



Liberating the NHS: table of issues for the information revolution and related policies

Initial Analysis of the Impact on Equalities

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Description	The Department of Health is conducting an iterative process of equality analysis to inform the development of an Information Strategy following the 2010 consultation document Liberating the NHS: An Information Revolution. This is the initial analysis of impacts, an additional equality analysis document will be published alongside the Information Strategy.
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Liberating the NHS: table of issues for the information revolution and related policies

Initial Analysis of the Impact on Equalities

1. The Department of Health is conducting an iterative process of equality analysis to inform the development of an Information Strategy following the 2010 consultation document *Liberating the NHS: An Information Revolution*.
2. This is an initial analysis - it points to some potential adverse impacts on equality, as well as some positive impacts and opportunities identified through the consultation process and initial evidence gathering.
3. Analysis of potential adverse impacts, evidence and mitigations will need to be further developed alongside policy (as the Information Strategy and subsequent policy develops). We will publish an additional equality analysis document alongside the Information Strategy, which will also form the Government's formal response to the consultation. The additional equality analysis will include any further relevant issues identified through the listening exercise and the work of the NHS Future Forum on information.
4. Where there is the potential for an adverse impact, we will identify an action for mitigating it, in accordance with EHRC guidance. Mitigating actions will be included in the additional equality analysis. In addition, the Department must ensure that where we are relying on other organisations to mitigate potential adverse impacts we put in necessary mechanisms, to ensure the mitigations are implemented (see Chapter 5 of *A summary of consultation responses*).
5. The following table presents impacts according to equality characteristics protected under the Equality Act 2010, and also additional characteristics.
6. Quotations from the consultation response and evidence are given in the table, and references are given in endnotes.

Potential Issues & Opportunities	Key Issues and Responses
Protected Characteristics	
Age (Older People)	
1: Issue - Potential disproportionate effect	<p>Many older people prefer face-to-face communication with their health and care professionals – concerns have been mentioned in the consultation responses that face-to-face options may be removed which could disproportionately affect older people.</p> <p>Evidence & Feedback:</p> <ul style="list-style-type: none"> • “Overwhelmingly, older people prefer to receive their information from people they trust, face-to-face, yet this option is rarely provided free, except by medical professionals.” [1] • “Research carried out by Age UK into older people’s aspirations for health care revealed that they particularly value face-to-face contact. As a result, any service changes should always retain face-to-face services as an option.” [Age UK Response]
2: Issue - Digital exclusion	<p>Many older people are digitally excluded. A channel shift towards digital technologies could disadvantage older people unless older people are helped online.</p> <p>Evidence & Feedback:</p> <ul style="list-style-type: none"> • “The majority (60 per cent) of those aged 65 and over had never used the Internet. This compared with 22 per cent of those aged between 55 and 64 and just 1 per cent of 16 to 24 year olds. Adults aged 65 and over made up almost two-thirds (64 per cent) of those individuals who had never accessed the Internet.” [2]

Potential Issues & Opportunities	Key Issues and Responses
3: Issue - Possible barriers	<p>There may be barriers for older people to using digital technology in the design of digital technology and websites. This could lead to disadvantage if there is insufficient consideration of older people in designing technology.</p> <p>Evidence & Feedback:</p> <ul style="list-style-type: none"> • “Barriers for older people to using digital technology include: <ul style="list-style-type: none"> ◦ Usability: much digital technology is designed by young people with young people in mind. This can result in a usability barrier for older people. Also, some things many take for granted now are just not logical for older people. For example, why do you need to click the ‘start’ button on a PC to access the ‘shut down’ button? ◦ Accessibility: many websites are not user friendly for older people. The text is often too small and the design too complicated.” [3]
4: Opportunity - Communication	<p>There may be an opportunity to support improved communication between health professionals and older people. This is because older people tend to prefer face-to-face communication. Conversely, if information improves across other channels but not through face-to-face contact, older people could be disadvantaged.</p> <p>Evidence & Feedback:</p> <ul style="list-style-type: none"> • “Many older patients highlight poor communication on the part of care professionals as a strong contributor to poor healthcare experiences and in feeling devalued.” [Age UK White Paper Response] • “Cognitive or sensory impairment can result in behaviour that challenges staff or creates communication difficulties and few healthcare professionals are appropriately trained to deal with this. Both the End-of-life Care and the Dementia strategies emphasised the need to develop communications skills in the workforce, including involving patients in decisions about care, but words need to be translated into action. Inadequate discussion and explanation of treatment options are more likely with older people, they are often seen as stereotypes rather than individuals and they can be marginalised in discussions, if their hearing or memory problems lead professionals to deal primarily with their carers or relatives.” [British Medical Association Response]

