

# Patient Feedback on the NHS App

April 2026

**NHS**



## Introduction

In December 2025, all Healthwatch organisations were approached by the Department of Health and Social Care to provide feedback on a consultation exercise regarding the introduction of a new NHS Trust called NHS Online.

NHS Online is part of the Government's vision on NHS reforms – *Fit for the Future: The 10-Year Health Plan for England*<sup>1</sup>, to provide more ways for the public to access their health and care through digital means. The intention is that the NHS Online Trust will be accessed through the NHS App which millions of people are already using. The plan says it transforms the NHS App into a "digital front door" to create a "doctor in your pocket" by 2028. People currently use the App to manage their healthcare conveniently, primarily for ordering repeat prescriptions, booking GP appointments, and viewing GP health records (including test results). Users also access the app to check symptoms via 111 online, manage hospital referrals, view vaccination records, and set organ donation preferences.

The key upgrades from 2025–2028 include:

- **Digital Front Door:** Acts as the primary interface for booking, moving, and cancelling all appointments, aiming to end the 8am GP scramble.
- **Online Hospital:** Allows direct booking of scans, tests, and procedures, along with virtual specialist consultations.
- **Data Integration:** Connects with wearable devices, biometric sensors, and smart devices for real-time health monitoring.
- **Personalisation:** Features a single patient record ("patient passport") to centralise medical history.
- **AI Support:** Provides AI-driven, 24/7 instant advice for non-urgent.

The consultation document asked Local Healthwatch to share patient experiences of using the NHS App, together with suggestions for future work around the development of the NHS Online Trust.

This report summarises responses from 71 participants regarding their use, experiences, and perceptions of the NHS App. The findings reflect a range of user experiences—including benefits, challenges, digital barriers, and suggestions for improvement—to support service development and digital inclusion priorities.

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<sup>1</sup> <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

## Key Findings

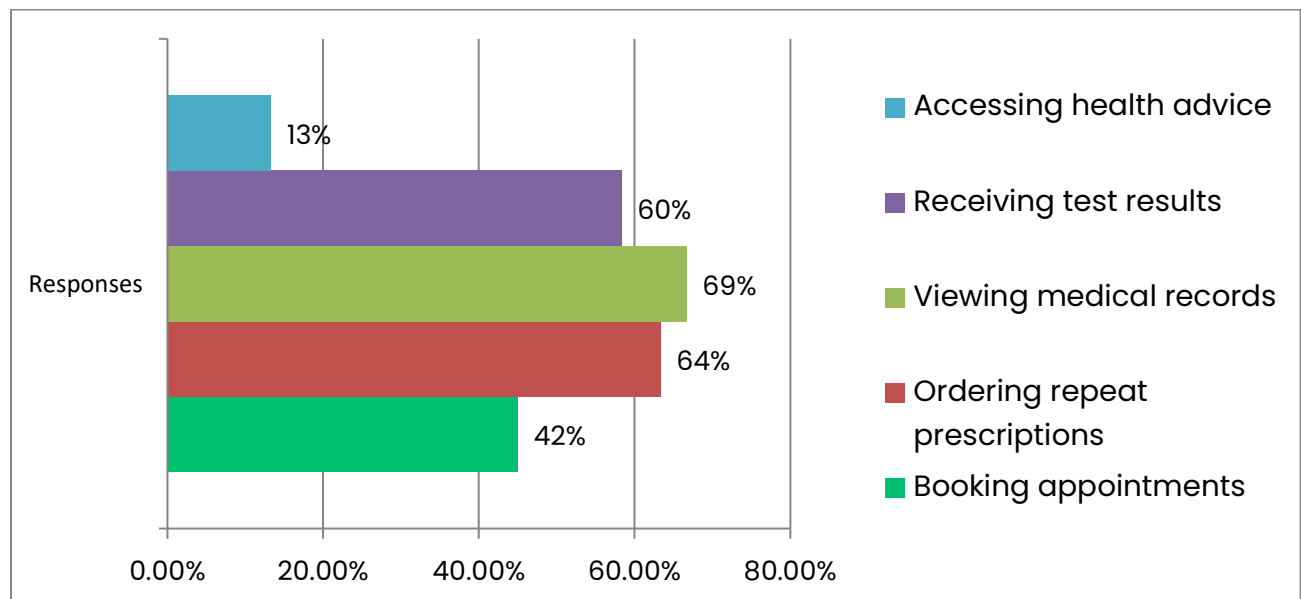
### Usage of the NHS App

- **93% (66 respondents)** reported having used the NHS App.
- **7% (5 respondents)** had not used it.

