Digital Inclusion Assessment Tool:

This assessment tool helps health and care service commissioners and providers assess programmes, pathways and technologies for digital inclusion. It is based on the Digital Inclusion Framework for Health and Care.

How to use this assessment tool:

1. Either use as a stand-alone assessment or incorporate into your Equality Health Impact Assessment (EHIA) to review new or existing health and care programmes, pathways, and technologies. *It is helpful to involve all relevant stakeholders in this review.*
2. Use the first sections to consider all the potential enablers and barriers that a service user, and workforce, may face when engaging with all parts of the programme, pathway, and/or technology under review. *Some of these enablers and barriers may be beyond a programmes direct control, but they are necessary to understand in order to mitigate exclusion, disengagement, and its impact on health inequalities.*
3. Pay special attention to the populations most at risk of digital exclusion, while remembering digital exclusion is not a static state, and that anyone could become excluded due to changing health and financial circumstances, and/or complexity.
4. Document any gaps and opportunities and develop an action plan to reduce risk of exclusion from this programme, pathway or technology. Either incorporate this into your EHIA or use as part of a wider impact assessment.

Other resources are being developed to be used in different scenarios- including for industry partners.

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| **Digital Inclusion: health and care service/pathway/technology design/assessment tool**   |  |  |  |  | | --- | --- | --- | --- | | **Digital service/pathway/technology design objectives** | | | | | **AWARENESS** | **CONSIDERATION** | **USE** | **POST USE** | | Our population is aware of digital health and care services/ pathways and technologies, and their relevance to them as individuals. | Our population:   1. has suitable access or can get suitable access to devices and/or the internet so they have equitable access, and can interact with and benefit from digital health and care. 2. will be enabled to access and interact with digital health and care safely and effectively regardless of their literacy, digital or personal skills. 3. can see the value of accessing and interacting with relevant digital health and care services/pathways/technologies. 4. can, and does, trust in this service/pathway/technology. 5. can, and does, trust what is happening to their data and how it is being used. | Our service users:   1. have reliable access to devices and the internet when they need it to enable them to access and interact with digital health and care. 2. can access and interact with digital health and care safely and effectively. 3. have access to reliable, trusted, support whenever they need it. 4. value digital health and care and will continue to use it. 5. feel safe and know that their data is safe when using digital health and care. | Our population experience that they benefit from digital health and care, and are motivated to continue using it. | | **ACCESSIBLE AND USEABLE PATHWAYS & TECHNOLOGY**  For each programme and across all pathways the service user will interact with, including any assistive technologies. | | | | | **<<<<< GUIDANCE and SUPPORT >>>>>**  Design in information, emotional and technological/pathway support | | | | | | | |
| **Enablers to awareness** | **Barriers to awareness** | **Pay special attention to:** | **Service/pathway/technology design to mitigate digital exclusion** |
| Information available and accessible to target audience. | Information not available in an accessible way at a time it would benefit individual. | All populations | Develop a communication strategy and information resources that raise awareness of digital health and care generally, and for the population this service, pathway, technology is designed for. Consider locations, support agencies, workforce. |
| **Enablers to access and affordability** | **Barriers to access and affordability** | **Pay special attention to:** | **Service/pathway/technology design to mitigate digital exclusion** |
| Individuals have access to all the devices and apps that meet their needs.  Access to connection, Wi-Fi, data, electricity, recognising access needs to be consistent for some health and care pathways. | No access, or limited access to technology, Wi-Fi, data, or electricity.  Old / incompatible devises.  Programmes with frequent updates/high specification requirements.  Cost and personal priorities (essential items)  Housing infrastructure and location (e.g. rural areas). | * People from no/low-income households * People in insecure housing/homeless * People with low literacy People with lower educational attainment * Older adults * Young adults * People from NRS social grades D&E * People living in rural areas * People who are disabled * Limited or narrow users of the internet (Minority ethnic groups, *Women,* young adults) | Ensure technology is fully useable and compatible with various devices or provide alternatives.  Limit technology’s specification requirements.  Consider cost, and how costs will be met by individuals or the system.  Consider how to meet requirements for service users with no/limited/unsuitable access and those who are unable to afford the relevant technology.  Work with other agencies to enable access to relevant technology (e.g. Libraries, voluntary sector). |
| Ensure excluded populations, or those choosing not to engage in digital health and care, are offered an equitable alternative. |
| **Enablers to skills and support** | **Barriers to skills and support** | **Pay special attention to:** | **Service/pathway/technology design to mitigate digital exclusion** |
| Individuals have the skills needed to engage with all necessary technology and pathways.  Individuals have access to formal or informal (family /friends) support by trusted people available whenever this is needed. | Multiple and/or complicated technologies and pathways.  Lack of awareness or access to trusted support (formal or informal).  Lack of consistent support at each stage this could be needed (e.g. tech, app, update, when there is a problem).  Dependency on informal support and lack of privacy, confidentiality, safeguarding concerns, reluctance to disclose, lack of consent or burden others. | * Older adults * People with low literacy * People with lower educational attainment * People with disabilities * Limited or narrow users of the internet (Minority ethnic groups, *Women,* young adults) * Carers and workforce providing support * People who may be at risk abuse or neglect | Reduce the level of skills required to reduce support needs (e.g. plain language, single log on, accessible (physically and cognitively), interoperable, useable, intuitive).  Consider how any support needs will be met across populations including formally and informally.  Reduce complexity across all pathways, consider other pathways these service users will need to engage with.  Collect user experience feedback (patients, carers, workforce). |
