



**What does South  
Warwickshire think of a  
Patient Portal?**



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## 1. Executive Summary

The ‘What does South Warwickshire think of a patient portal?’ engagement project was developed in partnership with Healthwatch Warwickshire and South Warwickshire NHS Foundation Trust (SWFT). It is broadly understood that a patient portal is a digital means by which to access health services. We were interested to hear from local people on what would be the most useful functions and what might prevent someone from using it. The outputs from this independent engagement will be fed back to SWFT ensuring that the patient voice is reflected in the design, development and implementation of a digital platform.

Healthwatch Warwickshire listened to and gathered views from 428 people over a four-week period running from November to December 2019. We produced a questionnaire (see appendix A) which was used online and in face-to-face engagement. The questionnaire was designed to capture as much feedback as possible about the introduction of a patient portal. The online survey captured 226 people’s views and our face-to-face engagement captured 202 people’s views.

Healthwatch Warwickshire found that overall, people were in favour of a patient portal with 71% saying that they would find it useful. Some of the reasons cited as to why it might be useful included that it could save time and be more convenient, it could store all information in one place including letters and booking appointments and could allow people to have more ownership of their health and medical records. 14% of respondents said that they would not find a portal useful; stating that they had problems with accessing computers and the internet, preferred ‘in person’ contact with services, or had concerns over privacy.

The findings of this report will inform SWFT in the future development of an online patient portal.



## 2. Background

### i. Who is involved?

[Healthwatch Warwickshire](#) is an independent organisation that was set up to listen to and champion the views of people who use, or may use, health and social care services in Warwickshire. As well as seeking views we also encourage health and social care services to involve people in the decisions that might affect them.

There is a Local Healthwatch in every Local Authority in England; Healthwatch Warwickshire is Warwickshire's Local Healthwatch. It is accountable to Warwickshire County Council Public Health, with Healthwatch England providing guidance and resources.

Healthwatch was set up by the Government in 2013 as part of the [Health and Social Care Act 2012](#), to ensure that people are at the centre of health and social care services such as; dentists, GP practices, hospitals, pharmacies and residential care homes.

The national network of local Healthwatch comes under the umbrella of [Healthwatch England](#), which is the national independent consumer champion for health and social care across the country and its role is to advise the Department of Health about concerns raised by local Healthwatch organisations.



Healthwatch Warwickshire, together with Healthwatch Coventry, recently carried out engagement work on the NHS Long Term Plan. Local NHS organisations were tasked to create a local plan on how the priorities set out would be delivered. Healthwatch Warwickshire and Coventry were asked to gather local views on what people thought should be prioritised in Coventry and Warwickshire.

We heard from over 800 people; one third told us that being able to talk to their healthcare professional, wherever they were, was the most important when it comes to interacting with the NHS. We also conducted engagement activities speaking to people about the role of digital technology, who told us the following:

- The internet is useful for finding information or booking appointments.
- Many people do not have access to computers, smart phones, or the internet.
- There were concerns that those not using technology would have a second-rate service.
- It would be good to have access to our own records and for information sharing between services.

[South Warwickshire NHS Foundation Trust \(SWFT\)](#) provides hospital services in South Warwickshire from four locations:

- Warwick Hospital
- Stratford Hospital
- Ellen Badger Hospital
- Leamington Spa Hospital

SWFT also delivers out-of-hospital community services to the whole of Warwickshire, serving a population of more than half a million from various clinics.

SWFT is part of the NHS and treats patients in accordance with NHS principles: healthcare that is provided according to clinical need, not ability to pay; that is free at the point of delivery; and meets the needs of everyone.

## ii. What is the project about?

South Warwickshire Foundation Trust (SWFT) asked Healthwatch Warwickshire to conduct focused independent engagement with patients and the public on the development of a patient portal. The development of a patient portal was in the [SWFT 2019/20 objectives](#), where it says:

*‘Working with our users, mobilise our digital strategy including a system-wide shared health and care record and **patient portal**’*

SWFT said that they would like to understand more fully the patient and public views on the development of a patient portal in South Warwickshire, asking Healthwatch Warwickshire to find out:

- What do patients/public see as priorities or the most important functions of a portal?
- What are the barriers to patients using portals; and what would stop them from using, or worry them about using, a portal?
- Is there anything else from a portal that we haven’t thought of that they’d want to see?

The aim of the project is to ensure that the public and patients of SWFT have been consulted on the development of a future patient portal.

