Local Healthwatch NHS App and Independent Feedback Report

March 2026

local healthwatch working together

Contents

Executive Summary

This report presents the views and experiences of 1,717 people across 19 Local Healthwatch areas regarding the NHS App and attitudes toward providing feedback about NHS services. It is intended for both local stakeholders and service providers who utilise the NHS App, as well as being intended for national policy makers when considering what independent patient feedback systems look like going forwards. The findings illustrate both the opportunities and risks associated with the NHS's rapid shift toward digital-first models, especially alongside proposals to transition independent feedback functions into NHS structures. This report provides a timely snapshot into whether people are ready for an increased reliance on digital channels and what may be lost if an independent voice for health is taken away.

Background:

The NHS App has become central to national policy ambitions for modernising health services, with expectations that it will become a primary route for accessing and managing people's healthcare and giving feedback. However, national evidence consistently shows that digital exclusion remains widespread (disproportionately affecting older people, disabled people, carers, those with limited literacy, people on low incomes, and communities facing wider inequalities). Local Healthwatch undertook this survey to assess how well current digital pathways meet people's needs and whether the public is ready for a system that increasingly prioritises online access.

Findings:

1. **Overall NHS App usage is highest among 25–64 year-olds but drops steeply among older adults: those most likely to rely on health services.** Use is also lower among culturally diverse communities, reflecting known digital exclusion trends. Notably, 15% of all respondents had never heard of the NHS App.
2. **For people who do not use the app, the primary reasons are behavioural preferences rather than technical barriers: preferring to speak to someone face to face or over phone.** Technical issues like registration difficulties, login problems, or accessibility requirements are still influential but appear secondary as a wider picture.
3. **Among those who do use the app, engagement is mostly passive, rather than active management of their own healthcare.** The most common uses are read-only functions like viewing GP records, messages, and prescriptions. Other actions like booking appointments, messaging GP surgeries, or finding health information are used far less frequently.
4. **Many respondents stressed the need for a simpler design and better integration across NHS systems.** A particular concern is that test results are shown without explanation, causing confusion and anxiety for those with lower health literacy.
5. **Just over half of respondents (53%) said they would use the app to give feedback about their healthcare**. However, concerns about privacy, anonymity, trust, and impartiality were common.

There are those who would prefer to give feedback face-to-face (21%) or to an independent organisation (20%), reflecting the importance of maintaining non-digital routes and independent channels.

6. **Confidence in using the NHS App to get help is low overall but declines sharply with age:** from 80% confidence among young people (0–17) to only 14% among those aged 80+. This reinforces the need to preserve accessible and equitable non-digital routes and invest in targeted support for digitally excluded groups.

Recommendations:

For local stakeholders and service providers

1. **Provide tailored in-person NHS App support across Primary Care**, supported by trained staff who can confidently help patients use the app.
2. **Publicise and signpost all local digital inclusion support** so people know where to get wider help beyond the NHS App.
3. **Maintain strong and equitable non-digital access routes** for those who cannot or do not wish to use digital tools.
4. **Ensure that any clinical information distributed via the NHS App (such as test results) is accompanied by clear, plain-English explanations that are accurate and supported.**

For NHS App design and implementation

5. **Standardise how GP practices and hospitals use and communicate information through the NHS App**, ensuring consistent, reliable, plain-English messaging.
6. **Simplify and standardise the NHS App onboarding, verification, and account-setup process to reduce barriers**.
7. **Improve accessibility by expanding translation support (including BSL) and embedding accessibility tools directly into the app**, and ensuring third-party systems meet the same standards.
8. **Ensure carers and those managing other people's healthcare via the NHS App proxy access can do so even when registered with a different GP practice.**

For National Policy

9. **Protect and maintain local and independent feedback routes**, ensuring people feel safe and confident to have their experience listened to, and to avoid system bias
10. **Ensure health and social care feedback is not separated or compartmentalised in future systems**, splitting independent functions removes the strengths of a joined-up approach to public engagement and feedback.

