

Digital Kiosks Survey

Research Report

07 September 2021



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Digital Kiosks Survey

03

BACKGROUND &
SAMPLE PROFILE

09

USE OF URGENT
CARE SERVICES

18

REACTIONS TO
DIGITAL KIOSKS IN
URGENT CARE
UNITS

29

SUMMARY &
CONCLUSIONS

Research Method

Fieldwork dates: 21 August – 5 September 2021

Online survey emailed to all 1,203 current members of the Staffordshire People's Panel

Emailed out invite:	1145
Bounced back:	53
Unsubscribed:	20
Opened the survey but did not complete:	112 (mainly from text out)
Completes:	172 (15% response rate)

Responses:

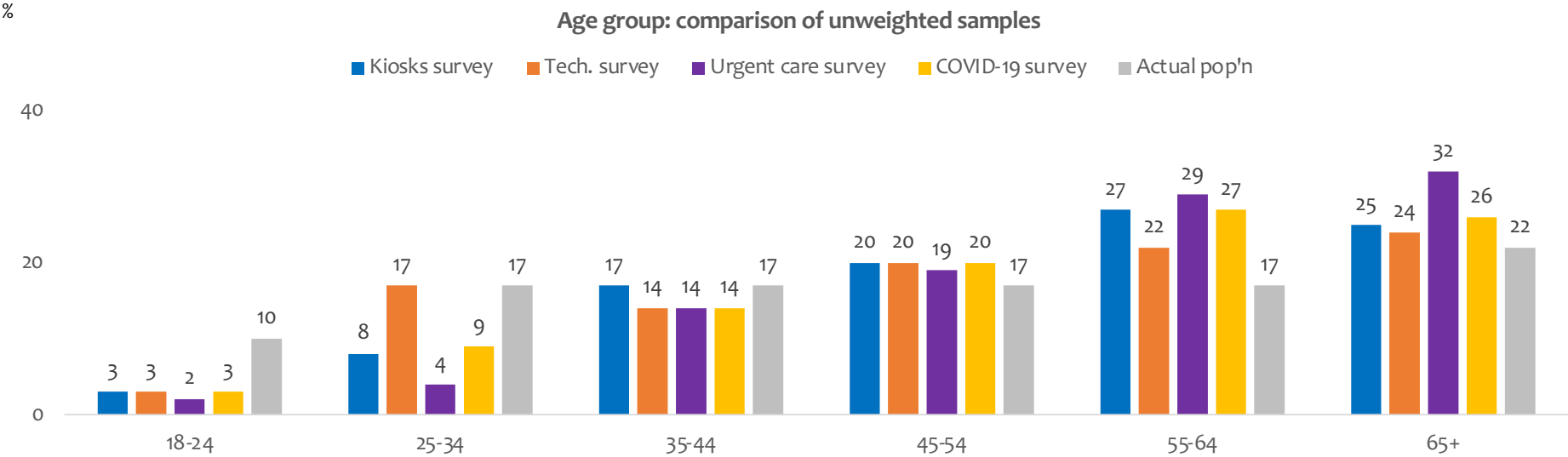
Initial Mail Out:	66
1 st Reminder:	32
Text out:	20
2 nd reminder:	20
Final call:	34

Plus 17 conducted face-to-face during recruitment of new Panel members = 189 total completes

NB: Despite sending out an additional reminder, plus a personalised text to all those we have a mobile number for, the response rate was disappointing – might be at least partly due to survey timing (peak holiday season). Panel engagement also needs to be built up again following the 3 months when we had no contact with Panel members (mid May – late August)

Age group

- The sample for this Kiosks survey was very similar to the previous 2021 surveys in terms of age profile, with a skew towards the older age groups
- In terms of overall representation, we're still getting low responses from the under 35s.
- The sample size is however too small to allow reliable weighting and so all results are unweighted.



Base: Total Sample (263 Tech Survey)

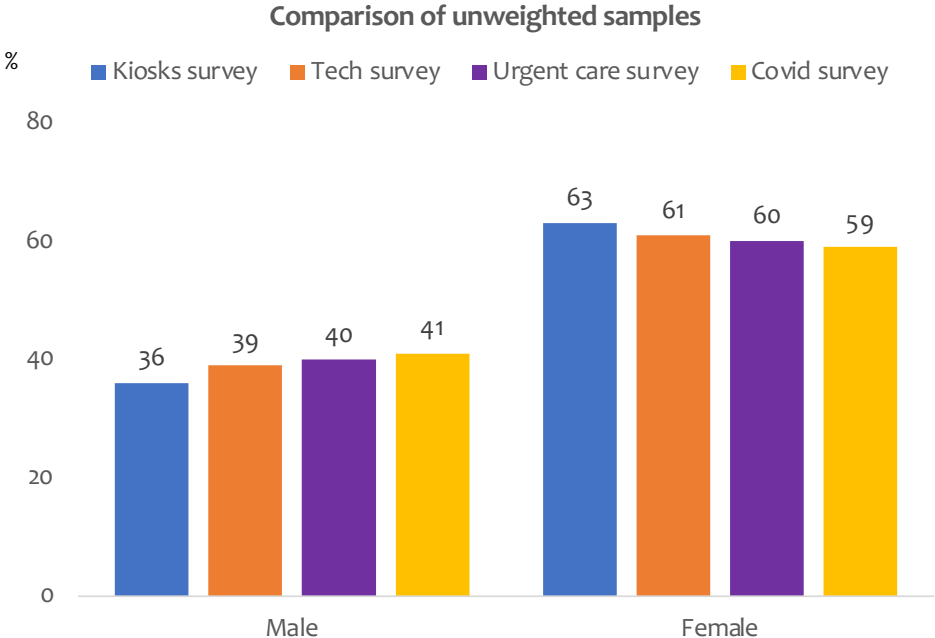
(176 Urgent Care)

(238 Covid Survey)

(189 Kiosks Survey)

Gender

- The sample for this survey was exactly the same as previous surveys in terms of gender profile – the majority again being female
- NB 55% of Panel members are female



Base: Total Sample (263 Tech Survey)

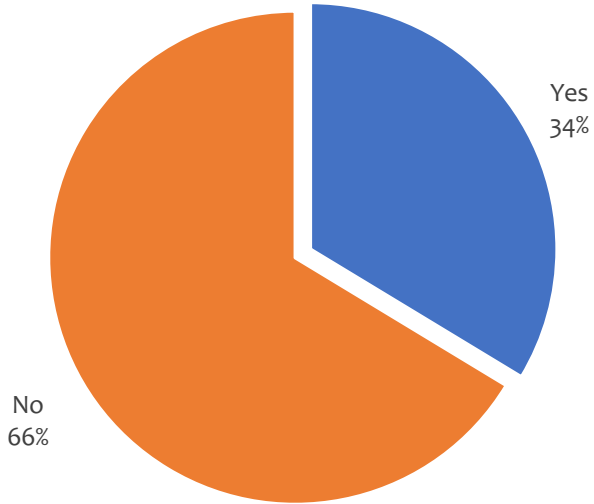
(176 Urgent Care)

(238 Covid Survey)

(189 Kiosks Survey)