### iii. What did we do?

#### Survey

A questionnaire was created (see Appendix A), and an online survey ran on Healthwatch Warwickshire’s website capturing 226 people’s views over a 4-week period. It was shared widely online including the use of paid promotions on Facebook, sharing on social media and through Newsletters/Mailing lists (see lists below). It was also promoted on Stratford-Upon-Avon’s Welcome Radio.

#### Mailing lists

- Healthwatch
- WCAVA
- SWFT

#### Facebook pages

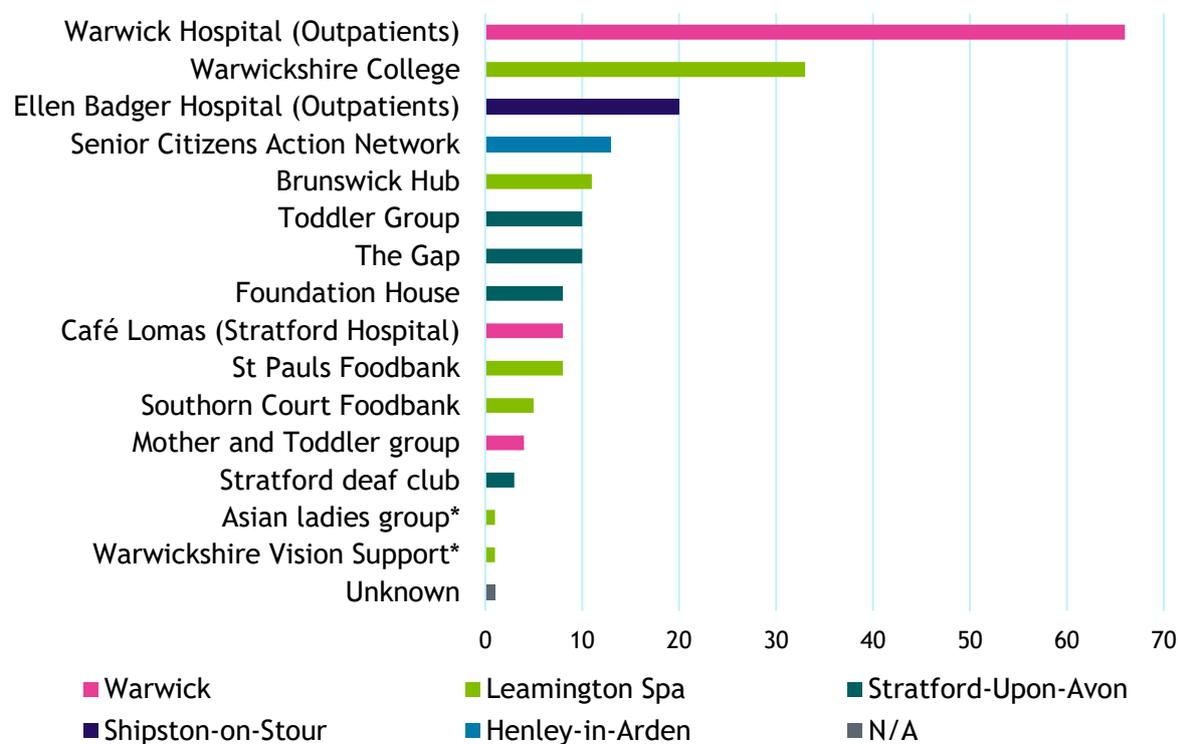
- SWFT page
- Stratford updates page
- Healthwatch Warwickshire
- WCC and PH pages

