffyn from IVAR

NHS X Digital Pioneers Programme

And the cross-sector project team: Paul Hurrell (Programme Manager, Devon Integrated Care System), Richard Foxwell (Chair of Wellmoor), Chris Beardsmore (Digital Transformation Communications Manager, NHS Devon Clinical Commissioning Group), Nora Corkery (CEO, Devon Communities Together) and Helen Braid (Health Inequalities Programme Support Manager, NHS Devon Clinical Commissioning Group).

Laura Dixon, Devon Communities Together, April 2022

7. Bibliography

Health matters: community centred approaches for health and wellbeing

Attend Anywhere

Questions and answers about Attend Anywhere appointments

A new tool: the Digital Exclusion Risk Index Good Things Foundation

Digital Health Inequality Pioneers — Thrive by Design

NHS England Video consultations in secondary care

Pinpoint Devon

Digital Health Devon

Royal Devon and Exeter NHS Trust

Improving the health and wellbeing of people with learning disabilities in the South West

Video appointments win patient approval Torbay and South Devon NHS Foundation Trust

Caring for older patients with complex needs The Health Foundation

The consultation could not have been better Care Opinion

Health CIO Archives Digital Health

What are health inequalities? The King's Fund

Build Back Fairer: The COVID 19 Marmot Review IHE

Digital Inclusion and Health in Nottinghamshire

Devon Carers

8. Further reading

A potted history of the Near Me video appointment service – What is in a name?

Age and digital exclusion risk: a map of GP surgeries in England • Citizens Online

Community champion approaches: rapid scoping review of evidence

DWP Digital Strategy

Strong communities, wellbeing and resilience | The King's Fund

NHS England | Core20PLUS5 – An approach to reducing health inequalities

Place based approaches for reducing health inequalities

Major Inquiry highlights the urban rural divide in accessing health and care Rural Services Network

Health and Wellbeing Outcomes Report | Devon Health and Wellbeing

Public health profiles | OHID

Appendix A "What makes a good consultation?"

Patient

The following is based on feedback from consultations around Devon, January to March 2022, and from NHS advice

Before the consultation
Check power lead plugged in
Run through with friend beforehand
Make a list of questions or issues before the call to help you get the most from your consultation
Tablet not keyboard (easier to swipe than type for many people)
Movable device/webcam
Notepad and pen
Will receive text reminder
Will be taken through a process to test connection, speakers, microphone and webcam
Someone to take notes/remember advice
Support to get on meeting, troubleshoot, adjust camera, test sound etc
Have help sheet to hand
At the start of the consultation
Walk up to the computer and sit down (when prompted)
Make sure sitting close to the camera, in good light
Send, or refer to pictures
During the consultation
At the end of the consultation
Make any notes straight away, whilst fresh in mind.
Note down any follow-up actions – advice to follow, next appointment

Clinician

The following is based on feedback from consultations around Devon, January to March 2022, and from NHS advice

Before the consultation

At the start of each day, test the equipment to make sure it all still works

Check accessibility beforehand (on patient record)

Reread patient record and notes from previous meetings

Use a private, well-lit room where you will not be disturbed

Have the patient's phone number ready in case you cannot connect

If possible, have two screens so you can take and read notes on one and talk to the patient on the other

Birdsong in 'waiting room', message to say they know you are waiting

Blur background but not if parts of face disappear

Notes include that patient is happy to have consultations by video, has access to a device, name and consent of trusted supporter, has reliable (and paid for) internet

At the start of the consultation

Watch patient come in/ask for them to move around, see how they move

Make sure they warm, comfortable and won't be disturbed

General 'how are you feeling' to see if any illness that may impact on session

Make it clear that not recording

Check phone number in case there's a technical issue

Check that they can hear clearly

Ask security questions, for example, DOB

Reminder/permission to take notes

Obtain and record consent (verbally); be mindful that the patient can withdraw their consent at any time

Allude to having met face to face for first session

Ask for patient to upload any pictures, check that they are able to do so or have support

During the consultation

Inform patients when you are otherwise occupied, e.g. taking notes

Exaggerate everything, such as hand gestures

At the end of the consultation

Book next appointment then and there; how to contact, service hours and response times

Summarise the main points of the consultation to make sure nothing is missed

Ask the patient whether they want to have the next appointment over a video call

“Is there someone we can contact if we can’t get hold of you?”

