TINDER FOUNDATION

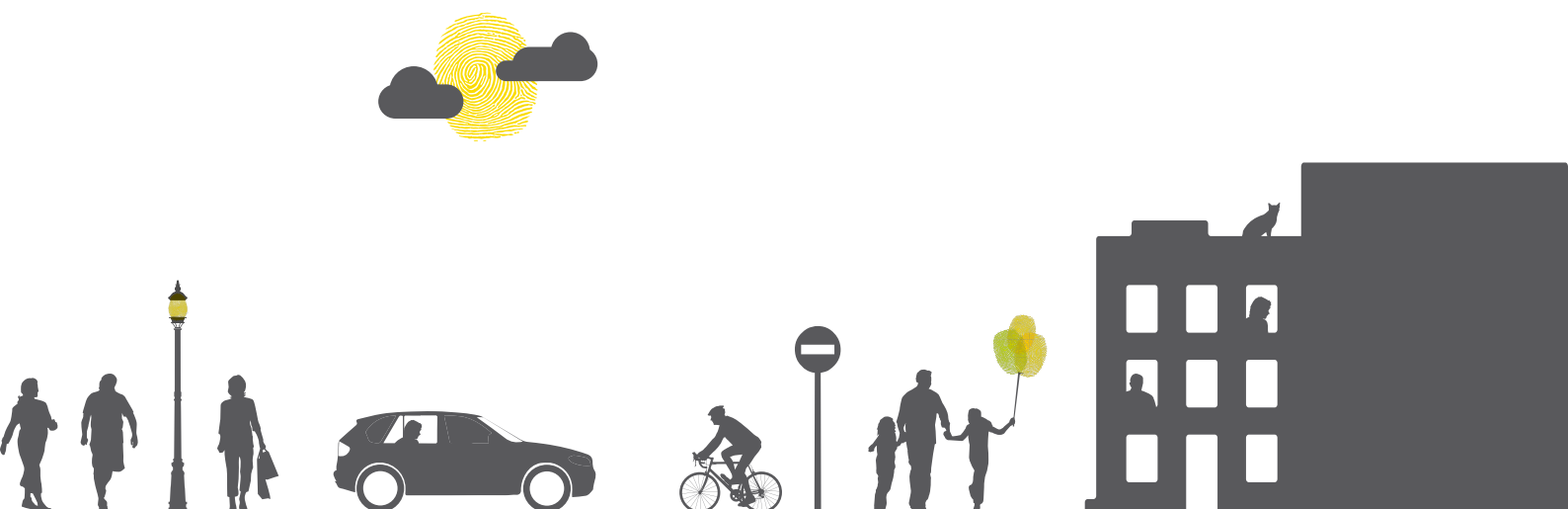# IMPROVING DIGITAL HEALTH SKILLS IN COMMUNITIES

**Findings from the Evaluation of Years 1 and 2
of the Widening Digital Participation programme**

NHS England

EXECUTIVE SUMMARY

About the programme

Tinder Foundation began delivering the Widening Digital Participation programme in July 2013. Funded by NHS England, this three-year programme aims to address the challenge of reducing health inequalities by increasing digital inclusion. Engaging groups that are at risk of poor health and helping them to become digitally included has the potential for impact on multiple fronts, including through engaging patients in their own care, realising cost savings for the health service, and driving positive health and wellbeing outcomes. In particular, the programme seeks to achieve this by supporting people to use online health resources.

Tinder Foundation works with a 5,000-strong network of community organisations - the UK online centres network - as well as national partners, to help support hard-to-reach people, and to tackle digital exclusion at scale. Through the Widening Digital Participation programme, we provided grant funding to more than 200 UK online centres each year, enabling them to build digital health into their existing offer of community-based digital skills training and wider support services. We also funded a number of Flagship centres to drive innovation and focus on specific priority audiences. Many unfunded centres in Tinder Foundation's network were also able to access resources and guidance to support individuals to improve digital literacy and digital health literacy skills.

KEY FINDINGS

Reach of the Widening Digital Participation programme

- The Widening Digital Participation programme has been successful in reaching large numbers of people who are both digitally excluded and at risk of poor health by tapping into the UK online centres network - so far **140,892 people** have learned to use online health resources.

- Over half the participating centres have been working with **unemployed people, older people** and/or **people on low incomes** as part of the programme. **Disabled people, people with poor mental health** and people from **BAME** communities have also been engaged in large numbers.

Impact on learners

- **The programme has created thousands of opportunities for people to improve their knowledge about healthy living**, and learn about resources to support healthier behaviour. Many learners report going on to **improve their diet, take up more exercise, reduce alcohol and tobacco consumption and find new ways to manage stress and anxiety**.

- Access to health information online provides people with **reassurance and confidence** about their own health and that of loved ones.

- The programme has introduced people to **trusted resources** to supplement information given in time-limited GP consultations, **helping people better understand their conditions**.

- Learners have reported that accessing reliable health information online **empowers** them to take **greater control over self-management of their own health** and **engage in a more informed dialogue with health professionals**.

- The percentage of learners who feel they have the information and skills to manage their health has **increased from 65% to 87%** through participation in the programme.

- 48% of learners say **they saved time by doing something health-related online**, and 32% reported **saving money, mostly through avoided travel costs**.

140,892

people have learned to use **online health resources**

> "I gained a deeper understanding of the relationship between sodium and high blood pressure, and now I control the amount of salt in my diet."
>
> Learner, London, Year 2

Effective and innovative engagement and delivery

- Successful models for engaging and training people have included:
  - **Running community outreach events**
  - **Social prescribing**
  - **Running digital surgeries to engage and train patients**
  - **Embedding digital health within digital skills training**
  - **Embedding digital health within other informal learning**
  - **Training health and care professionals**

"Health is often a conversation starter for our clients. This programme has given the conversation somewhere to go."

Centre manager, Whitehaven, Year 2

96%

of UK online centres have used partnerships with other organisations in their local community

Partnership working

- Much of the success of the Widening Digital Participation programme in reaching **large numbers and a diverse range of people** has been due to partnership work.

- 96% of UK online centres have used partnerships with other organisations in their local community to reach people and/or deliver digital health training. Many new partnerships have been formed as a result of this programme, and **43% of centres that formed new partnerships did so with GPs, pharmacies or others in the health sector**.

- Once established, partnerships between community organisations (such as UK online centres) and GP practices are often extremely fruitful, but **many centres that tried to engage GP practices have struggled to establish a relationship**.

43%

of centres that formed new partnerships did so with GPs, pharmacies or others in the health sector

"The project has had the greatest impact where there's been a passionate champion for the project in the partner organisation."

Flagship project lead, Leeds, Year 1

Online health transactions

- In Year 1 of the programme, online transactional services, such as appointment booking and prescription ordering, were still relatively new but there was a general recognition of the potential convenience they would offer. **In Year 2, more than 14,000 learners learned how to register with their GP, and then use their services**, with learners also supported to put these skills into practice.

- The **flexibility** of being able to book appointments and order repeat prescriptions online offers recognised **benefits in terms of convenience and time**. Additionally, for a smaller group of people with anxiety, online transactional services also offer a far **less stressful alternative** to telephone and face-to-face interactions.

- While many learners have been eager to learn about online transactions and some have now started using these services, in general there has been both **greater interest in, and more benefits obtained from, using the internet to find health information**.

- **Many older people prefer using traditional, offline means** of transacting, especially those who are isolated, because they **value the social contact**.

14,000

learners learned how to register with their GP and use their services

Use of health services

- The programme demonstrates that digital health training interventions have the **potential to reduce demand on face-to-face health services** in two ways: in the short term, by helping people **identify the most appropriate way to seek non-urgent medical advice**, and in the longer-term, by **empowering people to better manage their health** so they have less need for face-to-face primary care.

- One in three learners say they have made fewer visits to a doctor after learning about online health resources, as a result of finding the information they needed online.

- Learners see NHS Choices (and other online resources) as a **valuable first port of call for information and advice** about health concerns, enabling them to make **more informed decisions** about appropriate next steps.

- Of the 34% of learners who would have gone straight to their GP or A&E for non-urgent medical advice, almost half (46%) have since said they would first seek advice by visiting websites like NHS Choices (26%), going to a pharmacy (16%) or calling 111 (4%)

"Before this, I'd have gone into the doctors and stood in a queue to make an appointment with the one receptionist who's answering the phones and making the appointments and dealing with patients. With this it's just 'click' and it's done. It's fantastic."

Learner, Church Stretton, Year 1

"It's made me aware of when I need to go and see the doctor and what I can manage myself"

Learner, Reading, Year 2

Sustainability and capacity building

- **93% of centres involved in Year 2 of the programme reported that they intend to continue offering support** to help people use digital tools and resources to manage their health, even if not funded specifically to do so. This is **up from 84%** at the end of Year 1.

- Supporting UK online centres and their community partners to deliver digital health training has **raised awareness among service providers and the community sector** of the benefits of digital health literacy and the valuable resources available online.

- These organisations now have the **knowledge, capacity and enthusiasm to engage their communities with digital health learning, adding value to the support they already provide** to thousands of people across the country, and **raising their profile** with new audiences and partners.

- Although most centres are committed to continuing to offer digital health support regardless of whether they received specific funding to do so, **without financial support and health sector buy-in at a national or local level, future work in this area would need to be scaled back**.

- Numerous centres have highlighted the potential value of **coordinated support from Tinder Foundation, NHS England and national organisations to broker partnerships with local partners**, in order to maximise sustainability beyond the end of the programme.

"The opportunities that this project has given us, in terms of working with GP practices and the like - it's helped us clarify where we want to be. We now have a clear view of where we're going... and it's about being less fragmented, and offering a more comprehensive service."

Flagship partner and centre manager, Leominster, Year 2

RECOMMENDATIONS

We identify four priority actions that will be necessary to ensure the programme has a lasting legacy after drawing to a close in March 2016. These are:

- Raising the profile of UK online centres and the benefits of digital health literacy

- Building capacity of UK online centres and partners for future delivery

- Changing GP culture to value digital health literacy

- Joined-up policy responses that promote local support for digital health training

93%

of centres involved in year 2 reported that they intend to continue offering support

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1. INTRODUCTION

In the UK, 10.5 million people lack basic digital skills and 5.9 million have never been online before. There is significant crossover between those groups who are digitally excluded and those at risk of poor health. People experiencing digital exclusion tend to be older[1], poorer[2], and more likely to be disabled[3] than the rest of the population. In other words, health inequalities and digital inequalities overlap, and those who are digitally excluded tend to be those who rely most on the NHS.

As part of the government's ongoing digital strategy, public services are undergoing a channel shift to make them 'digital by default'. The shift to digital by default is intended to make public services (including the NHS) more accessible and easier to engage with, and to reduce the costs of the delivery of some frontline services, so more money can be invested elsewhere. This shift means that those who are digitally included can more easily access services that will have positive impacts on their health and wellbeing such as health information and services, employment and benefits, or increased opportunities for communication and social inclusion. Without adequately addressing digital exclusion, there is a danger that inequalities may become more pronounced as those who are digitally excluded will not realise these benefits.

Tinder Foundation began delivering the Widening Digital Participation programme in July 2013. Funded by NHS England, the programme aims to support 231,000 people **over three years**, to learn to use online health resources such as NHS Choices, as part of a wider digital inclusion effort. Engaging groups that are at risk of poor health and helping them to become digitally included has the potential for impact on multiple fronts:

- Being digitally included enables individuals to seek out information online to help them better manage their own health and wellbeing
- Steering patients towards digital alternatives to traditional face-to-face contact with health services, where appropriate, has the potential to reduce costs for the NHS
- Digital inclusion efforts also address broader determinants of health such as social inclusion and employment.

This report details the findings from the evaluation of Years 1 and 2 of the programme, and makes recommendations for future action on this basis. A final report will be available at the conclusion of the programme, in 2016.

Tinder Foundation was chosen to deliver the Widening Digital Participation programme because of its experience of tackling digital exclusion at scale and of exceeding targets on government-funded contracts. We work with a 5,000-strong national network of UK online centres to support people in communities, as well as many national partners who help us to amplify our impact. UK online centres are community-based venues of any kind (libraries, community centres, informal learning providers, etc.) who provide digital skills support and computer access, often alongside other services, to the people in their communities.

1. BBC (2014) Media Literacy: Understanding Digital Capabilities follow-up
2. ONS (2014) Internet Access Quarterly Update, Q1 2014
3. ONS (2015) Statistical bulletin: Internet Users, 2015

Widening Digital Participation provides grant funding to several hundred of these centres to build digital health into their existing offer of community-based digital skills training and wider support services. The principal online resources used in the programme are the NHS Choices website, and the Learn My Way platform's 'Being Healthy' page and two digital health courses *(Staying Healthy with NHS Choices* and *Using GP Services Online).*

In Years 1 and 2, the programme funded several Flagship centres (14 in Year 1, with six of these continuing into Year 2) to drive innovation and focus on specific priority audiences. 200 other centres each year were funded with smaller grants. Other centres in Tinder Foundation's network that are not funded by the programme are also able to access resources and guidance to contribute to the programme if they choose, and many do so. A similar model will be applied in the third and final year of the programme.

NHS England's Five Year Forward View recently described three key challenges facing the NHS, identifying digital as part of the way to tackle all three. These three challenges are:

- Getting better at preventing long term conditions
- Driving down variations in quality and safety of care
- Improving efficiency

The NHS has a goal to make digital a key part of health and care services, but as a recent report[4] from the National Information Board makes clear, the opportunity for the public to benefit from digital access to health services and information must be inclusive. Critical to this goal is a commitment to "build better insight into the barriers to digital inclusion". The evaluation of the first two years of the Widening Digital Participation programme is making a valuable contribution to this insight building.

4. National Information Board (2014) Personalised Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens

2. MONITORING AND EVALUATION OBJECTIVES AND METHODS

Tinder Foundation is committed to measuring the outcomes and impacts of our work; generating insights into barriers to learning and the challenges of achieving digital inclusion for all, and identifying, understanding and scaling successful delivery models that overcome these barriers and challenges.

