

# **Digital exclusion in population screening programmes**

## **Appendix 5**

An Equality Impact Assessment of channel shift from printed media to online information within NHS England's population screening programmes

## Appendix 5 - YPA Programme Staff Survey

This survey ran in February and March 2020 for four weeks and was promoted across the YPA programme service staff. There were 12 respondents who completed the survey and although the response was low it provided consistent views to those captured in the interviews and site visits (detailed in Appendix 3).

### COST SAVINGS AND ENVIRONMENTAL IMPACT

Respondents saw clearly the cost saving and environmental advantages of replacing printed leaflets with online information:

“It would be a significantly positive step in terms of the sustainability agenda and the essential changes we absolutely must make in this area”

“Good for the environment to use less paper in the system- supports sustainability across the health and social care system”

“The biggest benefit would be that online information does not have the cost of producing and posting leaflets”

“It’s cheaper”

“Online information is more sustainable, saves on printing and delivery costs etc.”

“Saving on printing and delivery costs - those funds can be diverted elsewhere”

“Reduction in outgoings”

“Reduces costs of producing leaflets”

“Reduced cost of printing and postage”

“Environmentally sound”

“Less wastage”

“Access and less paper waste”

“Less waste, financial savings and environmental savings”

“Some people will support the reduction of printed materials as an environmental benefit”

### EASIER TO UPDATE

Another commonly perceived advantage is being able to update information more easily and flexibly if online rather than in print form:

“Updates can easily be made”

“Changes or updates to information leaflets can be made quickly and easily so they are always up-to-date”

“Ability to change content or wording of standard information materials more easily/rapidly/responsively”

“Ability to change content or wording of standard information materials more easily/rapidly/responsively”

### ABILITY TO ACCESS MORE INFORMATION

The advantages of being able to provide access to more detailed information online were also seen:

*“People can access more information easily by using links (one click to other information)”*

*“Ability to provide more detailed information for those who want it via hyperlinks”*

*“Public can have access to more information online”*

*“Using technology means information is always available, with access and timing suitable for them”*

*“Helps people on the go to access information promptly”*

*“Providing multiple forms of information is likely to increase access and be more inclusive”*

*“Greater ability to access information in other languages / formats”*

*“The service can provide more information to the public online which will help them make an even more informed choice than with printed leaflet, of whether or not to attend for screening. Providing only a printed leaflet could, in some ways, be limiting because*

*individuals may read only that and not bother to access more information that's available to them online”*

### APPROPRIATE IN MODERN SOCIETY

Some respondents noted that accessing information online is the norm in modern society:

*“Most communication with the services we use are delivered electronically these days, from council tax accounts, energy companies to dentists and GPs and acute hospital services. Not only is this expected, but it is my view that only using traditional comms, through printed letters etc., is now a risk as people don't expect it and as such may ignore letters that they are not expecting (who doesn't have a stack of unopened mail by the front door!)”*

*“Most people nowadays prefer to look online for information”*

*“For a large majority of the eligible populations, electronic communications and online resources will be a welcome change and what they are now accustomed to in a rapidly progressing digital world”*

*“Most people now seem to prefer to access information online, rather than in printed format. Online information can be saved to individual devices and printed if required. There will always be times when an individual wants printed information and cannot do this at home so I would hope this can be made possible via local services e.g. GP practice, hospital service etc. However, I do think that posters are a must as they are used to advertise the service and also inform where to go for online information.”*

### RISK OF EXCLUSION

While seeing benefits in terms of cost saving, environmental sustainability, more up to date content and providing access to more detailed information, concerns were also expressed about the risks of excluding key sections of the population who may not be online.

*“The age groups the cancer screening programmes cover are such that not all people are comfortable with accessing online resources”*

*“Not everyone is tech savvy or have access to this medium. There are still many individuals who would prefer paper”*

*“I know a few (mainly older) people who remain eligible for specific screening services but who would not have access to information that was provided purely online”*

*“Excludes many groups who cannot afford or are not technically savvy enough”*

*“I think that many individuals will not be able to access online information due to lack of smart phones and computers. The poor, elderly and LD communities will be particularly impacted”*

*“Risk excluding some with protected characteristics - older people, those living with disability and those in living in deprivation”*

*“Will support access by some groups only”*

*“People who are unable to access the internet easily would not see the information”*

*“Exclusion of groups without access to online information thereby increasing inequalities and marginalisation of groups”*

*“Some groups may be left behind as they do not have access to the technology that supports its delivery, or they do but are not comfortable/capable with using the internet as a means of managing their healthcare needs”*

*“A large proportion of patients and the public are being expected to access information and guidance on their care digitally. We cannot assume and neither do we have evidence that most of the population have access and/or know how to use digital media sources. We carried out a survey of ~ 1100 men over 65 in London regarding their care in AAA surveillance with the option to complete online or complete and post with pre-paid envelope. Response rate was 52%, less than 1% completed online. Assumptions that everyone uses digital media will impact on those with protected characteristics and those experience deprivation”*

### INFORMED CHOICE

Respondents were aware of the importance of informed choice about screening procedures and were keen to ensure any changes to information provision is not a risk to this.