### Reasons for non-use included:

- Poor eyesight or visual impairment
- Lack of awareness of the app
- Preference for GP-specific apps
- Digital barriers / unfamiliarity

### Most commonly used functions were:



### Additional uses mentioned included:

- Checking health appointments
- Viewing upcoming appointments
- Accessing outdated or incomplete information

## Ease of Use & Confidence using the App

- Very easy / easy to use – **84% combined results**
- Difficult / very difficult – **3%**

### Confidence levels:

- **82%** felt confident using the App
- **13%** felt somewhat confident using the App
- **6%** did not feel confident using the App

Most **confidence** issues related to:



Visual impairments



GP disabling features on the App



Incomplete or inaccurate records

## Challenges Reported

41 respondents provided qualitative feedback. Common themes included:

### Technical or usability issues

- Difficulty logging in or too many steps
- App not user-friendly or information hard to find
- Missing, delayed, or incomplete test results
- GP surgeries disabling key functions (appointments, results)

### Accessibility concerns

- Visual impairments (e.g., eye conditions or poor eyesight)
- Need for clearer explanation of medical jargon
- Need for British Sign Language (BSL) support

- Digital exclusion for older or digitally-inexperienced people

**Service integration problems**

- Hospital results (e.g., Christie Hospital) is missing from the App
- Inconsistent record updates
- Some information from previous GP surgeries is not available

**What people told us:**

*“I will not be able to use the App due to my eyesight problem”*

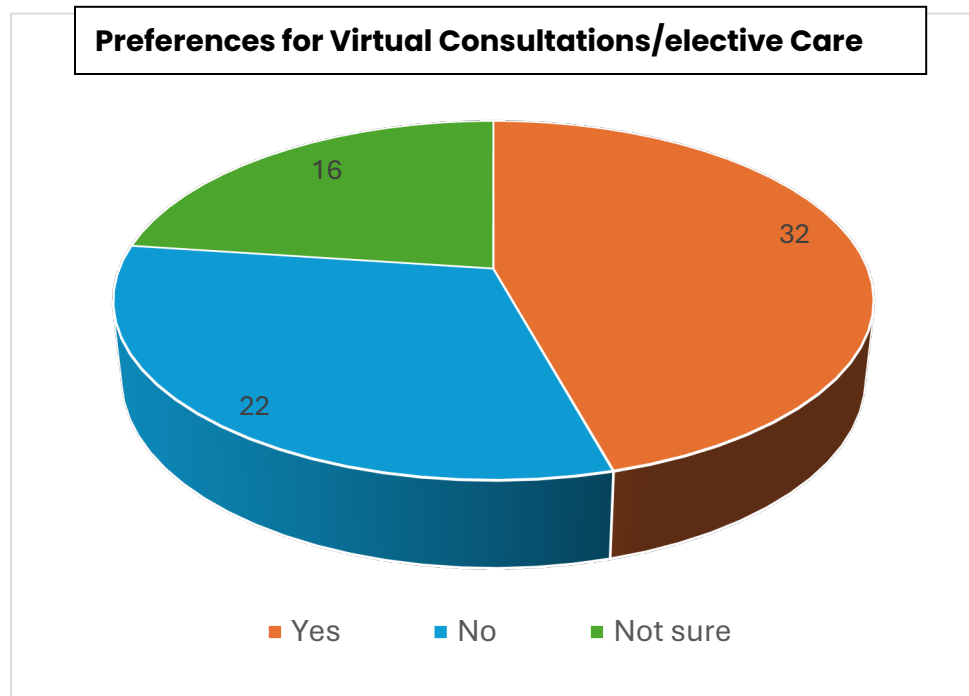
*“My GP doesn’t allow us to book appointments or receive test result on the App”*