Potential Issues & Opportunities	Key Issues and Responses
5: Opportunity – Digital technology	<p>For some older people with mobility difficulties, greater use of digital technology could be helpful by providing them with electronic access to health and care services.</p> <p>Evidence & Feedback:</p> <ul style="list-style-type: none"> • “Older people have identified concerns over safety as well as availability and cost of public transport as a barrier to access distant services (especially for rural populations) and primary care out of hours services.” [4] • “There are potential benefits to the extension of telephone and e-mail consultation for very basic or long-standing/repeating complaints, particularly for patients with mobility difficulties or those, such as in rural communities, living a long way from the practice. This must always be, however, as a follow-up to face-to-face consultation, which is a vital constituent of primary care.” [Royal College of General Practitioners Response]

Potential Issues & Opportunities	Key Issues and Responses
6: Opportunity – Local TV	<p>There is an opportunity to investigate use of local TV for health and care information, which could be particularly beneficial to certain groups such as older people who, comparatively, watch more TV.</p> <p>Evidence & Feedback:</p> <ul style="list-style-type: none"> • “In comparison to all adults older people watch more TV... [There is] an estimate of 21.6 hours of TV viewing per week on average for all UK adults, with this figure rising to 28.8 hours for all older people, and 34.2 hours for older people with any disability.” [5] • Government is committed to facilitating the creation of a new generation of local TV. Across the country, local TV services will provide information and news relevant to their local areas and to local people. Although the content of local TV services has not yet been decided, there is potential for local TV to provide useful health and care information or information about local health and care services. Work to consider local TV is still underway (see endnote [6] for further information). • “Greater use of digital TV could also enable healthcare providers to access those groups who do not have internet access. Current levels of take up of digital terrestrial TV are 85% and rising, and are expected to reach at least 98.5% following digital switchover. Despite interest in these initiatives in the early part of this century, few initiatives make use of this medium. However, North East Lincolnshire’s Health TV is one example of what can be achieved.” [NHS Confederation Response]

7: Issue – Privacy	<p>Young people are concerned about confidentiality and privacy especially as this relates to control of records and parental access to their records. There could be a particular effect on this group if there is insufficient consideration of privacy and confidentiality.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “If personal medical information is to be stored electronically and be more widely available, young people expressed a strong need to be in control of their own record (at least from the age of 14)... For young people to be in control, or at least have the option to be so, requires a system that will allow them to: ... <ul style="list-style-type: none"> ○ have a say as to who else gets access to their record and for what purposes ○ be assured of privacy from certain groups (for example, parents and potential employers)...” [7] • “[The young people from our Very Important Kids Project] tell us that confidentiality is also an important issue for them. There should be an open conversation with young people about who their information needs to be shared with, and there needs to be a discussion about whether to share the information with their family.” [YoungMinds Response]
8: Opportunity – Parental access	<p>Improved access to information electronically can support some parents, indirectly benefitting some children.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • 61% of parents use the internet for looking up health information.[8] • “It can be useful for a parent to view a vaccination and immunisation record, or for travel vaccinations history, and indeed where patient access to records is given, this is one of the most common uses.” [BCS Primary Health Care Specialist Group]