Background

Accessing healthcare online

The digitalisation of healthcare has accelerated dramatically in recent years, with the NHS App positioned as a cornerstone of the Government's vision for a modern, efficient health service. Launched in 2019 and significantly expanded during the COVID-19 pandemic, the NHS App offers patients the ability to book appointments, order repeat prescriptions, access medical records, and manage various aspects of their healthcare entirely online. This 'digital-first' approach has been embedded in policy, with the NHS 10 Year Health Plan emphasising the need to make digital services the primary route of access for healthcare interactions.[1]

Health and social care providers across England have increasingly adopted digital solutions as standard practice, often promoting apps and online portals as the best way for patients to engage with services. This shift aligns with a wider move toward digitising public services, underpinned by expectations that most people own smartphones, possess sufficient digital skills, and that digital tools can streamline processes and ease administrative pressures on healthcare staff.

Digital exclusion

Digital exclusion remains a significant and persistent challenge across the UK. Research consistently demonstrates that certain population groups including older people, those living in socioeconomic deprivation, unpaid Carers, people with disabilities, and individuals whose first language isn't English face substantial barriers to accessing and using digital technology.[2]

The Good Things Foundation (with data from AgeUK, Lloyds digital index, Ofcom, and ONS) reported that in 2025: 7.9 million people in the UK lack basic digital skills; 1.6 million adults do not have access to a smartphone, tablet, or laptop; 31% of UK adults don't access health services online; and 77% of those with no basic skills are over 65.[3] It is worth noting that these figures are not evenly distributed across the population, they cluster among precisely those groups who already in marginalised groups and experience wider inequalities.

The concept of digital exclusion includes a range of factors such as digital literacy, confidence in using technology, concerns about data privacy and security, physical or cognitive barriers to using devices, and the affordability of equipment and wi-fi connectivity. Digital exclusion should also include those who

[1] Department of Health and Social Care (DHSC), *Fit for the Future, 10 Year Health Plan for England,* CP 1350 (July 2025), p.45 (hereafter *Fit for the Future*).
[2] The King's Fund, *Designing inclusive and trusted digital health services with people and communities* (30 January 2025) https://www.kingsfund.org.uk/insight-and-analysis/long-reads/inclusive-digital-services-people-communities accessed [02/02/2026].
[3] Digital Nation 2025, Good Things Foundation. Sources at: https://www.goodthingsfoundation.org/policy-and-research/research-and-evidence/research-2024/digital-nation accessed [02/02/2026].

deliberately choose not to engage digitally. An individual's behavioural patterns like preferences, habits, and any reliance on analogue methods can exclude them just as much as technical barriers.

From analogue to digital

In 2023, the King's Fund identified the three requirements to accessing public digital services: a device, connectivity data, and skills and confidence.[4] If there are barriers to entry within any of these requirements for specific, vulnerable groups, then as healthcare communication and activity moves to primarily online channels, these digital obstacles will directly transition into healthcare barriers, potentially widening existing health inequalities.

Rapid digitalisation in NHS services, while beneficial for many, may be inadvertently creating a two-tier system. Those who are digitally connected and confident can access services quickly and conveniently, including new digital pathways such as access to additional appointments with the development of the "online hospital" via the new NHS Online Trust[5]. Whilst a projected 8.5 million new online appointments in its first three years may alleviate pressures on existing in-person health services, any potential quality disparities will create a divide between those digitally included and excluded. This is particularly concerning given that health outcomes are already strongly shaped by social determinants such as background, age, income, and education.

Despite these concerns, there remains limited large-scale organisations and independent community-level groups which aim to support those most vulnerable in relation to their access to healthcare. Whilst the sharp expansion from analogue to digital seeks to raise the ceiling of healthcare access and quality, it is imperative that legislation and funding remain in place for independent community-based organisations to also raise their involvement and prevent people falling through the gaps.

Local Healthwatch

Healthwatch, established under the 2012 Health and Social Care Act, is the independent champion for people using health and social care. With 153 local Healthwatch across England, they offer advice, gather public feedback, conduct research, undertake Enter and View visits, provide service reviews commissioned by providers, and raise awareness to ensure everyone's voice influences better, more joined up care, both locally and nationally.