*“Understanding test results, there is no simple explanation on what they mean”*

*“PSA Results sent to my consultant at Christie, not shown on the App”*

**Virtual Consultations & Elective Care Services\***

*\*Virtual consultations are remote appointments with a healthcare professional via video, phone, or online forms. Elective care services are treatments that are planned and scheduled in advance.*



**Reasons for preferring non-virtual care/elective care included:**

- Strong preference for **face-to-face** consultations
- The need for physical examination
- Deaf and hard of hearing users finding virtual communication challenging
- Mental health and neurodiverse users finding remote care overwhelming
- Concerns about missing important messages

**What people told us:**

*"I like doing face to face as I am deaf"*

*"Think my first preference would be always seen in person"*

*"Not if I need for a doctor to examine me, yes if it's a question that can be answered over the phone"*

*"Continue to need face to face consultation for correct patient assessment"*

*"Being neurodiverse and with lifelong mental health difficulties, it is overwhelming using virtual or telephone appointments, important info is missed or overlooked"*

*"Face to face is best received"*

## Perceived Benefits of the NHS App

**The most frequently cited advantages were:**

- Convenience & time savings (24/7 access, reduced queues)
- Ease of ordering repeat prescriptions
- Quick access to test results
- All records in one place
- Helps reduce pressure on GP surgeries
- Avoiding the 8am phone bottleneck

**Some users highlighted:**

- Helpful for people who work full-time
- Reduces unnecessary trips to GP surgery

- Useful for carers managing multiple health needs

**What people told us:**

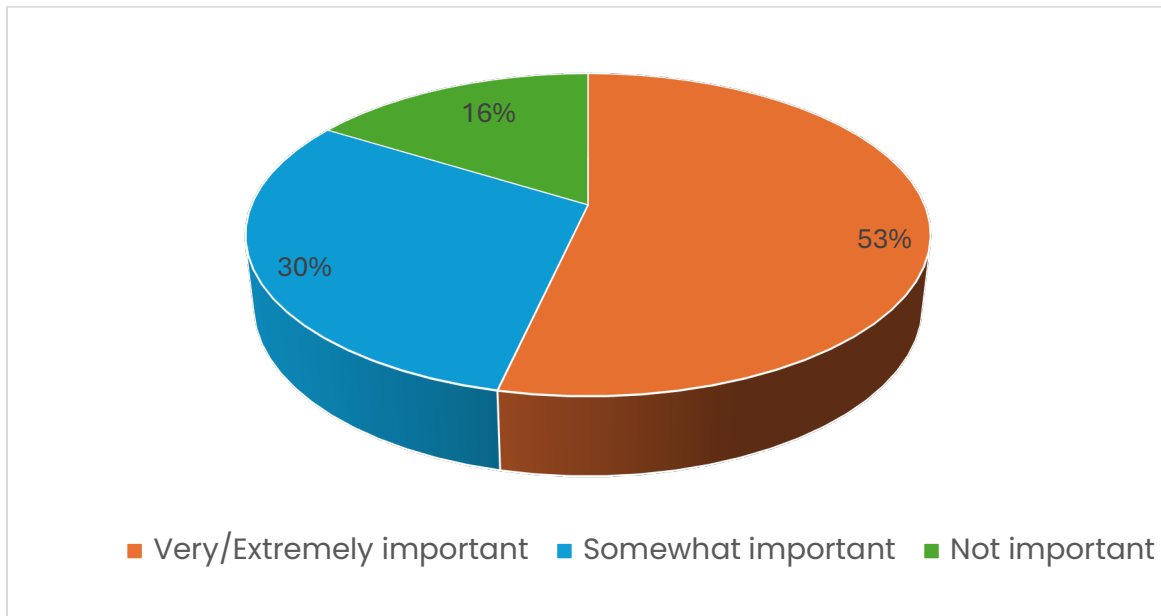
*“Ease of use for repeat prescriptions and accessing advice”*

*“Easier than trying to book an appointment over the phone”*

*“It’s good to view information and test results when available”*

*“All my GP health info is in one place. I’d like my hospital info to be on there too.”*

## Importance of Virtual Healthcare Services



Main reasons included:

- Ability to access care while working
- Saves time and reduces unnecessary appointments
- Vital for people who cannot leave home

**What people told us:**

*“Saves a lot of time and avoids unnecessary time off work and problems parking”*

*“Can quickly access some services that would take a lengthy phone call”*

*“Working full time, having app access is vital”*

*“If I was unable to meet in person, I would like to have the option to virtual services”*

*“It allows GP surgeries to do more behind the scenes to speed along treatments”*

Those who felt it was **not important** often cited disability barriers, visual impairment, or a preference for in-person consultations.