In line with this we have used a mixed-method approach to monitoring and evaluating the NHS Widening Digital Participation programme, involving qualitative interviews, quantitative surveys, automated management information data, webinars, focus groups and online discussions.

OBJECTIVES

The objectives of the monitoring and evaluation are:

- To measure the impact of learning about digital health resources on:
  - confidence and skills to manage health
  - confidence and skills to perform health transactions online
  - health, wellbeing and health behaviours
  - service usage
- To generate data on the reach and effectiveness of programme activities
- To identify successful engagement and delivery models (including suitability for scaling up).

MONITORING

To assess the number of **people trained** to use digital health resources such as NHS Choices, we identified from internal management information the number of unique visitors to the digital health resources on the Learn My Way platform (the **Being Healthy** page that links out to NHS Choices and other sites, and the Staying Healthy with NHS Choices and Using GP Services Online courses).

Brief monthly surveys of all funded centres were also conducted to gather data for monitoring the number of **people reached** and number of **volunteers trained**. The number of people reached was estimated using the management information data on people trained and survey data from centres on the number of additional people with whom they report raising awareness of online health resources. The number of volunteers trained was taken directly from the centre surveys.

Equivalent data from any unfunded centres in the wider UK online centres network that were also delivering digital health training using the resources developed through the programme were gathered as part of regular surveys administered to these centres on a quarterly basis, independent of the programme.

EVALUATION

To evaluate the activities and reach of community partners funded by the programme, and its impact on learners, we used a **mixed-methods approach** involving surveys, interviews, and focus groups, along with a workshop with Flagship projects in Year 2 to confirm and expand on emerging findings.

Data collection

Surveys:

- An independent social research company, IFF Research, was engaged to administer a survey of learners at engagement (online within Learn My Way) and again three months later (telephone, for those consenting to follow-up). This was done on a small scale in Year 1 (44 Flagship learners at follow-up), then expanded across the programme in Year 2 (431 learners at follow-up). The survey collected data about people's experience of the course and the impacts of their digital health learning on health behaviours, service usage, and confidence.

- All centres funded by the programme were asked to complete a survey at the end of each year of the programme, covering delivery and engagement models, successes and challenges, partnership working, their experience of the resources, and future intentions. Response rates were 64% in Year 2 and 61% in Year 1.

- Centre funded specifically to hold digital health events in Year 1 were also surveyed following those events.

Interviews:

Over the two years, semi-structured interviews have been conducted with centre managers (26), volunteers and tutors (6), key staff from partner organisations (10) and learners (23), primarily in the Flagship projects but with some interviews conducted with other centres involved in the programme.

Focus groups:

Focus groups were held with learners in four centres in Year 2 and this data was combined with interview data in the thematic analysis.

The evaluation findings presented in this report also draw on comments and feedback provided by participating UK online centres in webinar workshops and on the programme's social network used throughout Year 1 (now defunct).

Data Analysis

Quantitative survey data has been analysed and presented numerically while free-text survey responses and qualitative interview transcripts were analysed thematically to identify common themes.

Learner surveys that collected personal information were administered by IFF Research, an external market research company, to protect the privacy of learners and comply with confidentiality regulations. Only aggregate data or de-identified raw data was provided to Tinder Foundation for further analysis and reporting. A margin of error of 5% applies to the results of the learner survey.

Finally, all individuals across the Widening Digital Participation programme who completed the Learn My Way Staying Healthy with NHS Choices course were, immediately upon completion of the course, invited to respond to a single 'pop-up' question asking them to rate their agreement on a 5-point scale with the statement "This course has helped me to understand how the NHS Choices website can help me to manage my health." Responses were collected automatically within the Learn My Way system. 16,217 learners (12%) provided a response.

3. EVALUATION FINDINGS: ENGAGEMENT AND DELIVERY

3.1. PROGRAMME REACH: PEOPLE ENGAGED AND TRAINED

The Widening Digital Participation programme is successfully reaching large numbers of people who are digitally excluded and at risk of poor health by tapping into the UK online centre network. Since 2013:

- The programme has reached 235,465 people, raising awareness of online health resources in communities across the nation
- 140,892 people have learned to use online health resources
- 4,444 volunteers have been trained to support digital health learning

The programme has set out to reach digitally excluded people nationwide, recognising the substantial overlap between digitally excluded populations and the people most at risk of poor health. Some of the Flagship projects were chosen because of their existing work with hard-to-reach groups, and the broader network of centres funded by the programme targeted a wide range of people, often in deprived communities. Information about the different models used for engaging and training people can be found in Section 3.2. Tinder Foundation's two annual campaigns, during which many UK online centres hold events to attract new learners, also both had a focus on health in 2014-15.

The range of audiences successfully reached with digital health information reflects the deep reach of the UK online centres network into disadvantaged communities, and the network's support of large numbers of older people, job seekers (often through referrals from local Jobcentres), and others at risk of both digital exclusion and poor health. Over the lifetime of the programme to date, approximately 80% of UK online centre users were socially excluded[5].

Over half the participating centres in Year 2 worked with unemployed people, older people and/or people on low incomes as part of the programme. Disabled people, people with poor mental health and people from BAME communities have also been engaged in large numbers. Compared with Year 1, Year 2 results indicate an increase in the proportion of centres working specifically with disabled people. This audience will have an increased focus in Year 3.

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5. UK online centres' learners are defined as socially excluded if they are unemployed, disabled, in receipt of benefits, live in social housing or are homeless, or have an annual household income that defines them as in being in poverty using the HBAI method.

Figure 1: Main audiences reached by participating centres
(% of centres reporting working with each group), Year 2.

% of centres supporting this population
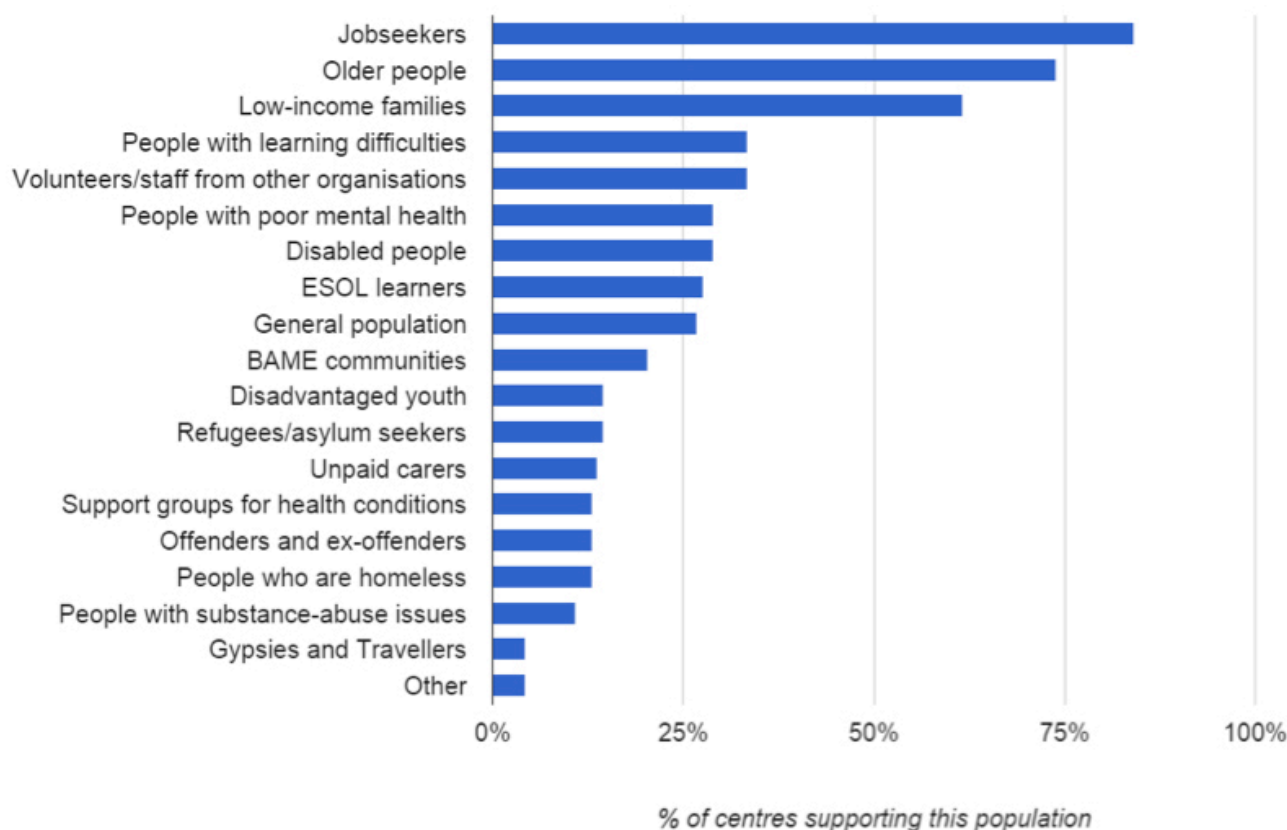
Based on a baseline survey of over 4,000 learners, we estimate that 46% of people trained by the programme live in the top 20% most deprived wards in England, and over two-thirds live in the top 40% most deprived wards.

Flagship projects for the programme were selected in Year 1 and 2 primarily to work with specific hard-to-reach groups of interest. For example:

- Bromley-by-Bow and Cooke eLearning are based in predominantly **BAME communities**, in which they have deep reach and substantial presence.

- Mayfair Community Centre, with its various partners including Age UK, engaged a diverse range of people across **rural** Herefordshire and Shropshire.

- Other projects had **health-specific target audiences** for some of their work, for example Southampton Library, who developed online resources for **cancer patients and people with mild mental health concerns** and then supported their use through the training of volunteers.

- Inspire Communities, Manchester Healthwatch, and Heeley Development Trust have conducted digital health training sessions in partnership with **various community health and support organisations**.

- Leeds and Partners with York St Practice built partnerships with local community organisations to engage **sex workers, asylum seekers and homeless people** with digital health resources.

- Several projects worked with **long-term unemployed** people, supporting them to get online and discover digital health resources, or partnered with housing associations to reach digitally excluded people in **social housing**.

- Finerday, Breezie and Midland Heart worked with care homes and housing associations to introduce **older people and people with particular health needs** to the internet and to digital health resources using specific platforms and simplified interfaces.

Different approaches work for different groups, and some people need highly tailored support to overcome specific barriers.

While a large majority of the participating centres (82% in Year 1 and 74% in Year 2) have been working with older people as part of the programme, this demographic was also cited repeatedly as one that was difficult to engage with digital health messages - in particular those aged over 70.

Reasons for this difficulty included:

- a lack of interest in or perceived relevance of the internet and computers
- mobility and access issues limiting people's ability to engage with learning opportunities
- the need for an intensive and individualised approach to learning.

One of the Flagship partners captured this issue well, contrasting the 70+ audience with the 55-69 audience. Of the younger, 55-69 age group, she says:

"They're seeing that it's the way forward, that everything's going online and they need to get their skills up otherwise they're going to be left out"

Whereas, reflecting on her experience with the 70+ age group, she says:

"They're so used to it not being there and managing their health in other ways - it's a tough audience to convert to using online health resources as an alternative. They like the trip out, they like to physically talk to someone. It's a tough audience to win over."

With respect to older age groups, however, it is difficult to generalise. Many older people who've been involved in the programme to date were already well on their way to becoming confident internet users, and digital health has given them yet another reason to be online. For others, health has been a hook to get them started online. This highlights the need for a tailored, flexible approach to training that is responsive to learner needs and interests., a finding reflected in other studies of older people's engagement with IT[6].

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6. For example, see Damodaran et al (2013) Sustaining IT use by older people to promote autonomy and independence (Sus-IT). New Dynamics of Ageing, Sheffield.

Case study: Starting Point Community Learning Partnership, Stockport

Starting Point Community Learning Partnership is a community cafe and UK online centre in Stockport that works predominantly with older people. Regular learners at Starting Point have been using their new skills with computers and the internet to explore the potential of online health resources. Starting Point tutor Ryan tells us:

"We use the health resources on Learn My Way with people that come to the centre to get online for the first time, for them to practice their web browsing skills and to show them some of the other benefits getting online can bring, things outside of shopping and email. You can see straight away how much people are amazed by the amount of information on the NHS choices website alone."

With a majority of learners in the centre being over 55, the online health services have proved particularly relevant. Ryan explains:

"Because of the age range of the people that use the centre, many of them use health services more than most, so it was great to show them some of what's available online. Checking the ratings of local hospitals proved really popular. More than one learner had minor operations or procedures coming up, or knew someone who did, so finding out their hospital had the best rating among all the local hospitals really helped put their mind rest."

Ryan believes introducing the group to services may have also prevented hospital visits for some learners who use NHS Choices to check symptoms and put their mind at rest about minor ailments or illnesses.

"Because it's so hard to get a quick appointment to see the GP, they might have gone straight to A&E - or worse, suffered in silence - but now they can see whether or not they need to see someone as quickly as possible or if there's something they can get from the chemist. It's saved time and worry for a lot of people."

Interestingly, **younger people** have been actively identified by several centres as a target audience they have trouble engaging with digital health messages. Although young people are sometimes referred to as 'digital natives', and are more likely to be online than older people and so more willing to adopt new technologies and transact online, it cannot be assumed that they are all equally skilled in using the internet to seek and consume health-related information.

Factors other than age - often socio-economic ones - are also important predictors of internet use, and there remains a small but significant number of young people who cannot access the internet regularly and therefore are unable to build on and take advantage of the skills they have developed as children[7], and those who are online face challenges associated with safety, privacy and mental health that are relevant in this context. Young people therefore remain an audience of interest for this programme, especially those who may not benefit from a wider environment of high digital and health literacy.

In the upcoming final phase of the programme, key target audiences will include people with disabilities and learning difficulties, people with dementia and their carers, and disadvantaged young people.

3.2.   EFFECTIVE AND INNOVATIVE ENGAGEMENT AND DELIVERY

The evaluation of the Widening Digital Participation programme to date has revealed important lessons about both the effective engagement of people with digital health messages, and various means of delivering training in the use of digital health resources.