#### Facebook groups

- Alcester News
- Southam News
- Bidford Forum

#### Engagement

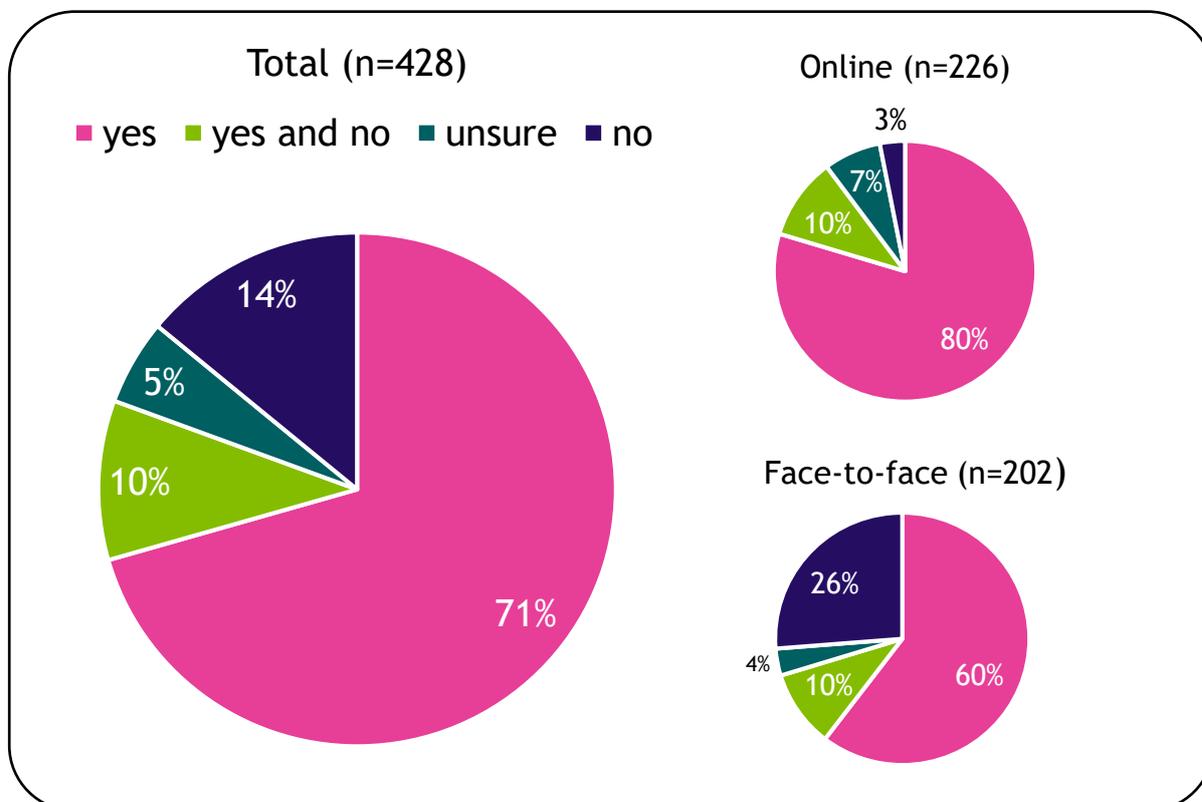
Through face-to-face engagement activity Healthwatch Warwickshire reached 202 people. A loosely scripted survey was devised from the questionnaire for Healthwatch Warwickshire’s engagement team to use, including logic and prompts (see Appendix B). We spoke to people at a variety of places/groups including:



\*these responses represent a larger group of individuals where it was impractical to complete multiple surveys.

### 3. Overview of results

We asked: “Do you think an online portal would be useful to you?”; the responses are shown below.



Overall, respondents thought that an online portal would be useful to them. There was some variance between views that were shared online and those captured face-to-face (Online 80% said it was useful compared to 60% face-to-face). The face-to-face groups which responded more positively to a portal were respondents at Warwickshire college, toddler groups and some of the respondents at food banks. Those less in favour of the portal were respondents at the hospitals, Asian ladies’ group and Senior Citizens Action Network (SCAN) group.

We asked respondents why a portal would or would not be useful to them and the reasons given have been summarised in the following pages.

## Why would you find a Patient Portal Useful?

To **save time, effort, and money**, to be a **quicker and more convenient** method of interacting with healthcare services; it could save time on phone calls, and there could be 24/7 access; to make tasks such as booking appointments or viewing results easier, which were felt to be particularly bothersome and time consuming.

*“It’s quicker and more convenient, I don’t have to wait on the phone and could do it anytime as with full time job in awkward hours it’s not easy to book appointments over the phone”*

**Having everything in one place** (such as results, letters, health records and appointment bookings), particularly for those with many hospital appointments to keep track of.

Preference for **online communications**; not having to speak to someone face-to-face; as a tool to connect with people if you were isolated and remote; as a helpful tool for those with impairments as well as having easy-to-read information or not having to travel.

**Access to a Hospital directory**, being able to contact departments and clinicians, and enabling better communications between hospitals.

**Having ownership of your own health** and being able to update your own records.

**Live updates and notifications** on waiting times, parking, and so on.

Having the ability to have **3rd party access**, such as family or carers being able to use the portal to manage the care of their family member/cared-for person.