**What people told us:**

*“Vulnerable pensioner with very limited sight”*

*“I don’t know how to use virtual services”*

*“Elderly need more help accessing the App”*

*“We need to balance this with keeping F2F”*

*“Managing the health care needs of someone with a profound disability is admin intensive, not all consultations need to be F2F. Having choice of appointment type is essential”*

**Concerns About Using the App for Healthcare Services**

- Digital exclusion: lack of devices, Wi-Fi, or digital skills
- Accessibility for visually impaired, elderly, or disabled users
- Medical jargon and lack of plain-language summaries
- Language barriers
- Fear of missing important messages or updates
- Privacy and data accuracy concerns
- Over-reliance on digital pathways reducing human contact

## **People told us:**

*"Fine for admin like repeat prescriptions, but online communication is no substitute for in person care, since health is often a sensitive and emotive issue for people"*

*"Language barrier and digital access"*

*"I am deaf need additional support i.e. subtitles or video support sign language"*

*"Barriers - poor vision"*

*"Not personally but if you do not have access to the technology, it is a barrier, and if you struggle to use technology it is a barrier for people"*

*"I know people who can't use it because it is too difficult and also because there are issues with different languages"*

*"Network issues (e.g. Signal /coverage) Could be a concern. Also, sometimes worried about missing key comms/updates or that too much will be moved to the App and that personal contact will be cut"*

## **Support Needed to Improve Comfort Using the App**

### **Top needs were:**

- Tutorials or guides – **56%**
- In-person assistance – **38%**
- Access to devices or internet – **18%**
- Language support – **13%**

### **Additional requests:**

- BSL support
- Easy-read guides for people with learning disabilities
- More complete information within the app
- Larger display options for visually impaired users (e.g., desktop version)

## Suggested Improvements

People suggested the following common improvement themes:

- Provide **complete medical data**, including:
  - Hospital results (especially Christie-related tests)
  - Referral status
  - Previous GP records
- Improve **user-friendliness** and navigation
- Offer **video-based help guides**
- Provide **faster updates** and more consistent information
- Enable **routine appointment booking** in all practices
- Include:
  - Messaging function with clinicians
  - Clear summaries of test results (plain English)
  - Historical records
  - Desktop compatibility for visually impaired users
  - BSL support

### People told us:

*“More video-based guides. Records linked up across the NHS”*

*“The ability to book routine appointments where there is no emergency”*

*“I would like to see all letters, past and current, accessible in the App”*

## Conclusions

The NHS App is widely used and valued, especially for prescription ordering, appointment management, and access to results. However, several **barriers** persist:

- **Accessibility limitations** (vision, hearing, cognitive needs)
- **Digital exclusion** (skills, devices, Wi-Fi)
- **GP surgeries disabling key functionalities**
- **Lack of integrated and complete medical records**
- **Inconsistent or delayed updates**
- **Language barriers**

## Users want an app that is:

- Fully integrated across NHS systems
- Accessible and inclusive for all user groups
- Easy to navigate with clear language
- Supportive of both digital and non-digital pathways

*“Yes, they should have monthly events at GP surgeries where people are shown how to use the App”*

*“Include information from previous GP surgeries”*

*“Some people will not be able to use the NHS App, make sure there is an alternative method to contact GP and order medicines, so health care system is fair for everyone”*

## Recommendations

Based on what people told us, the development of the NHS Online Trust and future expansion of the NHS App must prioritise inclusion, reliability, and patient choice, not just digital efficiency. The following actions are recommended:

### **1. Implement full and consistent data integration across the NHS:**

- Require all GP practices, hospitals, and specialist providers to enable core NHS App functions, including appointment booking, test results, referrals, and letters.
- Ensure results from hospital trusts and specialist centres (including cancer services) are visible within the App to prevent fragmented records.
- Develop a single, continuously updated patient record that follows people across GP registrations and providers.

