healthwatch Sutton

Developing NHS Online: Local Healthwatch Consultation

Healthwatch Sutton Response, March 2026

Introduction

The Department of Health and Social Care (DHSC) and NHS England are working to establish a new online service which will deliver online elective services as part of the NHS, referred to as the Online NHS Trust.
When the establishment of any NHS Trust is being considered, there is a duty on the Secretary of State for Health and Social Care to first consult with the relevant local Healthwatch. As the Online NHS Trust will operate nationally, the Secretary of State is seeking the views of all local Healthwatch organisations. Our response is based on findings from our work, responses to the 10 Year Health survey and feedback provided by our members at the last Healthwatch Sutton Annual General Meeting (AGM). This document presents our official response to the consultation and was structured by consultation questions.

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?**
   Healthwatch Sutton surveyed Sutton residents in January 2026 about their views on the NHS 10 Year Plan's 3 shifts, including 'Analogue to Digital'

   Our survey asked Sutton residents about how confident they are in using the NHS App for booking GP appointments. Out of the total responses (n=4156), 46% people expressed that they are very confident in using the system, 32% quite confident, 9% not sure, 7% quite unconfident, and 6% very unconfident. This survey was shared by email, however, which may skew the proportion of respondents who were confident using the App, compared to Sutton's population as a whole.

   Results from the survey also revealed that some people don't have access to digital technology or prefer to use other formats of appointment booking, for example over the phone. For those, other options for booking appointments should remain available.

Some respondents shared that they are not comfortable with sharing health information on the App or that they have data security concerns.

Signing up to and using the NHS App

While some people found it easy to sign up and use the App, many found the process of navigating the App difficult. The difficulties experienced by respondents varied, with common themes including difficulties with logging in, overly long forms, difficult to answer questions, or triage processes difficult to navigate. Responses demonstrate that some groups experience significant barriers to using the App, particularly the elderly, disabled, and people with limited English proficiency.

Respondents also highlighted numerous systemic issues with the App. Several noted that referrals, scheduled surgeries and hospital appointments do not appear within the app. Additionally, others reported that not all services have been fully integrated into the NHS App, meaning people are often required to navigate multiple platforms.

Respondents highlighted suggestions for improvements:

- more straightforward questions
- need for improved interface between GP surgeries and the NHS App

Booking appointments online:

A key finding from the survey was the difficulty in booking appointments through the NHS App, due to systemic issues. For example, there is a very limited number of appointments available on the App, or appointments don't show up; inability to choose a specific GP; inability to book an appointment in advance, time restricted access to appointments bookings.

Respondents suggested a number of improvements for appointment booking:

- need for more appointment availability on the App
- need for clear information about times of available appointments
- need for 24/7 appointment booking availability on the App
- clear appointment descriptions
- ability to book an appointment with a specific GP

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

In Sutton, the Voluntary and Community sector provide support sessions for people using the NHS App and other digital services.

Anecdotally, some elderly residents rely on younger family members, including adult children acting as informal carers, to use digital health services. One adult commented that their parents 'would not be able to cope' without them.

GP Practices may also have data on the demographics of their patients who use online services. One GP Practice showed us some of their Anima users were elderly. It's important therefore not to assume all elderly people are digitally inactive.

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

Communication from their GP Practice needs to explain that the Trust is now available. It also needs to reassure patients that it is optional. It may be best if GPs themselves deliver this communication, as patients may see them as a trusted source of information within the NHS.

b. arranging consultations and diagnostics through the NHS App

If DHSC want the NHS App to be how patients access the Trust, they need to do as much Comms as possible to promote it. What touchpoints do they currently use for this? Could they use others in the future, both inside and outside the NHS?

c. the stages of treatment along standardised pathways

Can patients receive a care journey timeline? For example:

Referral (DATE) Consultation (DATE) Treatment (DATE) Review (DATE)

Discharge (DATE)

Patients could receive reminders for each upcoming stage. The notes from each could be attached afterwards. It could be updated with additional stages/delays. Underneath could be details of the 'contact route for people to use if they have any problems or uncertainties.

Responses from our January 2026 survey, as discussed above, also revealed that people would like to see:

- improved website navigation
- specific support for elderly people
- clear triage questions
- clear instructions on how to use the App
- simplified process of navigating the App

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

From a patient perspective, one of the key messages is that the Trust is optional. However, even if guidelines say this, patient-facing staff, both clinical and non-clinical, need to too. Healthwatch Sutton has received comments from people who said their GP Practice told them they could only book an appointment online, even though guidelines state patients can book online, over the phone or in person. There's a risk that the same will happen with the Trust: patients' NHS interactions 'on the ground' could leave them thinking the Online Trust is the only route into certain services. For clinicians, they need to know how their existing responsibilities would balance with their involvement in the Trust.

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).**

Accessibility: Remote appointments could help people who find it harder than others to travel to in-person services. However, they may still ultimately be required to do this, depending on the care they need. Freeing up in-person appointments would also help those who cannot have remote ones.

Convenience**:** If appointments can be remote and in the evening and weekends, that is going to be more convenient for people with other commitments, such as childcare and employment. Healthwatch Sutton has heard about people not wanting to/not feeling comfortable missing work to attend appointments, or

struggling to be available at the right time to book one (e.g. 8am), because it's during the school run or their commute.

Information**:** Patients would appreciate having more access to information about their health and NHS record. However, this depends on such information being accurately recorded and uploaded.

Waiting lists: If patients are on a waiting list, knowing the next steps and projected timelines reduces their uncertainty and feeling of being forgotten. However, the information needs to be relatively accurate. If a patient is told their appointment is in 2 weeks and this is pushed back to 6 weeks, they may lose confidence with the Trust and disengage, particularly if this happens more than once.