Check that patient understands key points and knows next steps

Suggest explanatory videos/other resources for managing issue between appointments

Appendix B Case studies

Video interview, North Devon

Ildi is a carer for her daughter who has Down's Syndrome, as well as having her own health issues. During the pandemic, there was concern about her daughter's mental health and she was able to access support via video consultation, on behalf of her daughter.

In this video, she talks about the pros and cons of obtaining help for daughter, especially during the pandemic. Ildi can talk strongly and passionately on this topic; she herself is a care ambassador and an advocate for equal access to health in North Devon.

The video interview can be seen https://youtu.be/nd-lMFct4OE

Case study: Sampford Courtenay Health Hub proposal

Sampford Courtenay is a small parish in West Devon with a population of around 500 people, the majority dispersed outside the village. There is a higher than average proportion of the population over the age of 55[1].

Devon JSNA (Joint Strategic Needs Assessment) data is otherwise very mixed, showing the area as high on the Index of Multiple Deprivation in some categories, but low in others. Sampford Courtenay is on the whole too small to feature in many data sources.

Local healthcare

The residents of Sampford Courtenay are mostly registered at either Okehampton Medical Centre or Bow Medical Centre; the latter has a Branch Surgery at North Tawton 2.2 miles away opened on a part-time basis. It is 6 minutes by car or about 10 on the bus and offers e-consult as well as online prescription ordering. It is 40+ minutes by car to the nearest hospitals in Barnstaple or Exeter, a distance of just over 25 miles. By bus these journeys can take 1 and a half (Exeter) to nearly 2 and a quarter hour. (Barnstaple).

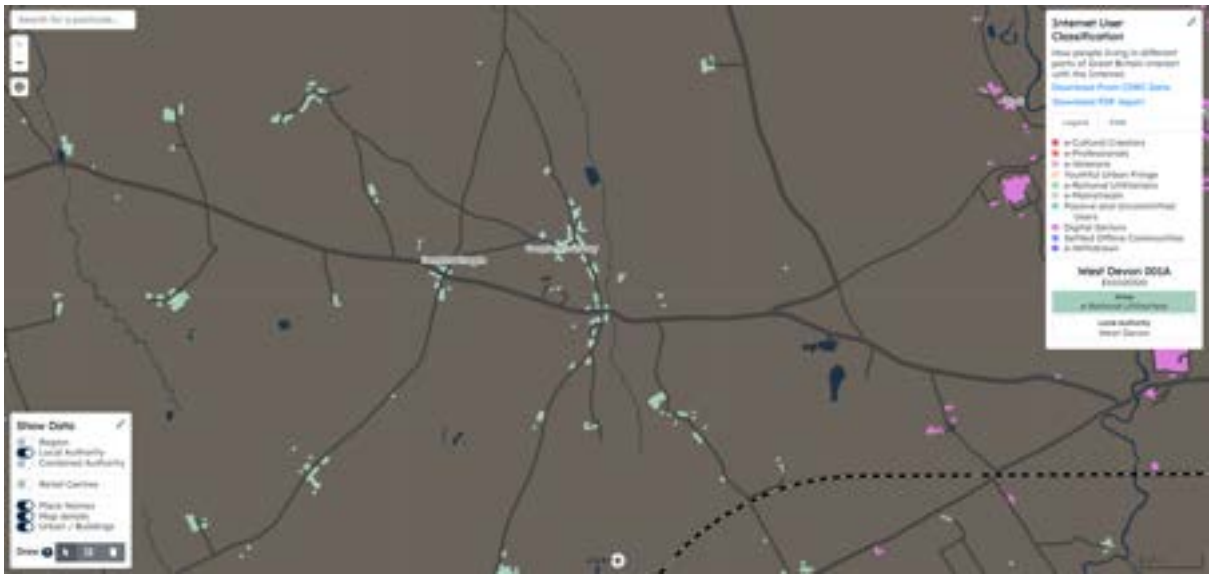
Digital access

While data suggests the average broadband speed in the village is 10-20mbps a significant number of residents have in the region of 2mbps or less)[2].. Work is ongoing under Connecting Devon & Somerset and West Devon Borough Council to improve this, and the first 12 houses have now been connected with FTTP. It is hoped that most of the houses in the village itself will be connected with FTTP this year, but significant outlying areas are likely to remain poorly served for some time. (About 3/4 residents do not live in the village itself but in the surrounding wholly rural area). In addition to those with no internet access there are likely to remain many residents with poor access to the internet at connection speeds suitable for video calling for the next few years. This caused problems when schools were closed as families did not have fast enough broadband to enable home-schooling. The district council did a survey of broadband recently, following which 12 households were

