

Primary care in the digital age: reducing inequalities of access

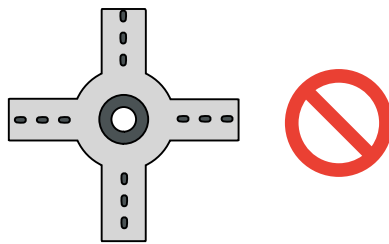
Findings from the Remote by Default 2 research study
Sub-study led by Francesca Dakin and Rybczynska-Bunt

UK general practice includes a complex network of organisations, people and technologies. Patients and staff must navigate this system to get and provide care, requiring new skills from everyone. This resource explains how technology can create and worsen inequalities in getting care.

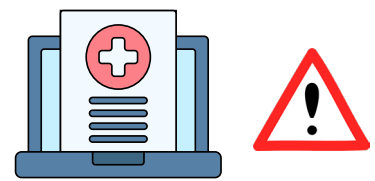


To get care in today's GP system, patients need to:

- Find and navigate services
- Clearly state their needs
- Advocate for themselves
- Work with staff and technology at various stages of the process.



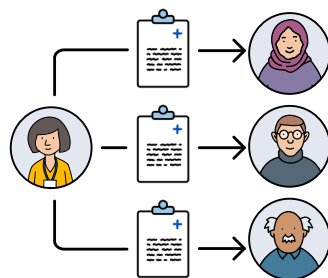
These **systems assume** people have certain **skills and abilities**, which limits who can use them effectively. Patients' ability to understand their health needs, access digital care, speak for themselves and navigate the system varies widely.



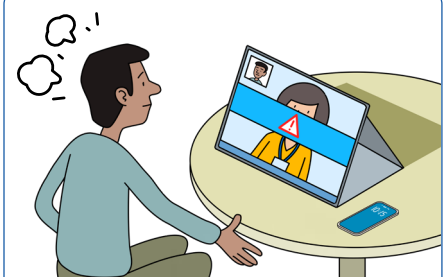
How well patients use these technologies affects how accurate their **digital copy*** is. People with low digital, health or system literacy are less likely to create an accurate digital copy of themselves, which may misrepresent their needs, lead to wrong care pathways or put them in 'safety-traps'.



Staff use the patient's digital copy to decide what triage or care they need but a good assessment depends on the quality of the copy!



Staff can use their knowledge of individual patients and the wider population to fill in gaps, help patients create more accurate digital copies and find those likely to have inaccurate ones.



Patients' experiences at the 'digital front door' of general practice affect how they engage with the healthcare system later. If they're told they're 'not eligible' for care once, it can affect how they assess their needs and look for help in the future.

* A **digital copy** is a representation of the patient, made up by information they provide through online forms, phone calls and their digital health record.

Learning summaries

For practice

- Digital access and triage depends on patients successfully using **technology to create a digital profile** that shows their eligibility for care.
- These **technologies assume certain abilities** which restrict who can use them and how.
- Some patients find them easy to use, which can **help staff quickly assess** simpler cases.
- However, the **assumptions these technologies make discourage some patients** from engaging with health services.
- Making access easier for some can hide the **struggles of those who find it harder**.
- **Long-term staff who know their patients** well can help overcome issues with digital access and inaccurate digital copies.
- Without careful design, **digital systems may worsen inequalities** and create new ones.
- These findings highlight the importance of **local approaches to designing and setting up multi-modal services**.

For policy

- **Avoid top-down mandates** for using specific technologies or methods. Give practices the freedom to decide what works best locally for their staff and patients.
- When investing in new technologies, **critically assess the research and development** behind the products, considering whose voices and needs might have been overlooked.
- Don't hesitate to **stop a technology or method** if it proves unsuitable for local needs.
- **Avoid measuring success** or efficiency solely on the use of these technologies.
- **Avoid making access and triage pathways too rigid**. Staff need the flexibility to creatively address issues caused by digital systems.



Other patient /
practice resources



More information
on this paper

Dakin F, Rybczynska-Bunt S, Rosen R et al. 'Access and triage in contemporary general practice'. *Soc Sci Med* 2024 (349): 116885.