- One-in-three survey participants again have children living at home (as has been the case across all 2021 surveys)

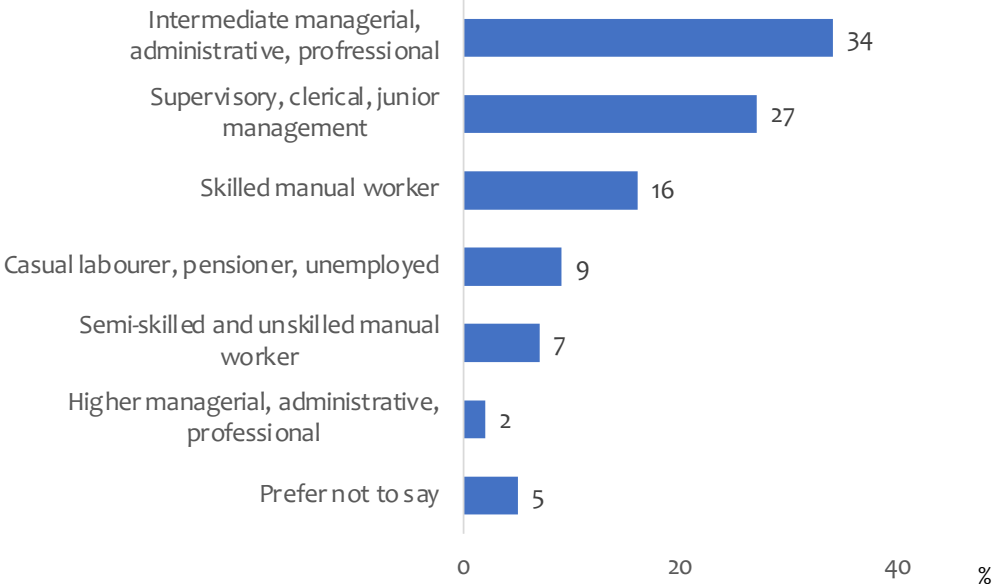
Do you have any children of any age living at home?



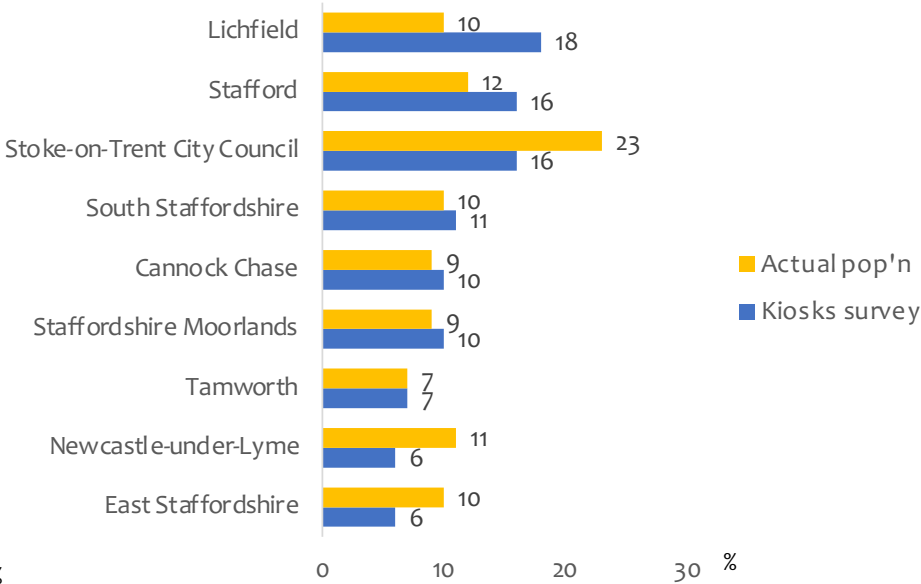
Social grade

- We again have a skew towards the higher social grades
- But a good representation by district council area, other than Lichfield being slightly over-represented and Stoke-on-Trent under-represented.

Employment status/social grade



Which local council area do you live in?

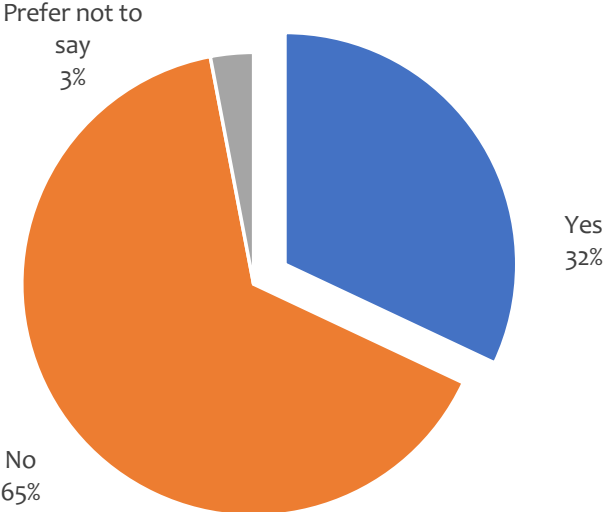


Base: Total Sample (189)

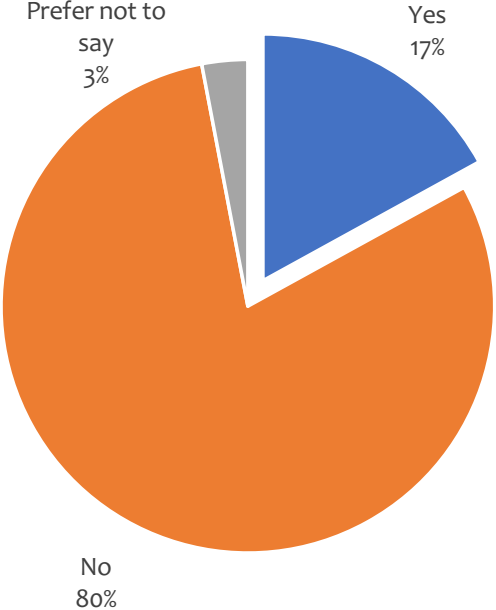
Vulnerable groups

- One-in-three people had some form of health condition (which is slightly more than for previous surveys)
- And 17% receive some form of benefit

Do you have any physical or mental health conditions or illness?



Do you receive any benefits?



