



<b>Report Title</b>	<b>Young People's views on technology and healthcare</b>
<b>Organisation</b>	<b>The Bolton Engagement Alliance</b>
<b>Dates:</b>	<b>April 2017 (report June 2017)</b>

### Acknowledgements

Healthwatch Bolton and Bolton CVS would like to thank service users and staff at The Parallel for sharing their views and experiences.

### Disclaimer

This report relates to verbatim comments gathered during the time of our visit. All comments have been added to Healthwatch Bolton's databank of patient comment.

### Strategic drivers

- To understand the views of the young people who use The Parallel Services on the uses of technology in health services.
- This report forms part of a wider piece of work eliciting Young People's views on the organisation of Primary Care and Neighbourhood Hubs.

### Background

The Parallel was chosen as a site where we could engage young people who are active users of health care services. The Parallel is a free drop-in service sexual health service for young people living in Bolton. Young people can attend from age 11 up to the age of 19. The aim of The Parallel is to offer a safe and confidential service to discuss health concerns or worries.

## Topics/Themes

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***Young People; Primary Care; Telehealth; Social Media; Skype Consultations; Text Services; Electronic Care Records***

### Who we spoke to

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A total of 21 Semi structured interviews were gathered from 2 drop in sessions and one appointment session at the Parallel.

- Age - majority of participants were 16/17 (85%).
- Gender - a third of respondents were male and two thirds female.
- Ethnicity - most of those taking part identified themselves as White (92%).

## Method

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Experienced field researchers used a set of 18 semi-structured questions in interviews with those accessing The Parallel.

Respondents were asked to give their views about the services offered to young people, at both The Parallel and within the local area. Three general areas were covered by the questions:

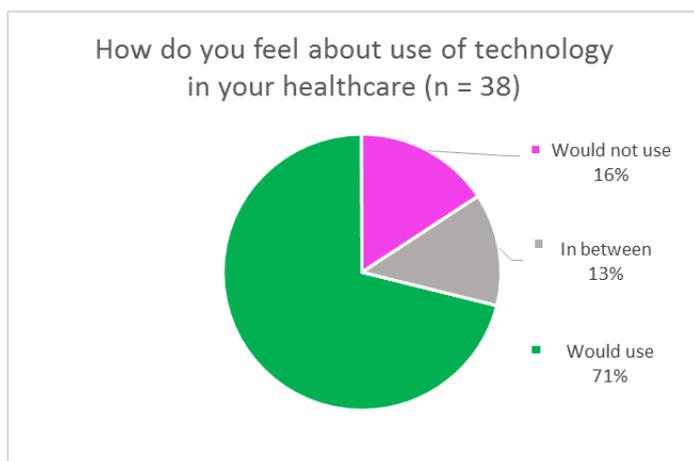
- Preferred practitioners.
- Views on location/timing of services.
- Thoughts on the acceptability of technology in healthcare.

Responses were recorded verbatim alongside the questions asked, This snapshot will look at young people's views on the acceptability of technology and health.

The topics covered are general views on technology and health, the potential use of Skype, Instagram, and text messages, and the use of electronic patient records.

## Analysis and Comments

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'I wouldn't mind getting test results by text'

'Getting results of tests by texts is ok but I wouldn't use Skype for any health appointment'

'No to skype, yes to texts'

'I wouldn't use Skype'

'I wouldn't use skype for health appointments'

'I don't think I would use skype I prefer to be seen in person'

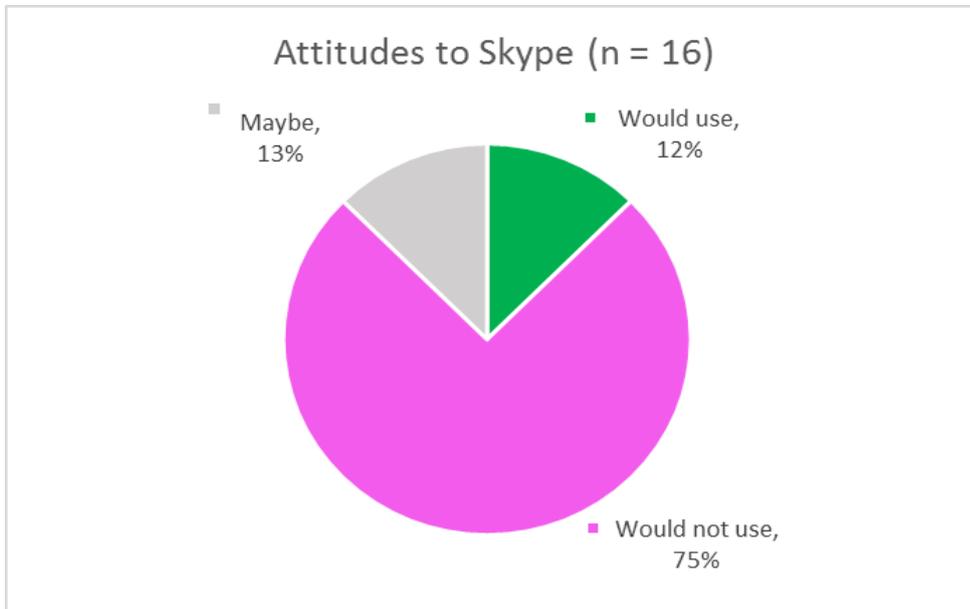
'Test results by text – I heard about a case where they'd sent it to the wrong person which could put us off'

'Electronic patient records – we are happy with that as its more up to date information'

'I feel electronic records are secure; access means that only (your information) is password protected and I would be able to look at them'

'I think electronic patient records are a perfect way to keep things. Seems safer'

- When asked about technology and health, there was a clear message that respondents did not wish to use Skype for consultations.
- However, young people were willing to try using text messages for passing on information such as test results.
- There was also support for use of electronic patient records.