[4] The King's Fund, *Moving from exclusion to inclusion in digital health and care* (8 March 2023) https://www.kingsfund.org.uk/insight-and-analysis/long-reads/exclusion-inclusion-digital-health-care accessed [10/02/2026].

[5] NHS England, *New NHS online hospital to give patients more control over their care* (29 September 2025) https://www.england.nhs.uk/2025/09/new-nhs-online-hospital-to-give-patients-more-control-over-their-care/ Accessed [12/02/2026].

Removing independent voice and feedback

In July 2025, Dr Penny Dash's review of patient safety across the health and care landscape in England was published. The 10 Year-Health Plan (July 2025) agreed to carry out all of the recommendations made in the review including "to bring together the work of local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services"[6] These plans will get rid of a 52-year precedent of incorporating an independent public voice in relation to people's health and care services.

Whilst the details on how local Healthwatch's functions may transition are still to be decided, the proposals to increase the reliance on non-independent, digital channels are deeply concerning to many local Healthwatch. "The NHS App will give patients the chance to leave their feedback on a service, clinical team or healthcare provider […] To ensure the NHS can and does act on feedback, we will store it and deploy AI to help translate it into actions for managers and clinicians."[7]

Why Independence Matters

Local Healthwatch's statutory independence allows it to act without fear or favour, challenge poor practice and expose system failings without being constrained by internal priorities. Moving this role in-house not only places the organisation receiving feedback in charge of interpreting and acting on it, but also removes people's choice to anonymously share feedback with an independent organisation, and also risks undermining public confidence and the safety people feel when speaking up in the first place. It is also of note that there are plans to transition local Healthwatch functions that are pertinent to social care to local authorities; compartmentalising public engagement and support functions to two different providers will potentially undermine the existing progress made towards service integration. Details of how local authorities will incorporate these functions remains unknown. The full implications of these system changes are unclear, with fears that gaps in safety and confidence may appear or increase.

This report seeks to address that gap by capturing the experiences and views of over 1,700 people across England regarding their use of the NHS App, how they access their healthcare online, and how they leave feedback about health services.

[6] Department of Health and Social Care, *Review of Patient Safety Across the Health and Care Landscape*, Dr Penny Dash, (7 July 2025), p.16 (hereafter *Review of Patient Safety*)
[7] *Fit for the Future*, p.51.

Methodology and Objectives

Survey purpose and data collection

Healthwatch Wirral designed an independent survey to collect people's views, knowledge, and experience in relation to accessing their healthcare online. This included who is using the NHS App and what for, what they find useful, what challenges they face, and their thoughts on leaving feedback via the NHS App. The survey was conducted in response to the publication of Dr Penny Dash's review of patient safety and the Department of Health and Social Care's 10-Year Health Plan, with the aim of providing a local picture of its suitability.

This survey was then distributed to the wider local Healthwatch network to capture a broader picture of people's experiences, including those across different groups, in varying geographical areas, and with diverse health and social care needs. As one aim of this survey was to capture people's views regarding digital inclusion, it was important that local Healthwatch used a mixed-method approach to capturing data and improving the reach of this survey. This featured:

- sharing via online channels,
- facilitating drop-in sessions for public engagement,
- holding outreach events,
- distributing paper copies to settings where healthcare is provided,
- promotion through local stakeholders.

Across 19 local Healthwatch, 1,717 responses were received in total.[8] Contributions of surveys mainly came from local Healthwatch in London and North-West England, and some areas such as the Midlands or South-West are lacking in representation. Whilst the appendix breaks down respondents from the contributing areas, this report does not provide any geographical analysis of the findings.

Dissemination of findings

The findings from this report will be shared and promoted alongside recommendations for healthcare providers and NHS commissioners to ensure that people continue to have a range of options to meet their needs during the ongoing digital transformation. This is critical not only for national policymakers and system-level commissioners, but also for individual healthcare providers including Primary Care Networks, GP practices, and hospitals, who must maintain accessible, non-digital routes for patients to communicate about their care.