%

Base: Total Sample (189)

Detailed Findings



Use of Urgent Care Services

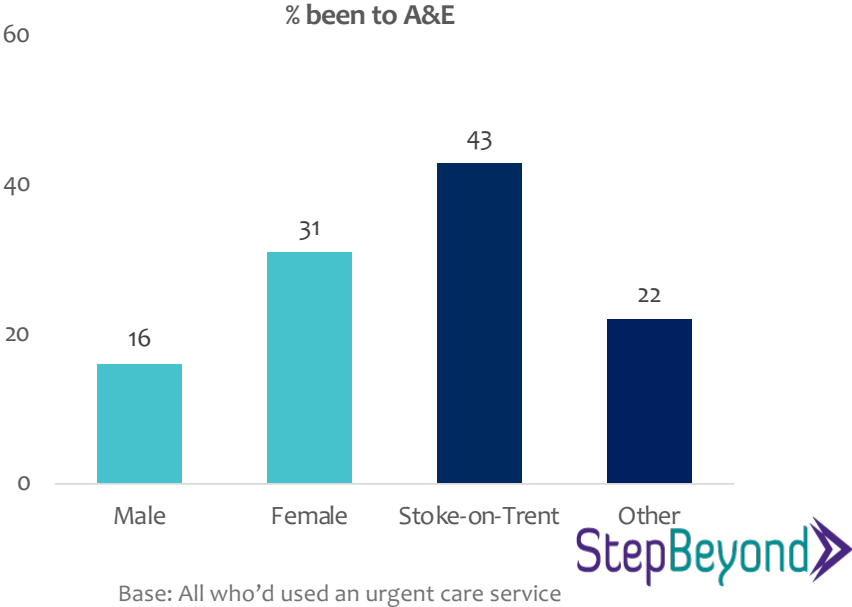
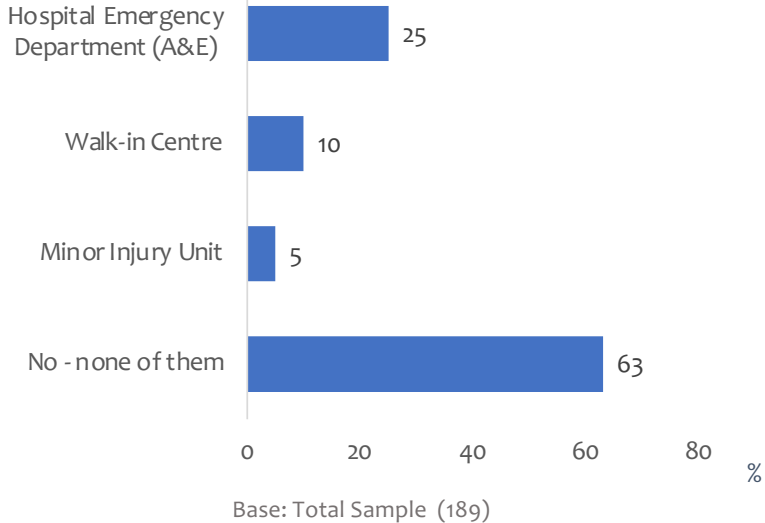


Use of urgent care services this year

- One third of Panel members had used at least one urgent care service this year. This corresponds with the Urgent Care survey conducted earlier this year.
- Most commonly they had used A&E. However, usage of Walk-in Centres and MIUs come to the same percentage when combined.
- Again, these figures are very similar to those found in February.

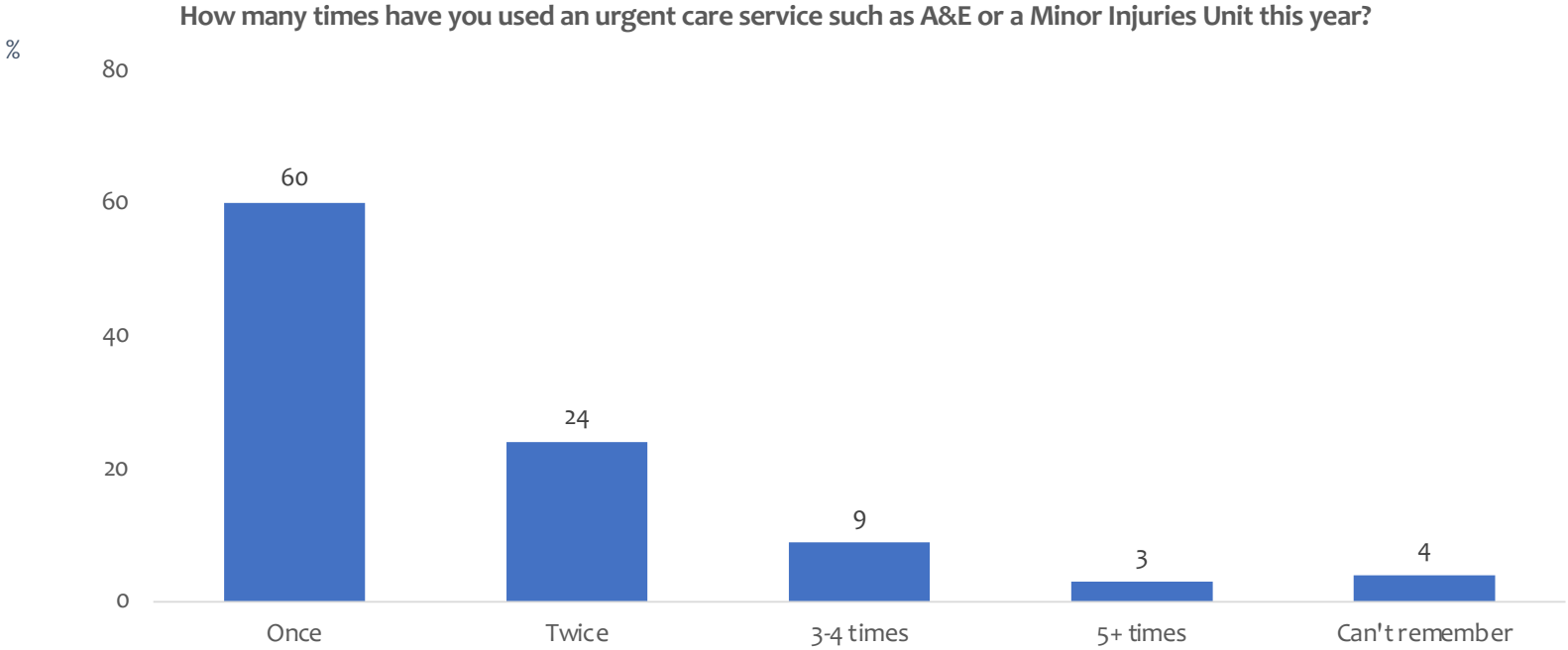
- Notably, women seem more likely than men to have been to A&E and the percentage going to A&E is **twice as high** in Stoke-on-Trent as elsewhere.
- Also, younger people are **much** more likely to have been to a Walk-In Centre than their older counterparts: 22% of under 45s have been to one vs only 4% of over 45s

Have you, or has someone in your household, used any of the following urgent care services this year?



