

Developing NHS Online

Healthwatch Barnet consultation response March 2026

Explaining NHS Online

1. What insight(s) can you share on people's use of digital health services, such as signing up to and using the NHS App, using online referral tracking tools, booking appointments online or giving feedback virtually, in your local area?

We regularly discuss access to digital health services with patients in Barnet and find that their experiences vary widely. While many people feel confident using these services, those who are digitally excluded often tell us about the growing challenges that they are facing with accessing health services.

In addition to digital literacy, household income plays a key role in determining patients' access to online services. For example, a national study by Ofcom found that, in October 2025, 7% of households with current or recent fixed broadband contracts had found it difficult to afford their service in the previous month ([Ofcom 2026](#)).

In February and March 2026, we surveyed 51 people in Barnet about their experiences of digital health services. A demographic breakdown of respondents is provided in Appendix 1 below. A high proportion of participants were minority ethnic people, Disabled people and older people. The majority of survey responses were gathered in Edgware, which is an area with relatively high levels of deprivation compared to Barnet as a whole.

The survey responses provided a wealth of qualitative feedback, which is set out in our responses to questions five and six below. Participants' levels of engagement with digital health services varied considerably:

- Out of the 51 people surveyed, 39 said they had used online NHS services and 12 told us that they had never accessed these services.
- Of the 39 people who had used NHS online services, 11 people told us that they were confident using these services and did not need any support with this.
- Of the 12 people who had never accessed NHS online services, six told us that they had no plans to use them in future.

- When sharing about which services they had used, participants could select as many options as they wished from a multiple choice list. In their responses, 32 people advised that they had booked appointments online, 30 had used the NHS App, eight had tracked their referrals online and five had given online feedback to the NHS.

2. What has worked well to upskill people on understanding, signing up to and accessing digital health services?

From our outreach work in the community, we know that support from free digital skills classes, libraries and community groups is crucial to supporting digitally excluded patients with accessing online services. Initiatives such as the Good Things Foundation's National Databank also play an important role by distributing SIM cards containing free mobile data to people experiencing financial hardship ([Good Things Foundation 2026](#)).

In our recent survey of 51 patients, we asked respondents about what had helped them, or would help them, to access digital health services.

As noted above, 39 of these 51 patients had already used NHS online services. We asked these respondents how they heard about NHS online services - they could choose as many options as they wished from a multiple choice menu:

- Information from GPs was the most prominent driver of uptake. We found that 18 people heard about NHS online services through a conversation with their GP, nine people accessed this information through their GP surgery's website and one person advised that, when they phoned their GP surgery, the voicemail message gave details of how to book an appointment online.
- Five people said they found out about NHS online services through their family and friends.
- Two people said they learnt about NHS online services via a text message from an NHS provider and only one person said they found out about these services from social media.
- In addition, three respondents mentioned that, as well as being patients, they work for the NHS, and that they had learnt about online health services through their professional roles.

We asked all respondents about what has helped them, or would help them, to access digital health services. Again, respondents could choose as many options as they wished from a multiple choice menu. The two most popular answer options were clear written instructions and videos explaining services.

- Written instructions:
 - Of the 39 people who were already using NHS online services, 24 said that clear written instructions had supported them to access these services. Four people said that further clear written

instructions would help them to increase their engagement with these services.

- Of the 12 people who had never used NHS online services, four said that clear written instructions might help them to access these services in future.
- **Explainer videos:**
 - Of the 39 people who were already using NHS online services, four said that explainer videos had helped them access these services. Seven people said they thought explainer videos could help them to increase their engagement with these services.
 - Of the 12 people who had never used NHS online services, only one person said that explainer videos might help them to access these services. It is possible that these respondents were less engaged with digital media overall and therefore less likely to watch online videos.
- **Other:**
 - One respondent selected the option that 'a paper leaflet' had helped them to access NHS online services and two people said they thought this type of leaflet could help them.
 - One person said that a free IT drop-in class had supported them to access digital healthcare and three people said they thought a class of this kind could help them.

Patient choice

3. How can we help patients understand how the Online NHS Trust will work in practice, especially when:

- a) choosing to be referred to NHS Online through a primary care appointment**
- b) arranging consultations and diagnostics through the NHS App**
- c) the stages of treatment along standardised pathways**

4. What communication is needed to help patients and clinicians understand their new choice?

The consultation document indicates that some patients will be referred to the new Online NHS Trust via a primary care appointment. When considering how to communicate about the Online NHS Trust with patients, it will be important to note that:

- Some studies suggest that 40-80% of medical information provided by healthcare practitioners is forgotten immediately by patients ([EAR 1996](#)).
- Primary care staff will often be dealing with many other demands on their time alongside explaining the Online NHS Trust to patients.

As noted above, in our small survey of Barnet residents, only a few patients cited paper leaflets as an important route for learning about online services.

