

# Designing for Digital Inclusion in Healthcare

Seminar 3: Designing inclusive digital healthcare services – lessons and principles



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# Introduction

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# Digital inclusion and the VCSE H&W Alliance

## VCSE Health and Wellbeing Alliance: Strategic Priorities 23 - 24

This infographic sets out the key areas for the HW Alliance's collective and collaborative work over the next year.

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### Policy areas

Key areas of policy making the HW Alliance will work collaboratively on.



### Cross-cutting themes

Topics which overlap multiple policy areas which are important to the HW Alliance.



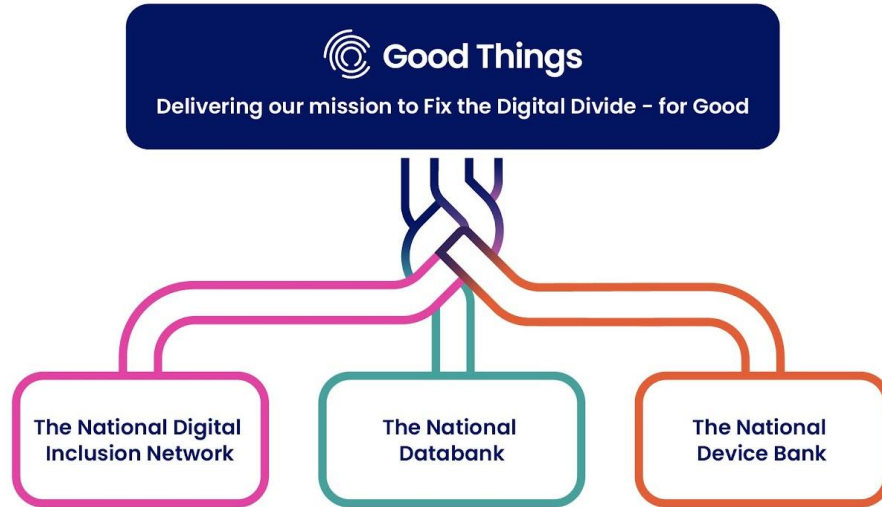
### Horizon scanning

Responding to new areas of strategic importance, for example:

- Emerging strategic priorities at system partner organisations, such as the development of a new strategy, an important consultation, a new policy initiative.
- Issues or concerns raised by people, communities and voluntary sector organisations about their health and care.

- The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance) is a partnership between sector representatives and the health and care system.
- It enables the sector to share its expertise at a national level with the aim of improving services for all communities.
- Our focus spans many of the Exclusion Health Subgroups
- Digital is a core cross cutting theme for all our work

# Good Things Foundation – Fixing the Digital Divide



# Designing for Digital Inclusion in Healthcare Series

These seminars aim to draw together the knowledge colleagues from across the Health and Wellbeing Alliance have collectively built over the last few years

A three part series sharing insights and learning from the VCSE Health and Wellbeing Alliance on minimising health inequalities and digital exclusion in healthcare.

## Seminar 1:

**Exploring the intersection between digital and health inequalities**

Tues 23rd Jan, 12:30 – 14:00

## Seminar 2:

**Barriers that exclude people from digital health services, and how to remove them**

Wed 24th Jan, 12:30 – 14:00

## Seminar 3:

**Designing inclusive digital healthcare services – lessons and principles**

Thurs 25th Jan, 12:30 – 14:00

*Recordings of all three seminars will be made available following the events*

# Yesterday we heard....

Barriers that exclude people from digital health services, and how to remove them

Many of the barriers to digital inclusion are common to different groups (access, skills, confidence) – but take care to explore any differences for the specific groups you are looking to engage

Digital services can be useful – they can make services more accessible to those who may be otherwise excluded and can help with tracking of symptoms or treatments.

Think about staff and community support for your digital services – they may need training, resources, funding to make your service a success

# Seminar 3: Designing inclusive digital healthcare services – lessons and principles

Explore top tips and best practice guidance that has been developed as part of the Health and Wellbeing Alliance. We'll draw the different frameworks together and identify themes for you to focus on.

Hear how organisations have built digital inclusion considerations into the design of evolving health models such as virtual wards and digital midwifery – what has gone well, what they have learned and what has been difficult to address.

See examples of how you can build accessibility into the design of communications and events to help people better access your services.

We're delighted today to be joined by colleagues from:

- Carers UK
- The British Red Cross.
- Middlesbrough

They will share their knowledge, advice or solutions on how to address these inequalities for the groups that they represent.

# Overview of seminar

- 12:40** **Karen Hunte (NHS England)**  
Framework for Design of inclusive healthcare services
- 12:50** **Katie Heard (Good Things Foundation)**  
Top Tips for action
- 13:10** **John Perryman (Carers UK)**  
Digital Inclusion in Virtual Ward settings
- 13:20** **Leo Bryant (British Red Cross)**  
Digital Inclusion in Virtual Ward settings
- 13:30** **Grace Murray (James Cook University Hospital)**  
Delivering Digital Midwifery in Middlesbrough
- 13:35** **Katie Heard (Good Things Foundation)**  
Building Accessibility in design
- 13:40** **Q & A**  
Leave your comments and questions in the chat panel throughout the session.