Use of urgent care services this year

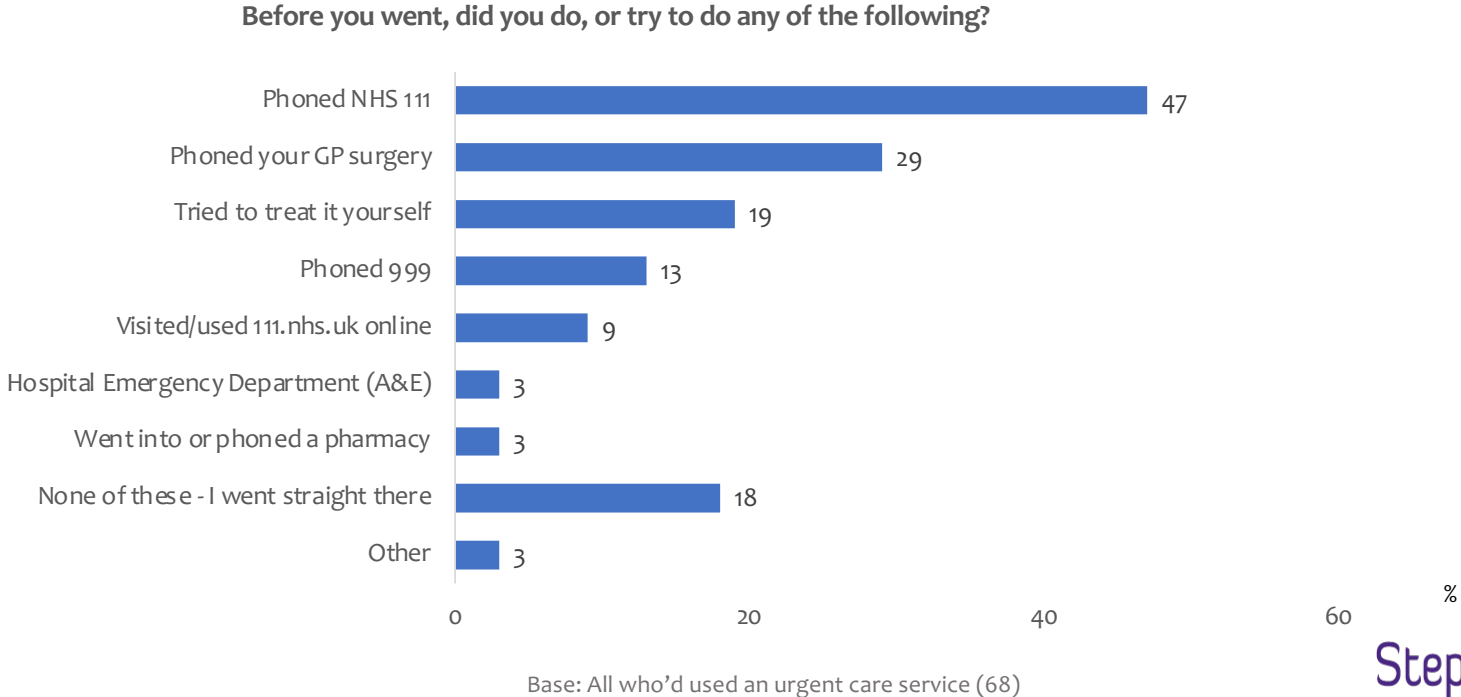
- Six-in-ten of these people had used an urgent care service only once this year, but the remainder had used one more often
- There were no significant demographic differences in frequency of usage.



Base: Used at least one service (68)

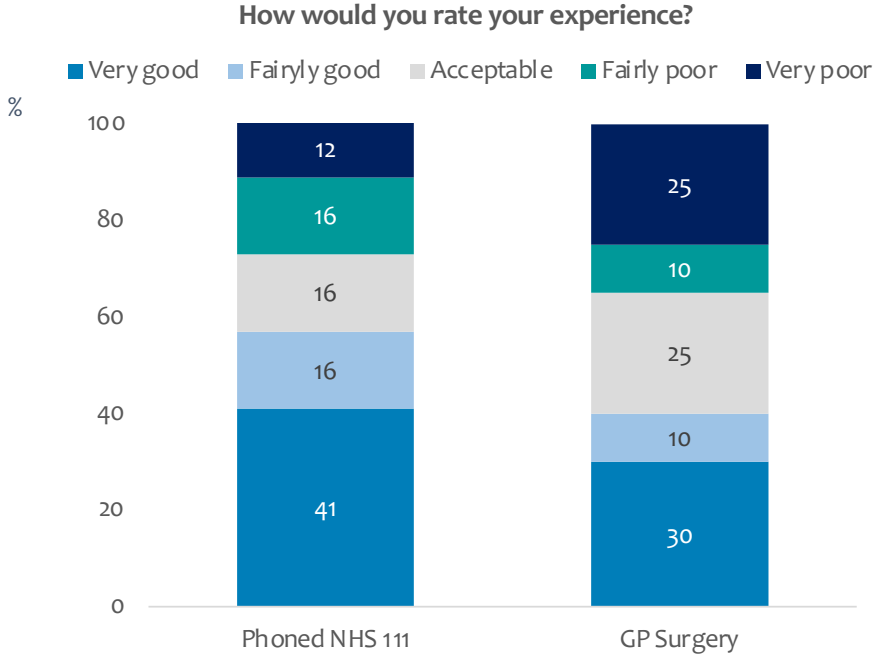
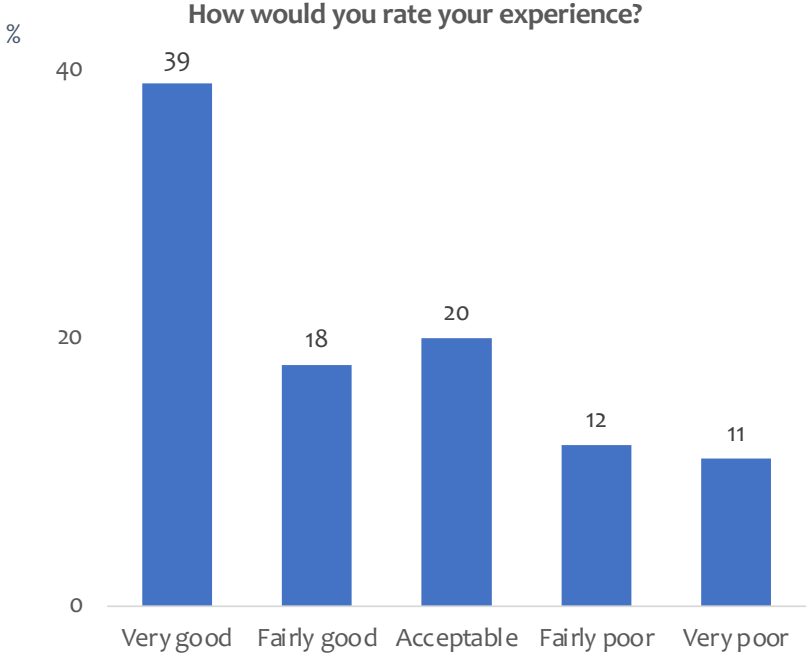
Actions taken before going to urgent care service

- A fifth of these people said they'd gone straight to the service
- But half said they'd phoned NHS 111 first and three-in-ten had phoned their GP Surgery
- There are no significant demographic differences on this measure



Experience before arrival at urgent care unit

- Was very mixed....
- Although the base sizes are small, the indications are that those who phoned NHS111 had a better experience than those who contacted their GP



Base: All who had used at least one service & didn't go straight there (56)

How was the experience before arrival at urgent care unit?