*“We conduct everything else in our lives online these days so the healthcare system needs to catch up”*

## Why wouldn't you find a Patient Portal useful?

**No interest or no current need.** Many expressed that whether they would find a portal useful would **depend on what it could do.**

**Difficulties in accessing computers/the internet.** Not owning or knowing how to use a computer or the internet. Issues of costs, rurality and age were associated with this.

*“Don't know how to use online type things, don't own a computer”*

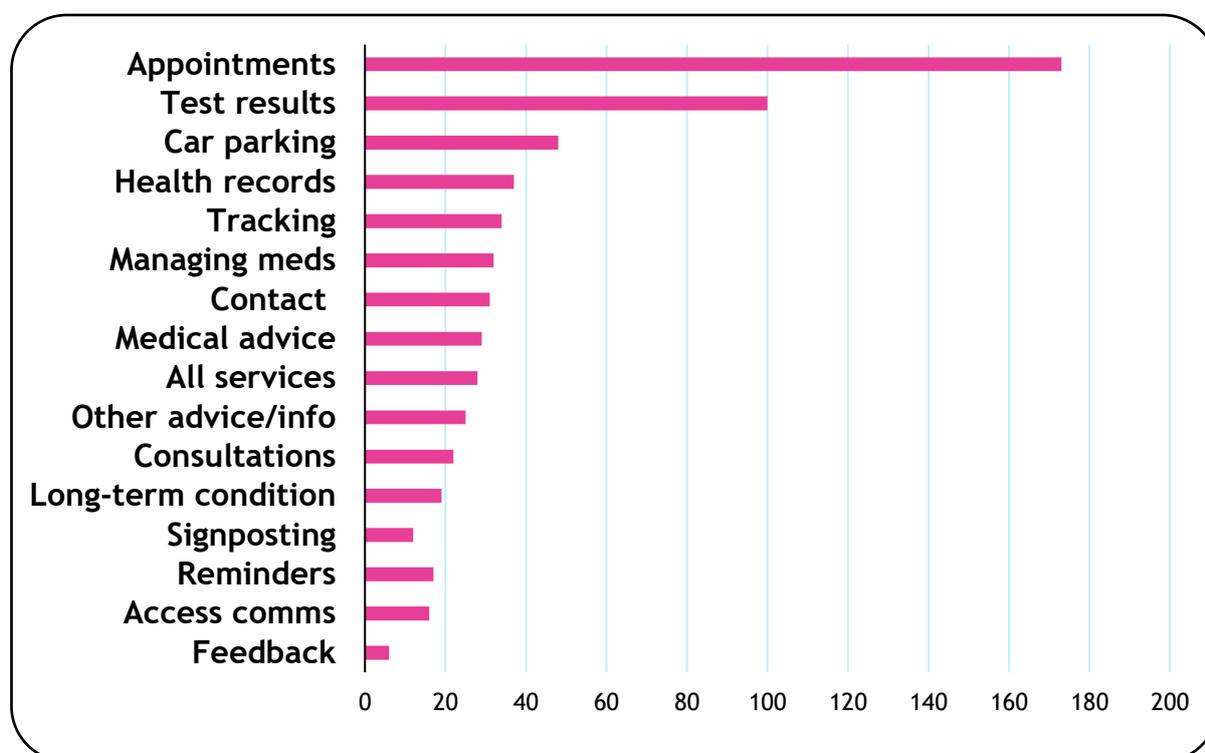
**Preference for 'in person' communications, such as face-to-face** (or written communications like letters). The reasons given included explaining 'complex situations', being listened to and able to get answers, a more personal service (for loneliness and reassurance). There was a fear of a digital platform resulting in a reduction of face-to-face services, that an app would be too complex or become a holding board. Again, impairments or language affected preference, for instance, some people with deafness said they might struggle to use a portal.

*“It will result in a less personal service. Even when querying something like upcoming appointments it is comforting to be able to speak to a person rather than just clicking a button.”*

**Privacy concerns,** respondents were concerned about hacking or information leaks, expressing unease at having personal information either not being held by the NHS, or simply online in any capacity and not wanting to use a shared computer for this reason. There were also concerns that if there were 3<sup>rd</sup> party access permissions then family members or carers could access information the patient would prefer were private just to them. 3<sup>rd</sup> party access was also regarded as a positive when it came to reasons why people would find the portal useful.

### i. What do the public see as the most important functions of a portal?

The graph below indicates the number of responses we got on different potential functions of a portal. These are described in more detail below.



