AGENDA ITEM
(3.1.4)

DIGITAL AND DATA COMMITTEE

DIGITAL INCLUSION DURING COVID-19

DATE OF MEETING	14th October 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Andrew Nelson, CIO
PRESENTED BY	Andrew Nelson, CIO
EXECUTIVE SPONSOR APPROVED	Executive Director of Public Health
REPORT PURPOSE	FOR NOTING

ACRONYMS	
CTM	Cwm Taf Morgannwg
UHB	University Health Board
FAQ	Frequently Asked Questions
GDPR	General Data Protection Regulations
ICO	Information Commissioners Officer
ICT	Information, Communication and Technology
IG	Information Governance
ILG	Integrated Locality Group

SAR	Subject Access Request

1. PURPOSE

Following a recommendation made by Martyn Lewis, NHS Wales Internal Auditor, in his audit of the UHB's digital response to Covid-19, the UHB has undertaken analysis to determine:

1) Whether the UHB, in taking a digital response to maintaining access to services during the Covid-19 pandemic, widened inequality of access.
2) Whether the uptake of digital channels to access to services during the Covid-19 pandemic, may indicate that inequalities may be widened by the UHB pursuing a digital first strategy

2. METHODOLOGY

A data set was created of the CTM adult population as at January 2021, and whether during 2019 and 2020 each member of the population had 'attended' and outpatient consultation and whether the consultation was undertaken physically or virtually.

Logistic regression and chi-squared test of independence were applied looking at whether access rates differed by age or the relative deprivation of the area of residence.

3. RESULTS

3.1. Consideration of the overall approach to managing the pandemic

The number of individuals resident in CTM aged over 16 who accessed at least one consultation in 2019 and in 2020 is shown by age and their WIMD of residence below:

Figure 1: Individuals aged >16 who attended a consultation by year and WIMD

	1920	2021	% 19/20	% of 20/21	2021 as % of 1920 &20/21
aMostDep	33439	21709	20.8%	21.1%	39.4%
bFairlyDep	33002	21418	20.5%	20.8%	39.4%
cMedian	32718	21116	20.4%	20.6%	39.2%
dLowishDep	33772	21308	21.0%	20.7%	38.7%
eLeastdep	27799	17202	17.3%	16.7%	38.2%
Total	160730	102753			39.0%

The table identifies that in 2019/20 c.160k individuals had at least one outpatient consultation provided by the UHB, however only 63% of this number had a consultation in 2020/21.

As shown by the table a relatively higher proportion from the more deprived communities accessed services in 2020/21 than in 2019/20. It is acknowledged that there are numerous co-variants that have not been considered. However, at this high level a chi-square test indicated that there was a significant difference in the proportions across the two years. ($p<0.001$)

Figure 2: Individuals aged >16 who attended a consultation by year and Age

O/P attendances by age	`1920`	`2021`	% 19/20	% of 20/21	2021 as % of 1920 &20/21
16-19	4992	3063	3.1%	3.0%	38.0%
20-29	16308	11277	10.1%	11.0%	40.9%
30-39	21682	14304	13.5%	13.9%	39.7%
40-49	19052	11369	11.9%	11.1%	37.4%
50-59	26183	15828	16.3%	15.4%	37.7%
60-69	26220	15794	16.3%	15.4%	37.6%
70-79	27009	17344	16.8%	16.9%	39.1%
80-89	15561	11094	9.7%	10.8%	41.6%
gt90	3723	2680	2.3%	2.6%	41.9%
Total	**160730**	**102753**			**39.0%**

Again, the results by age indicated that there was a significant difference in the proportions across the two years. ($p<0.001$) with the over 70s and under 40s having a relatively greater rate of consumption, with the 40-70 year age group seeing a decline.

Charts provided in the embedded powerpoint demonstrate this more clearly and the interdependency that exists between age and deprivation.

In summary, acknowledging confounding factors, this high level analysis would suggest that the UHBs approach to the management of outpatient attendances during the Covid-19 pandemic widened inequalities.

