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Multidisciplinary teams must work together to co-develop inclusive digital primary care for older people

The COVID-19 pandemic has abruptly changed healthcare service delivery.¹ In a few weeks, clinicians and patients were asked to transition from face-to-face contacts to 'digital-first' solutions (that is, telephone, video, online) wherever possible.

However, there is a real risk that innovation entrenches inequalities in care access, delivery, and patient safety.² The adoption of digital technologies is known to happen unevenly across different groups, therefore contributing to the so-called 'digital divide'.³ Older people seem to be particularly underserved: evidence shows that increased age is associated with less access to technology and lower digital literacy,^{3,4} which may contribute to lower adoption, less sustained use, and less access to care and treatment. Paradoxically, this same group was identified as high risk and is more likely to have comorbidities, physical disabilities, and be shielding,⁵ and, therefore, they have most to gain from the regular and remote care that digital technologies can offer.

For these reasons, it is critical to work with a diverse group of older people, particularly from seldom heard groups. GPs and other healthcare providers, researchers, designers, and relevant voluntary and community organisations must come together to explore the main barriers and enhancers to access remote and digital care, and find innovative ways to translate these findings into high-quality solutions to improve the experience both for providers and patients — in order to deliver high-quality, patient-centred care that leaves no one behind.

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Competing interests

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Herd thinking

Thank you for your remarks on COVID vaccination in your October editorial 'Herd thinking'.¹ You are absolutely right that the positivist philosophical approach that some doctors might use to persuade patients of the benefits of vaccination is often not shared by the patients.

However, all is not lost. As I described in an article in your journal,² the way forward is to identify the patient's explanatory perspective and, having identified it, to respond within that perspective. This is a technique that every successful salesman has learnt and which I make no claim to have invented. In the case of immunisation, many of the papers quoted in that article come from the World Health Organization 'Sociology and Immunisation Project', which has sponsored relevant research all over the world.

Much has been written and well written about immunisation since,³ but I do not think that this basic point has been superseded.

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