Very good/good

The response on Christmas day was incredible (NHS 111)

Chest pain. Service was excellent (went straight to A&E)

They assessed my problem quickly and suggested I go to A&E (NHS 111)

They listened to me and told me what to do while waiting for the ambulance to come (NHS 111)

111 service, gave me lots of tips and useful advice what to do

111 - called me back, checked that there was nothing urgently wrong and pointed me at the nearest facility to deal with it

Just very friendly and reassuring. Called me back as promised

Mixed/acceptable

Waited all day for a call then received a call at 5.40pm. Surgery was to close at 6pm. Advised to go to A&E (GP)

111 useless no idea on how to deal with me stating if not happy call 999 which I did...only then did I start to get somewhere

Took 1 hour to get through on the phone, in a queue, my whole lunch break, but then they did ask me to come down that afternoon. (GP)

Tried everything suggested on NHS website, nothing worked so sought help from minor injuries

I was asked to go to the surgery and the doctor sent me to A&E with a referral letter.

111 good but referred to doctor, then doctor just passed me on

How was the experience before arrival at urgent care unit?

Poor

The receptionist was not very helpful she was saying there were no tel consultation available... but then because I demanded to get one she did however get me a call arranged. However when the Dr called he asked what was going on and he just said I can't help you go up a & e.....very short no compassion no empathy.. I went hospital and was seen virtually straight away treated with the upmost care and attention all day...I ended up having ARTERIAL FIBRILLATION and was put on urgent medication...

Cant get to see a doctor, rude receptionists

My granddaughter had an earring embedded in her ear. We tried Cannock walk in centre and found that it has closed. I phoned the doctors surgery and they refused to give her an emergency appointment. They told me to go to A&E. I phoned 111 and they told me to go to A&E so my daughter took her to A&E at Stafford

Advised to go to walk in centre after going to pharmacy and ringing 111

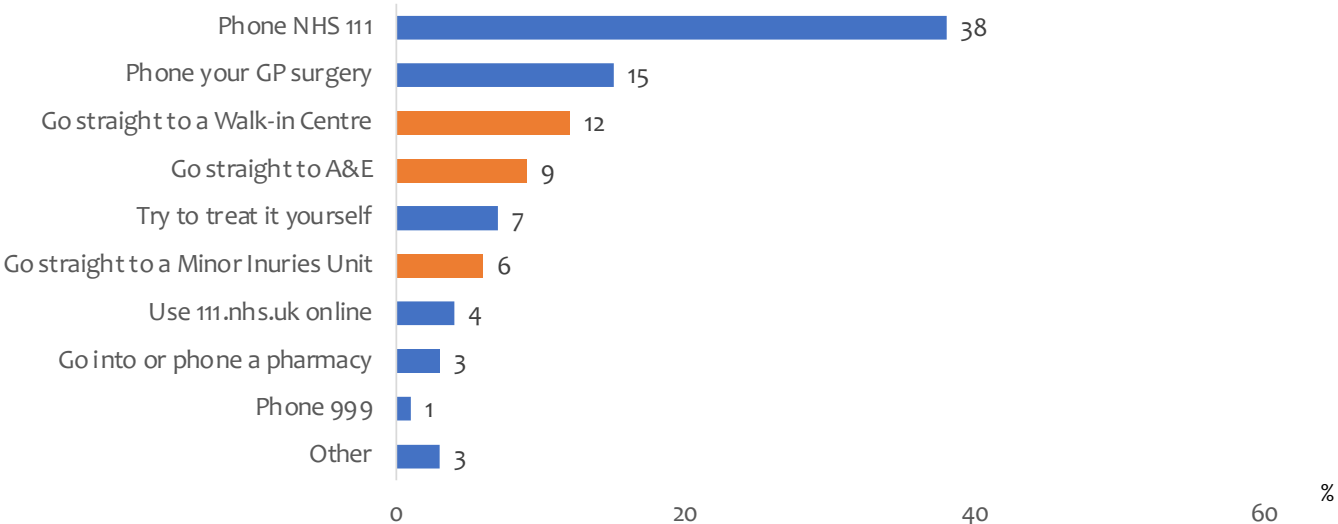
Phoned 111 and they said too busy to answer phone try website. Website said go to A&E. Did try to resolve at home but involved my husband's eye and we were not successful

Son is a Doctor; he expected Paramedics to advise A&E as the 'algorithm' did not seem to take my medical history into account. Renal consultant was on holiday; she tells me to report to Renal Dept with problems, so I was just unlucky. But as a result of these 2 issues, treatment for Sepsis was delayed.

Future Intentions

- People are **much** more likely to **phone** NHS 111 than to complete the NHS111 assessment online – the verbatims suggest this is often due to a desire to speak to someone (who they typically see as a trained medical professional)
- However, it does potentially present a significant barrier to the digital kiosks
- In total, 27% said they'd go straight to an urgent care centre – but interestingly this was slightly more likely to be a Walk-in Centre than A&E

If you had a non-life-threatening emergency in the future, what would you be most likely to do?



Base: Those who'd used at least one urgent care service (68)

Why would you go straight there?

- Reasons often related to difficulties being seen by (or even getting through to) a GP
- Those who'd go straight to a Walk-In Centre had generally had a good experience previously

Probably best action as GP is closed since covid which is a disgrace 111 is a waste of time also

That's what we are always told to do (A&E)

I have always found walk in centres to be great.. but overall it would depend on the condition if I needed A&E then obviously I would go but if was really minor and needed attention that a pharmacy or myself couldn't sort I would go walk in....

The wait time for my GP is normally 2 weeks and if its an emergency then I'll go to the walk in centre if i couldn't find help online or ringing 111 (my previous experiences with 111 have been very poor)

Doctors are an absolute waste of time

It would depend in what was the matter, but it might save time rather than going to a walk in centre and then on to A&E

Excellent service at Samuel Johnson hospital. Closest to home

Can't get into the doctor's but the walk in centre you can

Cannock Minor Injuries closed

Near and was helpful last time (Walk In Centre)

Ease

Responses to Digital Kiosks in Urgent Care

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Kiosks Statement

We now have a few questions about a new NHS service that will be gradually launched in September. It will launch initially in the Stoke-on-Trent and Stafford areas, however we hope that other areas will follow in the coming months.

NHS 111 digital kiosks will be introduced at Emergency Departments, Walk-in Centres and Minor Injury Units. The NHS 111 kiosks will help assess patients quickly and get them to the right service for their needs by asking a series of online health-related questions.

After using the kiosk, patients may be offered a timeslot or appointment to attend an alternative service, which is likely to reduce unnecessary waiting times. Alternative services could be a Walk-in Centre, GP surgery, Minor Injuries Unit or a pharmacy. The digital kiosks are easy to use and there will be someone on hand at all times to support patients.