We have identified **six models** of engagement and/or delivery that have emerged from the programme so far - models that could be adopted by other community organisations and their partners to successfully address the overlap between digital and health inequalities. Some of these models have a greater emphasis on engagement, while others are more focussed on delivery. Therefore, in some settings a combination of more than one of these models has been appropriate. In the sections that follow, each model is described and the audiences for which it is most appropriate are identified, along with some general considerations. A case study from the programme is also given for each model.

Model 1: Community outreach activities and events

Audience: Harder to reach populations, and people with complex needs or limited time who are engaged with other services. e.g. low-skilled people in rural areas, unpaid carers engaged with carers networks, disabled people.

Approach: A common and successful model for engaging and training people with digital health involves community outreach activities and events. Outreach work has been conducted across the programme at a wide range of venues across communities, including village halls and community centres, social housing communal spaces, churches, mosques and other places of worship, care homes and sheltered housing schemes. This is in addition to outreach work that has taken place in GP practices, pharmacies and other health sector venues (see below).

Just as varied as the venues are the types of outreach activity. In some cases, centre staff have taken tablets and laptops to community group gatherings such as coffee mornings, to provide demonstrations of online health resources. In other cases, structured learning courses using the Learn My Way resources are being conducted in partner venues.

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7. Eynon, R. and Geniets, A. (2012) On the Periphery? Understanding Low and Discontinued Internet Use Amongst Young People in Britain. Report for the Nominet Trust.

Events have been a good way to engage people in the wider community. In Year 1 of the programme, 124 UK online centres were funded specifically to hold at least three health events each, and more than half of these centres held at least one event in a community-based venue other than the UK online centre itself. For example, one centre held a 'health fair' at local health centres and community centres, with a 'cyberzone' set up to introduce people to NHS Choices. The average number of people per centre who were reached with messages about digital health at events was 134. Some centres reported reaching as many as 500 people via events.

> "Our first event was a family day during half term where we had lots of entertainment for children and families. Whilst the children were being entertained we spoke with parents and got them surfing the [Learn My Way and NHS Choices] health pages to find out more."
>
> **Centre manager, London, Year 1**

In Year 2 of the programme, funding was less prescriptive, with centres free to determine the most effective way to reach people for this programme. Data was not collected on the number of events held, but outreach work in general remained a popular way to engage new learners.

Considerations:

- The outreach model is a way of engaging people with digital health in a setting that is most convenient for them - because they're already there. It is important, therefore, to present digital health as a being relevant to the other reason they are in that setting.

- This model often involves partnerships with specialist service providers (e.g. disability service providers) who can support and enhance appropriate provision of digital health training. This can be a valuable asset and sometimes critical to ensuring successful engagement and delivery.

- Outreach work can pose some practical challenges relating to kit and internet access, but centres in the programme typically proved resourceful at overcoming these. Using laptops, tablets and other mobile devices is often necessary, unless the outreach location is well set up for this. Mobile wireless broadband devices (MiFis) produce a localised wireless signal, thus enabling outreach activities to take place anywhere, and reducing reliance on partner organisations' broadband.

- The portability of tablets, laptops and MiFi devices has proved critical for many centres working to engage hard-to-reach populations and new audiences.

- Engaging people through outreach also facilitated the signposting of people to the UK online centre itself for further learning and other support.

> "Without the laptops and mobile wi-fi devices,
> the outreach would have been very, very difficult."
>
> **Flagship project lead, Hull, Year 1**

> "Because our clients are harder to reach, we have to go out and see them where the are... The tablets change the way we can interact with our clients... they go on every outreach that we do."
>
> **Flagship project partner, Leeds, Year 1**

"When we go on street outreach we usually see women with a number of issues, mainly around health, but because they have no fixed abode and don't tend to have mobile phones, we have no way of following up with them beyond that night. We felt it would be really beneficial if we could take the tablets out with us on outreach and see people and make appointments for them there and then."

Flagship project partner, Leeds, Year 1

Case study: Inspire Communities and The Crossings Hostel, Hull

Inspire Communities in Hull has been a Flagship project for Widening Digital Participation since the beginning of the programme. They serve a range of clients dealing with social isolation, poor mental health and poverty as well as other challenges, and provides clients with holistic support and opportunities to rebuild their confidence and move forward with their lives. Their work involves a broad range of partnerships across Hull, including outreach work with The Crossings Hostel, a hostel for people facing homelessness.

Inspire Communities delivers a weekly outreach programme of digital skills training at The Crossings, giving residents opportunities to develop confidence and skills and to benefit in a range of ways from being online. Staff and volunteers from Inspire work closely with residents to support them to gain digital skills, and to improve their digital health literacy so they can access health information online. This support is vital as residents often can't access support through other channels.

One resident of The Crossings, Ron, was supported to learn how to use the internet, and before long was helped to use the NHS Choices website to find a GP closer to the hostel after he moved in there. Using the site, Ron looked at the reviews, locations and opening times to select a suitable surgery.

Ron suffers from severe anxiety and had previously found it very difficult dealing with GP receptionists who weren't familiar with him and his situation. Online transactional services have been another boost for Ron. Dave Edeson, the Chief Officer of Inspire Communities, explains that:

"Ron was really happy that the surgery let him book appointments and order repeat prescriptions online. These services went a long way to alleviating his anxiety, especially once [we] showed him how the system worked and how easy it was to make an appointment… And he's much happier with his new GP too. Not only is it closer but he says the conversations he's having with the doctor are making him feel much more included in decisions about his healthcare."

The outreach project run by Inspire Communities in partnership with The Crossings Hostel is having a noticeable impact on residents' health and wellbeing, and has now become a mandatory part of each resident's stay.

Visit the **Widening Digital Participation website** to read more about Ron's journey out of homelessness and towards more positive engagement with the health service, supported by Inspire Communities.

Model 2: Social prescribing

Audience: GP patients who are narrow or non-users of the internet, especially those with long-term conditions and those with other needs that may be met by UK online centres with a wider offer than digital skills. e.g. socially excluded patients who are heavy users of the NHS

Approach: Alongside the 'digital surgery' approach described below, another common model of working with local GP practices has involved establishing a referral pathway from GPs to UK online centres, for support of various kinds including digital health skills - a form of 'social prescribing'. In most cases to date, this has been a standalone referral arrangement, although some centres have made progress towards integrating referrals for digital skills and other services they offer into wider local social prescribing arrangements. In either scenario, GPs refer on to local UK online centres those patients who:

- present to GPs with non-clinical needs that could be well met by a UK online centre offering a range of support services and learning opportunities, or
- have a long-term condition that could be more effectively managed if the patient had the skills, motivation and access to use digital health resources.

Considerations:

- No universally used system for social prescribing currently exists, though some GPs do already refer patients to community and other support services. Community organisations such as UK online centres that hope to establish a referral pathway with local GPs need to either set up a new referral mechanism directly with the GP, or link in to established systems already in place in their local area.

- Many patients who GPs may identify as having a need for training in the use of digital health resources will also have more urgent non-clinical needs. This challenge is being met in some centres by educating other support providers about the issue of digital inclusion and the potential value of digital health skills, so that prescribing digital skills becomes an important supplementary referral option after more immediate needs are being addressed, and one that is part of broader support provision.

- Perceived validity (or lack thereof) of community centres and similar organisations as social prescribing partners is a challenge that has been identified through the programme. One community centre in Shropshire operating within a social prescribing model reported that this has been overcome in their area by the model being endorsed by the local Clinical Commissioning Group (CCG).

- A strong partnership between a UK online centres and local GP practice was necessary, including secure buy-in from key staff and ensuring that GPs being encouraged to socially prescribe digital skills training have a sound understanding of the UK online centres offer to referred patients. Such relationships and understandings require time to establish, and in the absence of top-down support (e.g. from local CCGs), UK online centre managers need to drive the building of these partnerships.

Case study: LEARN.ORG.UK Ltd., West Yorkshire

The LEARN.ORG.UK (Ltd) centres in West Yorkshire provide a variety of skills training, primarily to BAME, migrant and refugee audiences, and have a strong focus on digital inclusion. All learners at the centres have access to a subsidised laptop purchase scheme and the centres run basic digital skills classes alongside a range of other informal learning opportunities.

Learners are referred to LEARN.ORG.UK from a range of local service providers, including the council and local Jobcentre. After receiving funding through the Widening Digital Participation programme, the organisation was eager to reach out to local GPs, offering a referral service for patients who might benefit from getting online and learning to use online health resources. A relationship with a local surgery took some time to set up, but was eventually brokered successfully through existing contacts of the board of trustees.

Local GPs now refer patients who they think have the most need for - and the most potential to benefit from - digital skills training. GPs highlight the Learn My Way resources to relevant patients, and signpost them to the LEARN.ORG.UK centres for support. Once in the centre, learners benefit from the embedding of digital health training in a range of activities, such as broader digital skills training as part of an employability skills course, and a healthy cooking programme.

Deputy Chair of the organisation, Yusuf Mayet, told us:

> "Many of our learners who benefit from learning about NHS Choices are new arrivals. They are often still learning about how the NHS works, as well as looking for specific health information."

Developing digital skills in a UK online centre offers more than just the potential to enable patients to manage their health better using online resources. GPs often refer to the centre those patients who visit their doctor for a chat as much as for health advice, because they recognise that the centre and digital can both offer ways to overcome social isolation.

Model 3: Digital surgeries

Audience: Patients attending GP practices, especially those who are heavy users of GP services e.g. older people with long-term conditions who could use online tools to help self manage their health; narrow internet users who would benefit from booking appointments and ordering repeat prescriptions online.

Approach: One of a number of ways that participating centres have been working with GPs is by directly engaging and training patients with digital health in a GP surgery. A number of centres have partnered with local GP practices to develop an offer of support for patients, to encourage them to take advantage of online health resources, transactional services, and opportunities to

provide feedback on GP services. This typically takes the form of UK online centres staff and trained volunteers running one-to-one drop-in or scheduled sessions in the GP practice, introducing interested or referred patients to digital health resources or services, in what is sometimes being referred to as a 'digital surgery'. In some cases a generic approach has been taken - showing all patients the online booking or feedback facilities and offering support on how to use them - while in other cases the support offered is tailored to specific health needs, for example showing patients pages on NHS Choices relevant to existing health conditions.

> "I've found a variety of patients have benefitted from some of the great digital tools that are out there... Having a team of people who are dedicated to the digital surgery really backs up the sort of care we deliver in the surgery itself. What's more, patients are coming back to me really appreciating the time that's been spent with them, and appreciating having the information in a format they can understand."
>
> **GP project partner, Sheffield, Year 1**

Patients who want more training in digital health or digital skills generally have then been signposted to the UK online centre itself.

Considerations:

- Central to this model is a strong partnership between a UK online centre and a nearby GP practice. These were often difficult and/or time consuming to establish, but numerous centres in the programme have been able to establish these successfully, by making compelling arguments for why digital inclusion can promote better health and patient outcomes, and improve efficiency of health services.

- Buy-in from at least one GP and the practice manager is usually critical to success, as both could act as gatekeepers if not supportive.

- Access to patients is often limited in terms of the amount of time and/or space the practice can provide to any third-party service providers such as UK online centre staff or volunteers.

- Privacy for patients needs to be considered, and ideally the practice would be able to provide a separate space for any one-to-one support that involved patients discussing sensitive information, such as providing feedback on GP services or identifying health conditions they may want to locate information about online.

- Careful training of staff or volunteers is important for ensuring GPs and practice staff have confidence in welcoming digital health trainers into the practice and referring patients on to them.

- This model offers opportunities to signpost patients to both digital inclusion support and other services offered by UK online centres, and conversations with patients in digital surgeries reportedly often raise additional support needs with which the centre could assist.

- There is potential for this model to be extended to other healthcare settings such as pharmacies and allied healthcare providers.

Case study: West Harton Churches Action Station, South Shields

Imeary Street Surgery is a small surgery in South Shields that has recently started working with local UK online centre **West Harton Churches Action Station** to encourage patients to register with Patient Access to book appointments and order prescriptions online, and to help the surgery collect feedback via the new **NHS Family and Friends Test**.

Since 1 December 2014, all GP practices have been contractually obliged to implement a short, anonymous survey that asks patients to provide feedback on their recent experience of their service at the GP. All patients must be given the opportunity to respond anonymously to the question: "How likely are you to recommend our GP practice to friends and family?"

Imeary Street Surgery is setting up an online survey to collect this data, in order to try and capture as many views as possible. However, with a higher than average proportion of older patients - many of whom are unfamiliar with digital technology and afraid to use it - collecting feedback online poses a challenge. Similarly, many of their patients are currently reluctant to book appointments and order prescriptions online.

When West Harton Churches Action Station approached the surgery as part of the Widening Digital Participation programme, offering to support their patients to get online and start using online health resources, the surgery recognised a great opportunity to not only help their patients but also increase efficiency by encouraging more people to book appointments and order repeat prescriptions online, and complete the Friends and Family Test online.

Staff and carefully trained volunteers from West Harton Churches Action Station come in to the surgery once a month, on the surgery's busiest morning of the week. They sit in the waiting room and chat to interested patients, introducing them to online health resources, and offering information about the digital skills training available at their nearby UK online centre that can support them to learn how to use the internet to book GP appointments, order prescriptions, provide feedback, and find health information from reliable sources such as NHS Choices. Whenever an additional need is identified, patients are also invited to take advantage of the various other social support services on offer at West Harton Churches Action Station.

Since commencing this partnership with their local UK online centre, the surgery is seeing an increase in Patient Access registrations, some of which they attribute to the involvement of West Harton Churches Action Station. Assistant Practice manager Suzanne Roberts is eager to continue developing the relationship into the future, to the benefit of both patients and staff at the surgery. She says:

"Surgeries aren't run the way they used to be, we have many targets to meet and patient feedback is one of these. It makes sense to do two things at once - with this, you're increasing the efficiency of the business as well as the patients benefitting through increased access to services."