Recommendations will also be provided to the NHS App research and design team to support their understanding of the experiences and expectations of people using the App.

[8] See appendix for list of local Healthwatch.

In addition, this report will also be shared with Healthwatch England and the Department of Health and Social Care to highlight current levels of access to the NHS App and to assess the system's readiness to abolish a statutory, independent service that supports people in improving their access to care. Local Healthwatch believe that information about health and local services needs to be easy-to-understand and accessible in a way that suits everyone, not just the majority.

Presentation of findings

1. As this report combines survey data from multiple local Healthwatch areas that used slightly varied question sets to better match their local context, the results with multiple-choice options are presented as percentages, based only on respondents who were asked each option. The first accompanying table provides a detailed breakdown of the answer options, the total number of responses, the number of respondents presented with that option, and the resulting percentage. The second table presents a thematic summary of any qualitative written responses. This approach is applied consistently across all multiple-choice questions.

2. Closed-ended questions (i.e., answers with 'yes', 'no', and 'don't know' answers) present the total responses from all respondents to that question across the participating local Healthwatch surveys. Age and demographic breakdowns for each question are provided beneath the results.

3. It is worth noting that there are some small subgroup bases (e.g., 0-17: n=8; non-binary / other genders: n=16) and consideration of this should be considered during any evaluation of their responses.

Key Themes and Analysis

NHS App usage

NHS App usage follows a bell-curve pattern across age groups in both overall use and any engagement with specific app features, with the highest engagement among adults aged 25–64 (71.3% average for using the app) and significantly lower engagement among those aged 0–17 and 80+ (38.9% average for using the app). Those who identified as female typically use the app more frequently (and appear more engaged in managing their own healthcare online, generally) compared to those who identify as male (71.16% and 60.81%, respectively). When interpreting both age and gender trendlines, it is important to compare digital access behaviour alongside their likely need to use healthcare services. As the need for healthcare typically increases with age, it is expected that younger adults may use the app less frequently overall. However, the significant drop-off in app usage among older adults (despite their higher healthcare demand) implies their access to healthcare behaviours are not digital and therefore other access channels need to be supported whilst focusing on changing access behaviours.

There also remain clear differences in digital access across demographic groups, with 56% of respondents from culturally diverse backgrounds using the app, compared with 71% of respondents from White backgrounds. This is consistent with the trend that general digital exclusion is most pronounced amongst those from disadvantaged or marginalised groups and those facing wider inequalities (see digital exclusion background, p.7).

There was also a relatively high number of respondents who had not heard of the NHS App (15.2%).

When comparing those who have the NHS App on their device and use it, the largest differential comes from those aged 0-17 and 18-24 (13.5% and 5.85%, respectively) with the implication that they have a lesser demand for using the app, rather than difficulty in using it. The difference in having the app and using it dropped from 62.89% to 60.81% for males (1.88% difference) and from 77.48% to 71.17% for females (6.31% difference). Non-binary and other genders showed incredibly high numbers for using the app (92.86%), however the sample size was relatively small.[9]

Features of the NHS App

For those not using the NHS App, there is a clear communication preference to either speak to someone or use other channels such as phone calls or in-person appointments (15.63% and 16.92%, respectively).[10] This is almost double the next non-preference-related reason, with 8.7% reporting that they find the app too difficult to use. Specific NHS App issues factors were noted as missing information (1.72%), device

[9] For all demographic numbers, see page 35.
[10] See 'presentation of findings' subheading for clarity on percentage use for multiple-choice answers across the local Healthwatch surveys, page 11. Applies for all future percentage findings.

storage problems (2.2%), not understanding the jargon (5.04%), or finding registration too hard (6.70%). These low percentages imply that technical improvements to the app will have a lesser impact on more people using it compared to changing their healthcare management behaviours. It is also worth noting that digital exclusion should include preference as a key factor, and behavioural patterns of people opting out or preferring other methods to digital access of any kind are just as important as those who can't access digital services for economic or capability reasons. For those giving qualitative responses (15.78%) for not using the NHS App, popular groups of answers related to login issues, a lack of need for using it, and process difficulties such as booking appointments or general low digital confidence.