# Getting to know who's in the 'room' – a quick poll

**To help us understand who we're reaching and the value of the seminars**

1. Which sector do you work in?
2. How much knowledge do you feel you currently have about digital inclusion and access to healthcare?
3. How capable do you currently feel to identify ways to improve digital inclusion in healthcare?

# Inclusive digital healthcare: a framework for NHS action on digital inclusion

Karen Hunte

Senior Policy and Programme Manager

National Healthcare Inequalities Improvement Programme

[karen.hunte@nhs.net](mailto:karen.hunte@nhs.net)



# The case for action

Digital technologies has impacted our lives, from the way we do business, to how we shop, learn, connect with friends and family and **how we can access and use healthcare.**

## NHS benefits:

- Around 10 million **more people in the UK used NHS websites or digital applications** in 2021 compared with pre-pandemic 2020
- **NHS App registrations increased** from 2 million people in 2021 to 30 million people in 2023.
- **Patient NHS travel costs** could be reduced by £350 million each year through using digital channels.

## But not everyone is included in this change:

- Around 7% of households still do not have **home internet access**
- Around one million people **cancelled their broadband package** in the last 12 months due to rising costs
- Around 10 million adults **are estimated to lack foundation-level digital skills**
- Around **30% of people who are offline felt the NHS is one of the most difficult organisations to interact with**

# The mission

Increase the number of people **enjoying the benefits of digital healthcare**, ensuring that everyone can access transformed services **using methods that suit them.**

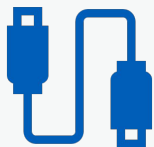
We want to support ongoing learning and action across the health system to

- **maximise the contribution** of digital solutions to reducing health inequalities and
- **mitigate risks** that they exacerbate them

# 5 core domains for action

NHS England, ICBs and Trusts have a role to play in all domains so that **digital offers complement other channels or modes**

– including the wider **public and workforce.**



Access to devices  
and data



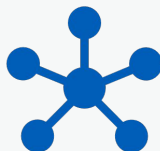
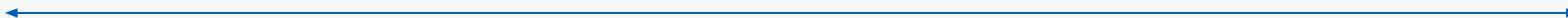
Accessibility and  
ease of using  
technology



Skills and capability



Beliefs and trust



Leadership and partnerships

e.g., join up between health inequalities and digital transformation leads, develop digital inclusion strategy or a section within digital strategies

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# Designing inclusively

## Outcome considerations:

At their best



**Convenience**

Improves accessibility

**Engaging**

Empowers usage

**Flexibility**

Enables personalisation

**Control**

Provides multi-modal **user** choice

At their worst



Excludes

Less visible

Restricts

Deters

# NHS England action

## NHS England can lead activity to help achieve digital inclusion, focused on issues which would not otherwise be addressed

- National drives to improve access to data and connectivity
- **Using procurement as lever** to increase digital inclusion and reduce health inequalities
- Improving collection and use of **person-level data**
- Championing **better research and evaluation** to understand and address digital inclusion, links with health and health inequalities
- Knowledge management and **dissemination of good practice**
- Ensuring a focus on **digital inclusion and equity in programme appraisals** and system oversight
- Leadership and **partnerships**

# Digital Inclusion: Top Tips for action

**Katie Heard**

Head of Research and Data Insights at Good Things Foundation

[katie.heard@goodthingsfoundation.org](mailto:katie.heard@goodthingsfoundation.org)



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# There are some great toolkits and top tips produced by our VCSE partners

## Top 10 checklist to support digital inclusion

Believe in children  
Barnardo's  
VCSE  
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- Where and how can families access devices if they don't have personal access?
- Is the offer well understood and promoted at touchpoints/venues that are relevant and appropriate for our target groups?
- Have community organisations been resourced to support digital access, to avoid widening health inequalities?
- Have we engaged trusted sources (i.e. NHS, medical professionals) to recommend/lend credibility to digital resources?
- Are concepts relevant for different cultures and is language simple enough to work with translation software?
- Have we considered search terms (via online search engines) in a range of languages?
- If we are using translated content, have we back translated content to check for accuracy and meaning?
- Have we used visual formats as much as possible?
- Do we regularly assess who is and who is not accessing digital resources to ensure we are not widening health inequalities?
- Have we established an ongoing process for receiving and reviewing feedback to ensure digital resources are suitable to support the most marginalised groups?