Potential Issues & Opportunities	Key Issues and Responses
9: Opportunity – Digital technology	<p>There is an opportunity to provide improved access to health and care information for young people and children, as many younger people have access to and use the Internet.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> In the Office for National Statistics Report Internet Access 2010 - Households and Individuals, Tables 1 and 2 show that, for young people aged 16-24, 97% have used the internet in the last three months, with over 80% of the users using it everyday. [9]
10: Opportunity – Format	<p>There is an opportunity to improve access to and delivery of age-appropriate information. As other groups see an improvement in information it is important that children are not left behind.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> “Young people participating in the Department of Health funded, Over to You project said that their parents make most of the decisions about their deafness, but that they would like to have a better understanding of what the implications mean for them, and more access to age appropriate information. This will help them to make informed choices as they transition to adult care.” [National Deaf Children’s Association]

Potential Issues & Opportunities	Key Issues and Responses
<p>11: Opportunity – Joining up of information</p>	<p>There is an opportunity for improved interoperability to help in safeguarding children and supporting disabled children with complex needs. Responses highlighted a need for appropriate joining up of information with children’s social care.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Currently there is a lack of streamlining of information on patients. This can mean that a child with complex needs has up to 30 plans in existence which relate to their health care needs. This is largely because different groups of health care professionals each have their own information needs, or plans for the child, and draw these up without reference to or possibly without being able to have reference to plans already in existence.” [Council for Disabled Children Response] • “The young people from our Very Important Kids Project (VIK) have told us that they often have to retell their life experiences many times. Having to retell and relive these stories can be very distressing. So unless there is a good clinical reason these stories and experiences should be gathered once only and shared with relevant practitioners. VIK also tell us that confidentiality is also an important issue for them. There should be an open conversation with young people about who their information needs to be shared with, and there needs to be a discussion about whether to share the information with their family.” [YoungMinds Response] • “The College notes that the Information Revolution consultation paper does not extend to children's social care. Safeguarding and the health and well being of children is a partnership responsibility in which health and educational professionals play a key role; information sharing across agencies is a vital aspect of safeguarding.” [College of Occupational Therapists Response]

Disability - including Learning Disability

12:
Opportunity/
Issue
– Format

Some people with disabilities will need information in appropriate formats, including easy read for those with learning disabilities, where appropriate. Information needs may not be met for some disabled people, and this should be considered to ensure that disabled people are not left behind in the information revolution.

Evidence and Feedback:

- “The majority of blind and partially sighted people could not read the health information they received. For example, 72 per cent of the blind and partially sighted people who were surveyed could not read the personal health information given to them by their GPs... The majority of blind and partially sighted people are not asked about their information needs: 95 per cent of those given personal health information by their GPs were not asked which reading format they required it in.” [10]
- “A gap remains between recording the need for a BSL/English or ISL/English interpreter and actually responding to that need, with only 42% of practices having established a procedure to book an interpreter if required.” Research from Northern Ireland [11].