Nevertheless, the provision of leaflets alongside follow-up emails and texts will be necessary steps to aid patient understanding.

In addition, we regularly receive feedback from patients which indicates that GP websites are a key source of information for them, but that the standard of these websites varies widely. We recommend that the Department of Health and Social Care [DHSC] provides good quality template copy for GP websites which can be easily adapted and links to key sources of patient information.

Finally, it will be important to allow and plan for the staff time which will be needed to support patients who are not digitally proficient with accessing the Online NHS Trust.

In relation to the NHS App, patients often tell us that they are confused by publicity stating that they can book GP appointments online via the NHS App, when in many cases they are not able to do so. We recommend ensuring that communications in this area reflect the reality of triaging systems. In addition, predictability will be key to increasing engagement with the NHS App – patients respond much better in cases where they are clear whether they will receive a response in e.g. 24 hours, 72 hours or another timeframe.

Benefits and opportunities

5. From your knowledge of local patient experiences, what do you see as the main benefits of the Online NHS Trust for patients in your local area? In your response, please identify where these benefits may differ for different cohorts (for example, considering characteristics, geography, digital literacy).

If it is executed successfully, the Online NHS Trust will reduce waiting lists and provide more people with convenient access to specialist doctors from across the country.

The key challenge will be that the people least likely to benefit are those experiencing digital exclusion and health inequalities. It is therefore crucial that the NHS works to both widen access and ensure that those who cannot use online services are provided with effective alternatives.

In our recent survey of 51 patients, many of the people who were already using online health services told us about the benefits they were experiencing and the opportunities they envisaged for the NHS Online Trust.

'It's very user friendly, it's convenient to book appointments and it's efficient.'

'You have to wait on the phone when you call. My health conditions make it hard but the online appointments make it easy to access health care.'

'I wanted an appointment for my child and my local NHS appointment [waiting list] was 12-18 months. Through the right to choose pathway [I got an appointment] within weeks. That's the difference with moving things online. Being able to access a wider net of professionals is definitely useful. The NHS

can utilise this network as some postcodes have less waiting time. It widens access.'

Several Disabled participants noted that online health services had the potential to deliver particular benefits for people with mobility impairments by reducing unnecessary journeys. For example, one respondent said:

'[For online services] access is easier as a Disabled person – it avoids having to travel around in a wheelchair.'

Risks and concerns

6. What are the key areas of concerns for local Healthwatch organisations about the offer of elective care through the Online NHS Trust and how should they be mitigated?

In our recent survey of 51 patients, a number of people fed back that they either found it difficult to use digital healthcare because of certain challenges, or that they did not use these services at all for this reason.

Digital exclusion

Some respondents said that they found it difficult to use online health services and that apps timed out while they were trying to access them:

'There are no clear written instructions, no clear options. I need an appointment, for example, when I call the GP they tell me to download the app. On the app, I can't see what time or how to book. The options are invisible. It needs to be more clear.'

'If I book the appointment, sometimes it doesn't go through. If I call the receptionist, they ask me to go to Econsult. I find it very difficult.'

'If you are not IT smart, you are just ignored.'

In relation to the Online NHS Trust, some respondents raised particular concerns relating to digital exclusion:

'[This is] a disaster for the elderly. [It's] no good trying to get hold of people via the computer if they don't have the facilities. It should be staggered [and brought in gradually] rather than being rushed. It's becoming too impersonal, we are becoming numbers. We barely see the same doctor twice already, this will reduce relationship and trust.'

'The elderly [living] on their own will seriously struggle to adapt, they're already suffering enough with the digitisation of everything - adding another [thing] will only add to their misery.'

'It will create strain for relatives of older people.'

Finally, one person said that they already found the number of questions in their GP's online consultation form to be a significant challenge:

'When I try to book a GP appointment there are so many questions - that makes it difficult.'

Medical need for in-person appointments

Several survey respondents highlighted the fact that, while phone and video appointments are a safe method for people with certain health issues, other conditions require a face-to-face meeting with a doctor to be properly diagnosed and treated:

'Some conditions get missed through online consultations, which can be prevented when you see patients face-to-face.'

'Some appointments should be face-to-face, like for certain conditions... [the Online NHS Trust will be useful] if it is not used too frequently to see patients [as an alternative to face-to-face appointments]. You don't want to miss anything vital.'

Another survey respondent shared a concern that, if a patient is very unwell (and therefore has a pressing need to access healthcare) they may struggle to communicate this online:

'If people are very unwell, I worry they might not be able to use it.'

Relationship building and mental health

A number of survey respondents said that face-to-face appointments were important for building trust and facilitating better communication:

'I don't think [the Online NHS Trust] will be useful because it's better to go face-to-face, there is more trust. It's easier face-to-face, you can explain problems better – you can see the person who is treating you.'