Visit the programme website to watch a video from Sheffield GP Ollie Hart talking about his involvement with the programme and the importance of supporting patients to make use of online health resources.

Model 4: Embedding digital health in digital inclusion

Audience: People attending general digital skills classes e.g. older people seeking support to get online; jobseekers attending classes to improve employability.

Approach: The most commonly used delivery model involves embedding digital health learning within wider digital skills training, either as part of structured classes or in less formal models of training such as drop-in sessions. Most participating centres incorporate the programme's principal online resources (NHS Choices and the Learn My Way platform's digital health resources) into their existing digital/computer skills classes or support sessions. Centres commonly use tools such as health quizzes and self-assessment tools on NHS Choices (e.g. the healthy eating self-assessment) or produced by Tinder Foundation, to introduce people to NHS Choices and get them talking and thinking about health and their own lifestyle. As most people who are already learning to use the internet had another primary motivator driving them to get online (e.g. jobseekers who need to learn how to apply for jobs online or use computers in the workplace), making online health resources relevant and appealing was the challenge many centres initially faced. The beauty of this model appears to lie in the universality of health:

"Health being a subject that affects all made it easier to promote and had something of interest for everyone from young mothers to the elderly."

Centre manager, Kingsbury, Year 1

If the potential practical benefits of finding health information online wasn't motivating for an individual, the wider health and wellbeing benefits of being online, such as communicating with family, or making life easier by booking appointments online, have often proved to be compelling reasons to engage.

"When you introduce someone to the internet you tend to ask them what they're interested in, and it might be their favourite football team, or perhaps they've heard of eBay. I hadn't really thought before about using health resources or getting them to feed back on their local health services or book appointments online. [But this project has] made me think that's a good way in, especially for older people, who tend to have a lot of health conditions. It's not just about leisure interests, it's something a bit more practical, and not as scary as online shopping, which can freak people out."

Flagship project partner, Hereford, Year 1

Considerations:

- This model requires an explicit offer of digital skills training and capacity for people to attend regularly (i.e. most UK online centres).

- Offering supported, flexible, learner-led learning in a one-to-one or small group setting was identified by many centres as key to successfully helping people to benefit from online health resources. This approach better enables tutors to identify learners' needs and interests and respond accordingly, and also provides added social benefits and the possibility of peer-supported learning (especially valuable for older people).

- Unsupported learning in public access areas and larger tutor-led group sessions tend not to allow for effective delivery of digital health training because learners need more individualised support to benefit.

- Staff and volunteer tutors should be trained to recognise and articulate to learners that their role is to support learners to locate health information online and signpost to useful resources, rather than to provide clinical advice.

"Our sessions are informal and structured to individual needs. We do not follow the traditional model of classroom teaching. We find this type of environment supports confidence building, socialising, and the sharing of information and experiences."

Digital health centre staff member

Case study: The Bromley-by-Bow Centre, London

Health has always been a focus at the Bromley-by-Bow Centre in Tower Hamlets. As a Healthy Living Centre with a GP surgery onsite and integrated adult learning provision that promotes health literacy, engaging their learners with digital health messages as part of the Widening Digital Participation programme has been a good fit.

Staff at the Bromley-by-Bow Centre have employed a range of methods to engage people in their community with digital health, and to train them to use online health resources. One of the major delivery models they use is to embed digital health in their existing, regular digital inclusion classes, their drop-in basic IT support, and their ESOL classes.

This involves using the Learn My Way Staying Healthy with NHS Choices course as a tool for learning digital skills, and using NHS Choices as a resource for health-focussed teaching of ESOL learners.

Learners at Bromley-by-Bow also learn about booking appointments, ordering repeat prescriptions and viewing their health records online by doing the Learn My Way Using GP Services Online course, before heading downstairs to the co-located GP surgery at the centre, to register for these services with the support of their tutors.

Being funded as a Flagship project for the Widening Digital Participation programme has enabled the Bromley-by-Bow Centre to employ a new staff member in the small Digital Inclusion team, increasing substantially their capacity to recruit and support learners to get online and to use digital health resources.

By integrating digital, health and ESOL learning, staff reported being able to engage more deeply with learners and better support their needs as well as engage them with other services offered at the centre. Key to the success of this work has been the multilingual team of staff involved, providing the extra support needed for their many ESOL learners. Some of the resources central to the project are challenging for people with low levels of English literacy, and as Shaheena Rizvi, the curriculum lead, told us:

"It's really important that we understand both the digital and language needs of our learners".

In addition to the committed, enthusiastic bilingual staff, many of the volunteers who support the work were previously learners at the centre themselves, and having developed the necessary skills, are now using their own experiences to help their peers to do the same.

Model 5: Embedding digital health in informal learning

Audience: People who are unlikely to access digital skills training due to real or perceived barriers, including motivation, but who do access informal learning or other community activities e.g. non-users of the internet who are engaged with health-related community programmes such as exercise classes or cooking classes, and in particular people who are older and/or have low levels of English literacy.

Approach: Many UK online centres deliver services other than IT classes, and this means that through the programme there are myriad opportunities to embed digital health learning or awareness raising into other, non-digital activity. Identifying what motivates people to be online is an important step in encouraging the digitally excluded to get online. For those who might not have otherwise identified a reason to get online, health and wellbeing can be the hook that's needed.

Centres have demonstrated many ways to use health as a bridge between the offline and online aspects of an informal learning activity. Examples of this model in practice include:

- A Flagship centre in Hull that added an introduction to online health resources into their induction of new referrals to their job club, in recognition of the relevance of good health for work readiness, and into an after-school healthy cooking class being run for local families.

- Several centres across the programme that report using online health resources as learning materials in their ESOL classes.

- A London-based centre that engaged attendees of a regular exercise class they also offer, the manager of which explained: "Knowing they already had an interest in health, we were able to show them the pages such as Couch to 5K on the NHS Choices site."

- Several centres that have incorporated online health resources into broader health-focused events, for example, by arranging talks from health professionals on topics such as nutrition or smoking cessation, blood pressure checks, exercise classes and other activities, backed up by demonstrations of NHS Choices and support to learn how to use online health resources.

"One approach we found quite useful was combining delivery of [digital health learning] with a visit from a health professional. The health professional checked people's BMI, blood pressure, cholesterol, etc., then we got people to try looking at NHS Choices through Learn My Way."

Centre manager, Liverpool, Year 1

Considerations:

- Important in this model is making it easy for learners to engage with digital health resources, by making the link between the non-digital and the digital as seamless as possible. For example, using the 'healthy eating' section of NHS Choices to look for recipes as part of a healthy cooking class, and highlighting other aspects of the site whilst there. Shoehorning digital health into an unrelated activity is unlikely to be effective.

- The value of mobile technology has often been noted by centres using this model, with tablets being more user-friendly, especially for older adults engaging in informal learning.

- Participation in informal learning is often motivated by goals or outcomes that are intrinsically linked to health and wellbeing (e.g. social contact, personal development, improved life opportunities, leisure). This creates opportunities to think creatively about how to embed digital health support into non-digital informal learning.

- People engaged using this model may experience significant barriers to digital inclusion which remain barriers in this setting e.g. language, disability. Strategies to overcome these are important for success (e.g. bilingual tutors and the use of online translation tools, or specialist equipment and software to improve accessibility).

Case study: Cooke e-Learning, Leicester

Cooke e-Learning Foundation works closely with their local south Asian community to promote awareness of various health issues that affect them, such as diabetes, and how digital can be a useful tool to help people manage their health through information, advice and guidance.

Cooke e-Learning offers a wide range of informal adult learning opportunities, and engages the local community in centre-based activities as well as through outreach, and through a variety of avenues, from local schools and faith venues, to pharmacies and GP surgeries, and three local housing associations. Once engaged, learners are encouraged to develop digital skills and to become more empowered to manage their health, in parallel with other activities and learning they may be undertaking at the centre. Cooke e-Learning also hosts workshops with local health organisations such as Healthwatch, and The National Diabetes Research Centre at Leicester General Hospital, to raise awareness of specific health issues, and integrates the use of online resources such as NHS Choices into this community engagement work.

Like other centres who support a lot of learners with limited English language skills, Cooke e-Learning staff highlighted the fact that language barriers sometimes render online health resources

inaccessible, despite efforts by websites like NHS Choices to provide translated content. With its multi-lingual team of staff and volunteers, Cooke e-Learning has been able to help its learners overcome this important challenge for digital health literacy, while also raising awareness of the issue with content developers.

Peter Smith, CEO of Cooke e-Learning Foundation, explains that:

"Being a Flagship project for the Widening Digital Participation programme has opened up a range of new opportunities for us, and enabled us to widen our partnership network and engage with many more learners who have gone on to discover many more things to do online. It has also helped us to achieve our overall aim of reducing digital exclusion amongst the Asian community in Leicester".

Baz Kanabar (Training Manager) said:

"Many learners found the NHS Choices website very helpful and were pleased they could access the information 24/7. They were keen to check information about their medications and appreciated the help from our bi-lingual health champion, who could engage with them in their first language."

Model 6: Training health and care professionals

Audience: Frontline health and social care professionals who are not currently using digital health resources in their clinical work or service provision.

Approach: A less common, but nonetheless successful, delivery model being employed by a small number of centres in the programme involves training local health and social care professionals to use digital health resources with the public. Levels of digital literacy within frontline healthcare professionals and more widely in the social care sector are not uniform. The Digital Capabilities in Social Care study shows that 'the majority of managers felt that lack of staff capability inhibits the use of digital technologies, and that the pace of technological change presents a challenge to maintaining staff skills'[8] and there is considerable scope for increasing awareness among staff of the potential for using digital health tools and resources with patients and service users, and acting as enablers for digitally excluded patients and those receiving care.

Introducing health and social care workers to online resources such as NHS Choices, and to the issue of digital exclusion, can lead to two kinds of valuable outcome – providing additional resources for professionals to draw upon in the clinical/service setting, and creating opportunities for professionals to cascade awareness of digital health resources to patients/clients and encourage them to get online.

8. Digital capabilities in social care, July 2014

Considerations:

- UK online centres that have used this model engaged health and social care professionals through either the workplace (e.g. GP practices supporting the engagement of patients in the programme) or through local professional groups to which they belonged. Existing local networks were helpful in establishing contact.

- Training is generally done in a group setting, with less emphasis on one-to-one support compared with some other delivery models.

- Tailoring the training to a specific professional domain (e.g. social work, occupational therapy, community nursing) provides an opportunity to explore especially relevant online resources and for professionals to share insights from their experience.

- Trainers using this model face the challenge that health and social care workers not using digital health resources in a professional setting will vary widely in their existing level of general digital skills, from none at all to advanced. Training needs to accommodate this breadth of prior knowledge and skill so all participants can benefit from learning about digital health resources specifically.

Case study: Mayfair Community Centre and partners, Shropshire & Herefordshire

Mayfair Community Centre, together with their partners Age UK Hereford and Localities and Beechtree Community Centre, targeted groups of health and social care professionals across Shropshire and Herefordshire, to raise their awareness of online health resources both for their own professional use as well to then engage patients and clients with these resources.

Taking advantage of their existing network of contacts and using this to build new links with the wider community of health and social care professionals, the three organisations engaged 102 professionals in digital health training sessions. Professionals engaged included podiatrists, occupational therapists, social workers, outreach workers for the Alzheimer's Society, and community care coordinators in GP practices, with delivery taking place in meetings of professional groups or in other settings.

Mayfair Community Centre's Chief Officer Nicola McPherson realised early on the importance of finding the right way to engage health and social care professionals:

> "There's an awful lot of awareness raising to be done, but with health professionals being so busy, it needs to be done in a way that's immediately relevant to them."

With this in mind, Mayfair's approach involved delivering tailored presentations that demonstrated online content specific to the group of professionals being targeted, e.g. demonstrating resources within NHS Choices about bunions and diabetes for podiatrists, and content on common long-term conditions and support groups to community care coordinators.

When the subject of online health resources was initially raised with professionals, Nicola and her staff, volunteers and partners found that awareness of websites such as NHS Choices was limited (typically fewer than half the professionals in a session had heard of it). Where there was some familiarity, it had generally been used in a personal rather than professional capacity, and actual knowledge of the extent of the content on the site was also fairly limited.

Once the NHS Choices website had been demonstrated, health and social care professionals were generally very impressed with how much information is there, and there was typically a strong recognition of the potential value for using quality, evidence-based online health resources with patients and service users, especially video content. One social worker commented after seeing a demonstration of online resources for dementia carers, that they immediately saw a clear use for one of their service users:

"I can see straight away a benefit for a client I have who has learning difficulties. She is beginning to care for her mother who is developing dementia, and the videos and information on NHS Choices about dementia will be really useful in helping her understand what's happening to her mum."

Professionals involved in the programme also commented on the value of being able to supplement the information they give to patients in a face-to-face consultation with online resources. As one podiatrist put it

"We have 20 minutes with patients, so you talk to them about all sorts of things. It's great to be able to tell them about the site and refer them to it for information about their conditions".

3.3. THE VALUE OF QUALITY ONLINE HEALTH RESOURCES

The principal online resources being used in the Widening Digital Participation programme are the NHS Choices website, along with the Learn My Way platform's 'Being Healthy' page and its two health courses, *'Staying Healthy with NHS Choices'* and *'Using GP Services Online'.* The resources in Learn My Way introduce learners to using NHS Choices and related tools and also act as a portal directly into popular parts of the NHS Choices site. Some centres also use additional resources, such as condition-specific websites developed by local specialists and GPs, websites that provide translations or simplified versions of other NHS materials, and alternative sites for rating and reviewing healthcare providers. In the main, people involved in the programme hold positive opinions of the main resources (NHS Choices and Learn My Way's health resources) after using them, while also recognising some of their limitations. This section details some of the feedback that emerged through the surveys and qualitative interviews with centre staff and learners across the programme.

NHS Choices: a powerful online health resource, with some limitations

"The NHS [Choices] website has helped me a lot. I want to say, whoever has created this website is a genius!"

