

## AIM

1. To understand why some people are digitally excluded from using the SWL MSK Self-Management App
2. Implement changes to improve inclusion

## BACKGROUND

The SWL MSK digital self-management app has been rolled out across SWL. Patients from more deprived and ethnic minority communities are not taking up the app or are not being prescribed the app. The digital exclusion faced by these groups results in inequalities in access, experience and outcomes of care.



Beliefs



Barriers



Enablers



Solutions

## METHODS

This was an exploratory qualitative design involving two phases.

### Phase 1 Data collection:

A questionnaire was developed to assess the 'acceptability' of getUBetter for patients and clinicians. We mapped each question to the 'Theoretical Framework of Acceptability' ([Sekhon et al 2017](#)). We used purposive sampling to select participants likely to be digitally excluded.

Following the questionnaires we interviewed 10 patients and 10. clinicians to gain a deeper understanding of potential digital exclusion. The Theoretical Domains Framework (TDF) v2 ([Michie et al 2014](#) and [Atkins et al 2017](#)) was used to create a topic guide for the interviews.

### Phase 2 Thematic analysis:

We used a six step thematic analysis process as described by [Braun and Clarke \(2006\)](#)



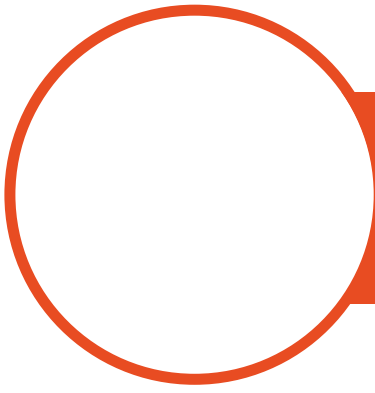
## RESULTS

We identified four themes (fig 1) and sub-themes with regards to digital inclusion in SW London. There were more positive beliefs than negative beliefs, but digital capabilities and trust were commonly stated to be a barrier to digital inclusion. Ultimately we gained rich data to enable us to overcome potential exclusion and improve digital inclusion across SWL.

## CONCLUSIONS/RECOMMENDATIONS

Training and support for clinicians and patients is needed to build trust with using the SWL Digital MSK Self-Management app. We also recommend that community groups are engaged to further maximise uptake and impact of the app.

Fig 1



**BEN WANLESS**

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