***Without complete and consistent data, the App risks undermining trust and increasing frustration rather than improving access.***

### **2. Make accessibility a core design requirement, not an optional feature**

- Embed British Sign Language (BSL) support, including signed video content and interpretation for virtual consultations.
- Introduce larger text options, clearer layouts, and desktop access to support people with visual impairments.
- Provide plain-English summaries of test results and medical information to improve understanding and confidence.
- Ensure easy-read and multilingual resources are available for people with learning disabilities and those facing language barriers.

***Digital healthcare must be designed for the people who need it most, not just those who find it easiest to use.***

### **3. Improve usability and reliability to build confidence**

- Simplify login processes and reduce unnecessary steps.
- Improve the timeliness and consistency of updates, particularly for test results and referral status.

- Introduce a secure messaging or query function, so users can seek clarification without needing separate phone contact.
- Strengthen notification systems to reduce the risk of missed appointments or messages.

#### **4. Invest in practical, human support alongside digital services**

- Fund in-person support sessions in GP surgeries, community venues, libraries, and voluntary sector settings.
- Provide short, video-based tutorials and clear written guides that explain how to use key App functions.
- Target outreach at older people, disabled users, carers, and digitally excluded groups

***Digital confidence grows with human support. Technology alone is not enough.***

#### **5. Protect patient choice and prevent digital exclusion**

- Ensure non-digital routes for appointments, test results, and prescriptions remain available for people unable or unwilling to use the App.
- Avoid creating a system where digital access becomes the only or default route to care.
- Monitor and mitigate the risk that increased digital provision could reduce face-to-face contact for those who need it most.

***A digital front door must never become a locked door for vulnerable patients.***

***If these issues are not addressed, there is a clear risk that the NHS App and NHS Online Trust will widen existing health inequalities rather than reduce them.***



Department  
of Health &  
Social Care

*From Dr Zubir Ahmed  
Parliamentary Under-Secretary of State for  
Health Innovation and Safety*

*39 Victoria Street  
London  
SW1H 0EU*

Local Healthwatch Organisations  
By email to: [policy@healthwatch.co.uk](mailto:policy@healthwatch.co.uk)

11 May 2026

Dear local Healthwatch organisation,

The Department of Health and Social Care (DHSC) and NHS England are working to establish a new online service – NHS Online - which will deliver online elective care as part of the NHS. The Online NHS Trust will deliver and provide coordination of end-to-end elective care services in clinically appropriate specialties and pathways - from referral and clinical triage to initial consultation and treatment - and integrate, where necessary, with in-person services delivered by other providers across the country.

When the establishment of any NHS Trust is being considered, there is a duty on the Secretary of State for Health and Social Care ('Secretary of State') to first consult with the relevant local Healthwatch organisations ('LHW').

This consultation was launched on 15th of December 2025 which involved providing information and questions on various themes to help inform the development of the programme. As part of this, we invited all 153 LHW to attend a webinar (14th of January 2026) hosted by DHSC and supported by Health Watch England (HWE), to explain the NHS Online proposal and give LHW the opportunity to seek clarity and have their questions answered before responding to the consultation. For that session we had 127 attendees which represented 86 LHW. We also sent out a Q&A to LHW on the 23rd of January regarding the questions raised at this meeting which we have included in the annex, for ease of reference

The consultation closed on 9th March 2026. We received 53 written responses to the consultation. 3 responses included results of surveys, as part of the respondents' work to engage with local residents on NHS Online. A summary of themes raised in response to the consultation is at Annex 1.

I want to thank all respondents for their contributions to the consultation, which the Secretary of State will be considering when making their decision on the establishment of the Online NHS Trust.

The consultation responses will also support the ongoing policy development of NHS Online, and the programme will continue to work with patients, carers, and their representatives to develop the service. Further information assessing the expected impact of establishing the NHS Online Trust, including the impact on equalities, will be published following any decision and legislation to establish the new NHS Trust.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Z. Ahmed', is positioned above a solid horizontal line.

**DR ZUBIR AHMED MP**

**Parliamentary Under-Secretary of State  
for Health Innovation and Safety**

## Annex 1

### The Online NHS Trust Consultation Themes

Here are the key themes raised in response to the consultation.

