General Practices helping patients to use digital services

Current experience and future potential

What did we do and why?

We looked at how general practices were supporting NHS patients to use online services (which we call **digital facilitation**).

This is important because more and more health services are becoming digitalised, and it is unclear what support patients will get to help them learn and use these online services.

How did we do it?

We looked at **previous research** on the topic, used **surveys** of staff and patients to ask about their experiences, **observed digital facilitation** in a selection of general practices, and **spoke with staff, patients and other key stakeholders** about the benefits and challenges of different digital facilitation approaches.

What did we find out?

Digital facilitation has many forms. Most practices use 'passive' (e.g. posters, mass text messages) and 'reactive' (e.g. answering patient questions when asked) forms of digital facilitation.

Digital facilitation is thought to help patients access care by increasing the uptake of online services.

Different groups of people (patients, GPs, reception staff, policy-makers) disagree about who they think should be helping patients to use online services. Most often it was the reception/admin team or family/friends who were actually helping the patients with online services.

The COVID-19 pandemic sped up the introduction of online services and often little time was available to plan how best to support patients when introducing online services. This may have meant that the support offered may have been less than ideal.

What makes digital facilitation easier:

Having **time**, **money**, **resources** and **staff** who are dedicated to helping patients use digital services and consider online services useful.

Easy to use digital platforms.

What makes digital facilitation harder:

Having too many different digital platforms in the practice.

Digital platforms that were not easy to use.

No staff member responsible.

No consideration of individual patient circumstances.

Making assumptions about patients' abilities to use technology.