Digital Health in the UK
National Attitudes and Behaviour Research

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Digital health in the UK

Digital health underpins the NHS future of a more patient-centred and sustainable healthcare service. Evidence shows that empowering people with digital health products can help improve health outcomes, both for managing long-term conditions and in changing lifestyle behaviours.

National targets for Digital Health have been set out in the NHS Long Term Plan, and they have been recently supported by national standards in the NHS Digital Technology Assessment Criteria (DTAC). Commissioners and providers are taking this direction to ensure a consistent experience of using digital health products, leveling up the playing field and connecting systems.

To build a digital transformation plan, it is important to gain a view of what is happening now. To give an accurate picture, ORCHA commissioned independent research to ask people in the UK what they think of digital health, how they are using it, and if they want the NHS to provide it.

The research looked in depth at regions across the UK. This insight report is produced to share the key findings.

Patient attitudes to digital health

In order to help the NHS, the majority of people believe it is vital we all look at new ways to manage our health, including using high-quality health apps, not just during the pandemic but into the future.

In fact, almost half of people (48%) believe doctors should be able to prescribe high quality health apps which charge for their services, in the same way they prescribe traditional medicines, if it ultimately saves the NHS money.
Across the patient pathway

Looking across a wide range of patient pathways, the most popular areas reported by people for incorporating digital health into services are:

1. Self-monitor and track my symptoms.

2. Change my lifestyle, e.g. lose weight or quit smoking, in place of traditional group meetings.

3. Alert me to a potential health condition, such as skin cancer, which I would then discuss with a doctor.

4. Educate me on a specific condition or provide support before an appointment.

5. Help me recover from surgery, such as with specific physiotherapy exercises.

Support is visible across all sexes, age groups, ethnicities and regions. Of note:

There is significant regional variation

One of the biggest factors in if you support or have used digital health is where you live. Londoners far outstrip the regions, as 80% are advocates and 69% have used digital health previously. Usage stands much lower in other regions, such as the North West where only 33% of people have used a health app. Therefore significant work is needed to level-up this picture.

Digital health is not only for the young

There are more advocates than not across all age groups. Within this, there are statistically significant differences across age groups (comparing those aged <45 to those aged >55). As may be anticipated, support is highest amongst the younger age groups aged between 18 and 44 (~75%), compared to those aged 45 to 54 (66%), and those aged 55 and over (56%). However, interestingly, more than half (52%) of those aged 65 years and older also support the move to digital health.

These older residents are most willing to use health apps for self-monitoring and tracking symptoms (30%), to aid in recovery following surgery (27%), and to alert of a potential health condition (26%). Therefore digital should not be considered only for the young; it is an effective tool for the elderly, who want to better manage long term health conditions.
Ethnicity is a significant factor in digital health

Across all measures, ethnicity is an important, albeit non-statistically significant contributor to digital health advocacy. Although 64% of people who identify as white are advocates for digital health, this figure is 20% lower than all other ethnicities. At 89%, advocacy is highest amongst people of black African heritage. Whilst ~80% of people who identify as Asian ethnicity are advocates. This highlights that digital health is an effective tool to reach all demographics, and may be very effective when ethnicity is a key factor in a health condition or service.

Digital can strengthen women’s services

There was a slight difference in both uptake of and satisfaction with digital health amongst men and women. Approximately 66.8% of women compared to 63.5% of men advocate for digital health (p<0.05). Because of this, digital may offer a real opportunity to increase support in women’s services.
Digital health advocates

Across the UK, **38%** of people have already used a health app. Amongst these, experiences have been positive, with **87.4%** of residents satisfied with their app, and amongst these **39%** were strongly satisfied.

When asked why, examples given included:

- "Exercises for a shoulder condition were sent via an app and I was able to watch videos on how to perform each one. I could rate my pain level every time I did an exercise and keep track of how many [of these] I did each day. Each exercise also had a timer attached to it. It helped to motivate me to do the exercises."

- "I use a migraine tracking app to help identify migraine triggers and avoid them where possible."

- "I use ‘Headspace’, which has been helpful for guided meditation to relax and practise mindfulness, improving my mental health."

- "I use the ‘Drink Free Days’ app. It helps me monitor how many days a week I drink, and has encouraged me to reduce it."

- "A heart rate monitor [digital health product] confirmed abnormal high rate and now am treated for this"

This research reflects the wider rise seen in demand for digital health. Medical app downloads grew by **50%** year on year across the UK in 2020¹, and global downloads surpassed 3.2 billion worldwide.

It also supports the rise in daily active users. This is significant because it shows people aren’t just downloading these apps and forgetting about them—they were actually using them. Globally, daily active users increased by **24%** from Q1 to Q2 in 2021.²
NHS in digital health choices

Digital tools can empower patients to engage more with their health, including traditionally hard to reach individuals, who find it hard to engage with face to face services. This fits with guidance from the National Institute for Health and Care Excellence (NICE), highlighting the positive role digital health offers in behaviour change.

In terms of NHS involvement in the choice of digital health, our research indicates that good progress is being made. Amongst those who have used a health app, half of people (50%) had their app recommended by a health or care staff member.

Importantly, the research confirmed the significant role NHS and Care staff have in digital health. As across all groups, people are significantly more satisfied with digital health when it is recommended by a health and care professional. Logistic regression demonstrates that the odds of being satisfied with an app are over 100 times higher for those who are recommended apps by healthcare providers, than for those found apps elsewhere and by other means.