#### **1. Benefits for the Online NHS Trust are recognised and there is opportunity to address issues related to accessibility of services**

Respondents reported clear potential benefits of NHS Online, particularly for some groups where there is digital literacy and in rural communities. Respondents mentioned that these benefits include shorter waiting times, reduced travel time and costs, greater flexibility of appointments (especially for those working or with caring responsibilities), and improved access to specialist clinicians, including national access beyond local geographies. The respondents also reported that the Online NHS Trust will improve access for those with mobility constraints, improve accessibility to specialist clinicians, mitigate issues with transport in rural areas (although some of these areas also struggle with digital infrastructure), and meet the needs of some patients who prefer not to attend physical sites. However, respondents also reported that benefits may be less accessible for people facing sensory, cognitive, language, or digital access barriers.

*DHSC response: The Department recognises the issues raised and notes that NHS Online will be compliant with accessibility information standards and will research and investigate improvements beyond these standards where particularly relevant to the pathways offered. The intention is for NHS Online to improve access for patients where English is not their first language, to clinicians who speak different languages. Translation features will also be considered. The plan is to build the service to allow carers or interpreters to support patients who need additional assistance.*

#### **2. Digital use is widespread with the possibility to increase in scope and usability**

A consistent theme is that while some digital health services are already used and are operating well, their use can be narrow and problematic. Respondents reported that digital services are used for NHS App prescriptions and viewing health data, with some use for booking appointments. Respondents have also reported that the NHS App may have navigation problems, issues with design quality and that there is a need for human support, especially when things go wrong. Respondents have reported that patients may face barriers to access services, such as digital costs, limited screen sizes on mobiles/tablets and accessibility issues due to disability (such as arthritic fingers). Respondents reported that the digital tools used to deliver NHS Online must consider health inequalities and equity of access to care, including for patients with protected characteristics.

*DHSC response: The NHS Online team is committed to addressing health inequalities and inclusion and will engage with relevant stakeholders throughout design and delivery.*

#### **3. Digital exclusion and accessibility**

One of the clearest messages from respondents was about the possible risks of exclusion of access to virtual care. We have heard respondents' concerns that digital exclusion (due to language barriers and data poverty) may exacerbate health inequalities. Accessibility to virtual care was mentioned by several respondents, including the need to adhere to Accessible Information

Standards, offer to translate to other languages, read-aloud functions and BSL. Respondents also mentioned that digital routes should not become the default.

*DHSC response: The department recognises the concerns and as detailed above, NHS Online will be compliant with the Accessible Information Standard. Referral to NHS Online will always be optional and patients will only be referred where their clinician believes it is appropriate and the patient agrees. Face-to-face care will continue to be available from existing providers for patients who choose or need it. NHS Online is about expanding patient choice, not replacing face-to-face services.*

#### **4. Human support and community-based upskilling**

Respondents reported the need for hands on training and trusted support to upskill patients to access digital healthcare. This support, respondents said, can be delivered through digital educational sessions led by GP practices, voluntary, community and social enterprise organisations, community groups, and trusted local partners in community settings (such as libraries). These approaches could include drop-in sessions, one-to-one assistance, digital skills clinics and support from digital champions. Respondents also mentioned that provision of smartphones, SIM cards and free mobile data are important to enable access to virtual care.

*DHSC response: The programme team is working through how this will work in practice and other considerations as part of the programme of work and will engage with partners to develop this further.*

#### **5. Communication, transparency and patient choice**

Respondents said that NHS Online must be clearly explained and optional, with the ability to say no, opt out, or switch to face-to-face care. Respondents reported that language used on the NHS App should be clear, accessible and in plain language, adopting easy read formats with other communication tools when necessary (such as audio/visual or in other languages). Respondents expressed the need to communicate clearly and be transparent about the stages of care, referral flows, what information and results patients can see, and 'what happens next'. Respondents also raised concerns that providers must discuss online safety and storage of patient data, so users feel comfortable with the service.