<p>13: Issue – Digital exclusion</p>	<p>Many disabled people are digitally excluded. Therefore, greater use of digital technology to deliver access to health information could disadvantage disabled people if it leads to improved access to health and care information by the population in general to a greater extent.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Of those individuals who indicated they had an illness or disability which limited their activities, 39 per cent had never used the Internet. This compared with 14 per cent of adults who either had no illness or disability, or were not limited by any illness or disability.” [12] • “The high cost of access technology often puts this technology out of the reach of disabled people and can put people who need access technology off going online. With only 50% of disabled people in employment, and many over the age of retirement, prohibitive costs are a significant reason why disabled people are reluctant to go online... A lack of awareness about the access technology available, and of the ways in which it can help break down the barriers to the Internet, is another key issue in looking at low take-up for disabled people”. [13] • “A range of adaptive technologies are available to people to enable them to use digital technology, for example, screen readers, Braille displays, screen magnifiers and speech recognition. However, disabled people on low incomes may not be aware of the free adaptive technologies available to them. For example blind people may not think they will be able to afford a screen reader.” [14]
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<p>14: Opportunity – Digital technology</p>	<p>Some disabled people can benefit from improved use of digital technology which for some disabled people is a preferred means of communication.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Email, fax, texting (SMS) and text-phone are often the preferred means of communication for people who are deaf or hard of hearing... Email would suit a lot of people, but could be particularly beneficial for patients who are blind or partially sighted and use speech recognition software.” [15] • “The internet is used by many disabled people as a source of information, particularly on what their entitlements are, what support organisations there are in their local area and information about their impairment; for example if they have been recently diagnosed with a long term condition. In rural areas, disabled people may find it difficult to secure transport to support groups so the internet is a valuable means of accessing information and support.” [16] • “When specially designed adaptations are available, they can have a very positive effect on broadening access to include [those with learning disabilities]... Professionals also highlighted specific types of hardware and software which can help those with learning disabilities to overcome a range of barriers to effective daily living”. [17]
<p>15: Opportunity – Joining up of information</p>	<p>Consultation responses pointed to the benefits of improved joining up of information across organisational boundaries for a number of groups in society, including those with disabilities and multiple or complex conditions.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Carers are often having to coordinate complex care that involves many professionals and agencies and could greatly benefit from use of information across organisational boundaries.” [The Princess Royal Trust for Carers and Crossroads Care Response] • “[Realising the benefits of seamless and joined up information] is a really important issue as many disabled people find themselves having to repeat the same information to lots of different services, all working in isolation with each other.” [Breakthrough UK Response]

Gender Reassignment	
16: Opportunity – Information about services	<p>There may be an opportunity to provide improved information about services to transgender people (eg, waiting times for gender reassignment).</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “For trans people, the biggest barriers [to healthcare] include waiting times for surgery for gender reassignment and inappropriate general healthcare.” [18] • “Given that 12,500 people have sought medical care for gender dysphoria and, in most cases, have received or are receiving treatment for the condition - counselling and/or hormone medication and/or surgery - the NHS possesses a substantial quantity of data that could be used to develop precise and up to date assessments of their treatment needs and outcomes. We recommend that this forms part of any work on making better use of exiting information within the NHS.” [Gender Identity Research and Education Society (GIREs) Response]

Pregnancy and Maternity	
17: Opportunity – Improved information	<p>There is an opportunity for the provision of improved information on pregnancy and maternity.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “The use of information across organisational boundaries is particularly important for mothers and babies within maternity services. The information can be used to compare services by pregnant women, whilst organisations tend to share information regarding vulnerable women and children and best practice.” [Royal College of Midwives Response] • “Parents want to be able to gain advice from a variety of sources to reinforce the guidance they have received. To adequately support expectant or new parents, Bounty recommends providing a range of resources online and offline to help and support parents as best as possible.” [Bounty Response] • “Women were asked two questions about use of the ‘NHS Choices’ website. A quarter of women (25%) reported being given information about the site during their pregnancy. First time mothers were slightly more likely to be given the information (27% compared with 23%). Responses to a second question about use of the site showed that actual use was lower, with 12.4% reporting doing so. First time mothers were twice as likely to use the site as women who had previously given birth (16% compared with 8%).” [19]

Race	
18: Opportunity – Communication	<p>There may be an opportunity to support improved communication between professionals and people from different cultures by encouraging greater cultural awareness.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Training in cultural competence is also needed, although care is needed to ensure that the awareness of cultural difference does not translate into stereotyping responses” [20] • There are a number of health and information issues related to Gypsies and Travellers, such as: <ul style="list-style-type: none"> ○ “Gypsy and Travellers may miss appointments because of being evicted, inability to read letters or because they don’t have rigid attitudes to time... ○ It is often inappropriate for female Gypsies or Travellers to see a male GP, so a choice should be available. Men are less likely to go and see a GP at all and will often leave health problems until they are at ‘crisis’ stage’... ○ Reception staff may lack awareness of Traveller’s behaviour - for example, that they often turn up for appointments in threes and women may be chaperoned.” [21]
19: Opportunity – Data collection	<p>There may be an opportunity to improve collection of data about ethnicity or for improved use of the existing data in order to improve outcomes for people of different races.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “The lack of mandatory ethnic monitoring across primary care means that there are no systematic data available for ethnic health inequalities... Examples of good practice do exist, but failure to use ethnicity data to inform and improve practice has been a persistent barrier to improved collection rates: too few data are recorded and those that are recorded are too little used to inform practice.” [22]