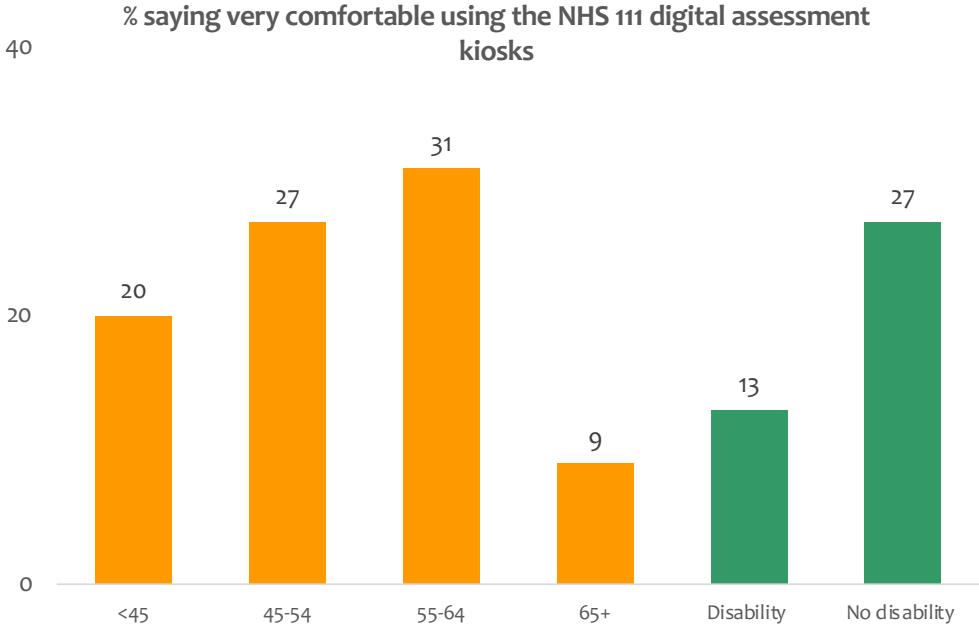
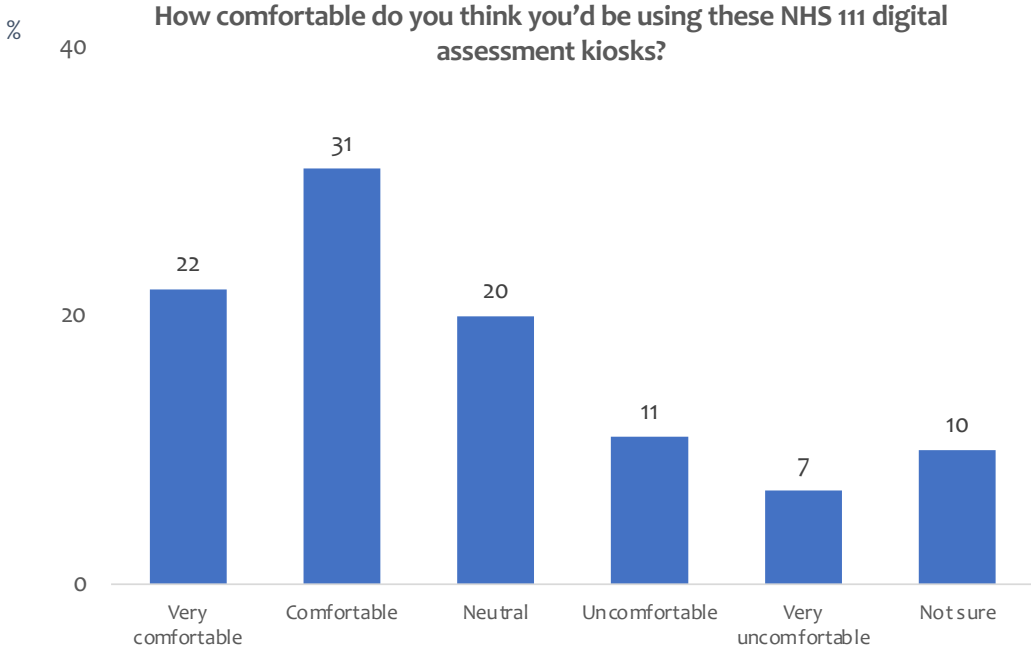
If you already have a booked timeslot from NHS 111 or your GP, you will be able to confirm this on the screens and go straight into the department.

Patients with life-threatening emergencies, will not need to use the NHS 111 assessment kiosks.

It's still early days for the programme, but over the coming weeks the NHS will be listening to people's views about the kiosks. Importantly, they recognise that there are some groups who may need additional support and there will be staff available to help people.

Anticipated level of comfort using Digital Kiosks

- Whilst the majority of people say they'd feel comfortable using the kiosks, only 22% say they'd feel 'very comfortable' and there's a substantial minority saying they'd **not** be comfortable doing so
- As would probably be expected, levels of comfort with the digital kiosks decline among older age groups and are also lower among those with some form of long-standing illness or disability



Base: Total Sample

Reasons for feeling comfortable about using digital kiosks

- Those who felt comfortable about the kiosks generally said they could understand the rationale behind them and felt they would both help the NHS and improve their own experience
- Others felt that it's 'the way of the future' and a natural progression from what is already happening in other sectors

If it saves staff time then it's fine with me

My doctor's surgery is very similar to what you have described

I think I shall be able to understand it

Better use of resource & help people get access to treatment they need

As long as privacy is upheld so you can't be overlooked by others

They have always helped on the phone

Anything to speed the process up is good, maybe it will weed out time wasters with minor problems that can be dealt with at a pharmacy or even self care

It's the way forward

Difficult to say how comfortable you feel until you've actually had experience

I think we manage our everyday lives with more and more health tech. It's good to see these things happening in urgent care and helping to ease the pressures on an already struggling service

I would need to be assured that there would be sufficient qualified staff at all times

It's like ordering food at McDonald's. But it will not suit a lot of people and most people just want to see a doctor

Reasons for feeling uncomfortable about using digital kiosks

- Those people who weren't so comfortable people sometimes said they're not comfortable with technology per se
- But others expressed a lack of trust and confidence in it
- And a desire for personal consultation

I would not want to have made my way to a hospital to be turned around and told to go elsewhere

If I have gone to a unit, it would be because I wanted a face-to-face discussion about my health issue

If I have gone to A&E I want a face-to-face consultation, not an anonymous voice or digital questionnaire

I'm not sure whether I would just prefer to speak to a person rather than try to input and be at the mercy of an algorithm

I don't even trust online banking and value my health far more

Had bad experience when my father had a pulse of 33 and the system still insisted on going through an algorithm