## Supporting digital inclusion in palliative and end of life care – Top tips for providers

Based on the challenges and enablers of digital inclusion in palliative and end of life care seen in palliative and end of life care, we have produced the following tips as a guiding steer for providers. These tips could be an important tool in delivering the policy goal of increasing equitable access to palliative and end of life care when digital solutions are used:

1. Take time to understand the needs of people at the end of life, carers, staff and volunteers when designing and using digital solutions.
2. Encourage collaboration and shared learning between providers to prevent duplication and with specialist organisations to increase digital skills, confidence and trust among all user groups.
3. Support and invest in people who are passionate about adopting and promoting digital health.
4. Invest in the digital skills of staff.
5. Provide online/digital services in appropriate community languages and accessible formats, ensuring that they meet the Accessible Information Standard.<sup>3</sup>

### Top Tips to help with Digital Inclusion

These are our top tips to help professionals working in health make sure people with learning disabilities don't get left behind as more health services go digital.

- 01. Start with people first.**  
 You need to understand what we need and what works for us as individuals. For example find out what technology we have and use already, what we would like to be able to use and what help we need to use it.
- 02. Design with us not for us.**  
 Design your systems with us around what works best for us, not just what works best for your service. For example most people find zoom is the easiest way to make a video call but lots of services don't like to use it.
- 03. Don't assume we can or can't do things.**  
 If we have the right technology and the right kind of support we can and do use it. But don't assume we all have the right technology or that we have support to use it. You need to ask us.
- 04. Use social prescribing**  
 For example have link workers in GP surgeries to help us find support in the community including digital help and training to learn new skills.
- 05. Build confidence.**  
 The biggest help to get online is support from someone you trust. Support organisations like self advocacy groups to build people's digital skills, confidence and trust in using digital health tools – including on scams and fake news.



## Tips for making digital access more inclusive: 10 tips for healthcare staff

We have identified 'top tips' for making digital access more inclusive, especially for those in under-served communities and socially excluded groups. However, there is no one-size fits all solution and you will need to invest time to find out what works best in your area. Case studies are available (see below).

### Digital inclusion tip 1: Identify demographic groups who are at higher risk of digital exclusion.

Integrated care board (ICB) leads could identify those in their footprint who are most likely to be digitally excluded, using insights from local joint strategic needs assessments and tools such as the **Digital Exclusion Risk Index** and the **Core20PLUS5** approach to reducing healthcare inequalities. As already mentioned, digital exclusion is associated with deprivation (Yates, 2022) and therefore identifying the areas of highest deprivation will help identify patients at risk of digital exclusion. The local authority or local VCSE organisations may be able to provide local information. Where PCNs have a digital and transformation lead, they may help identify the local cohorts of patients who are likely to require support, drawing on an analysis of 'practices' data.

### Digital inclusion tip 2: Co-design support offers with patients.

ICBs should co-design support with patients who struggle with digital access or skills as this helps identify specific barriers and what should be offered to overcome these. Co-design could involve setting up a focus group, partnering with local community organisations or asking local patient participation groups to help. Diversity and inclusivity need to be considered when engaging with patients, to ensure people who face barriers to digital use (related to confidence, device availability or data connectivity) are included: if an offer works for them, it is likely to work for most patients. Patient feedback needs to be collected at regular intervals and acted on to keep improving.

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# With so much advice...where do you start?

The good news is that there is fairly consistent advice:

## Audience

Understand their needs, bring them into the design, know who is being missed  
What access support do they need to be included

## Support

Who will provide support to users, do they have the skills, resource and confidence  
Digital champions and buddies

## Design

Provide choice through multiple access points  
Use Accessibility standards, easy read and translation with simple instructions

## Communicate

Tell people about your service in lots of different ways  
Consider Search terms  
Go to where they are

**For the Best  
Chance of  
Success with  
Digital  
Inclusion  
Design**

# Designing for Digital Inclusion: Audience



## Know your Audience and their needs

- Whose at highest risk of exclusion?
- Do they need support with data and devices?
- Understand their unique barriers



## Design with your audience - bring them into the process

- Set up co-design
- Do this as early as possible
- Go to where they are



## Know who you are missing

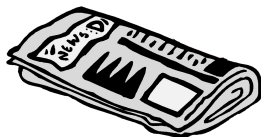
- Monitor who is and isn't using your service
- Continue to bring them in

# Designing for Digital Inclusion: Design



## Use Existing standards and guidance

- Easy read format
- Accessibility guidance
- Accessible information standard



## Use Imagery and provide paper guidance

- Build on easy read formats
- Provide reference guides on paper



## Provide access choice

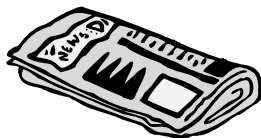
- Design in multiple access points
- Don't force people to use digital

# Designing for Digital Inclusion: Design



## Use Existing standards and guidance

- Easy read format
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- Accessible information standard



## Use Imagery and provide paper guidance

- Build on easy read formats
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## Provide access choice

- Design in multiple access points
- Don't force people to use digital

# Designing for Digital Inclusion: Support



Who is providing Front Line support?

- It is always someone (even if you think your design is doesn't need it!)
- How are you supporting them?

Have they got the skills they need to be able to help?

Have they got the time/ capacity to help?

