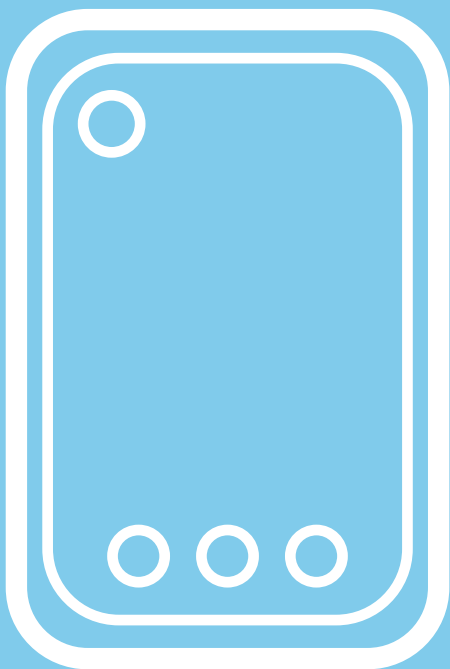


# Online NHS Trust: Local Healthwatch Consultation

South West London

Healthwatch Response



## Introduction

In December 2025, the Department of Health & Social Care (DHSC) asked all Local Healthwatch organisations to feedback on its proposals to create a new Online NHS Trust. The rest of this document will refer to this Trust as 'the Trust'.

The Trust will initially offer online elective care for the following treatment areas: gastroenterology, urology, gynaecology and ophthalmology. These have been selected for having the longest waits.

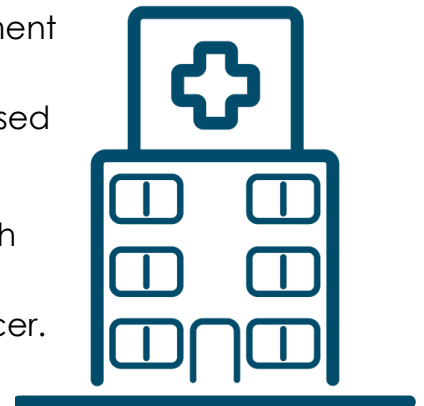
People will access the Trust through the NHS App and using it will be optional. DHSC plans to start testing the Trust with patients in January 2027, and launch it later that year.

DHSC has asked all local Healthwatch organisations (LHW) for their views on the Trust. It ran a consultation in March 2026 which LHW could respond to, answering a number of pre-set questions. DHSC provided a summary of its proposals for the Trust to inform this.

In South West London, Healthwatch Croydon, Sutton, Kingston, Richmond and Wandsworth all responded. Their responses drew on their previous engagement work, anecdotal feedback and experience of PPIEP (Patient & Public Involvement, Engagement and Participation).

Healthwatch Croydon also carried out additional engagement to inform its response. It spoke to 25 patients at Croydon University Hospital, who had experience of the Trust's proposed initial four treatment areas.

The following report summarises the key ideas from the South West London LHW's responses. It was written by Andrew McDonald, South West London Healthwatch Executive Officer.



## Key Ideas

### Optional Nature

One of the Trust's principles is that it is optional and people do not have to use it. They can choose to access care through traditional pathways instead. However, explaining this choice to people is crucial, so they don't feel that their care is at risk if they don't use the Trust. As DHSC suggests, GPs could play an important role here, on the basis they are seen as a trusted source of information within the NHS.



Can reassurance also be given at a South West London level, explaining what the Trust is, that it is optional and what choosing it means for the person's care? It's also important to clarify if people can opt out of the Trust during their care, if their circumstances change or they no longer wish to use it.

### Two Tier System

LHW are concerned the Trust could create a two tier healthcare system. People using the Trust should have fast access to a large pool of clinicians. Will this pathway offer better care and shorter waiting times compared to those opting out and choosing the traditional route instead? If the Trust does allow people to move quickly through certain pathways online, how will they join waiting lists for treatment without jumping the queue? How can these risks be mitigated so there is parity for people using and not using the Trust?