When asked what would make the NHS App easier to use, excluding those who reported no difficulties (37.24%), the most common suggestion was improving the sign-up and login process (17.91%). However, the differences between all improvement options were minimal, with each falling within a narrow range of 14.07% to 17.91%, indicating no single barrier dominates. Qualitative responses include missing functions like historic blood tests; clunky categories for documents; multiple sign-ins; accessibility improvements for disabilities, impairments, and other languages; and security concerns.

For those who do use the app, the most common responses to what they use it for related to more passive viewing activities such as accessing their health record (49.45%), messages (41.46%), and letters and documents (40%). The more active actions or features that directly let the user manage their own healthcare such as booking appointments (25.7%), messaging their GP practice (18.42%), and accessing health information and advice (17.67%) were among the lower responses. This question of feature usage also depends heavily on the general healthcare demands of the person using the app, but the higher number of responses for passive activity suggests that the NHS App is more useful to accessing healthcare online, rather than managing it (with the outlier being ordering repeat prescriptions, with nearly half (49.03%) using the app for this).

With this in mind, it would be beneficial to have clear communications regarding the NHS App's strategic direction: is it seeking to expand people's access to services, or to replace existing primary care functions and alleviate system pressures by putting the responsibility of managing health care back to users? Whilst there are benefits to extending this responsibility, careful consideration must be given to individuals who face barriers to digital access, as well as those who may struggle to accurately self-triage or articulate their health needs in writing when booking appointments (not excluding how interpreting urgency can dramatically vary in written formats).

Other considerations when providing more access to patient's own health data is the concern of information without interpretation. Given that the average reading age in the UK is approximately nine years old (equivalent to a Year 4 pupil), the current terminology and explanatory content within the NHS App presents significant barriers to understanding for a substantial proportion of users. Careful consideration is required of how health information is communicated through digital platforms, as reading age represents a fundamental determinant of health literacy. From qualitative data in the survey, how test results are presented to the user is of particular concern. If patients receive medical results through the app without accompanying clinical context or professional interpretation, this can cause considerable anxiety and confusion and is not tailored to support the individual's wellbeing.

Giving feedback about NHS services

When asked if they would use the app to provide feedback about NHS services, 53.3% said they would, with 29.2% not, and 17.4% unsure. Whilst over half may be positive, there is a fear of a "tyranny of the majority" when it comes to dramatic system changes, and if feedback channels solely transition to the NHS App (as alluded to in *Fit for the Future*), then a stronger mandate is required before this occurs. This is particularly pertinent when considering independence and data security (as over 8% of respondents said they don't use the NHS App because they don't trust having their information on there). Ensuring trust and transparency would therefore be essential if the NHS App were to become the primary channel for collecting patient feedback, especially as the app will interface with the provider of that service. Whilst still technically generating a bell-curve for age, and displaying similar trends for genders, the responses to this question on feedback were much more spread out across these demographics.

When asked how they would prefer to provide feedback through alternative means, 21.09% of respondents stated they would choose to speak to someone within the NHS face-to-face, while 19.79% expressed a preference for providing feedback to an independent organisation that can mediate or advocate on their behalf. Given the concerns raised about independence and data security, it is essential that feedback mechanisms remain equitable and inclusive.