- Find the Enthusiasts
- Create Digital Champions/ Buddies



Consider your networks and referral routes

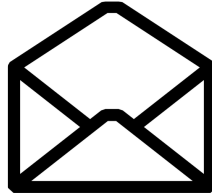
- VCSE organisations
- NHS colleagues
- Link workers
- Social prescribing

# Designing for Digital Inclusion: Communicate



Tell people about your new offer in multiple ways

- Online/Offline
- Face to face
- Build into existing customer journeys



Continue to invite them in

- People's circumstances change so build in regular check ins
- Stop asking when asked to

## 1+1=2

Make it easy

- To find your service (search terms)
- To opt in or out

# With so much advice...where do you start?

The good news is that there is fairly consistent advice:

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Understand their needs, bring them into the design, know who is being missed  
What access support do they need to be included

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**For the Best  
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Design**



# A spotlight on Virtual Wards



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# Carers, digital exclusion and Virtual Wards

**John Perryman**  
**Policy and Public Affairs Manager, Carers UK**



# Carers and digital exclusion

Unpaid carers are people who provide care and support to family members or friends who have disabilities, chronic illnesses, or are elderly. They often face challenges related to digital exclusion.

Digital exclusion severely impacts carers – especially older carers – in different ways, including:

- Access to information and support services
- Isolation and connectivity
- Accessing benefits and financial support
- Managing administrative tasks

Addressing digital exclusion among unpaid carers is crucial to ensuring they have equal access to information, support, and resources necessary for their well-being and the well-being of those under their care.

Carers UK has produced a [good practice briefing](#) specifically focussed on older carers and digital exclusion.

*“With the shift we have seen towards services going online, digitally excluded carers can find it nearly impossible to engage with services effectively for both themselves and cared for.”*

# An introduction to Virtual Wards

- A virtual ward is an alternative to NHS bedded care that is enabled by technology.
- Virtual wards help patients to manage their care and health at home over the short term (up to 14 days), with close monitoring by their care teams, rather than in hospital.
- Virtual wards support patients who would otherwise be in hospital to receive the acute (i.e. short-term) care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.
- Virtual wards are not intended for enhanced primary care programmes, long-term condition management, intermediate or day care, safety netting, proactive deterioration prevention or social care for medically fit patients for discharge.
- Patients are monitored remotely using technology so that they can leave hospital sooner, or receive care at home as an alternative to going into hospital.
- This service might be called something other than a virtual ward in some areas. For example, it could be called Hospital at Home.



# Unpaid carers and Virtual Wards

- For some unpaid carers, supporting someone at home on a virtual ward may be helpful because it could prevent the person going into hospital or help them leave hospital more quickly.
- However, if not implemented well, virtual wards could pose potential risks for unpaid carers – as they may be expected to pick up even more caring responsibilities, without being identified, or being supported for their own needs as carers.
- Health services have a responsibility to involve carers (where appropriate) in the care of the person they are looking after if they are providing care. If someone decides it is not the most suitable option for them, they have the option to decline the service.
- As part of our work for the Health and Wellbeing Alliance, Carers Partnership have been working with NHS England and others to ensure that carers are aware of virtual wards.



# Considering the needs of unpaid carers

- NHS England guidance ([Enablers for Success](#)) states that the delivery of virtual wards must consider the needs of carers.
- Those delivering virtual wards should:
  - Recognise unpaid carers as equal partners in care
  - Include unpaid carers in all aspects of the virtual ward care – from discharge planning and support, to whether the person with care and support needs should remain in a virtual ward if situation changes
  - Respect carers' wishes in terms of which aspects of care they are able and willing to provide, if any
  - Make carers aware of their rights
  - Ensure that carers have access to information about what to do if: they are no longer able to provide care on a virtual ward; their needs have worsened; the needs of the person receiving care have worsened.



# Why involve and support unpaid carers in Virtual Wards?

- It recognises who is doing the caring day in day out
- Helps to get care decisions right first time
- Reduces readmissions
- Avoids emergency care
- Legal duties to involve and support unpaid carers (detail on next slide)
- Improves the outcomes of the person needing care
- Protects and supports carers' own health and wellbeing
- Supports carers to continue to juggle work and caring by giving them choices
- Supports positive relationships for staff working in the NHS and social care



## Why involvement matters to carers – in their own words

*“You essentially know how it’s going to go. If you are treated as part of the team, and your knowledge utilised you know you are going to have a better experience. If you are treated as a real pain or a problem, you know it’s going to be really awful.”*

**Norman, an unpaid carer who has experienced multiple hospital discharges**





# What carers have to say about Virtual Wards

Source: [Carers UK's State of Caring 2023 survey](#)

"I am not opposed to the concept of the virtual wards; indeed, they could be a very useful means of monitoring and keeping an eye on lots of different patient just discharged from an in-stay. However, given my and my husband's experience of them they are most definitely not 'one size fits all'. Family, carers and friends of those needing the care and monitoring should and must be taken into consideration before decisions are being made for them without a by your leave. There should be a clear, safe, care management plan in place agreed by all before any discharge onto a virtual ward."