[1] https://www.devonhealthandwellbeing.org.uk/jsna/jsna-headline-tool/

[2] https://mapmaker.cdrc.ac.uk/#/broadband-speed?m=bba205_dow&lon=-3.9314&lat=50.7914&zoom=13.87

upgraded to faster broadband. The map below shows Internet User Classification in the village[3]; the majority of people are "e-Rational Utilitarians", whose usage is "constrained by poor infrastructure". The main use of computers is in the home and for online shopping. The local district council has informed the Parish Council of a Cyber Friends style initiative, offering training sessions for people wishing to improve their digital skills.



Health hub proposal

Local councillor Martin Morrissey is keen to support parishioners requiring access to NHS video consultations, free of charge. His idea is to use the village hall as a hub where he, and other volunteers, could help people with either no access to the internet or those who have access but insufficiently reliable or fast internet to use video conferencing. The Village Hall has fast and reliable broadband and a private space could be made available for anyone having a consultation. For older, socially isolated people, the idea would still give them the contact that they would otherwise get at a hospital appointment. Some people have expressed enthusiasm for the idea, with only one person against using digital to access healthcare, as far as is known.

Martin acknowledges that there are issues to consider such as patient confidentiality, provision of a tablet and the setting up of a rota system. He has asked the Village Hall Committee for support, and to work with the Parish Council to take the idea forward.

[3] https://mapmaker.cdrc.ac.uk/#/internet-user-classification?lon=-3.9402&lat=50.7922&zoom=14

Next steps

The parish council has been aware for some time that some parishioners are poorly served in respect of internet access. Following consultation with the NHS any person who is offered a video consultation as part of their medical need but does not have the equipment or broadband speed to take up the offer is invited to contact Cllr Martin Morrissey of Sampford Courtenay Parish Council on 01837 82429 who will make arrangements at the village hall for the video consultation to take place there to allow you to speak to your doctor or nurse. Your privacy is assured during the process, but assistance will be on hand if required. If you would like to discuss this further, please contact Martin as above.

A Mum and son's experience of lockdown virtual consultations with the RD&E

During the summer of 2020 my son need to be assessed for ADHD. We had been waiting over a year for an appointment. School and I had completed and returned all the necessary forms to give the consultant an idea of our situation. Then Covid hit, I had lost hope we would get seen before transitioning to secondary school, Sept 2021. In August 2020 was called by the Paediatric team to book an appointment. I was told it would be a video consultation and would have the link sent to my email address. I received the email very quickly with all the information I needed to have the appointment.

On the day of the appointment, we used the link in the email, registered with name and date of birth and entered the virtual waiting room, we were at home as it was the summer holidays, I was working from home and able to take an early lunch break. The consultant joined the meeting and we started discussing our situation. It soon became apparent we were having issues with sound, similar to being underwater. We tried to change a few settings, but nothing helped. The Consultant decided she would call us and we continued the discussion on the telephone.

We have recently, March 2022, had another virtual appointment with the same consultant, we were able to have a face-to-face appointment in 2021 in a local community Hospital. As before I was emailed the link to the appointment. This time my son was back at school and the appointment was in the middle of the day. School was very accommodating and made available a classroom for us to use, meaning hardly any of the school day was missed. I am pleased to say the appointment went without a hitch, we could clearly hear and see the consultant and she could head and see us.

Being able to use Attend Anywhere for the appointment was most beneficial due to the logistics of the location of the hospital, the time of the appointment and being a school day. Stress and cost of traveling and hunting for parking were no existent and my son could continue his day with the minimum of disruption, I was able to go into school for the appointment which is much closer to home and has visitor parking available. For a 30-minute appointment my son would have missed more than half a day at school, having missed so much through lockdown this is not acceptable. I would really encourage others to embrace this new facility, the improvements that have been made from our first experience to the last is a credit to RD&E and all their staff

working on the system behind the scenes as well as the consultant who embraced a new way of working.