Current ICB strategy framework (November 2025) mentions utilising "existing partners' forums and groups," for public feedback but do not specify which.[11] There are currently multiple ways to provide feedback regarding health and care services; the channel most similar to the proposed pathway via the NHS App is the current 'Friends and Family Test'.[12] Whilst this gives an opportunity for a patient to provide a basic 1-5 (or equivalent) score and comment box for feedback of recent appointments, there remains very little accountability or guidance for how individual GPs relate their feedback or any outcomes of feedback back to patients, other than the assurance that it is handled internally via monthly submissions to NHS England. With the proposals that NHS England is to be abolished (*Fit for the Future, p.78*), clarity on how this feedback will be used remains uncertain. Professor Alf Collins, published through Picker (December 2025), writes "Mandated in the NHS standard contracts, the FFT is widely used and collects enormous volumes of feedback every month – but questions remain about its value […] the time is right for us to reassess the FFT and to ask whether it is fit for purpose, if it needs to evolve, or if it should be abolished."[13] If the current FFT is the closest current feedback function to the feedback proposals for the NHS App, it will be essential to fully understand both its capabilities and constraints. Doing so will help safeguard accessible and impartial feedback methods and ensure that the information gathered leads to demonstrable improvements in services and system performance.

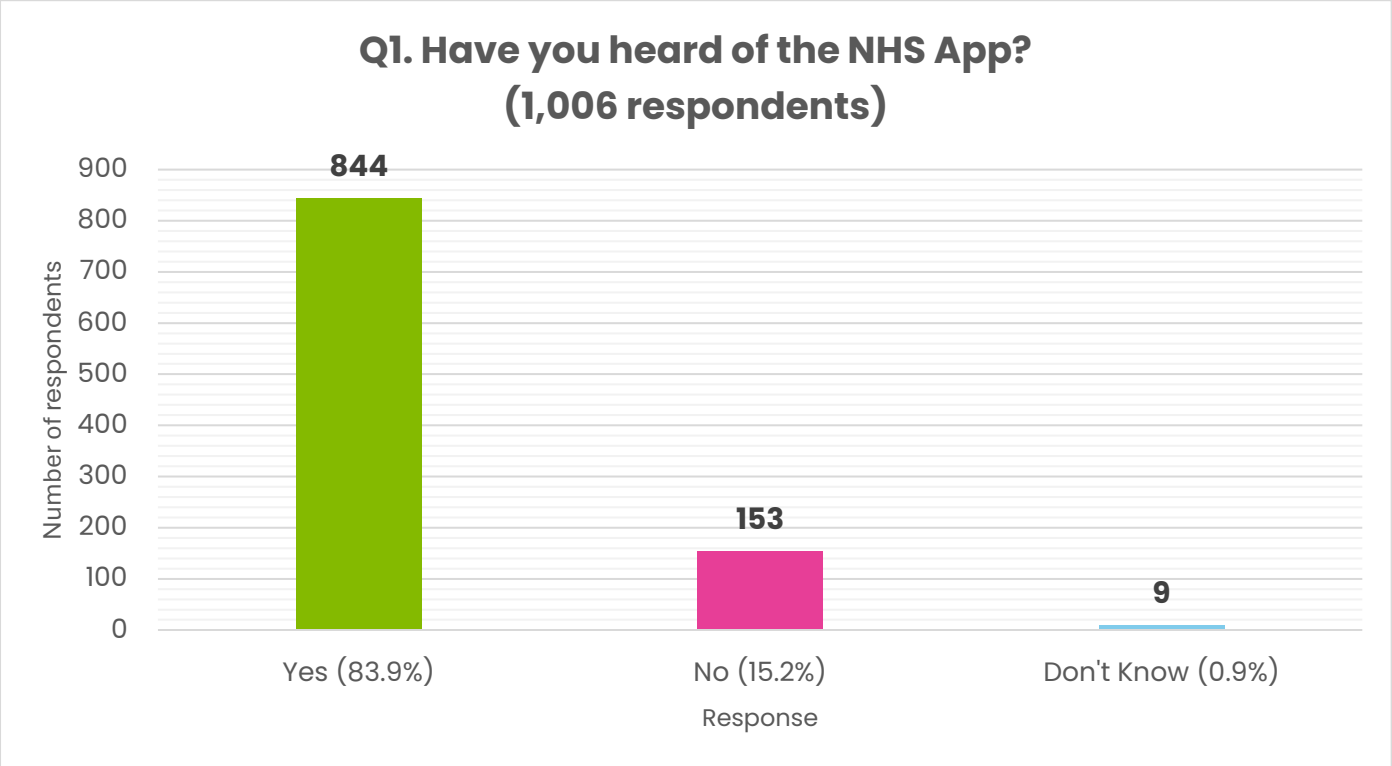
[11] NHS England, *Strategic Commissioning Framework (Publication reference: PRN01836)*, (4 November 2025), p. 7
[12] NHS, *Friends and Family Test (FFT)*, (last updated, 18 June 2025) https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/ Accessed [26/02/26].
[13] Potter, O., King, J. and Graham, C. *Making the NHS Friends and Family Test 'fit for the future'*. (Oxford: Picker Institute Europe, December 2025), p.6.