*“Some people might not get the information to make informed choice so not take up invitation”*

*“Some patients may not have access to, or be comfortable with, using digital solutions for communication and resource finding and as part of our responsibilities to ensure people are making informed decisions about the healthcare they receive, considerations must be made to support these groups having access to the information they need to achieve this”*

*“Some people will not have access to the information resources either because they don't have the required technology, or they don't know how to use it. There is a risk that people will be less likely to make an informed choice about participating in a screening programme if detailed information to support an invitation is easy to skip or is not provided in an obvious way”*

### IMPACT ON TAKE-UP

Others were concerned about that a move to online information might have an adverse impact on take up of screening.

*“Could have an unknown impact on uptake. Inability to access online resources could make people think screening isn't for them”*

*‘Uptake might go down if people need help with accessing information’*

*“Reducing uptake of the programme, people not fully informed about the screening they are being offered - benefits and harms.”*

*“Those who struggle to access the information may choose not to attend”*

*“People might not be 'bothered' to go online to read the information. Maybe providing too much information could be confusing for the public, knowing what to read first”*

*“Some people may not click into the links for information. However, those people may not read a printed leaflet either. And anyone who decides not to attend for screening will do so, whether they receive their information in printed format or online”*

### CONSISTENCY OF INFORMATION

Some respondents pointed out the importance of ensuring consistency between information available in different formats and channels.

*“It would be important to make sure that all messages are consistent across all information and across all services. Conflicting information would confuse the public and leave the service open to criticism”*

*“Too much information can confuse people”*

*“Confusion due to many sources of information available online - information overload”*

### DATA SECURITY AND STABILITY

Others were concerned about the vulnerability of online information to technical faults and data breaches.

*“There is a risk of 'losing' digital resources should either PHE/NHS IT have problems or if the individual has IT problems or no access to the internet”*

*“How do you monitor if information received? Need to hold more data so more risk of breaches”*

*“There may be complaints from service users who don't want information online (if there is no choice)”*

### MAKING CHANGE GRADUALLY

There was support for implementing any shift from print to digital in a phased way.

*“It's important to adapt to the changes in how we access information. However, not everyone is moving at the same pace, changes must not exclude patients and citizens who are not quite there yet or who do not have means to access digital information sources. It is about striking the balance for me”*

*“I think smart comms strategies using e-communication will improve participation in many population groups as we are becoming more and more reliant on small nudges to support us turning intention into action”*

*“One step change would not be something I felt comfortable with. I think the change needs to be implemented gradually and tested for risk as we go. I do think implementation should happen in all areas at the same time, as running pilots in specific geographies may result in a biased recommendation and either end up informing wider change that either benefits or disbenefits populations. A planned, staggered approach across all services with agreed metrics by which we monitor effectiveness feels like the safest way to transition”*

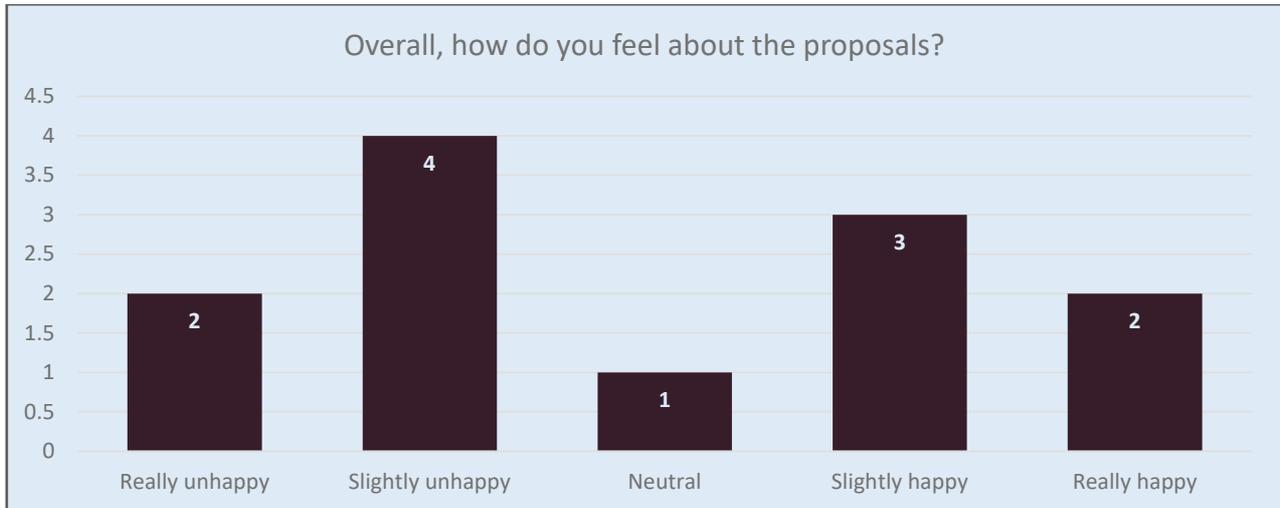
**Q1. In which screening programme do you work?**