*DHSC response: The programme team is developing a comprehensive patient and carer engagement plan in partnership with NHS England's Experience and Partnerships team and other stakeholders. User research is ongoing, including interviews and workshops with participants including those with protected characteristics and from different socioeconomic circumstances. Once appointed, the new Trust's Executive team will continue to develop its approach to patient communication and engagement, in accordance with its legal duties, based on best practice and with the potential for innovative approaches. Data security is a top priority for NHS Online and for all its systems to have security by design protocols built in from the outset.*

#### **6. Clinical safety, workforce capacity and governance**

Another theme respondents raised is concern about readiness of the NHS Online programme and safety. Respondents raised concerns around clinical safety, and concerns about missing diagnoses

in a virtual care setting. Respondents also expressed that virtual care may not be suitable for all patients, and that there is a need for explicit referral criteria. To ensure clinical safety risks are mitigated respondents said that handover arrangements, multi-disciplinary team working, good governance systems and escalation standards should be implemented. Respondents expressed concerns regarding workforce pressures, including clinical capacity, protecting learning time for GPs, and sufficient testing before rolling out the programme. Respondents also reported that there is the risk of not recognising safeguarding concerns in a digital space and the need for these risks to be mitigated.

*DHSC response: NHS Online will only deliver care in areas where clinicians have determined it can be provided safely and to a standard equivalent to in-person care. NHS Online will have appropriate clinical governance arrangements to underpin safe care and/or manage issues as they arise in a safe, consistent way and will be regulated by the Care Quality Commission. NHS Online will undergo comprehensive technology, clinical pathway and service testing before launch, including clinician-led testing for safety and quality assurance.*

## **7. Co-design, feedback and independent evaluation**

Finally, respondents reported the need for inclusive design and accountability of NHS Online, including the opportunity for those with a range of lived experience to co-design the programme. Respondents said that early and ongoing engagement, and testing prototype journeys (including failure points) can support evaluation of the programme. This evaluation should be routine and independent, using patient reported experience measures, qualitative feedback alongside quantitative data, with transparency through “you said, we did” updates and published reporting. Respondents said that there is the need for clear, published complaints processes, including defined time limits for responses and visible escalation routes. Respondents also said that it was important to have multiple and accessible routes for complaints, timely acknowledgement and learning from complaints, including collating and acting on feedback, and clearly demonstrating what has changed as a result.