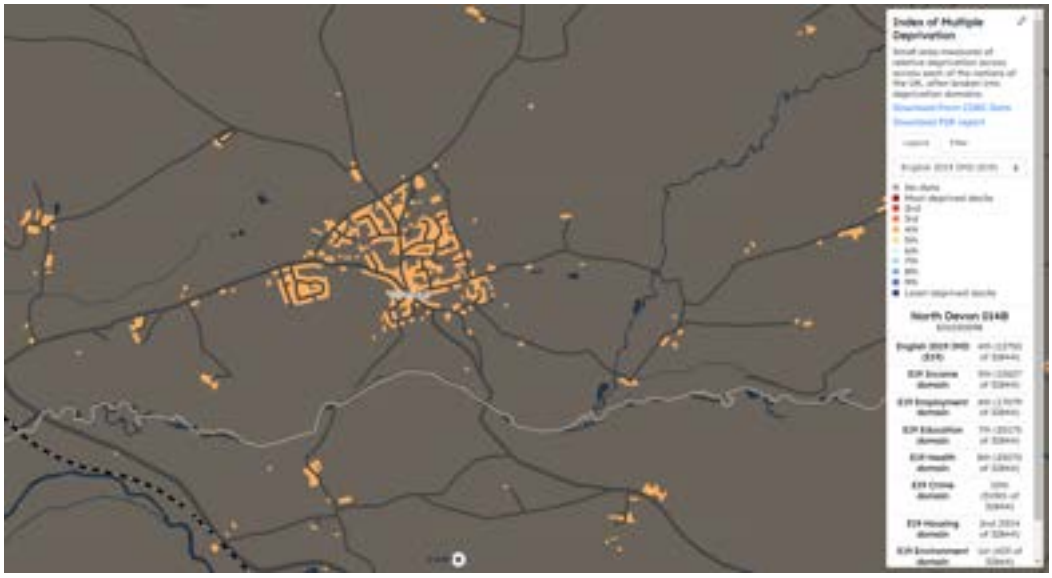
Stock photo, not real case study subjects.

Case study: the village of Chulmleigh

Chulmleigh is in North Devon, seven miles south of South Molton and 20 miles north-west of Exeter. The population is just over 1,000 people (from estimates based on the 2011 census[4]). Much of the village is aged 50+, with many having retired there from other parts of the UK, notably the South East.

Devon JSNA (Joint Strategic Needs Assessment) data shows that Chulmleigh is, in general, among the least deprived villages in the area; however, it does score highly on factors such as income deprivation affecting older people[5].

The Consumer Data Research Centre produces a variety of maps that can help us understand what life is like in Chulmleigh. However, the data on deprivation seems to be in conflict with the JSNA data[6], showing the village as being firmly in the 4th decile (with 1 being most deprived and 10 least).



A further map[7] shows that Chulmleigh performs very badly when it comes to "Access to Healthy Assets & Hazards. A multi-dimensional index developed by the CDRC for Great Britain measuring how 'healthy' neighbourhoods are".

[4] http://h2878021.stratoserver.net/en/uk/southwestengland/devon/E34000445__chulmleigh/
[5] https://www.devonhealthandwellbeing.org.uk/jsna/jsna-headline-tool/
[6] https://mapmaker.cdrc.ac.uk/#/index-of-multiple-deprivation?m=imde19_rk&lon=-3.8665&lat=50.9129&zoom=14
[7] https://mapmaker.cdrc.ac.uk/#/access-healthy-assets-hazards?m=ah2ahah_pc&lon=-3.8665&lat=50.9129&zoom=14

Delving deeper, the main issue seems to be that no flags are raised when you look at the data so the village misses out on funding and other opportunities. Apart from a more affluent older population, younger people struggle with finding work, debt, transport and realtive social isolation. A key issue since the pandemic is getting hold of prescriptions as there is no local pharmacy that can deliver them. Without a volunteer driver scheme, people without transport cannot access this and other key services.