Learner, London, Year 2

NHS Choices is widely recognised across the programme as a highly valuable online health resource with a range of functions. 86% of centres rate NHS Choices at least 4 on a 5-point scale of usefulness, and both learners and project staff have been impressed by the site's comprehensiveness of health information, and the facilities to find and access local services.

"The amount of information on NHS Choices is phenomenal"

(Flagship project partner, Leominster, Year 1

"I didn't know NHS Choices existed before I was introduced to it. Now that I know about it I find it a great deal of use."

Learner, Southampton, Year 1

In some centres and other delivery locations, NHS Choices serves as a valuable resource for staff and volunteers to improve their own health literacy in order to better support learners and service users. In general it is a website they feel comfortable supporting learners to use without having any clinical or public health training themselves.

"Incorporating health into existing IT classes has worked very well. Non-health tutors don't feel threatened by NHS Choices as all the information is contained within."

Centre manager, Mansfield, Year 1

Several Flagship staff have also mentioned its usefulness as a resource for carers to learn more about the conditions of the people in their care.

While the experience of NHS Choices for participants in the programme has been mostly very positive, some limitations have been highlighted by some participating centres and their learners. These include problems with quality of automated translation of content from English to other languages, as well as the volume and complexity of information on the site, posing challenges to users with low levels of literacy or comprehension. Accessibility for disabled learners was also occasionally raised as a barrier.

Some of the Flagship projects have been funded in part to use or develop apps that repackage web content in a format more suitable for older users and other users with special needs, and avenues of this kind offer some promise for overcoming some of the challenges of working with a complex and comprehensive site like NHS Choices, though more work is required in this area.

Learn My Way: a valuable platform for introducing online health resources to the digitally excluded

Learn My Way provides a valuable and accessible entry point to digital health information for those with little or no experience of using the internet

> "NHS Choices has been extremely useful. Every time I go on it I find something new. In my opinion it's very, very good, and using Learn My Way is a good way to lead into NHS Choices."

Centre manager, Liverpool, Year 1

73% of centres in Year 2 and 70% in Year 1 used the Learn My Way *Staying Healthy with NHS Choices* course as either the predominant means of introducing learners to online health resources or in combination with other resources, and a further 20% in both years used it with some but not all learners. In Year 2, 66% also reported using the new *Using GP Services Online* course. Registration with Learn My Way was, however, identified as a barrier to delivering to large numbers of people in some instances. Registration is necessary to monitor the performance of centres against programme targets. In Year 3, the programme will introduce a supplementary, alternative way of recording some of the people trained, in response to these difficulties.

The Learn My Way health courses have been well-received by learners new to digital health information and the centre staff responsible for delivery:

- 91% of users who completed the *Staying Healthy with NHS Choices* course agreed or strongly agreed that the course helped them understand how NHS Choices can assist them to manage their own health (93% in Year 1 and 90% in Year 2).

- 83% of centres in Year 2 rated the *Staying Healthy with NHS Choices* course at least 4 on a 5-point scale of usefulness (up from 77% in Year 1)

- 70% of centres in Year 2 rated the new *Using GP Services Online* course at least 4 on a 5-point scale of usefulness.

Figure 2. Learner and centre ratings of Learn My Way courses
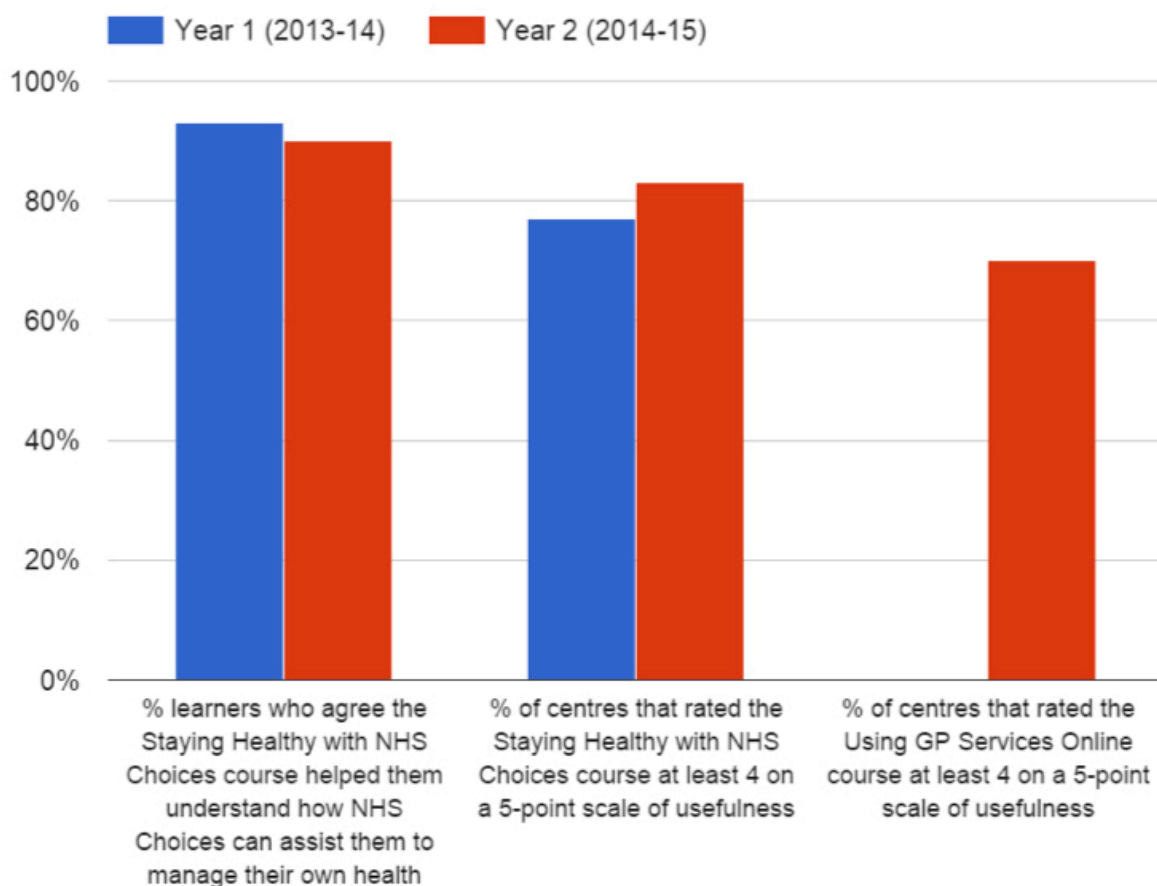
"Doing the Learn My Way health course has given me the confidence to register online with my local GP surgery, to make appointments online, to check what medicine I'm on and when it's due for renewal."

Learner, Church Stretton, Year 1

"This programme has been extremely beneficial, both to our learners and our staff. Most are surprised at the resources available to them, and have not come into contact with them elsewhere."

Centre manager, Yeovil, Year 2

3.4. PARTNERSHIP WORK: A KEY TO THE PROGRAMME'S SUCCESS

The success of the Widening Digital Participation programme relies on partnerships

Much of the success the programme has had in reaching the large numbers and diverse range of people it did has relied upon partnership work. 96% of participating centres in Year 2 utilised partnerships with other organisations or service providers in their local community to reach people and/or deliver digital health training. Working with committed, enthusiastic partners in the health and community sectors has proven to be a powerful way to maximise reach and engage deeply with learners. The lead of one of the Flagship projects in Year 1 of the programme reflected on the importance of enthusiastic partners in engaging particularly vulnerable populations:

> "It all comes down to the trust that service users have in the staff…
> The project has had the greatest impact where there's been a passionate
> champion for the project in the partner organisation."

A broad range of partners have been engaged by participating UK online centres, from within the community and voluntary sector as well as local authorities, the health sector and beyond. Partners have included, among others:

- Jobcentres
- social housing providers
- cancer support services
- GP practices
- carers' groups
- refugee support organisations
- places of worship
- libraries
- mental health support services
- care homes
- hostels
- pharmacies
- schools and colleges.

While a lot of these partnerships were already in place, many others have formed as a direct result of this programme, with 40% of centres establishing at least one new partnership specifically to help them engage people with online health resources.

Partnerships have taken various forms, including delivering digital health training on-site, sharing resources, training the staff and volunteers of partner organisations, and using referral and other communications channels. Many of the successful delivery models identified through the programme have involved partnership work too – see Section 3.2 for more examples.

Making it easy for learners to engage with the resources has been important for successful engagement and effective delivery. As described in Section 3.2, outreach work creates opportunities for reaching people in the places that makes most sense for them. Naturally, such outreach work often relies on partnership work. Partnering with other organisations to deliver digital health training at the partner's own venues, has enabled the engagement and training of people in contexts that

makes learning easier or more relevant. Whether this means engaging people with online health resources in a convenient setting (e.g. at a session of a community group or as part of a support service's usual delivery) or within a relevant context (e.g. at GP surgery), making engagement easy for people has reduced the barriers to successful delivery of digital health training and helped people to realise the benefits of using online health resources.

> "Because our clients are harder to reach, we have to go out and see them where they are... The tablets change the way we can interact with our clients... they go on every outreach that we do"

Project partner, Leeds, Year 1

Partnerships with healthcare professionals - effective but often elusive

43% of centres that have formed new partnerships did so with GPs, pharmacies or others in the health sector, and once established, partnerships between community organisations (such as UK online centres) and GP practices were often extremely fruitful. As identified in Section 3.2, partnerships with the health sector have taken various forms, including referrals, social prescribing and digital skills training in GP surgeries. Other examples involve occasional on-site delivery of health services in UK online centres (e.g. health visitors or guest speakers).

One of the keys to successful delivery of digital skills training in or through a local health partner seems to be identifying and working with digital champions in the health sector - health professionals who are early adopters of technology looking for ways to embed digital into their practices. One Sheffield-based Flagship project that has built a strong partnership with a local GP clinic established a 'digital surgery' that runs each week in the clinic. GPs refer suitable patients to the visiting UK online centre staff member, who helps them to register on Learn My Way, shows them how to use NHS Choices and other online resources to find information and services relevant to their health needs, and informs them about how to get digital skills support at their local UK online centre. The key GP involved in the project explained his motivations:

> "We see getting people online and helping them to use online health resources as a really important way of helping people take control of their own conditions... I've got no doubt that if we can create an ethos of empowering patients to understand their health conditions and know when the right time is to have interventions, then it will make the NHS a much more efficient environment in which to achieve really good health outcomes."

Flagship project partner, Sheffield, Year 1

Partnerships with health professionals are highly sought after across the programme, but they have often proved elusive, with many centres that have tried to engage GP practices struggling to establish a relationship. Where centres have tried unsuccessfully to form partnerships with health services, they often cite a lack of awareness in the health sector of digital inclusion issues and the potential solutions offered by UK online centres. Centres have expressed a need for coordinated support from Tinder Foundation and NHS England to broker partnerships with GPs through local CCGs.

Some centres who have formed partnerships with local health clinics have had mixed success in engaging patients there. While some are finding it a very effective way to reach people with messages about digital health because they were already thinking about health, others report finding it difficult to engage patients in this setting because the patient's primary focus tends to be on their clinical appointment. Lessons from the centres who have managed to establish highly effective partnerships with GPs will be immensely valuable in scaling this kind of activity across a larger number of centre and GP practices nationwide.

Keys to successful partnership work and challenges faced

Reflecting on their partnership work for the programme, centre managers have identified several key elements of successful partnerships for engaging people with digital health resources. These include:

- Identifying and articulating the ways in which the partnership will benefit all parties involved
- An appreciation by all involved of the potential role of digital inclusion for improving individual health and reducing health inequalities
- Having committed partners on both sides, motivated by complementary goals
- Continuity of personnel involved
- Working with local organisations that have a good reputation in the community

Centres involved in the programme across both the years to date have been able to learn from and build on their experiences in Year 1, helping them to establish more effective partnerships in Year 2.

Challenges faced by some centres in building or maintaining partnerships have included securing buy-in of key staff in partner organisations, for example GP practice managers or decision makers in local authorities. Critical to brokering a sustainable partnership was demonstrating to potential partners the value of digital inclusion and digital health to their service users. Staff turnover in partner organisations also emerged as challenge, as successful partnership working often relied heavily on one individual advocating for digital health within their organisation. If this person left the role, the partnership sometimes floundered, highlighting the importance of buy-in from senior staff and multiple individuals.

Partnerships often take a long time to establish, with some only getting off the ground as the second year of programme funding came to an end. Continued funding of these centres in Year 3 will hopefully allow these partnerships to grow.

4. EVALUATION FINDINGS: IMPACT

4.1. IMPACT ON DIGITAL HEALTH SKILLS, HEALTH LITERACY & HEALTH

Creating opportunities to improve health literacy

The Widening Digital Participation programme has so far reached 235,465 people with messages about the availability of online health resources, creating thousands of opportunities for people to improve their knowledge about healthy living, and learn about resources to support healthier behaviour.

Improved awareness of, and confidence in using, online health resources has been the primary benefit of the programme to date. The percentage of learners who feel they have the information and skills to manage their health increased from 65% before being introduced to online health resources, to 87% three months afterwards.

Across the programme, the *Staying Healthy with NHS Choices* course in Learn My Way is proving effective in delivering digital health training, with 91% of users who have completed the course and responded to an optional feedback question agreeing or strongly agreeing that the course helped them understand how NHS Choices can assist them to manage their own health.

Project staff and the learners they have engaged typically cite improved health literacy as a key benefit of the programme. From libraries to housing schemes to work in GP practices, improved health literacy has been a common outcome across the programme, regardless of delivery model:

> "Working with good quality resources, you can see people's skills and health literacy being extended. That's a definite tangible impact."
>
> **Flagship project lead, Southampton, Year 1**

> "People felt better informed and empowered to actually do something about their own health"
>
> **Flagship project partner, Leominster, Year 1**

One centre in Leeds that held a series of events to promote digital health, said:

> "The health events were amazing. They encouraged us and inspired women to be aware of their health needs, make breast cancer screening appointments and access the health trainer and yoga."