'No I wouldn't use Skype to speak to people - it's weird - I hate speaking to people on the phone.'

'I'd rather see people in person.'

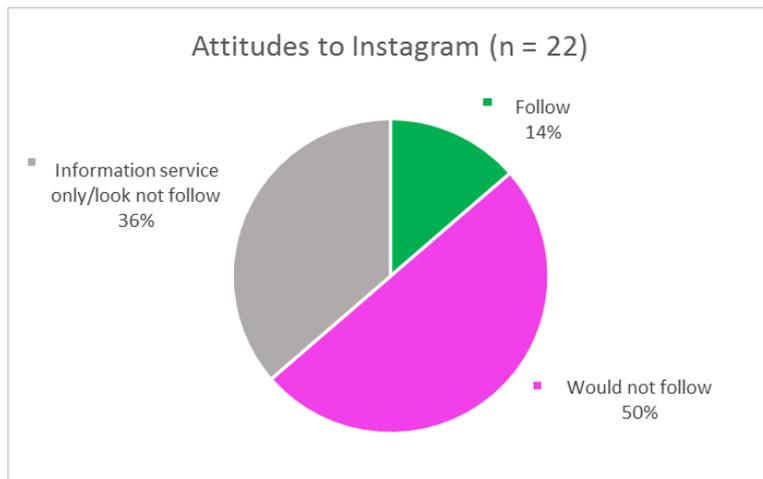
'I would rather come in person. Wouldn't use Skype; I wouldn't feel it was as confidential.'

'There's no point (to Skype) - if you need to be seen you'd have to come in.'

'No I would rather visit in person than use Skype; I wouldn't use Skype as you don't know who's listening.'

'I believe skype would be a great idea as individuals dealing with mental health problems can talk to health professionals when they really need to.'

- Scepticism over possible use of Skype for interactions.
- Irreplaceable nature of face to face appointments and also trust, as key issues.
- Smaller number did think it could be useful; for the speed of use.



'Instagram – what you supposed to talk to them about? Messages could be hacked. You could be waiting a long time and the advice might be to come in anyway.'

'I wouldn't follow an Instagram page as other people can see who you follow. I might have a look at it though.'

'If they did have an Instagram account it should have useful facts as that's an easy way to get hold of information such as clinic times etc.'

'If they had an Instagram page it should have opening times useful information, etc. but no photos.'

'If they had Instagram it should include advice, facts, clinic times.'

'I would follow an Instagram page. I think there should be information on contraception, and information that interests people about lifestyle etc.'

'Maybe (I would use Instagram), it depends what was on it. I wouldn't want our photos on it.'

- Similarly to Skype, Instagram is not desirable if it has any effect on confidentiality.
- However, there was willingness to see Instagram used for purely information purposes - as long as there was no need to 'follow' the page openly.

## **Conclusions**

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### **Privacy and Confidentiality**

Parallel service users are particularly susceptible to the concepts of privacy and confidentiality. Their views on the use of telehealth technologies reflect this.

- The possibility of using Skype clashes with key importance attached to confidentiality, privacy and anonymity – it should be noted the young people were worried about who might be listening in to their conversations should they Skype in from home, for example.
- There were some worries over privacy regarding the ‘following’ technologies available on social media (who in your network can see that you are following certain people/sites) so there were reservations around the use of Instagram.

### **Speed of Response**

There were some comments relating to speed of response in relation to use of tele health technologies.

- Skype was seen as positive as it could speed up the time between requesting and receiving a consultation.
- Broader social media, such as Instagram, was seen as less responsive in terms of speed of response.

### **Information Giving**

There was support for the use of technology for ‘information giving’ communications (providing the confidentiality/privacy conditions are met by the choice of technology). This encompassed;

- Support for use of text for giving test results.
- Support for the use of Instagram for giving out/ sharing service information (e.g. opening times)
- Support for the use of electronic records as a way of sharing information between professionals

### **Face to Face Interaction**

Parallel service users valued face-to-face interaction with regard to their relationship with health professionals.

## **Recommendations**

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**These recommendations are general but will be of specific interest to those involved in commissioning, purchasing and delivering technical and digital solutions and innovations across the Health and car economy.**

Parallel service users are universally from the tech native generation. Their responses to the questions in this research come from a point of knowledge and familiarity with the available technologies and provide an interesting level of insight on the subject of ‘What Media for Which Message?’

- 1) Commissioners and providers would do well to engage with the subtleties of this question in order to ensure that;**
  - **the pros and cons of specific technologies are properly understood from a service user perspective prior to commissioning/purchasing decisions being made.**
  - **the most appropriate technologies are introduced for specific tasks.**
  - **the workforce is sufficiently skilled to a) adapt their practice to the strengths and limitations of the available technologies b) to choose the most appropriate technologies for the relevant tasks and c) appreciate, and therefore mitigate against, the actual or perceived problems associated with the technology / task dichotomy.**