"No support for carer, poorly informed, asked services to contact me to arrange appointments and this didn't happen resulting in discharge through non engagement by person needing care. The idea is fantastic, the practicality is not."

"It was very empowering while my spouse had covid to have the back up in case he got worse and beyond what I could cope with. I just had to submit readings online 2x per day."

"Hospital at Home service resulted in my mum being cared for at home avoiding an ambulance journey, long wait in A&E to be discharged home hours later."

"It was great for the person receiving care as they were in their own home but it meant myself and my siblings lives were disrupted as the amount of support they needed was more than could be provided by the NHS/Social Care. Three of us were not able to work and deliver our employment responsibilities, which is OK for me as I have a supportive employer but my siblings were criticised and even threatened with disciplinaries!"



# Resources we have developed to support carers

- [\*\*A template leaflet for unpaid carers.\*\*](#) Co-produced by Carers UK with unpaid carers and key health and care stakeholders, designed to provide basic information to give to unpaid carers locally. Local information, local branding can be inserted.
- [\*\*A policy explainer,\*\*](#) which provides more detail about the functions of Virtual Wards. Designed for local organisations and expert carers.
- [\*\*An advocacy guide,\*\*](#) intended to give carers confidence in how they interact with Virtual Wards, and help them to ensure that they are in the best position to achieve the correct level of support. Also contains a checklist so carers can better assess whether a Virtual Ward is the correct choice for them. Co-produced by Carers UK with carers.
- **A professionals' checklist (in development)**, which will support commissioners and other staff managing Virtual Wards schemes to make sure that they are properly communicating with and supporting unpaid carers.
- **A carer pathway (in development)** intending to lay out the process carers will go through from initially being asked to consider a Virtual Ward up to its delivery and completion.



## Further information

If you would like to learn more about the work of Carers Partnership, please contact: [policy@carersuk.org](mailto:policy@carersuk.org).



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# Health Inequalities and Virtual Wards

A scoping project by British Red Cross for the Health and Wellbeing  
Alliance

## **PROVISIONAL FINDINGS**

Leo Bryant  
Policy and Advocacy Manager

**BritishRedCross**

# Project Overview

**Virtual Wards: Harnessing the expertise and insight of the Health and Wellbeing Alliance to understand the impact of health inequalities on patient experience and access.**

Policy Lead: Charlotte Lynch, Strategy and Policy Lead, Virtual Wards, NHS England

Aims: to improve the understanding of how health inequalities may impact both...

- access to virtual wards

- the experience of virtual wards

and to use this knowledge to improve the development and evaluation of virtual wards as the programme is rolled out across the UK

# What we did...

Desk based review of available literature

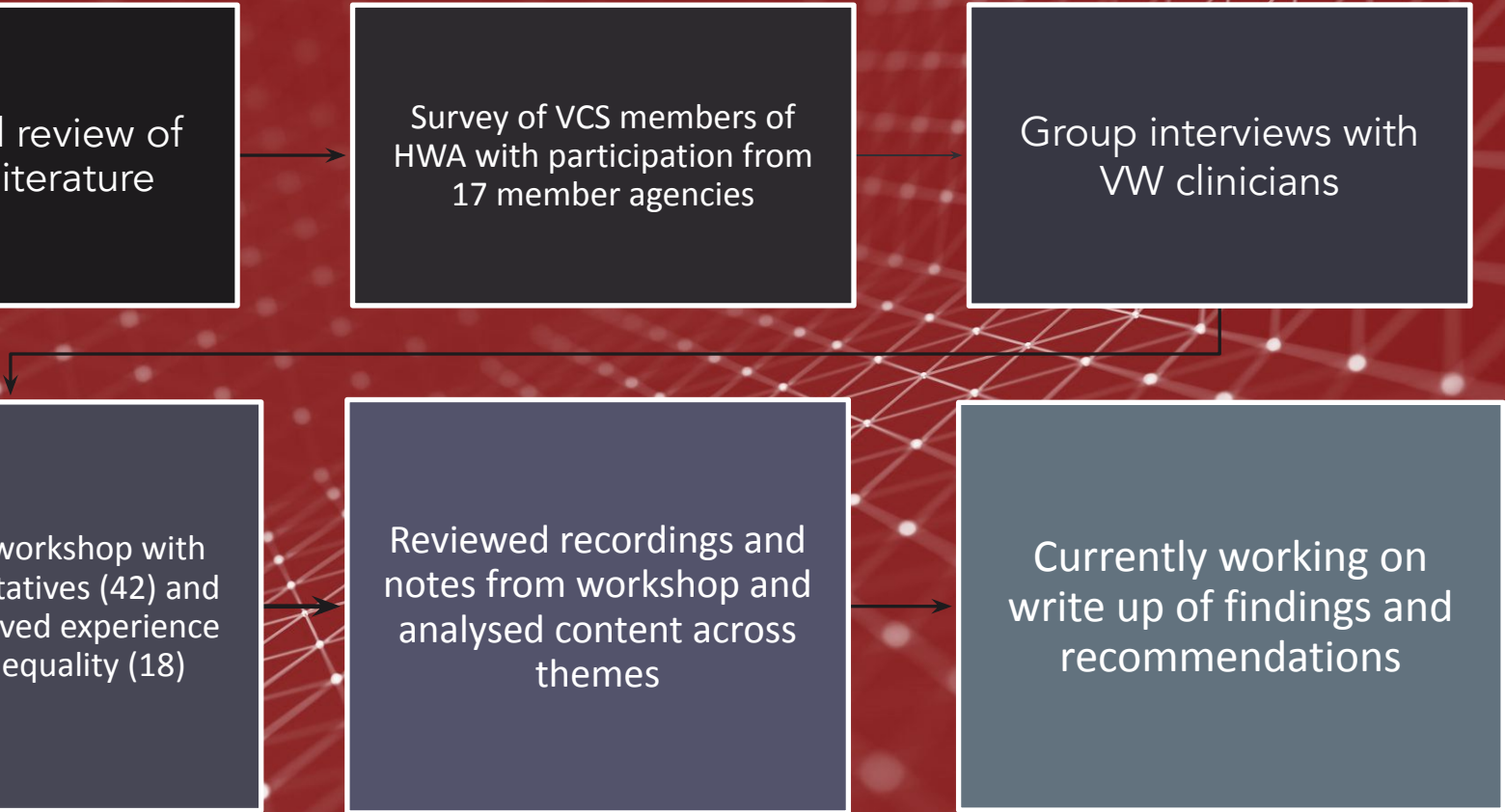
Survey of VCS members of HWA with participation from 17 member agencies