### Accessibility

The Trust will enable people to have virtual appointments for certain pathways. This could benefit those who have difficulty attending in-person appointments. For example, those with mobility issues, work or caring responsibilities or certain mental health conditions or types of neurodivergence.

Offering more virtual appointments could also ease the burden for people with multiple health conditions, who would need to attend less in-person appointments.

People with work or caring responsibilities could particularly benefit if virtual appointments are available in the evening and on weekends, as these times are possibly more convenient for them.

People with English as an Additional Language (EAL) could also benefit. South West London's healthcare system serves a diverse population and the Trust could connect people to clinicians in other parts of the UK who speak their first language. However, how would this be integrated into their care elsewhere in the NHS?

## **Health Inequalities**

Against the previous point, people affected by various circumstances, such as financial deprivation, physical and mental health conditions and EAL could all miss out on the Trust, entrenching pre-existing inequalities experienced by those groups.

For example, people with hearing loss may not be able to have virtual consultations. However, the Trust could in theory lead to more availability of the in-person appointments which they would need.

There are also considerations for refugees, asylum seekers and migrants. For example, it is not possible to register for the NHS app with a non-UK mobile number, so there is a risk they will not be able to access the Trust.

## **Digital Poverty & Exclusion**

The Trust will be accessed through the NHS App. Where does this leave people experiencing digital poverty and exclusion? Some residents cannot afford a Smartphone or Computer and Wi-Fi. They may have no option but to use traditional pathways for accessing care.

There are also those who have the requisite technology but lack the skills or confidence to use it. This could be due to factors like age and certain disabilities. It's important not generalise, as some people from those cohorts do use digital tools with confidence. However, for those who do need further support, will this be available to them?



## Face to Face versus Digital

The Trust provides a digital-first way of accessing NHS services. However, how many people in South West London want this? How many prefer face-to-face pathways instead?

The reasons for the latter preference are not only about the barriers to using digital services previously discussed. There are others who *could* use digital but still prefer face to face. They may think it gives them a better rapport with the clinician, which feels less transactional, or they think their appointment is more thorough. They may feel more comfortable discussing confidential matters in person and less concerned about data security. How far can the Trust push back on these preferences without devaluing patient experience?

Perhaps DHSC thinks people need to be encouraged to use the digital-first Trust, even if they currently prefer face to face services. If digital-first benefits the NHS, in terms of efficiency and resources, could this be in peoples' long-term interests, even if they don't prefer it at the time?



## NHS App

As said, people will access the Trust through their NHS App. However, there are other apps which people use to access NHS services. For example, [MyCare](#), which is available to patients over 16 at St George's, Epsom and St Helier Hospitals. There needs to be clear communication about the need to use the NHS App to access the Trust.

However, people may not be motivated to use the NHS App for any service if they can't book a GP appointment on it. Is this functionality available at all GP Practices in South West London? Of all the GP appointments recently booked there, how many were booked through the NHS App?

## Data Protection & Artificial Intelligence

The Trust will use AI to help deliver its services. Which AI will it use? Will peoples' data be used to train its models? Will a human check its decisions? Can people use the Trust but opt out of its AI functions?

Where will peoples' data from the Trust be stored? Will it be within the UK or another country? What rights will they have over it? How can they access a Privacy Notice to help them decide if they want to opt in to the Trust?

## Communication

The public could be sceptical about the Trust. They may ask why the NHS is creating a 'new' service rather than improving existing ones. What would be the South West London response to this? What are the Trust's expected benefits specifically for people in this part of the country?

Some NHS services are already booked and accessed online, so communications about the Trust need to clarify that it is a new service which is different to what currently exists.

Communications could include printed materials at GP Practices and community centres, online adverts on social media and physical assets in places like supermarkets, gyms and transport terminals. People could also be emailed directly with an infographic explaining the Trust and whether they will be able to opt in.