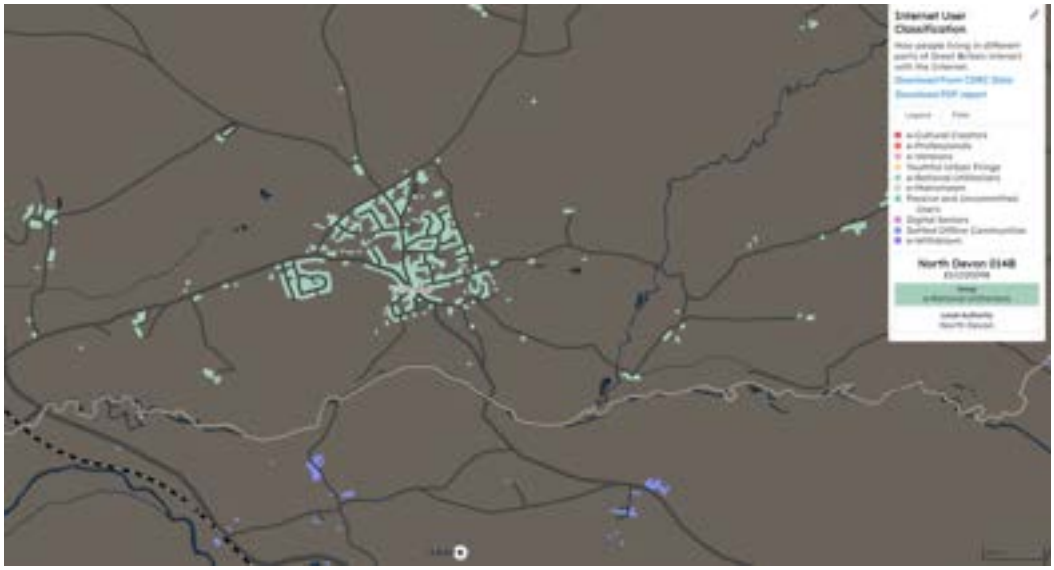
Local healthcare

There is one healthcare centre in the village, Wallingbrook Health Centre. It has a PPG (patient participation group), gives access to patient records via email, has an online prescription ordering service and uses the system online virtual appointment service – the surgery is also promoting the Airmid app which has the same functionalities. 40 minutes by car to the nearest hospital in Barnstaple, although only a distance of just under 20 miles. This journey by bus takes even longer, with a need to change buses both way and only 2 buses a day. From Chulmleigh to the RD&E in Exeter, the journey takes at least 1 hour and 20 minutes.

Digital access

The map below shows Internet User Classification in the village[8]; the majority of people are “e-Rational Utilitarians”, whose usage is “constrained by poor infrastructure”. The main use of computers is in the home and for online shopping.

[8] https://mapmaker.cdrc.ac.uk/#/internet-user-classification?lon=-3.8665&lat=50.9129&zoom=14



Chulmleigh lunch club: discussion about digital access to healthcare

Ten people took part in a discussion in March 2022. Participants had a range of health issues and very strong opinions about accessing healthcare digitally. 3 participants felt fairly or very confident about getting online as part of managing their health. 2 people said they had little or no confidence.

Participant 1: has used E-consult. Had a fall, metal pin put in leg. Physio came round , was concerned about foot, took photo. Sent to GP, was asked to upload on e-consult. Got a response to say this was not the way to send this information, please contact surgery. Eventually had a call from the GP.

Participant 2: relies on wife to do a lot of the digital. Remembers when GP stayed for 2 nights when he was a child, to keep him alive. Also an accident where the GP was close by but wasn't able (permitted?) to provide aid to the injured person.

Participant 3: really aware of internet security so knows there are a lot of scammers out there and is wary of confidentiality when accessing health online. Knows of someone whose medical records were accessed and downloaded by a scammer.

Participant 4: has a wide range of medical difficulties and has been on waiting list for a long time. Is waiting for an assessment to get a new hearing aid, in a lot of pain from osteoarthritis which affects mobility and means she doesn't sleep. GP can only offer paracetamol, or stronger medication that causes constipation.