Group interviews with VW clinicians

Held online workshop with VCS representatives (42) and people with lived experience of health inequality (18)

Reviewed recordings and notes from workshop and analysed content across themes

Currently working on write up of findings and recommendations



# Barriers

## Barriers **BEFORE** virtual ward:

- Additional, complex and/or multiple physical or mental health needs
- Fear of interaction at home with healthcare professionals due to immigration / welfare / other status
- No home, sofa surfing, street homeless, shared home, temporary accommodation, parole conditions

## **ENVIRONMENTAL** barriers **DURING** virtual ward:

- Home environment - privacy, ventilation, facilities, mould and damp, multiple occupancy, living alone
- Phone, broadband and mobile coverage

- Access to unpaid or paid carer

VCSE health & wellbeing alliance

- Money – to pay for adequate nutrition and heating etc

# Communication challenges

## ISSUES

Virtual wards are not always well understood and this could be affecting uptake...

- Name is misleading (People think it is 100% virtual when it's not)
- People fear this is about cost-cutting / reducing support offer
- Practical issue in that information is not available in multiple languages

## SOLUTIONS

Opportunity to fix a lot of the concerns through clearer more comprehensive comms

Role for grassroots community groups and networks to relay information

Success has been seen in other areas through co-producing health messaging with different groups

NHSE need to think hard about the name...



# Trust and safety

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## ISSUES

Different aspects to this based on different experiences.

1. concerns about personal safety being compromised
2. but also concerns about loss of safe-haven of hospital for some groups – domestic abuse victims, low income, carers respite,
3. concerns about HCP respecting cultural values inside the home

## SOLUTIONS

HCPs coming into the home should all get specialist education and training about:

- Trauma informed approach – people know who is coming to the house, why, and they are identified by badges etc
- Safeguarding more generally (e.g. how to spot signs of distress / decline / abuse and what to do about it)

Small teams of named individuals

Consider having a female-only pathway

**BritishRedCross**

# Social Care and Carers

## ISSUES

Recognition that availability of care (unpaid and paid) plays a huge role in determining quality of the VW experience.

- Hard to ignore systemic shortage of social care.
- Practical concerns about physical and mental toll on unpaid carers – especially those with multiple responsibilities.

## SOLUTIONS

Some recognition that if it's done right could reduce burden on carers.

But to make this happen **carers need to be involved in decision making** regarding virtual wards.

Guidance on VWs also needed for social care organisations.

# Home environment

## ISSUES

Many circumstances where virtual wards are more challenging:

- Not having right infrastructure in place at home – no bed on ground floor, inaccessible bathroom, no money for electricity for equipment etc
- Limited length of stays in hostels – often 28 days only
- Asylum seekers can get moved to new accommodation at short notice

## SOLUTIONS

More work needed to understand context, challenges and opportunity of temporary / shared accommodation.