'Face-to-face appointments mean doctors can see my situation and how I'm feeling about the illness.'

One respondent shared that they found using online NHS services 'mentally distressing':

'It is mentally distressing to manage it by myself... I get stressed out every time I have to book an appointment online.'

Data security

Several respondents noted that, if they were to use the Online NHS Trust, they would want to be confident that their privacy would be respected and their data stored securely:

'Security and privacy is a concern for me - you don't want any personal details going anywhere.'

'Security is always an issue but I'd hope it is rock solid. If patient data is secure, then it's all good and it will improve the service.'

Continuity of care

Some survey respondents said they thought the Online NHS Trust would raise risks in relation to continuity of care:

'[There are risks of] missing data, incompetent coding, missing information.'

'I am already in situations where I am asked to go to either my doctor or my surgeon for the same thing. The new Online Trust should account for this - so patients aren't pushed around to different people who are avoiding their responsibility.'

One person noted that they had needed to use self-advocacy skills in order to negotiate NHS systems, but that not all patients would be able to do this:

'I've had to advocate [for] myself but I wonder how people who don't know how to do this will navigate the system.'

Disabled people

As is outlined above, a few participants noted that online health services can benefit some Disabled people, for example by reducing unnecessary travel.

However, other respondents shared specific challenges faced by Disabled people when accessing online health services:

'Visually impaired people need it to be compatible with their screen reader, if it is inaccessible they are excluded. The NHS should work more with the RNIB [Royal National Institute of Blind People] to make them more accessible. People with mobility issues like arthritis will struggle [with typing].'

'No, I find it very hard to learn how to use things digitally... my health impacts my ability to learn. I prefer seeing doctors and explaining my issues. Phone appointments don't feel helpful at all. They don't understand my problem over a call or online.'

Non-English speakers

One respondent explained that they struggled to access online health services due to language barriers with written English:

'I find it hard to book appointments online as English is not my first language and I am not very comfortable in English. [For me] a video consultation is better than a phone consultation because I can put a face to the voice.'

Patient experience and feedback

7. How can we work with you and the public to design the Online NHS Trust?

Co-design with patients, and the voluntary sector organisations who represent them, will be crucial to ensuring that the Online NHS Trust does not lead to a widening of health inequalities. The key challenges will be ensuring that the Online NHS Trust meets the needs of a critical mass of people experiencing health inequalities, and that effective non-digital routes are available for people who cannot engage with the Online NHS Trust. Groups at risk of exclusion will include Disabled people, people in financial hardship and older people.

The current funding cuts to Integrated Care Boards and the proposed abolition of local Healthwatch will make it more challenging for the DHSC to work with

the public to design the Online NHS Trust. We urge the DHSC to put in place plans to effectively engage with the groups listed above at a local level.

8. How should DHSC evaluate whether the policy is a success for patients?

In order to meaningfully evaluate the success of these changes, it will be important to engage with a wide cross-section of the public. This will mean ensuring that, for example, evaluation data is gathered from sufficient numbers of people in financial hardship and Disabled people with particular conditions – such as people with sensory impairments, neurodivergent people, people with learning disabilities and people with severe mental illnesses.

As well as monitoring the experiences of people who are using the service, it will be crucial to gather data from those who are not engaging – to understand the reasons for this and to evaluate whether they have been able to access the medical care they need through non-digital routes.

Finally, the DHSC's evaluation methods should include monitoring of patient safety outcomes for the Online NHS Trust. This will include ensuring that statistical data is consistently gathered on how this mass online intervention impacts on the timeliness of diagnoses and urgent treatment. Reduced waiting lists will hopefully lead to faster diagnoses and treatment. On the other hand, diagnoses and treatment may be delayed or missed as a result of data errors or phone/video appointments being provided where a face-to-face consultation with a doctor is needed. It is vital that consistent monitoring takes place so that lessons are learnt both in individual cases and at a system level.

9. What should the new Online NHS Trust learn about processes for capturing and responding to patient complaints?

Recent research, including a 2025 report by Healthwatch England, has highlighted an urgent need to improve NHS complaints handling processes ([Healthwatch England 2025](#)). We recommend that the DHSC carries out a detailed review of the available evidence and uses the findings to design a robust complaints process for the Online NHS Trust.

10. How should the Online NHS Trust ensure people's experiences are captured and used for service improvement?

Please see responses to questions eight and nine above.

Final question

11. Do you have any wider comments that you would like to share?

No.

Appendix 1: survey demographics

In February and March 2026, we surveyed 51 people in Barnet about their experiences of digital health services.

Of the 51 surveys, 32 were carried out in Edgware Community Hospital and 19 were gathered in Finchley Memorial Hospital. Out of the 51 people surveyed, 39 said they had used online NHS services and 12 told us that they had never accessed these services.