General issues and opinions

- Older population, with very few younger people around in the daytime
- Older people should not have this imposed on them, yes, under 60s could be encouraged to use digital and in 20 years or so
- A lot of knee and hip issues locally
- No public transport or hospital transport (the person who was coordinating lifts on a voluntary basis is ill and not able to arrange lifts at the moment)
- Would prefer to see a GP face to face, regardless – like it used to be
- Clinicians risk being deskilled – they enter the profession to use their interpersonal skills but these are being lost
- No message to say that digital healthcare is not for everyone and that it is ok to communicate with the GP in a different way – most people just call or go to see the GP
- Internet very patchy in the village
- Expectation to use digital puts pressure on families and carers as they are supporting patients
- Money would be better spent on employing more doctors and nurses
- Tablets are easier than PCs with keyboards to use

Appendix C NHS X Devon rural digital health Inequalities initiatives

Name	Link/contact	Details
AbilityNet	AbilityNet	Free technological support for elderly, disabled and non-professional carers covering all aspects of technology.
Age UK	Click here for website	8 min video to motivate potential digital buddies
Age UK	Click here for website	Training for End User
AGE UK Torbay	Click here for website	Age UK Torbay provide a range of care and support services to promote the wellbeing of all older people in Torbay
Alice Cross Centre		Hire out iPads and provide 1 to 1 help getting people set up online
Alzheimer's Society	www.alzheimers.org.uk	Home visits, telephone calls or virtual calls all continuing
Be Buckfastleigh	https://bebuckfastleigh.co.uk/	Introduction to computers for domiciliary carers.
Brixham YES	Click here for website	Brixham YES provide a handy service to people through Staying Put which can assist with setting up routers and equipment.
Cosmic	Positive People | Pluss	IT training
Dementia Friendly Parishes near the Yealm	http://www.dementiayealm.org/	Carers' support
Devon Carers	https://devoncarers.org.uk/	Training for End User, provision of tablets
Devon Mind	Click here for website	Some Zoom training
Devon Recovery Learning	https://devonrlc.co.uk/	Zoom training
Digital Health Devon	Click here for website	Digital Health Devon offers free guidance showing people (including carers) how they can use the internet to access local health, social care and wellbeing resources

Eat That Frog	Click here for website	FREE face-to-face & virtual training and support, with venues in Torbay, Newton Abbot, Plymouth & Exeter.
E-culture solutions	eCulture Solutions - Social Enterprise	App in development. OurBeing.Online platform to provide a safe, secure, and inter-generational digital solution to linking people with support, local community services, and technology solutions aiding development of individual, family, and community wellbeing.
Good Things Foundation	https://www.learnmyway.com/	Step-by-step training for day to day activities online and DC basic training
Heart of the South West	Click here for website	Training for End User
Hope	Click here for website	Self-help courses for long term health conditions, anxiety and depression
Kingsbridge & Saltstone Caring		For isolated clients or this in care homes to have volunteers sit alongside and facilitate video calls on borrowed devices
Learn Devon	https://www.learndevon.co.uk/	Free online courses on digital skills
Libraries Unlimited	https://www.devonlibraries.org.uk/	PCs and Wi-Fi with support from library staff
Moorland Community Care Group	http://mccg.org.uk/	Tablet loans, beginners internet training
Moreton Health Hub		In development
NetFriends	Click here for website	NetFriends helps people get on top of technology – the internet, computers, tablets, phones, wi-fi, even TV and smart speakers.
Newton and Noss Network	Newton & Noss Parish Council	Weekly, free, volunteer-led. bring your own smart devices to learn new skills/troubleshoot.

Ottery Help Scheme	Home (otteryhelpscheme.org.uk)	Variety of support; tablets available
Plymouth Library of Things	Click here for website	Donated, refurbished devices
My Care Patient Portal	Royal Devon and Exeter NHS Trust	Electronic patient record via MY CARE portal
Torbay Digital Inclusion Network	sculley@hwdevon-plymouth-torbay.org	A network of digital inclusion organisations
Torbay Together	Click here for website	a searchable database of services, events, activities and volunteer opportunities.
Totnes Caring	Click here for website	Piloting loans of 5 laptops, buying dongle/ MiFi and provide first month of data (£50 total)
Totnes Connection Hub & Food Bank	01803 840354	Helps people get online
Video volunteers	Northern Devon Healthcare NHS Trust	Our Video Volunteers are available to answer any questions you may have about accessing your outpatient appointment via video.