South West London has a diverse population, meaning communication about the Trust needs to be in multiple languages and formats. Can it be published to the Accessible Information Standard and available in audio, BSL, large print and Easy Read?

Will the communications target communities where uptake of the Trust is predicted to be low? This presupposes a level of engagement carried out to identify such communities, the concerns they have about the Trust and the barriers they may face to using it.

If people want to find out more about the Trust, where can they do this? Also, how can staff familiarise themselves with it, so they understand how it will affect their ways of working and answer patients' questions about it?

## Regional comparison

The Trust will initially focus on four treatment areas with the longest waits: gastroenterology, urology, gynaecology and ophthalmology. However, what

are the waits for these areas in South West London? Are there other areas for which reducing waits would have greater impact here?

## Carers and Advocates

LHW hear from people who rely on carers to look after their health and manage their interactions with the NHS. Will these paid and unpaid carers be able to arrange their dependents' access to and use of the Trust? Will there be limits on what they can see to protect patient confidentiality? What kind of arrangements will there be for people with an advocate who use the Trust?

## Capacity and Staff Engagement

As people under the Trust will attend virtual appointments, there is a potential knock-on benefit of freeing up capacity for in-person appointments. However, this assumes NHS services have enough staff to deliver both. Also, would any additional capacity that is created be available in South West London?



To what extent will the NHS in South West London participate in the Trust? How will it manage its existing workload with the additional care for patients elsewhere in the UK which the Trust demands? Have any NHS staff in South West London played a role in designing the Trust, or have they been consulted on its implementation?

## Information Sharing

The Trust will depend on peoples' information being accurately recorded, updated and shared with all those involved in their care, including NHS services outside South West London. However, LHW receive feedback from residents frustrated with information missing from their NHS app, or feeling that clinicians have not read their notes in advance.

How can the Trust minimise these risks? It talks about a single patient record, but who would be responsible for this? Would patients have access? Would it contain more confidential information, such as mental health diagnoses or LGBTQIA+ identities?

## Safeguarding

How will the Trust ensure it has effective safeguarding procedures? Virtual appointments can make it harder to spot signs of abuse and neglect. They can also make it harder or impossible for people to disclose abuse, particularly if they live with the perpetrator. Where the Trust raises safeguarding concerns, how will it ensure they reach the person's Local Authority?

## Privacy

For those who want to use the Trust but do not have access to a private space with Wi-Fi, what are their options? DHSC suggests people could use public spaces, such as libraries, but how realistic is this for discussing confidential health matters? Equally, some people may find it difficult to use the Trust at home due to a lack of privacy. For example, those living in a house in multiple occupation, or a younger person living at home.

## Signposting, Complaints & Feedback

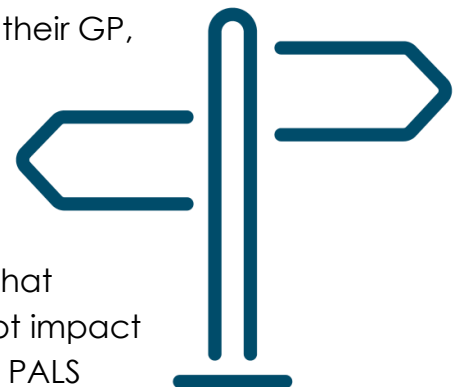
Will the Trust's clinicians have the capacity to signpost South West London patients to other local support services? They could struggle if they are based in another part of the country.

Which ICB will people complain to about the Trust? Will it be South West London or the clinician's, if the clinician is based elsewhere? Will the Trust operate a separate complaints service which is not linked to ICBs?

Will people be able to complain online, over the phone or in person? Will they speak to a professional, or will they need to leave a message, which will receive a response at a later time? Will they have an allocated member of staff, who will be their point of contact throughout their complaint?