The topics that centres report most often supporting learners to find information about are healthy eating, mental health, and becoming more physically active.

Translating information into action

There is evidence that increased access to information and improvements in health literacy are also being translated into behaviour change: following their involvement in the programme, many learners report going on to improve their diet, take up more exercise, reduce alcohol and tobacco consumption and find new ways to manage stress and anxiety (Figure 3).

Figure 3: Impact on health behaviours, Digital Health Learner Survey 2014-15 (n=431)

Note: Margin of error=5%
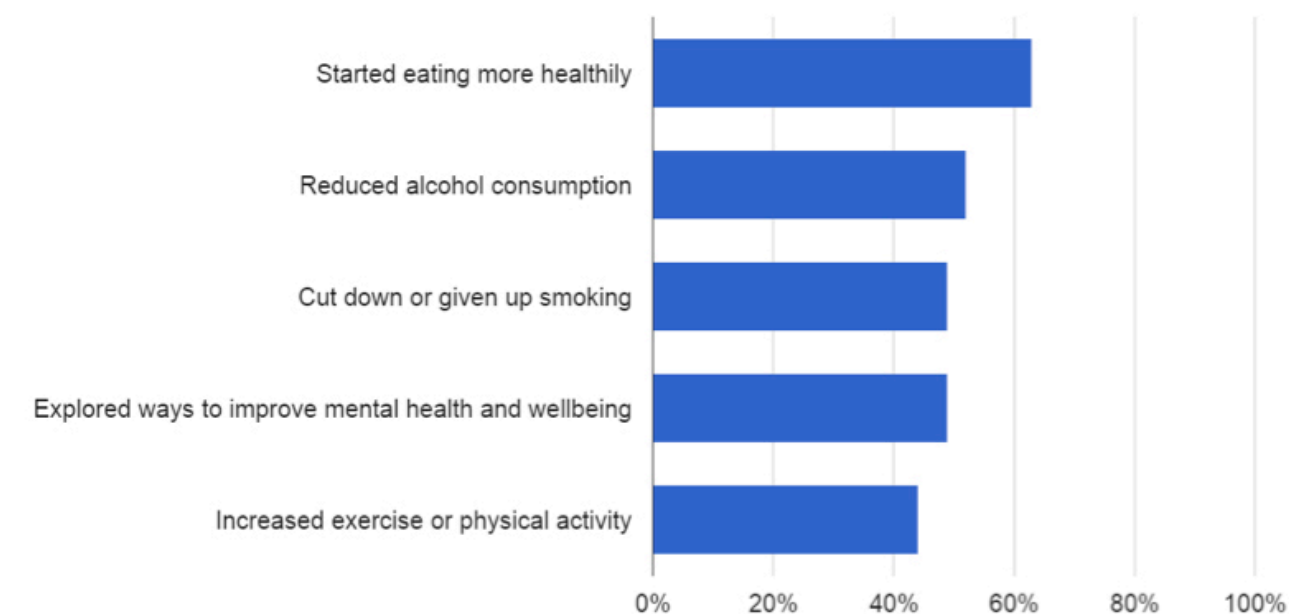
This self reporting is corroborated by what centres told us. 50% of centres in Year 2 (and 44% in Year 1) reported improved health behaviours - such as better diet and increased physical activity - amongst their learners as a result of learning about online health resources. A staff member at a centre in Hackney commented:

> "It has proved to us as an organisation that a lot of people do care about health issues and given the proper guidance and tools, many will take significant steps to improve their overall health."

By introducing people to trusted online resources to supplement information given in time-limited GP consultations, the programme has enabled many beneficiaries to better understand their existing long-term conditions. The Flagship project leads have also been quick to highlight the value of digital health information in empowering their learners and service users to take greater control over the management of these conditions.

> "For a lot of people it was about finding out more about their condition and the practical things they could do themselves, not just relying on medication, but things they could do about their diet, or about exercise..."
>
> **Project partner, Leominster, Year 1**

Learners too seem to see this as a particularly valuable benefit of being able to access online health resources.

> "I gained deeper understanding of the relationship between sodium and high blood pressure, and now I control the amount of salt in my diet."
>
> **Learner, London, Year 2**

> "I recently had a hip replacement and I looked online and found some good websites that told you what exercises to do and for what duration and also what not to do and it's helped with my progress."
>
> **Learner, Newcastle upon Tyne, Year 2**

> "I'm a diabetic and going on [the NHS Choices website] has made me more aware of my diet and things like that. From me doing that I've improved my blood sugar levels - last time I went to the doctor my levels had gone down."
>
> **Learner-turned-volunteer, Hull, Year 1**

Numerous learners and centre staff have also reported that accessing reliable health information online facilitated more informed dialogue with health professionals. Finding information about medications is another commonly cited benefit, enabling people to understand side effects and explore alternatives, and helping them feel empowered to initiate conversations with doctors about treatment plans.

One learner reported a whole raft of ways in which he benefited from learning to access online health resources; from finally acting on a long-held intention to register as a blood donor and book an appointment to donate, to finding tips for managing anxiety, and locating contact details for agencies who could support a family member with mental health problems.

Case study: Ruma, The Bromley–by–Bow Centre, London

For one woman at the Bromley-by-Bow Centre, one of the programme's Flagship projects, learning to use computers and access health information online initiated a cascade of changes for her and her family.

Originally from Bangladesh, Ruma moved to the UK with her family as a child. She struggled at school, was low in confidence, and married and started a family at a young age. Never having had a chance to learn how to use computers and the internet through education or in the workplace, at age 31, Ruma started attending the Bromley-By-Bow Centre. There she has gained the skills she needs to get online, and is using them to improve both her confidence and her health, and that of her family. Ruma told us it was her children that proved to her how important getting online was:

> "My children use computers at school everyday and we had a computer in the house for them to use for homework, but I had know idea how to use it. I felt like I couldn't help them like other mums could because I just didn't know where to start."

When a family member told Ruma about classes that could help her, she was immediately interested, albeit nervous:

> "I was very, very nervous about going. I really had no idea how to use a computer, but I knew I better give it a go if I was ever going to get online and support my children."

Finding the courage to visit the Centre, there Ruma met Shaheena Rizvi, the Centre's Curriculum Manager, who got her started learning the basics on the Learn My Way platform. Shaheena told us:

> "I was really impressed with how quickly she picked things up. And after getting to know her, I saw how she'd benefit from the health resources on the site."

Ruma completed the *Staying Healthy with NHS Choices* course and soon began to see the potential benefits to her and her family, and started making changes at home. She says:

> "I found so much information on the internet, tips on exercises I can do at home, and new recipes to help me stay healthy... I know that my children will pick up my bad habits, so I found recipes online and have started making much healthier meals at home. I want to make sure my cooking doesn't affect their health!"

Ruma became so confident with computers and the internet that she started volunteering at the Bromley-by-Bow Centre, helping other women to get online and find out what information and services are available to help them and their families stay healthy. She also joined a weight management programme at the centre, and with her confidence boosted she has now enrolled in a childcare qualification.

Access to information provides reassurance and increases confidence

While for some, the value of sites like NHS Choices lies in learning more about a specific health issue affecting them, for many others, access to health information online has provided reassurance and confidence more generally, concerning their own health and the health of loved ones.

"It's given me more confidence and if I don't feel right I can look the symptoms up myself and see whether I need to go and see my GP".

Learner, Reading, Year 2

"The NHS Choices website is brilliant. I have used it to learn about an illness that my child suffers from. By knowing this website there are lots of problems that you can sort out without going to GPs. You are more informed of the health issues and can talk with your GP more confidently."

Learner-turned-volunteer, London, Year 1

One recurring theme has been that of reassurance that came through learning about others experiencing similar health conditions. This arose through reading discussion forums or comment threads on NHS Choices or elsewhere, or simply by learning online about the prevalence of a condition or symptom.

"I'll look something up, thinking I may have something dreadful, and find out that loads of other people have the same thing and it's nothing to worry about - that helps."

Learner, Leominster, Year 2

Referring to the Moodzone area on NHS Choices, one Flagship project lead said:

"Many of the people that we have engaged suffer from varying levels of mental health issues. It is an excellent support facility for them and they also find it comforting to learn that other people feel like they do, or know what they're going through."

Flagship project lead, Hull, Year 1

Improving confidence and reducing social isolation by getting online

For many beneficiaries of the programme, their experience has been about more than simply learning about online health resources. Being engaged by the programme has, for many, meant getting online for the first time, learning important digital skills that can help with finding work, communicating with friends and family, and not being or feeling left behind. For others it has meant attending a community learning venue or getting involved with a community groups, thus meeting new people, building confidence and reducing social isolation, with the attendant benefits for mental health and wellbeing.

Of the participating centres, 89% (91% in Year 1 and 87% in Year 2) reported that the people they engaged with as part of the Widening Digital Participation programme benefited from increased digital/IT skills generally, 59% (62% in Year 1 and 57% in Year 2) reported their learners or service users had increased social contact and 73% (82% in Year 1 and 67% in Year 2) said they gained more confidence (see Figure 4).

Figure 4. Learner benefits reported by centre staff
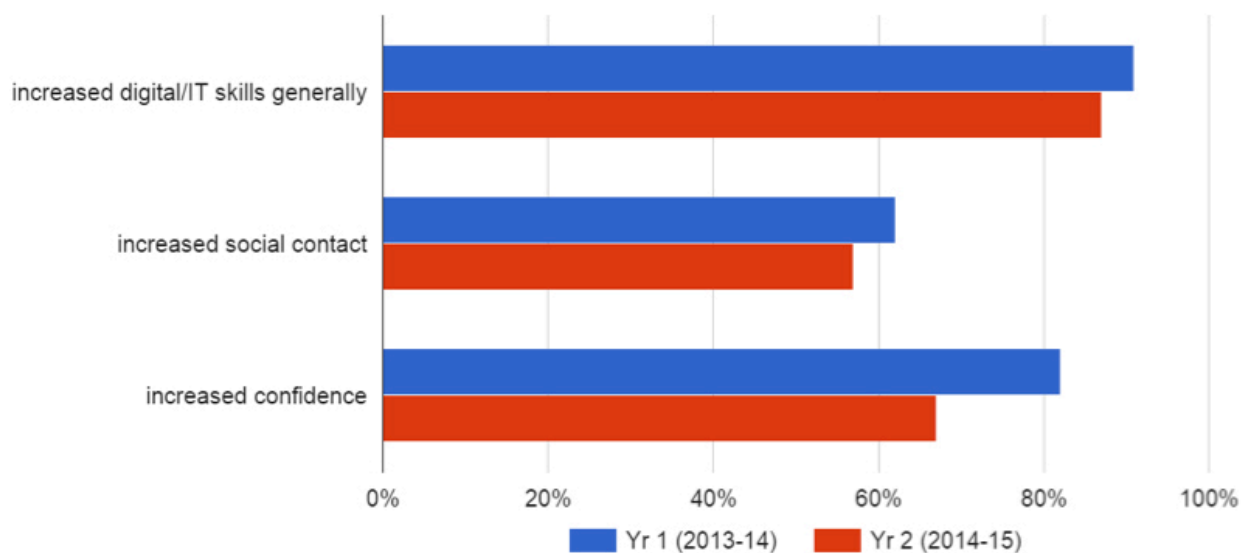
Case study: Lorna, Create The Way, Rochester

Lorna, 64, was referred to Create the Way, a UK online centre in Rochester, by a friend who had taken one of the Healthy Living courses offered there - courses that focus on healthy living and eating healthily on a budget. Lorna had never used a computer before, but she had recently found herself needing to learn to use the internet so she could order her medical supplies online; Lorna has Type 1 diabetes and her doctor recently prescribed that she use a pump to regulate her insulin, which could only be ordered online. She came to Create the Way in a panic, with instructions on how to set up an online account to order these medical supplies.

"I didn't own a computer and had no interest at all in learning to use one. I preferred to read a book and send letters."

Create the Way Project Manager Donna Murray explained:

"Lorna came to us out of necessity, not because she wanted to learn. We would normally ask visitors to work through one of the Learn My Way courses first but we decided the best thing to do with Lorna was to just help her set up an account and get these supplies ordered as soon as possible. Once this had been done, Lorna went on to complete the 'Staying Healthy with NHS Choices' and 'Using GP Services Online' courses. Without our help, she would not have been able to order those vital supplies, and while she needed to be supported to do it the first couple of times, she can now independently go online and order her own supplies, as well as book GP appointments and order repeat prescriptions from her surgery, completely unaided... Lorna has done so well and has undoubtedly been the person who has made the most progress with us so far."

Lorna continues to attend the centre on a regular basis as she does not have internet access at home.

"I would be stuck without this service, I don't know where I would have gone, you can't keep asking favours of family and friends to do it for you, I just needed to be able to do this myself."

Through her time at Create the Way, Lorna has learned a great deal about how easily she can now use a computer to help manage her health conditions, and has also learned more about these conditions. She looks up information on medication and health conditions, as well as tips for healthy eating and sugar-free recipes to suit her special dietary needs.

As a result of using Learn My Way and with the support of the staff at Create the Way, Lorna can also now confidently search the internet and use email. Recently, she has started exploring other things she could do on the internet, such as looking for knitting patterns and gardening tips, and is thinking about getting a computer at home.

"I have absolutely shocked myself. When I first walked in here I could have cried with frustration. I just didn't know how I was going to manage to learn how to use a computer, or how I was going to order my medical equipment. Now, I would never have believed it, but I actually helped someone else the other week - they couldn't log out and I showed them how!"

Lorna particularly liked Learn My Way because she could sit on her own and keep going back over the same material if she wanted to at her own pace. She could stay as long as she wanted and come back another day without any pressure.

"I would say to anyone who is worried, just go for it, once you get through the door, that's the hardest part. The volunteers are lovely here, so helpful. No one made me feel silly or awkward for not knowing anything and they are so patient, explaining over and over again if need be."