<p>20: Opportunity – Access to information</p>	<p>There is an opportunity to consider how information about health and care can be disseminated to those from different races.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Information has to be passed on in understandable ways for example service users whose main language is not English or with sensory impairments.” [Avon and Wiltshire Mental Health Partnership NHS Trust] • “[Shared decision making] depends on information being in a suitable form for patients to understand, and there are many in this country who lack reading skills as well as the ability to interpret and apply. There is also the problem of language for certain ethnic minority groups.” [Ripon Centre Women's Institute Response]
<p>Religion / Belief</p>	
<p>21: Opportunity - Access to information</p>	<p>There is an opportunity to consider how information about health and care can be disseminated to those from different religions.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • For example, NHS Choices has previously run a healthy eating programme with Tower Hamlets PCT targeted at the South Asian community, aiming to reduce the high levels of diabetes and coronary heart disease. The key strategy was to support local Imams in disseminating health information to their communities by training them on how to use the NHS Choices website and providing them with printed information to distribute.

Sex (Gender)	
22: Opportunity – Access to information	<p>There are opportunities for improving access to health and care information to both men and women in having more information online.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • The majority of the population, both men and women, now use the internet. [23] • “Male take-up of traditional GP services could be improved by the more rapid adoption of online self-booked appointments. Men are enthusiastic users of wide range of digital technologies - online systems, mobile phone applications, social networking, gaming.” [Men’s Health Forum]
23: Issue – Particular risks	<p>Consultation responses emphasised the need for information to be kept confidential (including information in records), for example in the case of abuse against women. There could lead to disadvantage if confidentiality and privacy are not sufficiently considered.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “A move towards greater access of information through technology will lead to risks for women with abusive partners or family who may be able to gain access to personal medical information. Resources should be directed at ensuring the safety of vulnerable women and children.” [Women’s Resource Centre]

Sexual Orientation	
24: Opportunity – Data collection	<p>There is an opportunity for appropriate data to be collected on sexual orientation.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • The information strategy must explicitly require collection of sexual orientation of staff and service users. Staff need to be given support on how and why the question is asked. The whole of the NHS needs to become much less nervous of asking the sexual orientation question. Once staff and service users get used to the question being asked it will become as commonplace as monitoring questions about race, but will have huge benefits for LGB people in enabling them to make choices based on the most complete, relevant information. [Lesbian & Gay Foundation]
25: Opportunity – Inclusive literature	<p>There may also be an opportunity for ensuring that literature in health and care settings (e.g. leaflets in GP surgeries) is more inclusive.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “A lack of overtly LGB resources in waiting rooms was identified as a problem by participants in many of the studies currently reviewed.” [24] • “Only one in eight have been told that their partner is welcome to attend consultations and only one in eleven say that their GP surgery displayed a non-discriminatory policy.” [25]

Other Groups	
Carers	
26: Opportunity – Improved Information	<p>There is an opportunity for providing improved information for carers.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Information is also of particular importance for carers. Carers play a vital role in the provision of health and social care services and have been estimated to save the taxpayer £80bn.” [Tunstall Healthcare] • “At present there seems to be a lack of information given to carers - it is almost a ‘how dare you bother me’ approach that we receive.” [Response from a carer] • “A key problem [for carers] was a lack of information; and inadequate responsiveness and accessibility on the part of service providers. Many carers felt confused, frustrated and unsupported ... many recounted problems in communicating with health and social care services. These had caused some carers great distress and frustration.” [26]