All five YPA programmes were represented. Four respondents worked only on a single programme, while the others worked on multiple, including four respondents who work on all five YPA programmes.

Abdominal Aortic Aneurysm (AAA)	Bowel Cancer Screening (BCSP)	Breast Screening (BSP)	Cervical Screening (CSP)	Diabetic Eye Screening (DES)
7	5	7	6	7

**Q4. Overall, how do you feel about the proposals?**

Feeling	Count
Really unhappy	2
Slightly unhappy	4
Neutral	1
Slightly happy	3
Really happy	2



**5. How do you think information for people invited for screening in your programme should be provided (if contact details were available)?**

Please rank the following methods in order (1 being most preferable, 5 being least preferable method).

	Number of respondents who selected this as most preferable	Overall score (higher = less preferable)
<b>Letter and printed leaflet</b>	4	29
<b>Letter with link to online information</b>	3	31
<b>Text message with link to online information</b>	1	44
<b>Telephone number to call for information</b>	0	52
<b>Email with links to information or attachments</b>	2	36
<b>Talking face to face</b>	2	60

**Free text comments on Q5:**

People should be able to choose how they want the information presented to them

*“I am concerned about using email or text messages. What if people were to change email address or change mobile phone number. They might not receive any information at all.”*

*“An invite letter is more preferable to any other method of invite as it's a more reliable method of making sure the correct individual has been reached. Maybe some information from the leaflet could be included on the reverse of the letter with links to more information. Alternatively sending a leaflet in the first letter and for follow-on letters, then just include links to online information. Text messages are fine as a reminder only. Emails are good as they can contain a lot of information and links, but not everyone uses email. A phone number is a good option but not everyone will take time to make that call. Talking face to face could be a back-up option as some people might not remember every detail they were given.”*

*“I would prefer a system that catered for individual preferences so that people could choose whether to receive paper or electronic communications, in the same way that many banks and utility companies offer a paper-free service on request.”*

*“People still like a printed leaflet, especially older people. If people are expected to look for information online it has got to be easy. My concern it might put people off going to screening”*

*“Any telephone numbers for patients must be free of charge. Face to face would be ideal but realistically not possible due to demands on the time screening staff have to spend with patients.”*

*“I don't think the majority of people will call for information and I'm not sure how frontline staff will assure themselves people are undertaking a test having understood the relevant information.”*

**6. If information leaflets for the public were provided only online rather than in print, how would this affect the risk of being excluded from your programme for each of these groups?** (Table is split into 2)

Each level of response (from reduced risk to highly increased risk) was awarded a numerical score, and for each demographic category, the number of responses in each level was multiplied by that score.

	Score	Older people (age 65+)	People with low income	Disabled people (physical / mental health)	People with moderate / severe learning difficulties / disabilities	People with lower literacy
<b>Reduced risk of exclusion</b>	-1	0	0	0	-1	-1
<b>No/negligible effect</b>	1	1	4	3	1	3
<b>Moderately increased risk of exclusion</b>	3	9	9	18	18	12
<b>Highly increased risk of exclusion</b>	5	25	20	5	15	10
<b>Total score</b>		<b>35</b>	<b>33</b>	<b>26</b>	<b>33</b>	<b>24</b>

	Score	People in residential care / supported living (e.g. care homes)	People whose first language isn't English	LGBTQ+ people	Younger people (under 35)	People in prison
<b>Reduced risk of exclusion</b>	-1	0	-2	-2	-6	0
<b>No/negligible effect</b>	1	2	4	8	5	2
<b>Moderately increased risk of exclusion</b>	3	12	15	0	0	6
<b>Highly increased risk of exclusion</b>	5	20	0	0	0	25
		<b>34</b>	<b>17</b>	<b>6</b>	<b>-1</b>	<b>33</b>

Five categories were all scored very similarly as being most at risk of exclusion:

- Older people (age 65+)
- People in residential care / supported living (e.g. care homes)
- People in prison
- People with low income
- People with moderate/severe learning difficulties / disabilities

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