Wider support offer of UK online centres

UK online centres typically provide more than digital skills training for their communities. For a large proportion of centres, digital is just part of what they offer people - many also provide employability skills training, a range of informal learning opportunities, debt advice and guidance, volunteering opportunities, library services, exercise classes, and ESOL classes.

The engagement of large numbers of people with digital health training through UK online centres (both on-site and via outreach) means thousands of opportunities have also been created for people to engage with a wider offer of community-based support and learning. This wider support offer is fundamental to the Tinder Foundation model and has undoubtedly facilitated much of the success of this programme. Health and wellbeing is an implicit concern in the work already being done in these community-based organisations and the programme has given centres an opportunity to offer added, tangible support in this domain.

In some cases, the programme has enabled UK online centres to make health more central to the work they do, creating opportunities to engage more deeply with learners to better understand their needs and therefore better support them to engage with other services or overcome barriers.

"Health is often a conversation starter for our clients. This has given the conversation somewhere to go."
Centre manager, Whitehaven, Year 2

Barriers to engaging and learning

Although response to the programme from learners and participating centres has been predominantly very positive, some barriers to successful engagement and learning were identified during the evaluation process. These include:

- Language barriers - online resources promoted by the programme, such as NHS Choices, are in English, with machine-translated versions available via the Google Translate function. These translations were noted to not always be of a high standard, and ESOL learners often tend to rely on bi-lingual support staff at UK online centres, or family members, to help them make use of online resources.

- Concerns about losing face-to-face contact with GPs - some learners, often older ones, have been reluctant to use online health resources as they see it as a signal that face-to-face services they value will soon be shifted online. Often centre staff have needed to reassure learners that accessing health information online is a way of supplementing, rather than replacing, important frontline services provided by the NHS.

- Limited home access - Although UK online centres provide a point of access (often at no cost to the user) to computers and the internet, along with support to develop the necessary skills to get online, for many people online resources of any kind, (especially concerning private health matters), may be less useful if they do not have home (or mobile) access to the internet. Cost and availability of broadband and kit remain a barrier to universal uptake of online health resources, especially for many of those at increased risk of poor health.

Other risks and challenges

Occasionally, concerns about widespread use of online health resources have been raised - by both learners and centre staff - usually relating to the risk of misinformation and hypochondria. For example, one learner reflected that:

"It's informative on certain conditions that you may have, but may leave you worrying if you [self-diagnose] what you may have. It's a double-edged sword in a way"

Learner, Coventry, Year 2

Such concerns were far from widespread, however, and when specifically asked about any downsides to digital health, centre staff have tended to argue that any potential negatives for a small number of users can easily be managed through appropriate training, and are far outweighed by the benefits.

A lack of support from some GPs for increased use of health information online has also been raised by some centres and learners as an interesting potential challenge for the kind of work being done by the programme. One focus group of learners identified a divide between older and younger GPs, with the former tending to be wary of online resources, while the latter tended to be more digitally aware and embrace digital health for what it can add to the patient experience.

4.2. HEALTH SERVICE USAGE & ONLINE HEALTH TRANSACTIONS

Reducing demand on frontline services by finding information online and encouraging more appropriate service usage

> "The NHS choices website has really helped our learners understand the difference between urgent and non-urgent care. It helps people see when they might only need to visit the GP instead of A&E, or the pharmacy instead of the GP."

Flagship project lead, London, Year 1

The programme demonstrates that digital health training interventions have the potential to reduce demand on face-to-face health services in two ways: in the short term, by helping people identify the most appropriate way to seek non-urgent medical advice, and in the longer-term, by empowering people to better manage their health so they have less need for face-to-face primary care. One in three learners surveyed say they made fewer visits to a doctor after learning about online health resources, as a result of finding the information they needed online.

> "I don't need to see my doctor and the appointment [is kept] free for someone else who might need it more"

Learner, Slough, Year 2

Learners see NHS Choices (and other online resources) as a valuable first port of call for information and advice about health concerns, enabling them to make more informed decisions about appropriate next steps. One learner from Hull, who often works late shifts, remarked that:

> "For me it's the fact that it's accessible 24 hours. You don't have to ring NHS Direct, or go to the out-of-hours service - you can just go online to have a look at your symptoms, see if it is something you should be concerned about, see what the NHS recommends you should do, and get help if you need to."

Of the 34% of learners who, prior to being involved in the programme, would have gone straight to their GP or A&E for non-urgent medical advice, almost half (46%) have since said they would first seek advice by visiting websites like NHS Choices (26%), going to a pharmacy (16%) or calling 111 (4%). If each of these people demonstrate this changed behaviour once in the year ahead, this will represent an overall saving to the NHS of upwards of £500,000 within a year from beneficiaries of Year 2 of the programme alone[9]. If this behaviour change was repeated by this group of people for five years, the cost of investing in the second year of the programme will have been paid back three times over by these savings alone.

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9. Based on cost estimates reported in PSSRU (2013) Unit Costs of Health & Social Care 2013, Patient Information Forum (2013) Making the case for information, and Self Care Forum (2013) Save our NHS: Time for action on self care.

> "I definitely know where to look now if I have just a little question that I don't want to make an appointment for."
>
> **Learner, Rochester, Year 2**

> "It's made me aware of when I need to go and see the doctor and what I can manage myself"
>
> **Learner, Reading, Year 2**

With an increase of 22 percentage points (65% to 87%) in people feeling equipped to self-manage their health, we expect longer-term impacts to play out in terms of reduced demand on health services. On average, 7% of people have an overnight inpatient hospital stay in any given year[10]. Across the population trained by the programme so far (n=140,892), we'd therefore expect 9,862 inpatient stays in the coming 12 months. But 22% of people trained now feel able to self manage their health when they did not before, so some of these stays may well be avoided. Each stay avoided saves the NHS £1,542[11]. If just half that percentage of the 9,862 programme beneficiaries who are expected to have an inpatient stay in the next 12 months avoided this stay because they were better able to manage their health (i.e. 11% of the 7%), the saving to the NHS would be £1.7 million in one year - just slightly less than the cost of investing in the programme to date. Savings would be expected to continue to accumulate further over time.

Case study: Bright Star Training and Development

Bright Star Training and Development, a UK online centre in London, helps people in the local community to develop digital skills and become more engaged in society. One woman we spoke with there, a single mum of five, had recently started attending the centre. "I had used the internet only for emails, but I'd been really struggling", she told us. After receiving support from Bright Star Training and Development, she is now confidently using a tablet to do a lot more than just email. Since learning about NHS Choices, she's used it to find a new GP after moving house, book appointments and order prescriptions online, and, critically in her opinion, to find information and advice that allows her to avoid stressful and unnecessary visits to A&E for herself and her five children. On one occasion, one of her daughters experienced a panic attack and was having trouble breathing; the NHS Choices symptom checker was able to provide timely advice and explanation, and recommended calling 111 - "It really, really helped me". After the support she got at Bright Star, where she could get help in her first language and surrounded by her peers, she is now volunteering there to help other Somali women like her.

Going online for health can save beneficiaries both time and money

48% of learners reported that they saved time by doing something health-related online after learning about online health resources, and 32% reported saving money, mostly through avoided travel costs to unnecessary GP consultations. This is consistent with the finding reported above, that many beneficiaries of the programme are seeking health information online from sites such as NHS Choices to help inform their decisions about further health-seeking behaviour, and to help them lead healthier lives.

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10. 2009 General Lifestyle Survey, ONS
11. Department of Health (2014) Reference Costs 2013-14

One learner from South Shields experienced multiple benefits from being introduced to online health resources at the West Harton Churches Action Station, including saving time, energy and money by finding healthy recipes that accommodated his dietary intolerances and finding a way to contact his GP practice that didn't exacerbate his anxiety problems. He told us:

"The internet's been a godsend as far as I'm concerned"

Another learner, from Hull, is a shift worker with coeliac disease and diabetes, who told us he often has minor queries for his doctor but struggles to find convenient times to seek medical advice in person. While out of work recently, he sought support from Inspire Communities, one of the programme's Flagship projects, to help find a job. As part of their holistic approach he was also introduced to NHS Choices, and later told us he appreciated the convenience of this when he was back in work and needed flexibility in his health care:

"The great thing for me is the fact that [NHS Choices] is accessible 24 hours. You don't have to ring NHS Direct, you can just have a look at your symptoms and get help if you need to… you can have a look and see if it is something you should be concerned about, and see what the NHS recommends you should do, rather than going to the out of hours service and waiting to be seen."

Another learner, a pensioner in Doncaster, has been learning to do more and more online over recent years since purchasing a laptop to help overcome her social isolation caused by restricted mobility. With the help of staff from the Doncaster West Development Trust she found out about NHS Choices and has used it to better understand the effects of post-polio syndrome, which she experiences, and ordering her repeat prescriptions online. These two things combined mean she is now regularly saving avoidable GP consultations as well as feeling more in control.

"Now that I can check symptoms online, it means I don't feel the need to run off to the doctor at every slight cough or a headache… I knew that I wasn't a computer expert but I can't believe just how much there is out there to help you stay healthy. It means I'm saving my energy, saving time - and my doctor's time - and I'm more in control of my health than I ever have been before. That means a lot to me."

Growing interest in online GP services

In Year 1 of the programme, online transactional services, such as appointment booking and repeat prescription ordering, were still relatively new, but there was a general recognition across the programme of the potential convenience these services would offer patients.

In Year 2, Tinder Foundation - with input from NHS England's Patient Online team - developed a second online course - *Using GP Services Online* - to complement the existing digital learning resources available on the Learn My Way platform. Since its launch in September 2014, 66% of participating centres have been using this new course, and more than 14,000 learners have completed the course, learning how to register with their GP for, and then use, transactional services. Some learners have also been supported by UK online centre staff to use these services in practice.

"The new course - Using GP Services Online - has gone down brilliantly. Quite often, if you want to interest someone in the course in the first place, you start talking about the frustration of spending half an hour to get an appointment at 8 o'clock in the morning...when you mention that there might be a way around it, you should see the interest in their faces - it's brilliant - people are really responding to it".

Flagship project lead, Hull, Year 2

The benefits of transacting online

The NHS recently reported that almost every GP surgery in England now offers at least some online services (e.g. 98% offer online booking[12]). The flexibility of being able to book appointments and order repeat prescriptions online offers recognised benefits in terms of convenience and time, and developing the skills to perform these health transactions online has been identified by many as a useful outcome of the programme.

"Before this, I'd have gone into the doctors and stood in a queue to make an appointment with the one receptionist who's answering the phones and making the appointments and dealing with patients. With this it's just 'click' and it's done. It's fantastic."

Learner, Church Stretton, Year 1

Alongside the predictable benefits relating to convenience and time saving, other positives of transacting online have been emerging for particular segments of the population. For example, for people with anxiety, online transactional services may offer a far less stressful alternative to telephone and face-to-face interactions.

"I find it easier using the internet rather than using the telephone because I get very anxious about phone calls. It's a lot easier to use the internet, especially when you've got support - somebody with you"

Learner, South Shields, Year 2

For organisations that work with hard-to-reach populations, online appointment booking can offer a potentially valuable tool for engaging their service users with much needed health services. A community organisation supporting sex workers was a partner involved in one of the Flagship projects in Year 1 of the programme. Funding enabled them to purchase tablets to take on outreach work, and booking appointments online was central to what they were able to offer their service users:

12.   Health and Social Care Information Centre https://indicators.ic.nhs.uk/webview/

"The majority of our service users, especially the street-based sex workers, have chronic health conditions. We're talking really poorly people. And they don't access any health care at all. They tend to just leave it and leave it and leave it until it gets really bad. So for us it's really key that we try to get these women engaged with health care."

Flagship project partner, Leeds, Year 1

Barriers and hesitations

While many learners have been eager to learn about online transactions and some have now started using these services, in general there has so far been both greater interest in, and more benefits obtained from, using the internet to find health information. Most participating centres rank transacting lower than finding information or checking symptoms in terms of how much interest their learners expressed in these online activities, and learners who were interviewed or surveyed tended to identify benefits related to finding health information online more often than they identified benefits of transacting online.

Particular segments of the population have been less enthusiastic about booking appointments or ordering prescriptions online. Many older people, and especially those who are isolated, prefer using traditional, offline means of transacting because they value the social contact.

Although most GPs are now offering at least some form of online transacting, and this will only increase now that such provision is contractually required of NHS GPs, anecdotal evidence from the programme suggests GP readiness remains, for now at least, a stumbling block in some surgeries.

Going online to find information about local health services

Finding information online about local health services is another benefit of using online health resources that has been widely recognised among participants involved in the programme. Many users have been surprised by the number of local health services in their area and the amount of information available online about them, specifically through the NHS Choices website. They see the 'Services Near You' part of the site, with its information and ratings, as a valuable resource for locating newly required services, finding an alternative GP if unhappy with their current one, and identifying local healthcare providers after moving to a new town. Results of the learner survey indicate that 18% of learners who had not previously used the internet to find health services went on to do so in the three months following their involvement in the programme.

"People are really responding to [NHS Choices section] Services Near You. Some people had a fractious relationship with their GP and they get along better with a different person".

Flagship project lead, Hull, Year 2

Several centres have introduced learners to the facility to rate and comment on local health services themselves, either on NHS Choices or other ratings websites, and this is something their learners have been keen to do. 11% of learners who had not previously rated or reviewed a healthcare provider online went on to do so in the three months following their involvement in the programme.

4.3. IMPACT ON PARTICIPATING UK ONLINE CENTRES

The impact of the programme extends beyond its primary end-user beneficiaries. Participating UK online centres and organisations with which they worked in partnership to deliver the programme, are also benefitting in a number of ways.

The programme is raising awareness in the community and health sectors of the benefits of digital health literacy

By supporting the UK online centres network and its partners in its delivery of digital health training, the programme is raising awareness of online health resources and the benefits of digital health literacy among not only the general public and the key target audiences of the programme, but importantly also among the community sector, various service providers, and health and social care professionals. This is an impact repeatedly identified by Flagship project leads and other centre managers across the breadth of delivery models.