And this contribution gets greater with age. For example, 87% of younger people are satisfied with digital health recommended by a professional, compared to 56% when the decision has been made without a professional. These figures start at 78% satisfaction amongst those aged 65 years and older and drop to 7% satisfaction if the decision is made without assistance.
When looking at those who have and haven’t used a health app:

Research revealed a big difference in recommendation by health and care professionals across patients depending on their age. A third (33.8%) of people aged 18 to 24 had their app recommended by a HCP, falling to 21.7% in those aged 35 to 44, 7.4% in those aged 55 to 64, and just 3.8% in those aged 65 and over. Given how many older people are digital health advocates, this represents a significant opportunity.

Similarly, of those using digital health, men were more likely to receive a recommendation for a health app from a HCP (46.2%), compared to women (41%). However, women were bigger advocates of digital health than men, and so represent an untapped audience.

Ethnicity makes a difference in recommendation too. People who identify as white were three times less likely (33.3% vs. 11.5%) to be recommended a digital health product by a health or care professional than all other ethnicities combined. Whilst people of Black and Asian heritage are bigger advocates, recommendation levels still fall short of the advocacy levels expressed.

As the first port of call for healthcare concerns, it is good to see GPs in the most popular position. However as the Primary Care Network sees the introduction of Additional Roles Reimbursement Scheme (ARSS) roles, it is expected that digital health recommendations will increasingly be part of the Clinical Pharmacist, Social Prescribing Link Worker and First Contact Physiotherapist’s tool kit.

It should also be noted that with only 8% of recommendations coming from hospital clinicians there is a significant opportunity to introduce technologies here that reduce outpatient appointments, missed appointments and help patients take greater control of their care.

This involvement by NHS staff is important, as in an unregulated market, it is important that digital health choices are being made safely. From a base of testing almost 9,000 digital health products available in app stores, ORCHA has found that only 20% meet quality thresholds across 350+ clinical evidence, data security and usability measures.³
Conclusion

This external research demonstrates a clear appetite amongst the public for digital health. Despite 65% of people being open to digital health, only 38% to date have used it. This offers a huge opportunity to introduce technology to 18 million people, that will improve health outcomes, particularly at the stages of the patient pathway indicated, which would reduce pressure on NHS services and deliver substantial savings.

There are specific segments where there are clear gains to be made – including amongst the elderly, where long term health conditions are more prevalent. There is also opportunity amongst women, where the appetite is not yet matched by recommendations; this is also a space where there are both brilliant technologies, but a high level of poor quality products too.

The role of the NHS in helping people to choose a digital health technology also offers significant safety advantages:

- **Firstly**: it would close the gap that exists today - whereby 50% of digital health choices are made without NHS advice. With 80% of health apps today falling outside of quality standards, this will be putting residents at harm.

- **Secondly**: it is not clear how NHS or local authority staff today select the recommended digital health. Recommended products should meet advisory frameworks for assessment, such as the NHS DTAC. They should be checked with each product update, and tracked to enable product recall. If this isn't happening today, there will be significant governance opportunities to gain from a closed loop digital health system.

ORCHA assesses digital health technology for DTAC compliance for NHS and Local Authorities in 70% of regions. It re-reviews each technology with every update to assure ongoing compliance. It provides smart digital health libraries and prescription tools, allowing health and care professionals to access a formulary of digital that meet the criteria for their patients.

To discuss this research, your goals, and how ORCHA can provide a closed loop quality process to ensure the best digital health is recommended to your patients, please contact:

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About ORCHA

The Organisation for the Review of Care and Health Apps (ORCHA) is the world’s leading, independent digital health evaluation and distribution organisation. We help health and care organisations to deliver the right digital health apps, to the right people, at the right time. Our unique insight, assessment, and implementation services are improving the health of the population, the health of our health systems and the health of the health app ecosystem.

ORCHA conducts reviews for government organisations across Europe, the Middle East, and Australasia. In the UK, ORCHA conducts reviews for NHS England, CQC, NHS Digital and NHS providers in 70% of regions. NHS England is accelerating adoption across the NHS, placing ORCHA in its National Innovation Accelerator Programme.

We have a range of products that support NHS and local authority organisations in closing their digital health opportunity gap, including:

- **Digital health assessments**: to achieve consistency and safety of all products deployed, it is vital to confirm the quality and compliance by assessing products against the NHS DTAC.
- **Digital health library**: to support professionals to safely find, compare and recommend assessed apps to service users or specific cohorts by email or text.
- **Digital health academy**: a CPD-accredited education and training programme to arm health and care professionals with the knowledge and skills to incorporate digital into their practice.
Example programmes

Examples of programmes conducted by ORCHA can be found below:

**Dorset ICS:**
https://orchahealth.com/how-dorset-is-becoming-a-digitally-enabled-population/

**Good Thinking, London’s Digital Mental Health Service:**

**Staffordshire Public Health:**

**Northern Ireland Government, COVID-19 response:**
https://www.youtube.com/watch?v=5un09bWz2hk

**HSCNI, dementia services:**
https://www.youtube.com/watch?v=G0xRgtN0klg

**Papyrus, suicide prevention helpline:**
https://www.youtube.com/watch?v=hVXcY6G7KmQ&t=102s

To see more case studies, please visit: https://orchahealth.com/our-impact/

Sources


3 https://www.bbc.co.uk/news/technology-56083231