Clinician access: If the Trust gives patients access to a greater pool of clinicians with expertise, that could benefit them.

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

Patient choice: As said, the NHS needs to be open with patients that the Trust is optional. Patient-facing staff in particular need to give this message. NHS England's website may clarify it is optional, but patients may still think they are expected to use it if frontline staff give that impression.

Two Tier system: As said, there is a risk of worsening inequalities if the Trust becomes the route to better care, although DHSC seems to recognise this. However, how can the Trust *not* create a two tier system if online access expands the pool of clinicians who a patient can see? Also, if patients using the Online NHS Trust need treatment, how will they re-enter the treatment queue alongside patients who used the traditional routes, without making the order unfair? Even if DHSC successfully addresses these points, patients may still *believe* not using the Trust disadvantages them. DHSC would need to offer the right reassurances and evidence that this isn't the case.

Clinician engagement: How much clinician input has there been in the Trust's design? How much buy-in is there from them? How many clinicians are going to participate in the Trust if doing so is optional? How will those that do balance it with

their existing work? Will they work from home? If so, are there any cyber security implications, if clinicians can remotely access the Trust's servers?

Use of AI: How will the Trust use AI? Will it be open or closed AI? Can patients use the Trust but decline to the use of AI in their case?

Personal Data: Where will the Trust store personal data? Will it be within the UK, EU, USA or elsewhere? How will it communicate its Privacy Notice to patients? Patients will not have time to read it during a GP appointment, if that is when they are offered a referral to the Trust.

Limited number of treatment areas: The Trust will initially cover four planned treatment areas. This seems reasonable from a resource point of view, and the Trust intends to expand into other areas. However, how will patients with other conditions which the Trust doesn't cover react, particularly if the Trust is a success? How can DHSC justify the planned treatment areas to them?

Community Access: How realistic is it for a patient to discuss their health at a remote appointment in a community space, like a public library? Even if they are in a private space there, they may feel concerned about being overheard. This could impact what they discuss and the questions they ask. Can these patients use designated spaces in healthcare facilities instead?

Traditional service capacity: Has DHSC modelled how much the Trust would free up capacity in traditional services?

Patient scepticism: Some patients will be sceptical about the value of remote appointments. Some question why the NHS is creating 'new' services rather than improving existing ones. DHSC needs to explain this to them.

Note sharing: The Trust will have 'good note sharing as standard'. However, some patients tell us clinicians do not read their notes in advance. Clinicians in this Trust will need sufficient time to do this and it will need to be part of the working culture.

Complaints Procedure: Some patients will want to make a complaint about the Trust. With such a large range of staff and services, who will be accountable for handling complaints? Is there going to be a dedicated complaints team, with well-established processes for contacting different Providers, to progress resolutions?

NHS App: If patients can't use their NHS App to successfully book a timely GP appointment, will encouraging them to use the App for the Online NHS Trust be a non-starter? There's also the issue around patients' access to digital technology. Some patients do not have a computer or smartphone, due to affordability, age, disability or other factors. Even some of those who do lack the confidence to use them. Patients in these groups are at risk of being blocked out from the Trust.

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

Local Healthwatches (LHW) and DHSC could hold patient workshops. If DHSC provided tablets with a test version of the Trust's digital interface, patients could feedback on its accessibility. There could also be an open session where DHSC representatives discuss the Trust with patients and hear their feedback.

Such discussions could be an effective way of engaging groups experiencing health inequalities, as LHW could invite representatives from those communities. LHW could also partner with VCSE organisations, such as their local Age UK, to hold workshops at those organisations' normal community events. This could help engage residents who may otherwise not attend.

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

Patients will vote with their feet. If using the Trust is optional, then the percentage who do over time will be an indicator of success. However, the Trust needs to measure the number of people accessing and receiving care through it, rather than just those who have opted in.

If there's data showing that the Trust's users have completed their care more quickly and with fewer touchpoints than traditional services, that would show success. However, it would also suggest there is a two-tier system, unless accompanying data shows traditional services have also improved due to additional capacity.

Finally, DHSC should listen to the staff working for the Trust. Every contact those staff have with a patient using the Trust is a form of engagement. Did the patient seem to know what the Trust was and how it worked? Were they unsure about the next steps, or did they seem informed and confident? Did they have a lot of questions? Did they praise the Trust or complain about it?

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

It needs to be easy for people to complain. That's not to encourage a proliferation of complaints, but some people with legitimate concerns won't bother if the process is convoluted and difficult.

The Trust could include a digital facility for people to upload complaints. However, others may want to speak to a human, particularly if their complaint is complex or emotional. Will the Trust have the resources to offer this? Is there a role for AI?

How will complaints data be communicated to the Trust's senior leaders? Will they only receive statistics or anonymous case studies too, which can inspire actions?

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

Some kind of feedback survey integrated into the Trust could work. For example, three questions where the patient scores aspects of their experience out of 10, with an option to give further comments. Again, could the Trust analyse the results with AI?

The Trust could also arrange a series of online and in-person focus groups with patients. These could be held in different regions on a rotational basis, with incentivisation vouchers provided. Trust representatives could attend to hear patients' feedback. Local Healthwatches could share details of such focus groups with their networks.

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

The Trust could help patients if delivered well. The core challenges are embedding it into the existing NHS without confusing staff and patients, and avoiding the creation of a two-tier system.

A certain amount of patient feedback in advance will help design the Trust, but feedback received once the Trust is operational will also be useful. Healthwatch could support both these types of engagement and share further feedback received with the Trust and DHSC.

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