> "Being funded by this project has introduced us to a wide range of available resources we might not otherwise have encountered. We have been able to pass the offer of this knowledge onto every learner who comes to us."
>
> Centre manager, Taunton, Year 2

Reflecting this increased awareness of the importance of digital health literacy, 93% of centres involved in Year 2 reported that they intend to continue offering support to help people use digital tools and resources to manage their health, even if not funded specifically to do so. This is up from an already high 84% at the end of the first year. At the beginning of the programme, 60% of participating centres had not previously offered any digital health support at all.

Although most participating centres are committed to continuing to offer digital health support regardless of whether they received specific funding to do so, it was also noted by many centres that despite demand and willingness, without financial support and health sector buy-in at a national or local level, future work in this area would need to be scaled back.

Increased awareness of online health resources such as the NHS Choices website, among staff of the UK online centres and other organisations involved in the programme, has also led to staff identifying useful resources they could draw on themselves when working with people who have complex health needs. These resources are helping them gain a better understanding of their service users' health conditions and any barriers to learning and participation they might pose.

The programme involves many different partners in the community and health sectors who had no prior experience of supporting people to use digital resources, and is therefore raising the profile not only of digital health literacy, but also of digital inclusion more broadly. The breadth of this influence includes housing associations, libraries and various arms of local government, as well as community centres, healthcare providers, care homes, and digital skills training specialists. The programme is also creating greater opportunities for digital champions and advocates for digital health to engage more people and influence colleagues. Awareness in the health and community sectors of the barriers to

digital inclusion and the benefits of digital health literacy are likely to be critical to the mass adoption of digital health transacting and information seeking, and in particular to successful engagement of the hardest-to-reach. Those who are socially excluded may only engage with health or social service providers, making these important conduits of information and support.

Capacity for future delivery is being built through the training of staff and volunteers and investment in mobile technology

The programme has been building capacity for future provision of digital health information and training, within both UK online centres and the growing number of partner organisations involved. Participating organisations have developed the knowledge and willingness to engage their communities with digital health learning, and have been building the capacity to deliver this, through investment in skills, staff training, volunteers, equipment and partnerships. In doing so, they add value to the wide-ranging support they already provide to thousands of people across the country, and raise their profile with new audiences and partners.

75% of participating community partners reported that their involvement has led to improvements to their existing services, for example by incorporating digital health learning into their existing learning offer. This figure was higher in Year 1 than in Year 2 (83% compared with 64%), possibly reflecting the fact that many centres have been involved in both years and for those centres additional improvements to existing services in Year 2 beyond those made in Year 1 may have been marginal. Just under a half of centres reported an increased volunteer base.

Indeed, volunteers have been critical to the success of the programme so far, and investing in volunteers is widely viewed as an investment in future capacity. Many centres have recruited former or current learners as volunteers, recognising their value as peer advocates for digital health:

> "We have started to recruit volunteers from our learners as they can lead by example and are an inspiration to those who are unsure or less confident."

Centre manager, Year 1

Some centres have reflected on the benefits for their volunteers, demonstrating the wider impact of the programme beyond awareness raising and delivery of digital health training. As one centre manager in Herefordshire reported:

> "One of the positive outcomes for me was to see a new volunteer who was very anxious and lacking in self-confidence actually blossom and come on in leaps and bounds. She's like a different person now."

Training of staff has been identified as key to building capacity to continue delivering support into Year 3 of the programme and beyond. The project lead for one Flagship emphasised:

> "Expanding what we know as staff is an important element of our work."

As described in Section 3.4, training the staff and volunteers of partner organisations has also been important and demonstrates the wide reach of the programme, extended capacity for future delivery, and the potential for digital health to become permanently embedded in the service delivery of many community and health organisations. Through the sharing of resources and expertise with partner organisations, and the direct training of their staff and volunteers, the benefits for capacity and sustainability are cascading beyond the UK online centres network to other organisations and staff in the community and health sectors. The Southampton Library Flagship's partnership with Macmillan Cancer Support is an excellent example of this and **more about this partnership can be found here**. The Macmillan centre manager in Southampton says of the partnership:

> "Patient information is a form of therapeutic intervention - if it's done properly. That's why our partnership with Southampton Libraries is a match made in heaven, because it's helping us access the swathes of health information online, and then helping us help patients to interpret and understand it."

For the Flagship projects in particular (in receipt of higher levels of grant funding through the programme) capital funding for portable devices such as tablets and laptops has also built capacity for future delivery. Investing in these devices, especially for outreach, has helped identify new avenues for delivery, and provided equipment to facilitate greater reach now and in the future.

The profiles of participating UK online centres are being raised and new partnerships are being formed

Also important for sustainability and capacity building has been the raised profile of many UK online centres amongst local community members, harder-to-reach populations, and potential partners. Around 40% of centres have reported increased footfall and a similar proportion reported the establishment of new partnerships. On top of this, numerous centres and especially the Flagships talked of the opportunities provided to raise awareness of their work among other organisations, especially those in the health sector, by proposing to establish new referral or signposting arrangements. This has been beneficial for centres and new partners in a multitude of ways.

> "Our reputation as a centre has been taken to new levels, The work we are doing is becoming very well established into the local area and we are now finding the community are relying on us for new activities and support... Our partner organisations have also seen huge impacts upon their footfall and capability for attracting further funding."
>
> Centre manager, Doncaster, Year 2

"The opportunities that this project has given us, in terms of working with GP practices and the like, it's helped us clarify where we want to be. We now have a clear view of where we're going… and it's about being less fragmented, and offering a more comprehensive service."

Flagship partner and centre manager, Leominster, Year 2

Ongoing support from Tinder Foundation and NHS England to local profile raising may be an important next phase following the end of the programme after Year 3. As mentioned in Section 3.4, numerous centres have highlighted the potential value of additional coordinated support from Tinder Foundation, NHS England and national organisations to broker partnerships with local partners (e.g. CCGs, local branches of national charities), to maximise sustainability beyond the end of the programme.

Sustainable practices are emerging, and longer-term support needs are being identified

Sustainability is possible when a centre or organisation has ongoing capacity to deliver digital health training to its learners and users. As demonstrated above, capacity building was a key outcome for centres involved in the programme. In Section 3.2 we identified six engagement and delivery models that had been successful across the first two years of the programme, and with most potential for embedding and scaling more widely. Elements from across these models that promote long-term sustainability include:

- The integration of digital health learning into existing, wider service provision, such as IT classes, informal non-digital learning, social support services, and healthcare settings.
- The training of volunteers and/or staff of partner organisations to support others to access online health resources and realise the potential benefits of doing so, extending the reach beyond UK online centres themselves.
- Partnership working, with community and health sectors, to raise awareness of digital inclusion issues and the potential benefits of digital health literacy.

However, in order to make the programme's work truly sustainable, participating UK online centres and their partners, along with other UK online centres and their (potential) partners require a policy and funding environment that is supportive of digital health literacy initiatives. Centres that were asked to reflect on how to ensure Widening Digital Participation leaves a strong legacy, and what support might enable this, made suggestions that included:

- Funding and buy-in from CCGs and GPs
- Co-ordinated efforts to broker partnerships with local branches of national organisations
- Cross-government support for digital inclusion interventions for health, at the national and local level.
- Support for increased promotion and profile raising
- Funding for apps/tech to remain up to date
- Sharing of best practice and collective working across UK online centres in similar locations.

Concerns for sustainability centred around

- Capacity to manage a dedicated digital health project, as funding for the Flagship projects in particular often paid for a centre manager's time leading the project
- The risk that, without dedicated funding, activities and partnerships currently being established may not have time to acquire sufficient momentum to continue.

"Some partnerships and networks are a slow burn to develop which can be frustrating when delivering contracts and trying to meet funded targets. The experiences developed, however, we know can be built into other partnership opportunities which may allow for outside funding to continue to raise the profile and develop digital skills amongst our communities."
Centre manager, Benton, Year 2

The final chapter of this report addresses the challenge of ensuring the programme leaves a meaningful legacy, and makes several recommendations for future action.

5. BUILDING A SUSTAINABLE FUTURE: RECOMMENDATIONS FOR YEAR 3 AND BEYOND

Having identified six effective models for engagement and delivery, and demonstrated the impact of the programme to date, the remaining challenge is to ensure these models become fully embedded in local communities so that the benefits they offer can be realised by an even greater number of people.

It is clear that the support provided by UK online centres, both in terms of digital skills training and wider support, plays a critical role in engaging large numbers of digitally excluded people with digital health resources. With their deep reach into local communities, digital inclusion expertise, bespoke tailoring of their delivery to learners' needs, and wider support provision, centres are uniquely placed to create impact on the digital health skills and adoption of people with much to benefit. It follows that centres need to be encouraged and enabled to continue this important work beyond the lifetime of the Widening Digital Participation programme. The programme's activity has to some extent generated sustainability and built capacity for future delivery, but we argue here that there are four priority actions that will be necessary to ensure a lasting legacy after March 2016. These are:

1. Raising the profile of UK online centres and the benefits of digital health literacy
2. Building capacity of UK online centres and partners for future delivery
3. Changing GP culture to value digital health literacy
4. Joined-up policy responses that promote local support for digital health training

Raising the profile of UK online centres and the benefits of digital health literacy

The programme has already made great progress in raising awareness of the benefits of digital health literacy and the valuable resources available online - not only among end-user beneficiaries, but also among the community sector, various service providers, and health and social care professionals. This wider impact of the programme has been identified by UK online centres staff across the breadth of delivery models. Furthermore, by involving many different partners in the community and health sectors who didn't have experience of working in the digital sphere, the programme has been raising the profile not only of digital health literacy, but also of digital inclusion more broadly. The community sector's appreciation of the benefits of digital inclusion for all is central to engaging the hardest-to-reach with digital health information and training, and successful efforts to encourage people to use online tools and transactional services will need to entail recognition of the current digital divide and the barriers to digital participation that exist. Continuing to raise the profile of both digital health literacy and digital inclusion will be critical to the mass adoption of digital health transacting and information seeking. This endeavour is something Tinder Foundation and the UK online centres network is well placed to undertake in Year 3 of the programme, and beyond as we expand our strategic focus into the areas of health and wellbeing. Key audiences identified for particular focus in Year 3 include disabled people, young people and people with dementia and their carers.

The programme has also been raising the profile of many UK online centres across the country, both amongst local community members and harder-to-reach populations, and amongst potential partners in the health sector, community sector or in local government. Centres highlight increased footfall, new community partnerships, and opportunities to raise awareness of their work among health sector organisations. Centres have been eager to highlight the potential value of ongoing support from Tinder Foundation in further local profile raising. An important next phase should involve working with national charities and other third sector organisations with a health and wellbeing focus, to broker partnerships between local branches and UK online centres, in order to maximise sustainability beyond the end of the programme.

Building capacity of UK online centres & partners for future delivery

Other than benefits to learners, one of the major positive outcomes of the programme so far has been the building of capacity for future provision of digital health information and training, within both UK online centres and various partner organisations. These organisations now have the knowledge and enthusiasm to engage their communities with digital health learning, and increased capacity to do so, adding value to the support they already provide to thousands of people across the country.

> "The reasonably small amount of funding we received has had a lot of impact. We have benefited hugely from this funding and from working on the project. We have used it to develop an exciting project that is having a big impact upon people's lives and wellbeing, and provides a service that's greatly needed."
>
> Centre manager, Doncaster, Year 2

Through a new awareness of online health resources, the building of new partnerships, investment in volunteer recruitment and training and (in the case of some Flagship projects) new equipment, three quarters of participating community partners report that their involvement has led to improvements to their existing services. Training the staff and volunteers of external partners has also been important and highlights the extended reach of the programme for future delivery, and the potential for digital health to become permanently embedded in the work of many community and health organisations. As the programme enters the final phase, it will be critical that Tinder Foundation supports centres to find ways to ensure their new capacity is translated into sustained, ongoing delivery of digital health support and training. This support will entail:

- Continuing to act as a national advocate for community organisations undertaking this work.
- Influencing strategic conversations with local and national government about digital health and digital inclusion.
- Sharing learnings and best practice with the wider UK online centres network and others.
- Identifying funding opportunities to help scale and embed successful delivery models.

Changing health and social care culture to value digital health literacy

An important insight from the programme to date is the value of digital health champions in the health sector. Many centres have reflected that they would be able to engage far greater numbers of learners if they had the strong backing of a champion or advocate within their local health service. Heeley Development Trust's digital surgery exemplifies the benefits of such a partnership. Ongoing efforts should be made both by Tinder Foundation and NHS England to raise awareness in the health sector of the value of digital health literacy and the barriers to digital inclusion. These efforts should in part be focussed on identifying digital health champions and encouraging advocacy.

Successful partnerships with a GP practice have relied on having secure buy-in from key practice staff. When no prior relationship exists, it often takes considerable time and effort to make contact and demonstrate value and legitimacy, and many centres simply don't have the resources to spend on this. With lack of GP buy-in being a major barrier to success, centres have called for coordinated top-down support from Tinder Foundation and NHS England to broker partnerships with GPs through local CCGs. Via CCGs, multiple GPs in an area could be informed about and encouraged to build relationships with their local UK online centre(s), lending legitimacy and visibility to approaches made by centres to GP practices.

Joined-up policy responses that promote local support for digital health training

The vast majority of centres involved in the programme are eager to continue offering support to help people use digital tools and resources to manage their health, even if not funded specifically to do so.

"We have seen the benefits that this funding has allowed us to deliver, and the difference it has made to people's lives. Because of this we feel it is now something we need to continue"

Centre manager, Grimsby, Year 2

The enthusiasm of centres to continue this work has been tempered by the recognition that without health sector buy-in at a local level, and cross-department political and policy support for digital inclusion interventions for health at the level of both national and local government (including funding), future work in this area would need to be scaled back.

We recommend that NHS England work with local government, Public Health England, the Department of Health, and local CCGs, to promote digital health literacy and create a policy environment supportive of the efforts of the hundreds of community-based organisations that are working hard to raise awareness and help people develop the skills they need to take advantage of the myriad potential benefits offered by digital health tools and resources.

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