A demographic breakdown of the survey respondents is provided below.

Disabled people:

- We asked respondents: 'Do you consider yourself to have a disability or long-term health condition? When we use the term disability/long-term health condition we mean any neurodivergence or physical, sensory, learning or mental health condition or impairment.'
- 25 respondents said 'yes', 22 said 'no', one person selected 'prefer not to say' and three people did not answer this question.

Gender:

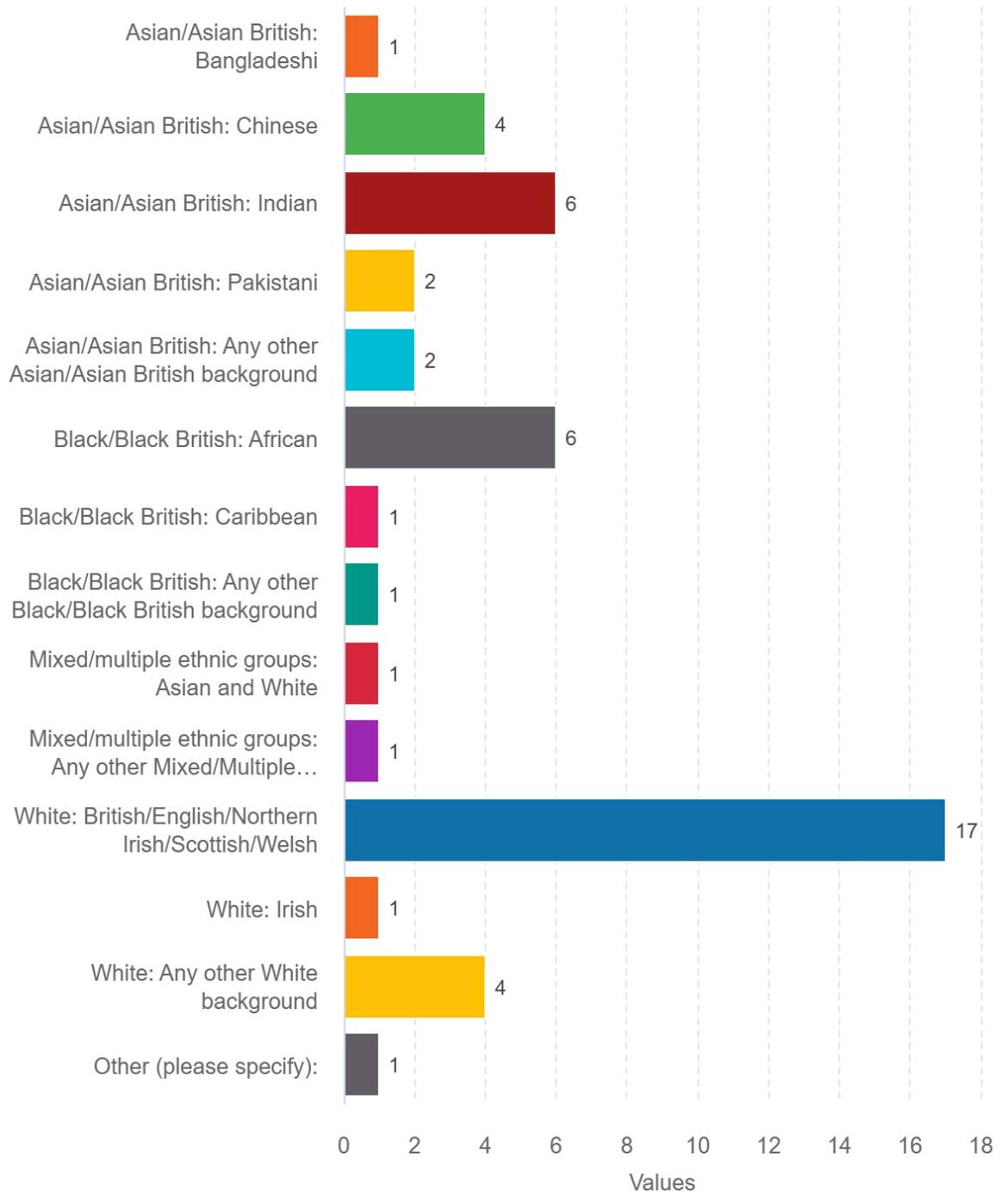
- Of the 51 respondents, 27 identified as women, 20 as men and four people did not answer this question.

Age:

- The majority of respondents were older people.
- One respondent was aged between 18 and 24 years; eight were aged between 25 and 49; 12 were aged between 50 and 64; 18 were aged between 65 and 79 and nine people were aged 80 years or older. Three people did not answer this question.

Ethnicity:

- 34 out of 51 respondents were minority ethnic people. The chart below provides a breakdown of respondents' ethnicities. Three people did not answer this question.



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