Think they won't diagnose properly

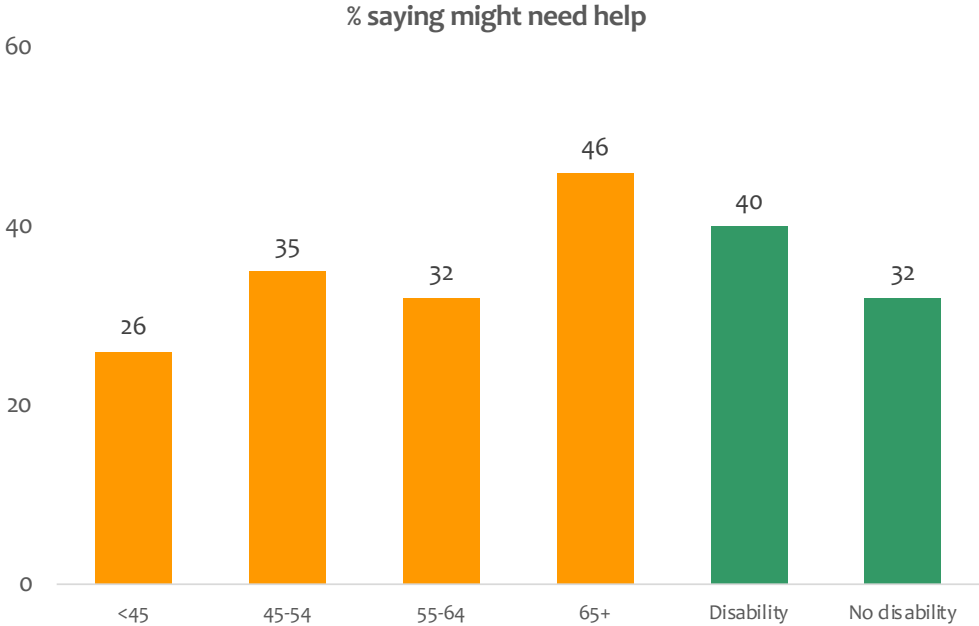
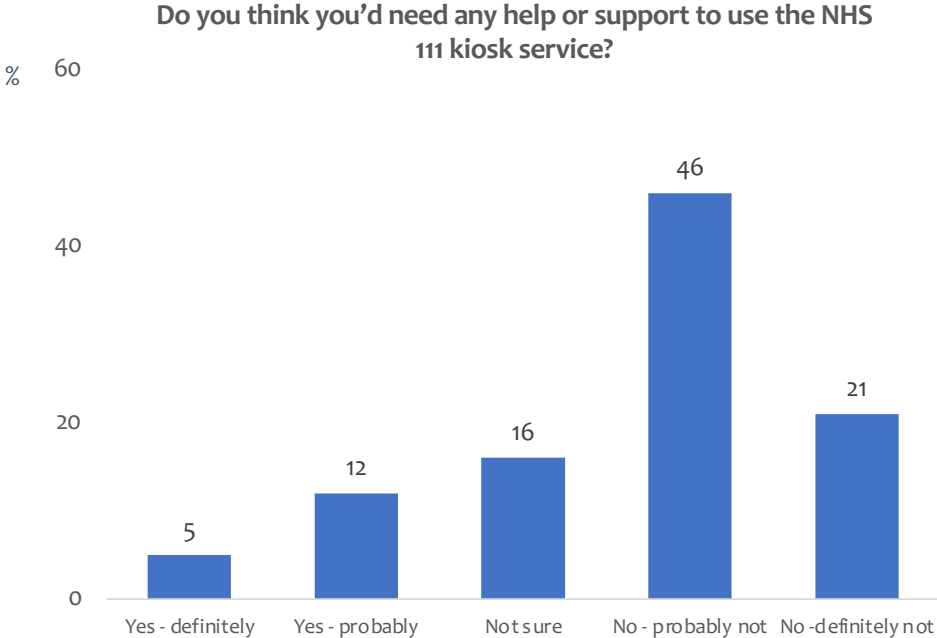
Have very basic computer skills and can't remember passwords etc.

I feel diagnosis would be too generic. No blood pressure readings and individual perceptions not considered eg some exaggerate, some underplay.

I am not very good with digital stuff

Whether would need help using Digital Kiosks

- Interestingly, the majority (two in three People’s Panel Members) don’t think they’d need help using the kiosks
- And the differences by age and disability are much less pronounced
- This (and the verbatims) suggests that people’s reservations often lie not in their ability to use the technology, but in the technology itself



Base: Total Sample

What sort of help do you think you would need?

- Many said impossible to say without seeing how the system will work...
- Others felt they would already be stressed or unwell in that situation and coping with something new could be difficult

If you are in a distressed state and out of your comfort zone I would need guidance and support

May need assistance if using for first time. Usually if you attend a&e you are possibly in a worried and anxious state and using unknown it may be more stressful

Not sure what format it will take. Will there be a person asking the questions and inputting the data on screen for me. If so that should be straight forward if we have to input onto the screen directly ourselves that might prove tricky for a lot of people. (See self checkouts) 😊

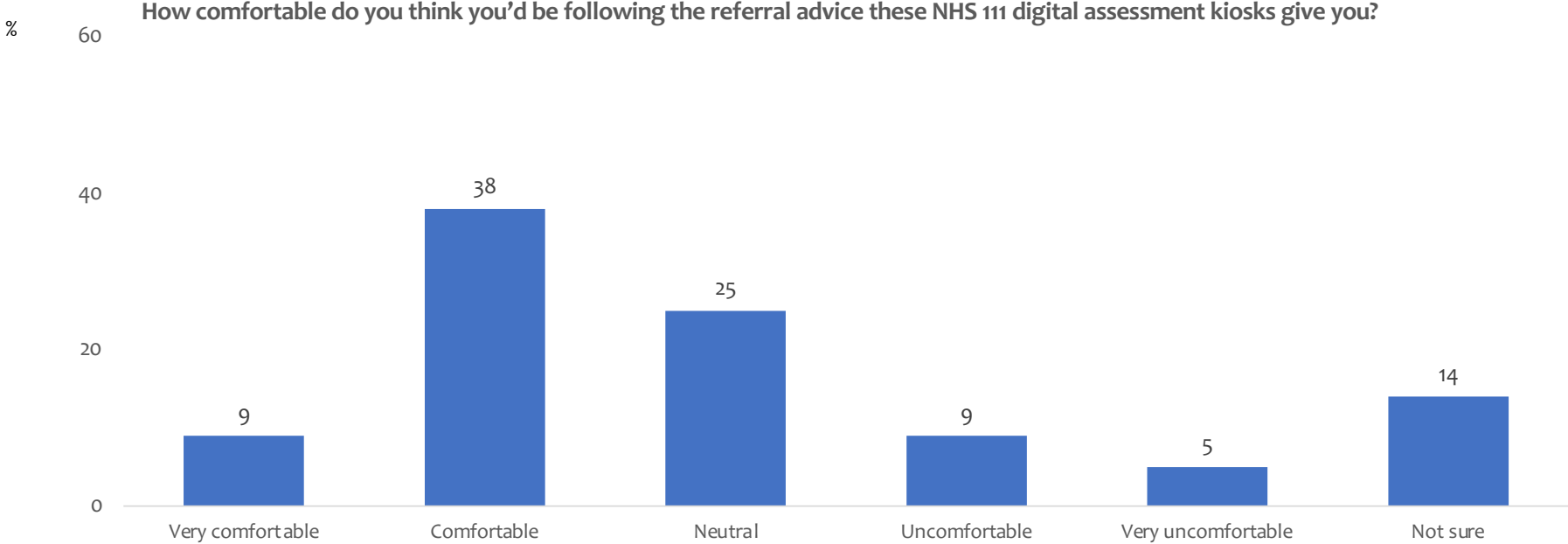
Someone to show me what to do if you are ill you may not be very good at coping

I really can't say without seeing it. That's the whole point. It's an unknown quantity. But when I'm feeling unwell or in pain is not the best time to start tangling with unknown digital.

am wheelchair dependent and have complex health needs so I hope it would be at a level that was easy to access

Comfort about following referral advice

- There's also doubt among some Panel members about the referral advice that the kiosks provide – although they say it's very difficult to know without experiencing it



Base: Total Sample

Reasons for **not** feeling comfortable about following the kiosks' referral advice

- Those who felt uncomfortable often just preferred to see someone in person – either for reassurance or because they thought the kiosks might miss something
- Others (who said they were neutral or didn't know) said they'd have to wait and see...