<p>27: Issue – Privacy</p>	<p>As above, there is an opportunity to improve care by improving access to information by carers. However related to this, there could be disadvantage if the privacy and confidentiality of those being cared for is not sufficiently protected.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Whilst recognising the importance of patient confidentiality parent carers and those caring for people with mental health issues in particular emphasised how important it was that they were given information to enable them to care. Ways of enabling this need to be actively sought by health professionals.” [Carers in Hertfordshire (Carers' Response)] • “Having more control over social care and health records would bring great benefits to carers where the patient/service user chooses to share that information with them. It would enable carers to be better informed about care planning and take more of a role thus helping to achieve the status of being recognised as expert partners in care.” [Carer’s Resource] • “... there are important issues around patient confidentiality surrounding carers’ access to the medical and social care records of the people they care for.. it is vital that NHS and social care staff are aware of information to explore with families what information can be provided, to ensure that patients are receiving the appropriate support and treatment. In carers’ experiences, too often confidentiality issues lead to no information whatsoever being provided to them, rather than a more sensitive approach from professionals.” [Carer’s UK]
<p>Homeless</p>	
<p>28: Issue – Digital exclusion</p>	<p>There are high levels of digital exclusion amongst homeless people. Homeless people could be disadvantaged if information is not provided in suitable formats and through appropriate channels.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Peer advocates involved in the Homeless Health Peer Advocacy Service felt it important to retain a range of communication options to reflect the needs and preferences of people with a diverse range of needs. They stressed that not all patients have the skills and confidence to use IT and felt face-to-face contact must be offered to make appointments, discuss treatment and referral options, and access health records/plans.” [Homeless Link]

<p>29: Opportunity – Joined up information</p>	<p>Improved joining up of information across organisational boundaries may also help some homeless people who receive care from different organisations.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “An electronic medical record (EMR) available at multiple locations to multiple providers is a powerful tool with the potential to improve the coordination, safety, efficiency, and quality of care to people who are homeless”. (Evidence from the USA [27])
<p>Offenders</p>	
<p>30: Issue – Digital exclusion</p>	<p>A number of issues exist for offenders including lack of computer skills, poor literacy and incidence of learning disabilities is higher amongst offenders than the general population. Offenders could be disadvantaged if information is not provided in suitable formats and through appropriate channels.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “20-30 per cent of offenders have learning difficulties or learning disabilities that interfere with their ability to cope within the criminal justice system” [28]. • “Dyslexia is three to four times more common amongst prisoners than the general population” [29]. • It is imperative that prisoners are not excluded from access to the information they need to stay healthy. Levels of computer literacy and general literacy are not as high in prison. There will be many people that require information in different formats to printed and electronic. Our research shows that most prisoners get their information from another prisoner. It is important to have this in mind when developing services for prisoners. [Prison Reform Trust] • When families and prisoners are physically together and able to discuss health or social care matters they will not be able to access all the information together. In many prisons you are unable to take anything in on a visit so it is not even possible to download and print off the relevant information to show to a prisoner. [Action for Prisoners' Families]

Rural	
31: Issue – Availability of services	<p>Some people in rural areas may be digitally excluded which could lead to disadvantage and there may be inadequate broadband and mobile phone coverage in rural areas. Although it may be possible to obtain health and care information through other channels (e.g. libraries, the GPs surgery) these may be harder to access due to distance (e.g. the public transport network may be more restricted than in urban areas).</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Lack of access to digital technology, inadequate broadband and mobile telephone coverage combined with lack of engagement with digital technology all contribute to a complex set of issues for rural communities and residents.” [30] • “The rural location of some places in England needs to be considered and with this the IT infrastructures in place - for example access to broadband or computers. Issues that already exist to do with information access and equality need to be considered in the ongoing plans of the information revolution. In the future joined up IT working is essential to realise the potential of services working together. We have found this in our work around hospital discharge, mental health out of hours, dentistry, patient transport, older people and children and young people” [Isle of Scilly LINK].