- **Appointments**, and more specifically **booking appointments** was by far the biggest theme. This was followed by **managing appointments** (such as *changing, cancelling* or simply *checking various appointment information*), and having **appointment reminders**.
- **Reminders**, notably in the form of *notifications (i.e. through an app or text)*, was a particularly pervasive theme. Respondents said it would be good to have reminders for several other features such as *notification of test results, whether clinics were running on time, or car parking* in addition to appointments.

**Managing medication** such as *reordering/ repeat prescriptions*

- **The receipt of test results** (e.g. blood tests and x-ray) as well as *being able to do something with these results* (e.g. receive recommendations or book follow up appointments). Being able to share these results between different services to assist with the *communication between hospitals* was also suggested by several respondents. However, a small number of respondents mentioned that some results you might not want to receive via an online portal.

- Respondents not only wanted to view results, but their entire **health record** all in one place in order to *keep track* (this included notes/correspondence or a timeline of appointments, tests and records). Again, it was felt useful to be able to show their record to others such as health professionals and for it to be *shared between GPs and hospitals* in order to improve communication.
- In terms of **communication** with healthcare services respondents thought of several different uses including:
  - **Consultations** (via *webchat* or *video consultations* were two popular suggestions).
  - **To email or to contact specific clinicians or departments** (perhaps with a *general question about a Long-Term Condition* or *logging a concern*).
  - **Providing information such as updating personal data and giving feedback or making complaints.**
  - People also wanted **access to their communications** including letters, discharge summaries and to have the ability to print these out or receive hard copies.

**There were several comments about getting help in managing a Long-term condition:**

- Receiving advice/ information
- Contacting a health care professional
- Sharing results

- Respondents wanted **access to advice and information:**
  - **Links to medical advice and information** from trusted sources of information (such as from NHS or other trusted bodies)
  - **Signposting** to, and information on, a variety of services (including local groups and mental health and wellbeing services and support)
  - **‘111’ type advice.** Much of the advice/information people said they wanted fell into this category: diagnoses, being told who to see/ where to go/ enquiring about something that it wasn’t felt required an appointment.
  - There were also other suggestions (**other advice/information**) including: *‘what to expect’ information* and *hospital maps, directories, and general information.*

**Car parking functions** such as booking, payment and information and advice

- Several other function ideas related to live updates (**tracking**):
  - Most commonly was **monitoring waiting lists**, perhaps for *specific departments/services and one's position on a list*
  - In addition, current **waiting times** for services such as A&E or walk in or clinics.
  - Other suggestions included: **Monitoring referral status, complaints progression, and news updates on ward closures and visiting times, car parking availability, and if test results have been received by a clinician.**
- Overall there was a suggestion that the portal should be 'linked up' with **all services**, for instance *GPs, social care, mobility services, other hospitals* with many wanting to be able to make **self-referrals** through a portal.

## ii. What are the barriers to patients using portals and what would stop them?

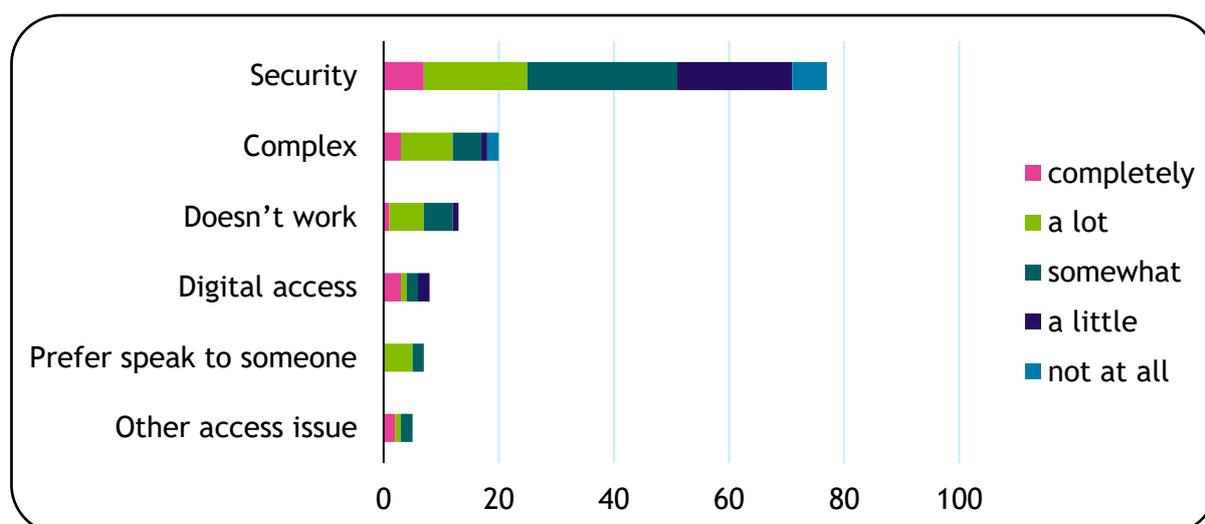
Healthwatch Warwickshire asked respondents what barriers might prevent them from using the portal and how they might be overcome. Respondents were asked:

- What would concern or prevent you from using a portal?
- What would help or encourage you to use a portal?

Whether people initially showed support for a portal or not, both groups equally told us about their worries and concerns. In addition, more suggestions to help or encourage the use of a portal came from those who initially said they would find it useful. For example, when we asked, "Is there something that might help or encourage you to use a portal?", of those 46% who answered 'yes', 84% came from those who considered the portal useful.

The top suggestions for both questions are shown in the graphs with an indication of the strength to which respondents felt like their using a portal would be hindered or helped by these factors.

## What would concern or prevent you from using a portal?



### 1. Poor security/confidentiality/data protection

- Personal information being disclosed (i.e. 3<sup>rd</sup> parties)
- Needs to be 'hack proof'

### 2. Complex/confusing

- Complex log on
- Difficult to find what you want

### 3. Not working/crashing/unreliable

- Information not saving or being deleted
- Messages not being picked up/responded to quickly

### 4. Digital access issues

- Not having or can't use internet/computer

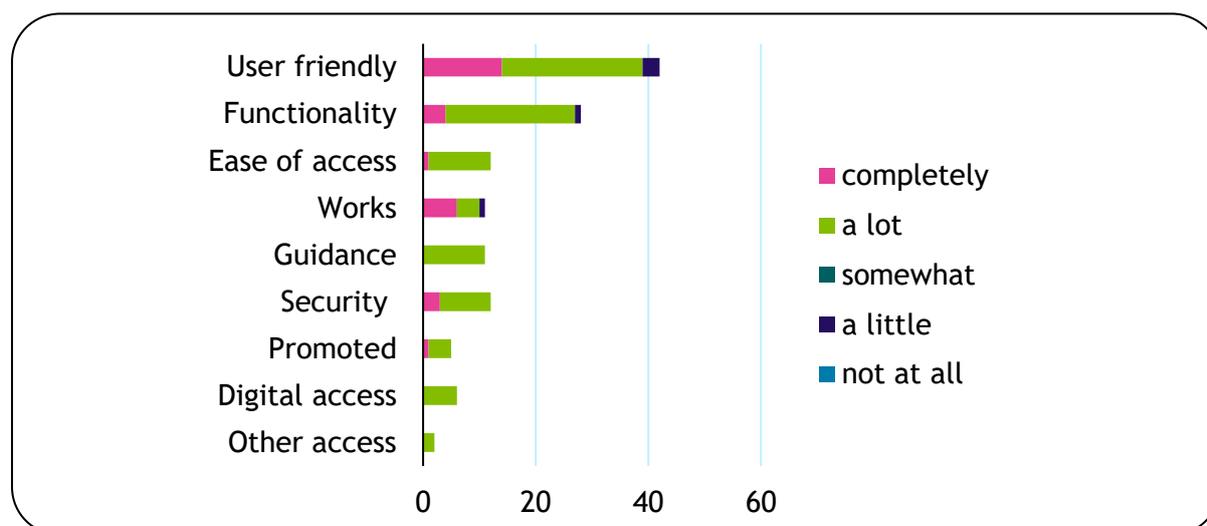
### 5. Preferring to speak to someone

- Lack of personal contact
- Concerns about reduction of face to face services
- Results

### 6. Other access issues

- Patients who have illness/disability

## What would help or encourage you to use a portal?



### 1. User friendly/Easy to use

- Simple and Clear
- No jargon

### 2. Ensures useful functions

- Streamlined and efficient
- Range of useful functions (as described on page 9)

### 3. Ease of access

- Compatible with all computers, tablets and mobile/an app
- Convenient
- Not a complex registration process