After recent experience I'd be concerned that essential medical details wouldn't be accounted for.

I do think it's preferable to see a professional face to face

Don't think a machine can assess you fully as it does not have visual image or perception of patient

Previous misdiagnoses by healthcare professionals that 'diagnose' sight unseen.

How can they diagnose when not seen?

it is just information being taken from the internet

Because it's a robot system with limited options of response

If I want a practitioner or doctor and I'm referred to a pharmacist based on a computer, not ok

I won't know if I have understood or answered the questions sufficiently and correctly

Just doesn't sound very professional

Dyslexia

Many important symptoms may not be picked up, vulnerable groups may avoid or be confused

A machine can't replace human interaction or experience

Reasons for feeling comfortable about following the kiosks' referral advice

- Responses often reflected a general trust in the NHS
- And also positive prior experiences with NHS111

Because I know the algorithms that run these platforms are based on hard clinical evidence

Should be the right advice for the situation

All information provided by official NHS representatives so I would follow that

If it's deemed the most appropriate way to access medical help I have no issues

There has to be some trust

Thorough questions, know what they are doing

111 has helped me get doctors appointments quicker than phoning surgery

Assessment is completed there and you can still attend A&E presumably if you aren't comfortable

Trust NHS efficiency

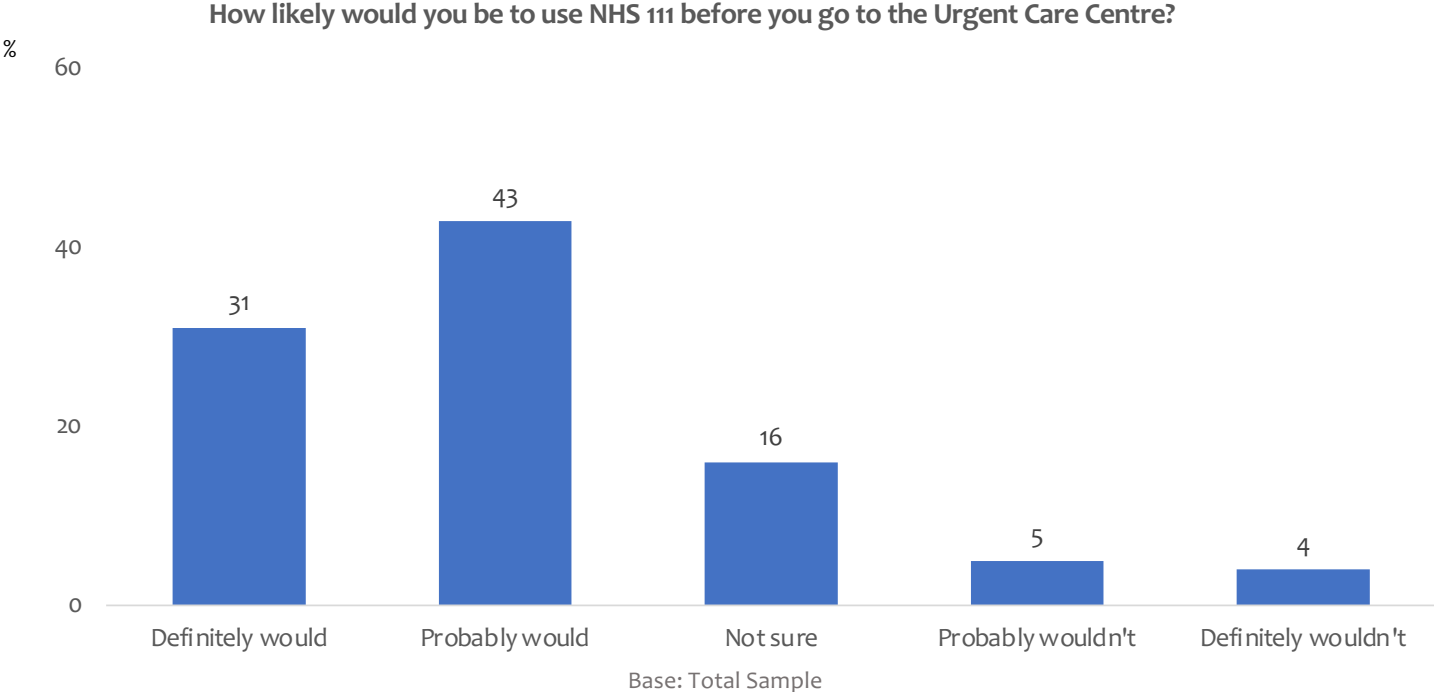
I trust in those who work for the NHS

I trust their judgment

It's a service that is there to use

Likelihood to use NHS 111 beforehand

- Once they know about the launch of digital kiosks, the majority of Panel members say they'd use NHS 111 before leaving home for an urgent care unit (remembering that currently around half say they do so)
- There are no significant demographic or geographic differences in likelihood to do so (although women seem more likely than men to say they'd 'definitely' use NHS 111 - 37% vs 21%)



Summary & Conclusions

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Summary & Conclusions

These survey findings suggest significant barriers to the use of digital kiosks in urgent care centres – at least until people get used to them and public confidence in their performance is built up.

Notably, given that only around a third of people use an urgent care centre each year (and typically only once), this could take some time

Therefore, people will need considerable support and information around the new kiosks – remembering that those who took part in the survey were presented with a clear rationale for, and description of, the kiosks' launch. The task is to expand that knowledge to the wider population.

People's concerns lie not so much in their ability to use the technology, but in:

- Their stress levels on arrival at the urgent care centre
- Some distrust in 'the algorithm'
- Whether it will pick up on underlying conditions/symptoms, their personal medical history and physical issues such as high/low blood pressure, heart rate etc without a physical assessment.
- The fact that **they** will be identifying their symptoms rather than a trained medical expert

Summary & Conclusions

On the positive side though, the kiosks' introduction (if people know about them) does seem likely to motivate significantly more people to use NHS 111 (primarily by phone) **before** they go to the urgent care centre.

Their core motivation to do so will often be to speak to someone. Therefore, another key task will be to publicise the introduction of the digital kiosks to the extent that people will have the desired course of action clearly in their mind when in a stressful urgent care situation. This is likely to take considerable time, effort and resources.

Other issues?

The verbatims suggest that GPs may often be telling patients to go to A&E (to relieve their own pressure?) and may not always be providing correct information

Sent to emergency dept which was not necessary

The GP kept telling me to go to A&E but said I didn't need a letter which wasn't helpful as I had to wait much longer. 111 service was amazingly helpful, they mad an appointment when they sent me. The staff in A&E are clearly under a lot of pressure and I was there around a dozen times in a month. I found my wait time varied between 2 and 12 hrs to see a doctor, and that the care I had was good, but they were very low on doctors, so this made it a very long wait for treatment sometimes

Some people often don't like the 'script' that NHS 111 staff have to follow – increases stress levels at an already stressful time...

Having to listen to the stuff that they have to read out when you are really stressed

Just reading from a script, no medical qualifications

Thank You!

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