<p>32: Opportunity – Access to services</p>	<p>Greater use of digital technology can reduce the need to travel, providing easier access to health and care services (in cases where use of digital technology is appropriate).</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none">• “Transforming healthcare delivery in rural areas can improve access to services for patients and reduce costs for the taxpayer ... In Scotland, video links between community hospitals, allow consultants to do their ward rounds in a hospital and then carry out video consultations with patients remotely.” [31]• “Healthcare providers in rural areas will come under increasing pressure over the next 20 years as the ageing population will require more services from the NHS. At the same time, patients have increasing expectations about the services they will receive. Telehealth services, allowing home monitoring of conditions enables patients to leave hospital early. The potential exists to save journeys to hospitals and prioritise staff time so that medical staff look after those patients who really need support. The most remote, and potentially most costly patients to reach, will be unable to access these services without suitable broadband connections” [32].• “On line contact with GPs and other health care professionals would be especially advantageous to those who work and to people living in remote rural areas. It would also greatly help the role of the pharmacist if we could have on line contact with local surgeries, and hospitals.” [North Yorkshire Local Pharmaceutical Committee]
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Cross Cutting Issues	
Capacity and Capability of Citizens	
33: Issue – Different take up	<p>Any work to raise the capacity of citizens to understand the need for use of information for health and care could increase inequalities as people from hard to reach groups or people from lower socioeconomic backgrounds are often less responsive to behavioural change initiatives.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Changing health behaviour is widely acknowledged to be difficult and evidence suggests that traditional public information campaigns are less successful with lower socio-economic or other hard to reach groups- in fact we were told that these interventions can actually widen health inequalities because richer groups respond to them so well.” [33]
Information Market Place	
34: Opportunity/ Issue – Targeting	<p>The market place could lead to more innovative information products targeted at different audiences which could help ensure information is more accessible to all. However, there is a risk that a market in information could lead to higher quality and a greater variety of information products available only to certain population demographics, thereby further disadvantaging other sections of society that are already disadvantaged by their characteristics or circumstances.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “What would be the challenges in a market place of information and information products in terms of equalities? How could these be addressed?” (Event Feedback) • “The ability to bring in smaller specialist Voluntary and Community Organisations (VCOs) as information providers, collectors and interpreters can only help to create greater involvement by a wider variety of groups, but without proper regulation of these groups the ability of larger companies to dominate the market will impede the plurality of choice in the information market.” [Race Equality Foundation Response]

<p>35: Issue – Signposting</p>	<p>A range of information intermediaries may help provide tailored information for different groups. However, people with fewer ICT skills may find a range of information intermediaries confusing and could need signposting to trusted information by care professionals or otherwise.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “Too many information sources, difficult to know which to trust, need more health care professional guidance/signposting.” [North West London Cancer Network] • “The study has revealed that almost invariably socially excluded groups require an intermediary person or organisation to enable them to benefit from a combination of information and transaction, put together to meet their highly specific and complex needs.” [34]
<p>Human Rights</p>	
<p>36: Issue – Privacy</p>	<p>The information revolution could impact on Article 8, “right to respect for private and family life”. With greater electronic information and people having more control of their own information, there could be a negative impact if an individual’s information is not kept sufficiently private and confidential.</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none"> • “As identified in the consultation paper - confidentiality and security of data are key.” [Faculty of Dental Surgery, Royal College of Surgeons Response] • “The RCM believes that issues need to be addressed around confidentiality and the fact that a proportion of the population do have access to information technology or choose not to use it.” [Royal College of Midwives Response]

37: Opportunity- Elimination of discrimination	<p>There may be an opportunity for improved information and data to help support the elimination of discrimination (Article 14 on “prohibition of discrimination”).</p> <p>Evidence and Feedback:</p> <ul style="list-style-type: none">• “The Equality Act (2010) and forthcoming Public Sector Duty is expected to ensure public service providers: eliminate discrimination, advance equality of opportunity and, foster good relations. In order to meet this duty, information on the health outcomes of lesbian, gay and bisexual people is needed to provide commissioners and providers with the tools to reduce inequality and advance equality.” [Stonewall Response]• “[Information is helpful to] identify discrimination by services (lack of access).” [Individual Response]
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