If a person has a very complex complaint which involves their GP, the Trust and other Providers, what will the process be for them? What will the system be for people to share feedback and concerns which are not a formal complaint? Will the Trust operate an equivalent of PALS?

It's important to note that people need to be confident that making a complaint or leaving negative feedback will not impact their future care. However, will SWL ICB's Complaints and PALS



Teams have access to anonymous complaints and feedback data from the Trust, to identify trends in South West London patient experience?

Where people leave positive feedback about the Trust, how can the Trust ensure it reaches the right teams, to recognise what is working well and support staff role satisfaction? Again, will positive feedback be tracked, to identify good practice?

## Next Steps & Evaluation

### Testing the model

DHSC intends to test the Trust with the public from January 2027 and launch it later that year.

LHW and DHSC could hold joint workshops to support this. For example, DHSC could provide tablets with a prototype version of the Trust, and members of the public could feedback on how they find using it. DHSC could also hold an open session with participants afterwards, to listen to further ideas they have for the Trust.

It would be important here to test 'unhappy paths' as well as 'happy paths'. The former is the likely issues people could have using the Trust, and the best ways to resolve them.

LHW could focus on involving people from communities who may be more likely to face barriers to using the Trust, due to factors such as digital exclusion or EAL. It could invite individuals from its broad network of community contacts in South West London, to reflect such diverse experiences.

LHW could also partner with VCSE organisations to hold these workshops at the organisations' regular events. This could help engage people who may not otherwise take part.



## Ongoing PPIEP

The Trust could establish a PPIEP Group to provide regular patient feedback on its services. LHW and ICBs could support recruitment and ongoing patient involvement for this.

The Trust could also consider running a patient satisfaction survey at set intervals. This could capture both quantitative and qualitative insight, although it would be important to ensure a broad demographic completed it.



## Conclusion

If the Trust goes ahead, it will be interesting to review its impact in South West London. Will it deliver high quality care, increase patient satisfaction and generate additional capacity? How many people will use it and will some demographics be underserved?

After the Trust becomes established, it will also be interesting to look at the bigger picture for patient experience in South West London? Will patients' experiences of other NHS services be affected?

LHW in South West London would welcome further opportunities to work with DHSC on developing and implementing the Trust. Their focus would be on informing DHSC's processes with meaningful patient engagement throughout.

## Local Healthwatch Responses

### Healthwatch Croydon:

<https://www.healthwatchcroydon.co.uk/sites/healthwatchcroydon.co.uk/files/Healthwatch%20Croydon%20Response%2009%20March%202026.pdf>

### Healthwatch Sutton:

[https://www.healthwatchesutton.org.uk/sites/healthwatchesutton.org.uk/files/2026-03/Online%20NHS\\_HWSResponse.pdf](https://www.healthwatchesutton.org.uk/sites/healthwatchesutton.org.uk/files/2026-03/Online%20NHS_HWSResponse.pdf)

### Healthwatch Richmond:

<https://www.healthwatchrichmond.co.uk/sites/healthwatchrichmond.co.uk/files/Website%20Publication%20Version%20.docx.pdf>

**Healthwatch Kingston:**

<https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Online%20NHS%20Trust%20Healthwatch%20Kingston%20Consultation%20Response.pdf>

**Healthwatch Wandsworth:**

<https://www.healthwatchwandsworth.co.uk/sites/healthwatchwandsworth.co.uk/files/NHS%20Online%20Healthwatch%20Consultation%20%28Healthwatch%20Wandsworth%20response%29.pdf>



# healthwatch

Healthwatch Croydon, Kingston, Merton, Richmond,  
Sutton and Wandsworth

To find out more about this report, please contact:

- [info@healthwatchsutton.org.uk](mailto:info@healthwatchsutton.org.uk)
- 020 8641 9540

Healthwatch Sutton hosts the South West London Healthwatch  
Executive Officer