3.2 Exploring who used the digital channels to access services during Covid-19

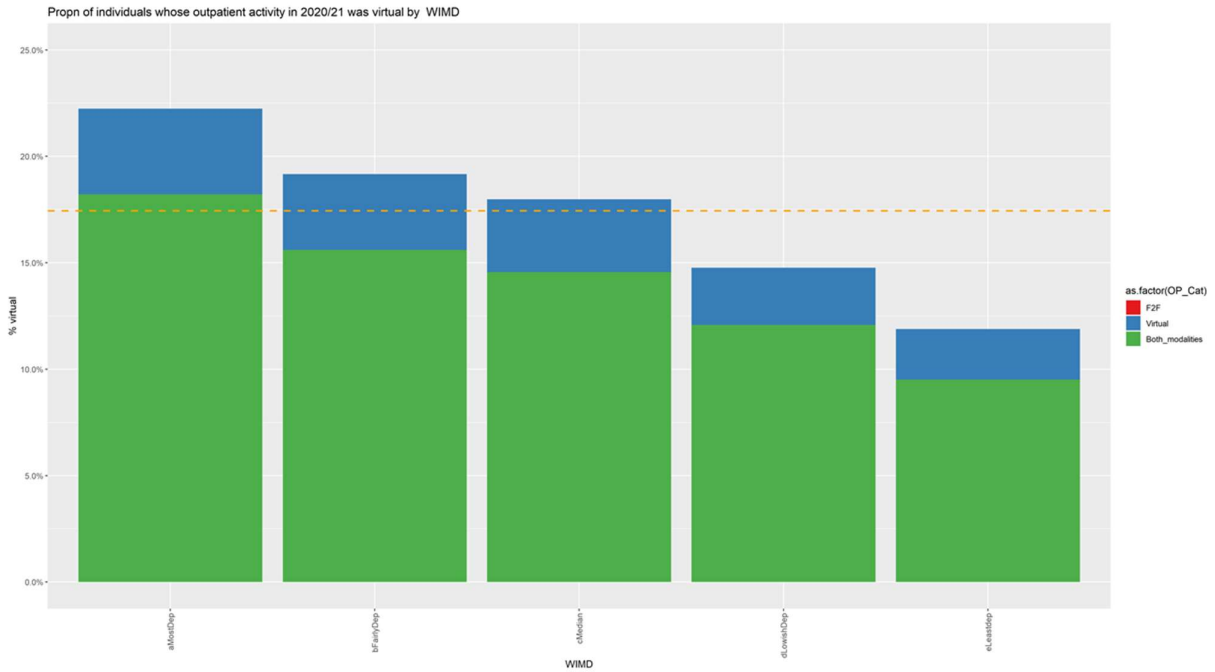
The table below shows how the 102,753 individuals, resident in CTM and aged 16+, accessed their 'outpatient consultation' in 2020/21. Delivery modality is categorized as being:

- virtual only,
- both Face to face & Virtual
- Face to Face only

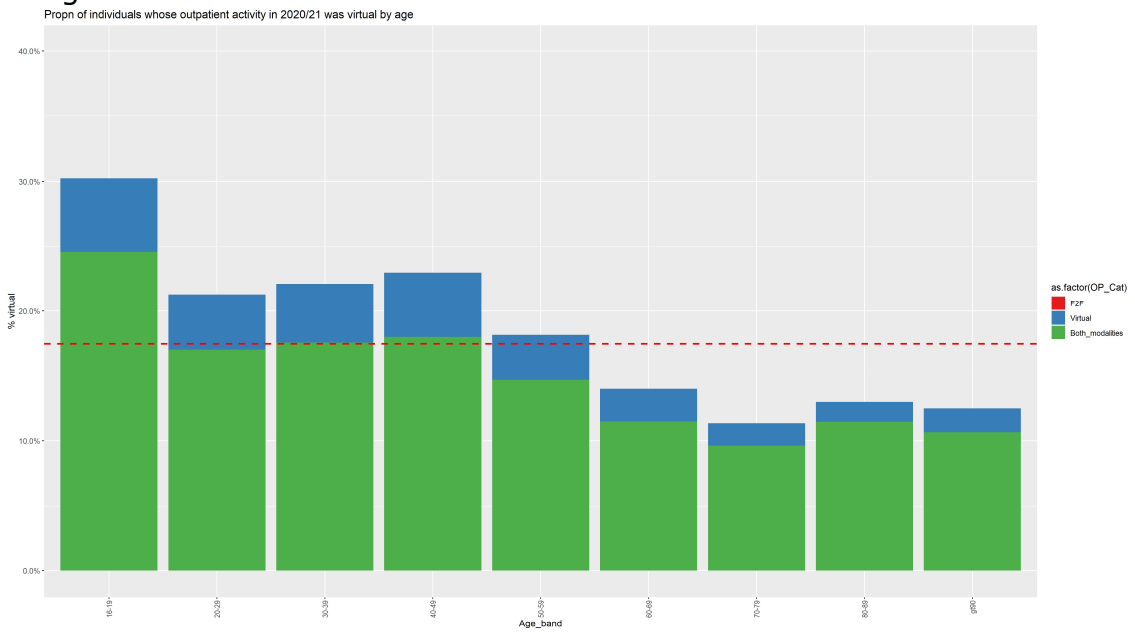
	Both_modalities	F2F	Virtual	Total	%_of_both	%_of_F2F	%_of_Virtual	%Both_of_Total	%Virtual_of_Total
aMostDep	3954	16882	873	21709	27%	20%	26%	18%	4.0%
bFairlyDep	3342	17312	764	21418	23%	20%	23%	16%	3.6%
cMedian	3074	17319	723	21116	21%	20%	22%	15%	3.4%
dLowishDep	2575	18162	571	21308	18%	21%	17%	12%	2.7%
eLeastdep	1636	15158	408	17202	11%	18%	12%	10%	2.4%
Total	**14581**	**84833**	**3339**	**102753**				**14%**	**3.2%**