| Ensure excluded populations, or those choosing not to engage in digital health and care are offered an equitable alternative. |
| **Enablers to motivation** | **Barriers to motivation** | **Pay special attention to:** | **Service/pathway/technology design to mitigate digital exclusion** |
| Individuals see the value of the digital product/service to them.  Individuals believe that they have a ‘real’ voice and choice.  Easy to use, accessible and require minimal support.  Convenient - easier and faster access to healthcare services.  Cost effective, reducing individual cost including travel time.  Representative and personal. | Technology or pathways too complex; too difficult to access, use or understand; too many steps (digital and other), multiple systems; doesn’t meet individual need; added cost; not representative or sensitive; effort too much for the potential benefit. | All the population incl. carers and workforce but especially:   * Older adults * People with lower literacy/confidence in their literacy * People on lower incomes * People in NRS social grades D&E | Ensure that pathways/technology is easy to use, convenient, and adds value to the individual.  Reduce the amount of effort to engage in this service /pathway/technology for the individual.  Ensure the value added to individual populations is explicit- (i.e. use comms and relevant examples).  Collect user experience feedback (patients, carers, workforce). |
| Ensure excluded populations, or those choosing not to engage in digital health and care are offered an equitable alternative. |
| **Enablers to trust** | **Barriers to trust** | **Pay special attention to:** | **Service/pathway/technology design to mitigate digital exclusion** |
| Trust in the system, service, pathway and technology.  Individuals understand why and how data and technology is being used.  Trust in human touch/clinical oversight maintained.  NHS ‘brand’ | Lack of trust, which could be due to past experience, lack of human touch, lack of transparency over data, lack of perceived clinical oversight, lack of feedback.  Not recognised or trusted technology/brand. | All the population incl. carers and workforce but especially:   * Older adults * People with lower literacy/confidence in their literacy * People on lower incomes * People in NRS social grades D&E | Build and maintain trust in the system, the service, the pathway, the technology and how data Is used.  Ensure the service, pathway, technology is safe and maintains confidentially and privacy.  Ensure transparency over clinical oversight, and build in feedback to digital interactions.  Ensure service users have a mechanism to feedback if/when there are issues, and access responsive care off the digital pathway when needed.  Collect user experience feedback (patients, carers, workforce) |
| Ensure excluded populations, or those choosing not to engage in digital health and care are offered an equitable alternative. |
| **Enablers to accessibility and useability** | **Barriers to accessibility and useability** | **Pay special attention to:** | **Service/pathway/technology design to mitigate digital exclusion** |
| The pathway / programme / technology is fully accessible to the whole population, it is designed for including people with:   * Visual, auditory, and speech and language needs * Physical, neurological and cognitive needs Incl. Dyslexia and neurodiversity * People with lower levels/confidence in their literacy * People whose first language is not English incl. cultural sensitivities * People reliant on different devices and assistive technology * Pathways and technology need to be easy to handle, easy to read/understand, easily integrated with assistive technologies | The pathway/programme/technology is not fully accessible to the whole population it is designed for. This may be because:   * The technology/pathway is too difficult to handle. * It does not integrate assistive technology. * The information is too complex. * The language is unreadable/untranslatable. * There are too many steps making it too complex. | * People who are disabled (Physical, Sensory, Mental, Cognitive) * Older adults and ageing * People with low literacy * People whose first language is not English * Cognitive accessibility * People with lower educational attainment * Carers and workforce * People whose needs may change (life course) | Ensure all service user information (however provided) is accessible to people with low literacy and cognitive accessibility needs e.g. plain language.  Ensure all information is translatable.  Ensure all technology and pathways interoperates with assistive technologies (for physical, sensory and cognitive disabilities).  Collect user experience feedback (patients, carers, workforce). |
| Ensure excluded populations, or those choosing not to engage in digital health and care are offered an equitable alternative. |

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| Will any additional guidance and support likely to be needed for this pathway (technology, informational and emotional) across the service users journey? |
| How can people feedback if there is an issue with the technology or pathway? |
| How will you collect patient experience? |
| What metrics do you need to collect to measure impact, including on excluded groups? |

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| Digital Inclusion Assessment and Plan | | | | | |
| Project: | | | | | Date: |
|  | Current Strengths | Gaps and Opportunities | | | |
| Awareness |  |  | | | |
| Access and Affordability |  |  | | | |
| Skills and Support |  |  | | | |
| Motivation |  |  | | | |
| Trust |  |  | | | |
| Accessibility and Usability |  |  | | | |
| Guidance and Support |  |  | | | |
| Technology and pathway |  |  | | | |
| User feedback and experience |  |  | | | |
| Metrics |  |  | | | |
| ACTION PLAN: | | | | | |
| Objective/goal | Action | | Responsibility | Deadline | |
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