### 4. Confidence that it works/is reliable

- Help available if it doesn't work
- Tested and implemented well

### 5. Guide on using

- Training sessions (i.e. GP surgeries or tutorials)
- Clear information about how to use it

### 6. Reassurance that it is a secure site

- Guarantee of confidentiality
- Convinced it is safe/password access

### 7. Promoted

- Awareness raising
- Advantages demonstrated

### 8. Digital access

- Being able to use it/having access to internet/computer
- Privacy using elsewhere (e.g. library/GP)

### 9. Overcoming access issues

- Patients with disabilities or literacy problems

### iii. Is there anything else from a portal that we haven't thought of?

We asked people if there was anything else that should be 'kept in mind' when creating the portal. Many of the main themes have been covered include **Security, User friendly, Easy to access, and Accessibility (considering the barriers)**. Here are some extra things people told us throughout the survey and engagement:

- It should be easy to find online
- People of all ages and abilities could use it
- Able to opt out (due to security concerns or not having access)
- A choice for those who either didn't have or couldn't use the internet
  - Access it elsewhere
- Consider other barriers from the start:
  - non-English speakers
  - disabilities or illiteracy (colour blindness options/screen readers for the blind/follow dyslexic guidelines/large or variable font size)
- Data should not be shared outside of the NHS
- A balance between simple log on and security concerns
- A fully vetted system
  - Not crashing or being slow and access to IT help when things didn't work (some respondents talked about their negative experiences with Patient access)
  - Should be piloted or tested
  - Room for expansion
- Being able to book transport and interpreters through the portal

## 4. Conclusion and recommendations

### What Healthwatch Warwickshire found from its survey results and face-to-face engagement sessions

From the online survey and face-to-face engagements, HWW has found that patients are generally in favour of the idea of a digital portal for health services. The greatest perceived benefit is seeing one's own data (test results, appointments, reminders) although the largest barrier to adoption is the fear about data security. Those who were favourable to the idea appeared to be more willing to overcome obstacles than those who were more sceptical. Inclusivity is therefore a key issue in the design and operation of the future digital portal. These findings are similar to work conducted by other Local Healthwatch which looked into how individuals used online resources to manage their healthcare (see further reading).

As with any engagement there are limitations in both the design and implementation. Some of these and our mitigation efforts (in brackets) are listed below:

- Time and resources (used online tools to obtain responses quickly)
- Limited engagement with under-represented groups (used translator services in order to communicate)
- Data segmentation (did not analyse data by other factors such as age, income, ethnicity etc.)
- Survey questions vague (a design choice to allow patients not to limit their responses and ideas)
- No thorough benchmarking performed (this report includes, where necessary, recommendations and observations based on HWW knowledge and wider experience)

### Recommendations

As a result of our online survey and face-to-face engagement Healthwatch Warwickshire recommends that the following is taken into consideration when designing and developing a digital portal for patients:

1. Ensure that the digital portal is **easy to use**. Map out some of the key functions desired and the core information that would be required for those to operate.
2. Ensure that **accessibility is considered**. The digital portal should be accessible to everyone who wishes to use it. Consult with specialists in accessibility.
3. Healthwatch Warwickshire is aware of other digital portals already in operation in some hospitals. As part of this portal's development, HWW recommends gathering information about **best practices** from other digital portals to inform its development.

4. Design a **demonstration portal** inviting patients and the public to ‘test’ the future platform and its usability and functions. Future engagement could be considered with a clear list of functions.
5. Ensure that the introduction of the digital portal is **clearly communicated** with the public and patients, and that **training is available** for those who wish to take that up. Working with key partners such as GP’s, Councils and Community Hubs to deliver the training on how to use the portal. Providing a variety of ways for people to access training.
6. Ensure that those who do not wish to engage with the digital portal are given the **same opportunities to access healthcare services**.

These recommendations are in line with the values that Healthwatch Warwickshire promotes as part of its core day-to-day work in listening to, and promoting patient voice; and ensuring that the patient/public voice is considered in changes that will affect them.

## Further Reading

- [Young people and digital healthcare- Healthwatch Central West London](#)
- [Have your say: digital health- Healthwatch Cumbria/Lancashire](#)
- [Digital Project: Healthwatch Torbay](#)
- [Good practice example- University Hospital Birmingham](#)
- [Healthwatch Warwickshire Long Term Plan report 2019](#)
- [Healthwatch Warwickshire Wellbeing Report 2019](#)