Lots of places to learn from:

- Hospice at home – can get beds and fridges for medication
- Older people care – can get prompts through TV to remind them to do things

# Digital and tech

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## ISSUES

- not trusting the tech, not having the devices, not being able to use it, connectivity, especially in rural areas
- concerns about losing connection or if something goes wrong
- concerns over personal health data – people need reassurance on this? How is it protected?
- Language and other access barriers to digital inclusion

## SOLUTIONS

- Do we need eligibility requirements around wifi or does this risk widening inequality?
- Can data be provided for homes if wifi doesn't exist?
- Tech support needs to be built into the service e.g. community digital champions. Potential role for peer support

Potential to learn from Good Things Foundation on digital inclusion

# Reflections

- 1) Need for appropriate support or guidance for VW programmes, or complimentary efforts to reduce health inequalities in the areas they operate in, including:
  - Availability of support for carers
  - Living conditions (mould/damp, nutrition)
  - How VWs could work with temporary accommodation
  - Staff training - trauma informed approach and safeguarding
  
- 2) Need for data and evidence to better understand options and outcomes for different groups

# Reflections

3) How can VW programmes provide - or operate alongside - additional support to patients and carers to address barriers relating to:

Digital access

Home adaptation

Poverty

Language

Availability of care

Safeguarding

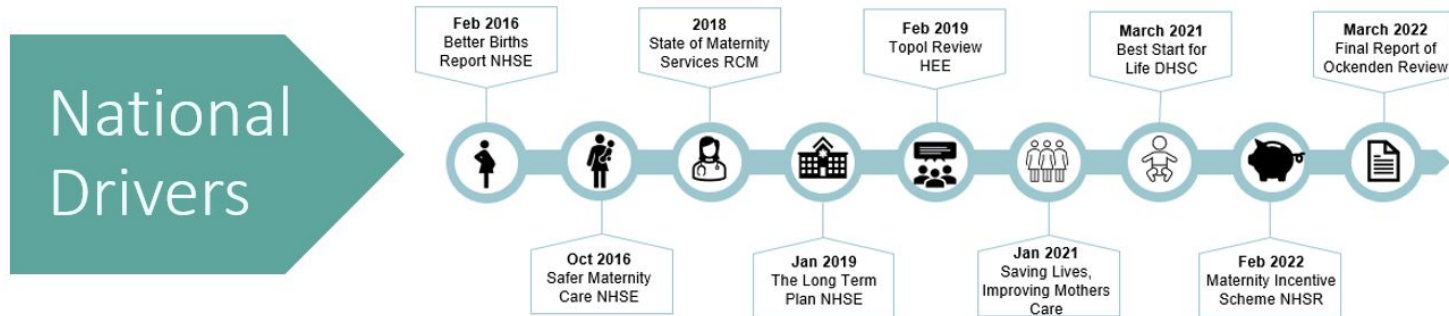
# Digital Inclusion Maternity Services

Case Study  
Grace Murray, Digital Midwife



# Background

- Digital Midwife
- Digital Transformation of Maternity Records
- Including ALL women on our digital transformation journey
- Mapping available resources





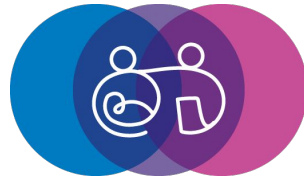


# Digital Exclusion within our service

- Access, skills, confidence, motivation
- Our maternity services facilitate approximately 5,000 births per year. Each month, we book new pregnant women and up to 38% of those each month are from the most deprived postcodes based on the IMD Decile.
- Similarly, we book up to 38% women each month that are identified as having a mental health risk factor
- Top Languages Spoken:  
English, Romanian, Urdu, Arabic, Kurdish, Polish

# What have we done?

Case Study - <https://northernlms.org/south-tees-midwife-improves-digital-inclusion/>



**LMS**  
Local Maternity Systems  
Northern England



**Good Things**  
Foundation



**HartlePower**  
supporting our community



# Contact

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# Accessibility by Design

**Katie Heard**

Head of Research and Data Insights at Good Things Foundation

[katie.heard@goodthingsfoundation.org](mailto:katie.heard@goodthingsfoundation.org)