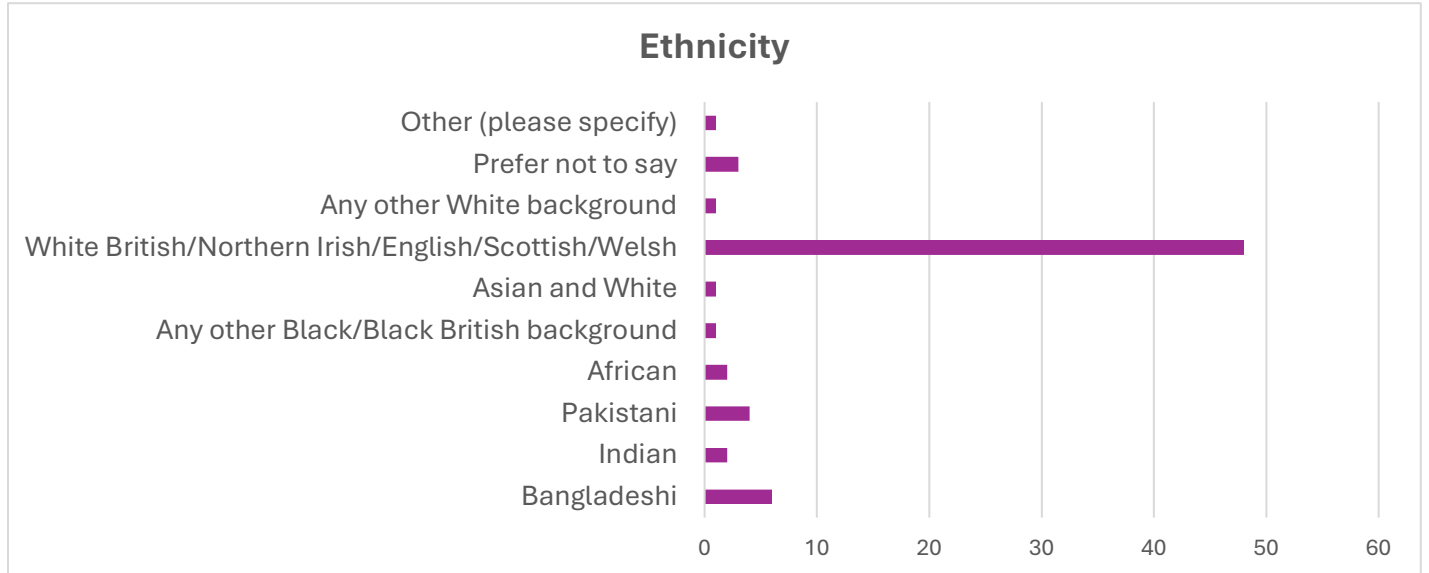
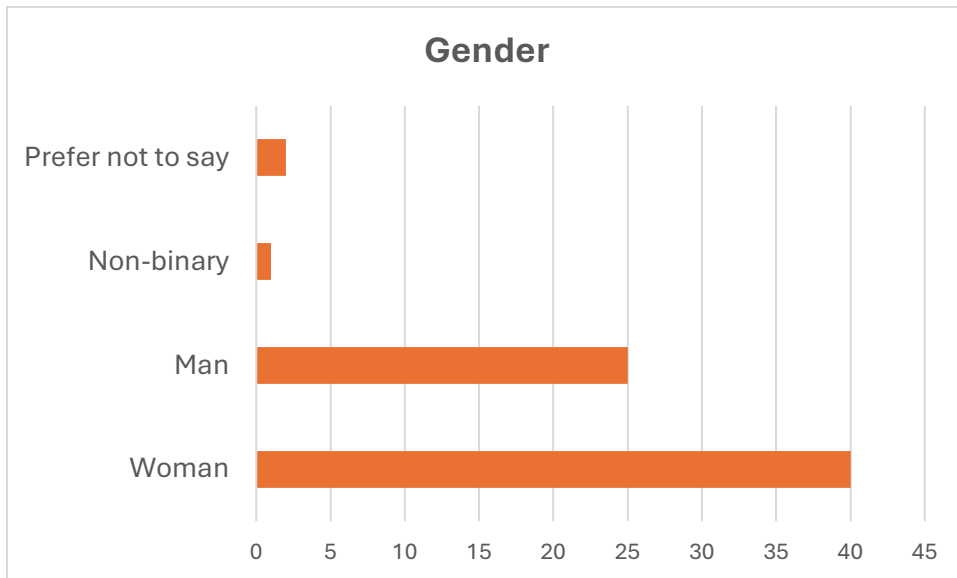
*DHSC response: NHS Online is being designed with patients, specialist doctors and other experts to ensure the service meets the needs of patients, uses the latest technology follows best practice and provides the highest standards of care. As detailed above, the programme team is developing a comprehensive patient and carer engagement plan and user research is embedded in the approach. The new Trust will have effective systems for handling and responding to complaints.*

As set out above, much of the focus of responses was on the practicalities of the service. Whilst we received a few responses seeking further detail on governance and finance, the majority of responses did not raise concerns about the establishment of NHS Online as an NHS Trust.

## Demographics

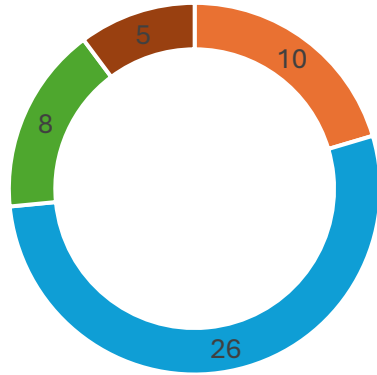
### Age:

Majority of respondents were **aged** 25–79



'Other' refers to: Iranian

### Disability/Long Term Condition/Carer



- I have a disability
- I have a long-term condition
- I am a carer
- Prefer not to say

Visual impairments and cancer were common themes

## Contact Details:

Tel: 01204 394603

Email: [info@healthwatchbolton.co.uk](mailto:info@healthwatchbolton.co.uk)

[www.healthwatchbolton.co.uk](http://www.healthwatchbolton.co.uk)

Text Only: 07893 943577

WhatsApp: 07946 094057

PO Box 822

WIGAN

WN1 9XF



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