In summary 5 in 6 individuals accessed their appointment(s) by face to face channels only, and only 3% used virtual only modalities.

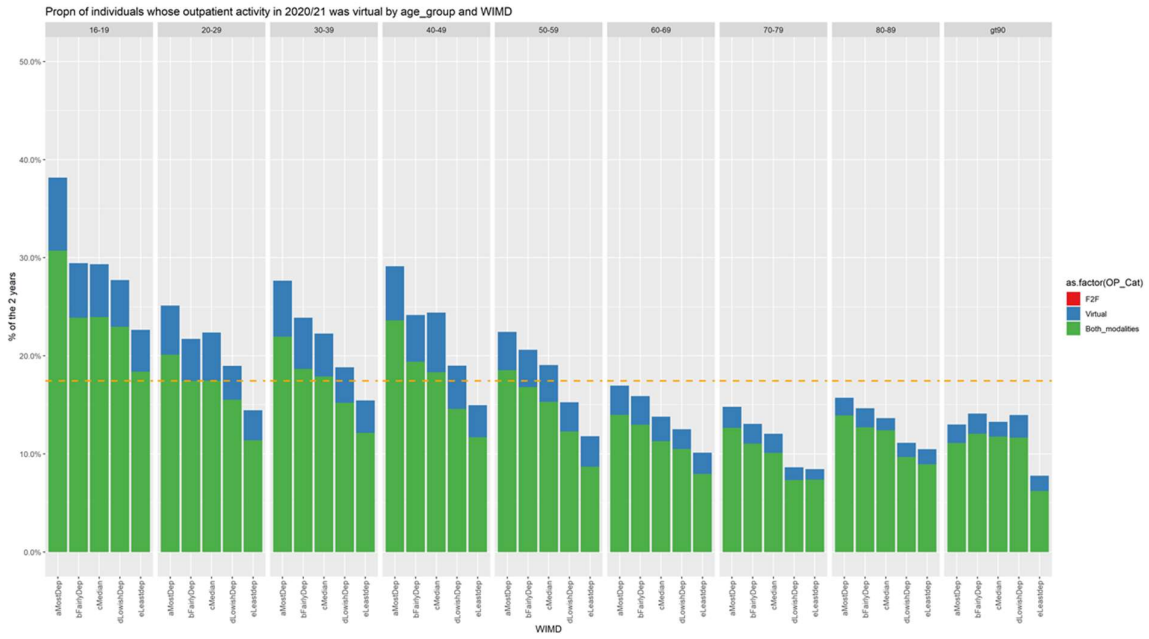
When looking at the access by WIMD quintiles 22% of individuals who resided in areas in the most deprived quintile of deprivation used digital channels to access, significantly above the CTM average of 17.4% (orange dashed line) and the 12% figure observed for the least deprived quintile.



Analysis of the use of digital by age group indicates that the younger generations are more likely to be offered, or take up the offer, of digital consultations, with the 'demarcation appearing to be at or around 60 years of age:



Possibly, the most interesting finding relates to the interaction between deprivation and age. As shown in the chart below we see that for every age decile use of digital was either offered to, or taken up most, by individuals resident in the more deprived areas of our population. This may suggest that digital may well be a possible way of improving the access to care for our most deprived areas, and the concept of digital exclusion needs to be carefully defined for our local population.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Alerts and notifications not being acknowledged Discrepancies between the paper and electronic maternity record Backlog in coding
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Report for noting
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.

Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	However funding to continue both infrastructure and Bridgend disaggregation are risks
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

The Committee are asked to:
NOTE the progress made in delivering the digital programme