**Good Things**

# Accessibility Guidance

## Accessible communication: 5 core principles

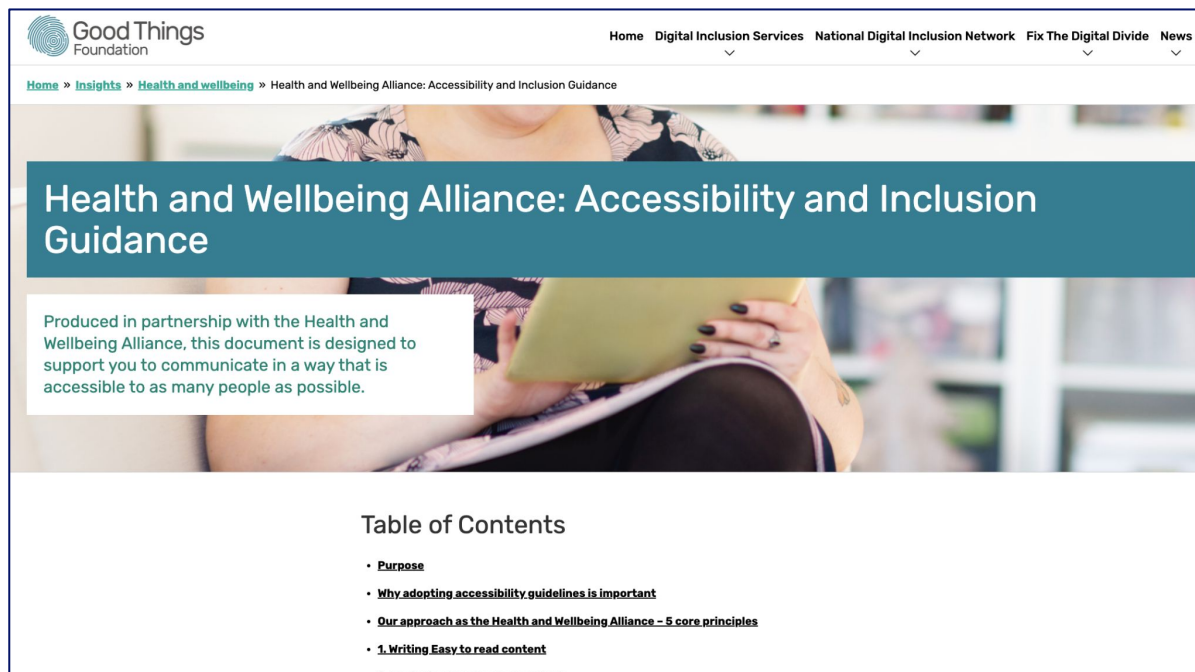
We commit as members of the Health and Wellbeing Alliance:

- To use this guidance to help shape all our communication activities with the populations we support.
- To champion the use of accessible communication standards with our partners and stakeholders.
- To adopt, at least, the 5 core accessible communication principles in all our communications.



# Find out more....

<https://www.goodthingsfoundation.org/insights/health-and-wellbeing-alliance-e-accessibility-and-inclusion-guidance/>



The screenshot shows the top of a webpage. At the top left is the Good Things Foundation logo. To the right is a navigation menu with links: Home, Digital Inclusion Services, National Digital Inclusion Network, Fix The Digital Divide, and News. Below the navigation is a breadcrumb trail: Home » Insights » Health and wellbeing » Health and Wellbeing Alliance: Accessibility and Inclusion Guidance. The main content area features a large teal banner with the title 'Health and Wellbeing Alliance: Accessibility and Inclusion Guidance'. Below the banner is a white box with text: 'Produced in partnership with the Health and Wellbeing Alliance, this document is designed to support you to communicate in a way that is accessible to as many people as possible.' Below this is a 'Table of Contents' section with a bulleted list of items.

Good Things Foundation

Home Digital Inclusion Services National Digital Inclusion Network Fix The Digital Divide News

Home » Insights » Health and wellbeing » Health and Wellbeing Alliance: Accessibility and Inclusion Guidance

## Health and Wellbeing Alliance: Accessibility and Inclusion Guidance

Produced in partnership with the Health and Wellbeing Alliance, this document is designed to support you to communicate in a way that is accessible to as many people as possible.

### Table of Contents

- **Purpose**
- **Why adopting accessibility guidelines is important**
- **Our approach as the Health and Wellbeing Alliance - 5 core principles**
- **1. Writing Easy to read content**
- **2. Designing Easy to read content**

# Seminar 3: Take Aways

Designing  
inclusive digital  
healthcare  
services -  
lessons and  
principles

Ensure that support is built into the the roll out of digital services - Unpaid support (family), staff/ colleagues, referral partnerships (VCSE)

Using data and knowledge to understand the extent of digital inclusion and who it affects can help you target the support more appropriately

Learn from others and build on their understanding - use existing guidance, tap into and link to other services

# Q & A

**Please submit questions in the chat panel.**



**Good Things**



# Q & A Panel

## **Karen Hunte**

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## **Grace Murray**

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## **Katie Heard**

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## **Leo Bryant**

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# Follow up poll

## To help us understand the value of the seminars

1. How much knowledge do you now feel you have about digital inclusion and access to healthcare?
2. How capable do you now feel to identify ways to improve digital inclusion in healthcare?

# Call to action: use our free resources to support you

*Please check out our website or get in touch to find out more:*

**Web:** [www.goodthingsfoundation.org](http://www.goodthingsfoundation.org)

**Email:** [hello@goodthingsfoundation.org](mailto:hello@goodthingsfoundation.org)

**Learn My Way** (basic digital skills for life)  
[www.learnmyway.com](http://www.learnmyway.com)

**National Digital Inclusion Network:**  
[www.goodthingsfoundation.org/network](http://www.goodthingsfoundation.org/network)

**National Databank:**  
[www.goodthingsfoundation.org/national-databank](http://www.goodthingsfoundation.org/national-databank)

**National Device Bank:**  
[www.goodthingsfoundation.org/national-device-bank](http://www.goodthingsfoundation.org/national-device-bank)