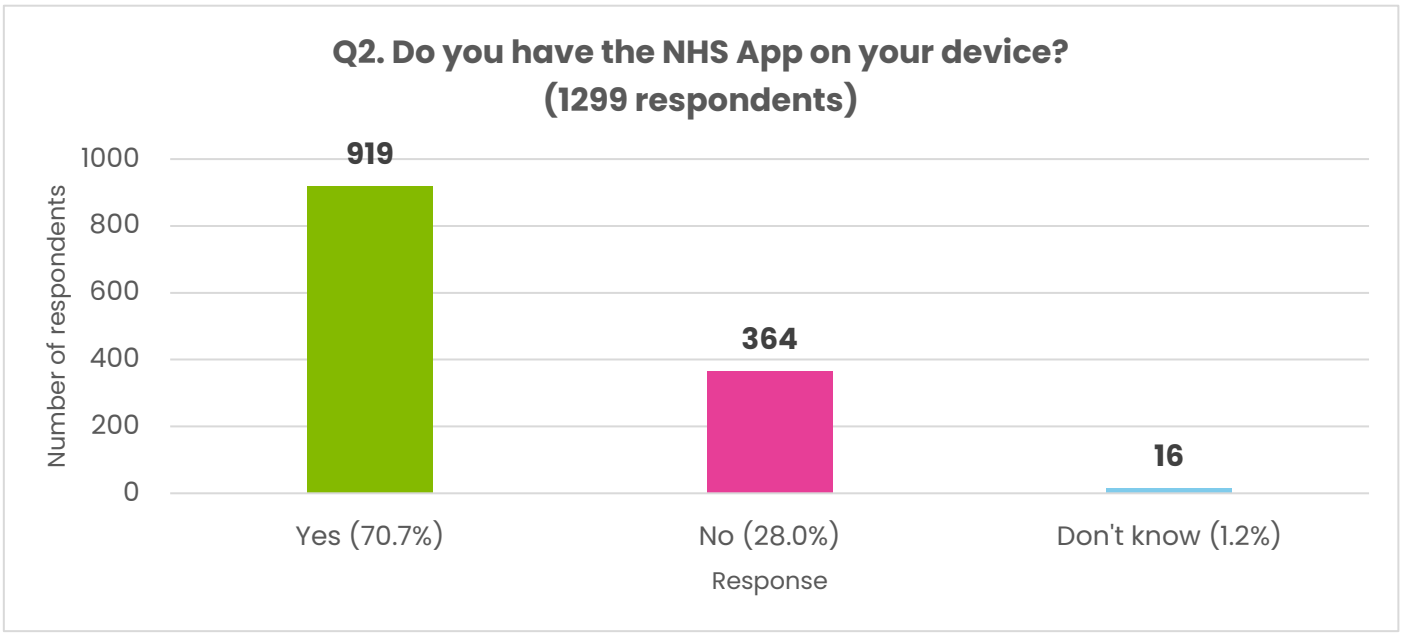
Confidence and getting help

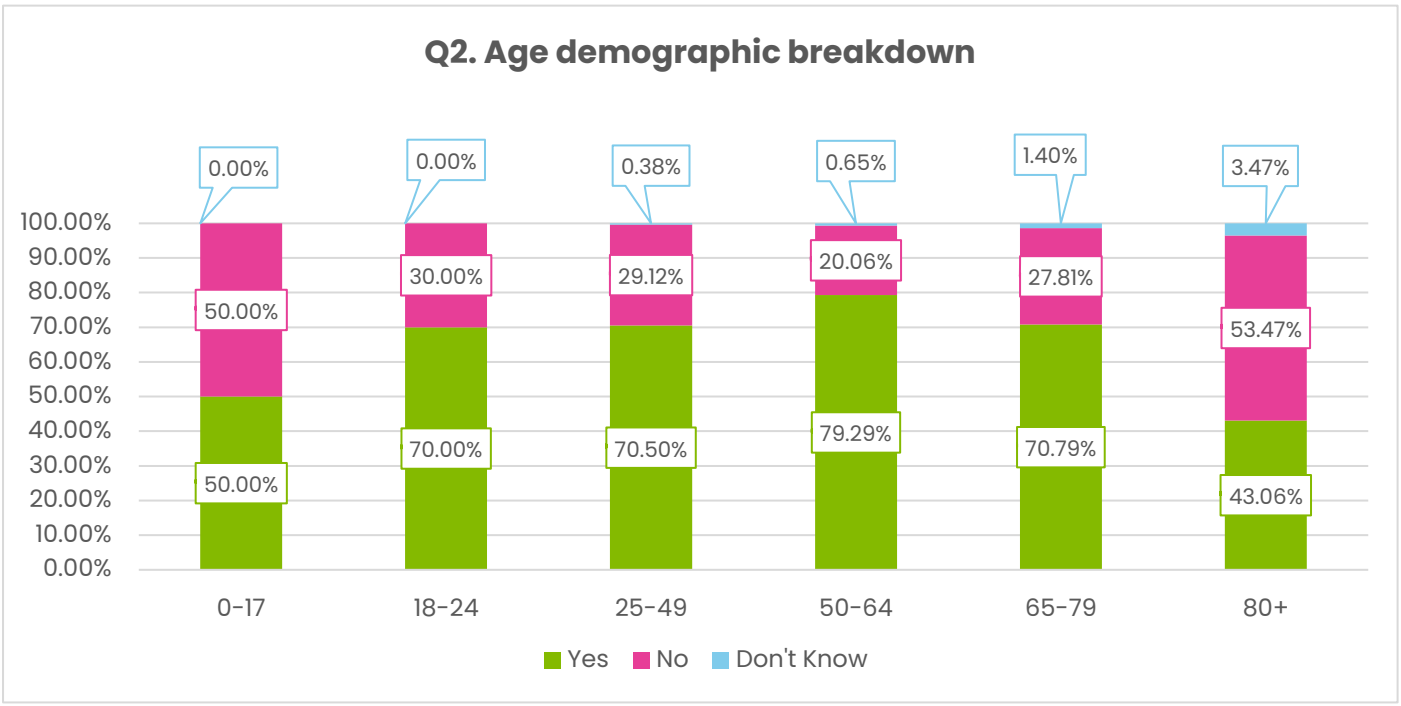
When asked if respondents feel confident in using the NHS App to get help about an NHS service or appointment, 42.1% said yes, 43.5% said no, and 14.4% said don't know. Whilst there is an even split of yes to no, the trendline with age sees a significant downward trend of older adults not being as confident in using the app to get help with 0-17 ages being 80%, 25-64 ages 44.03%, and 80+ ages only 13.7% (also of note is the very small number of people using NHS 111 online (5.43%): the resource for getting information about health issues, symptoms, and pathways). With this sharp decline in age, people in older ages feel less confident in using the app to fix any difficulties and therefore in-person or over the phone channels should be kept as accessible as possible for this demographic specifically, to avoid widening inequalities. As all age groups (except 0-17) don't exceed 50%, then it suggests digital-first strategic ambitions misalign with how ready and confident the public are for such an approach, and therefore highlights the necessity of targeted digital support, inclusive design, and general confidence of people to get help by themselves without the support of a healthcare professional. This question also poses the largest differential between males and females (40.00% and 58.46%, respectively) and a significantly low confidence for non-binary and other genders (44.4%) in comparison to their high app usage and digital inclusion, correlating low confidence with more marginalised groups.

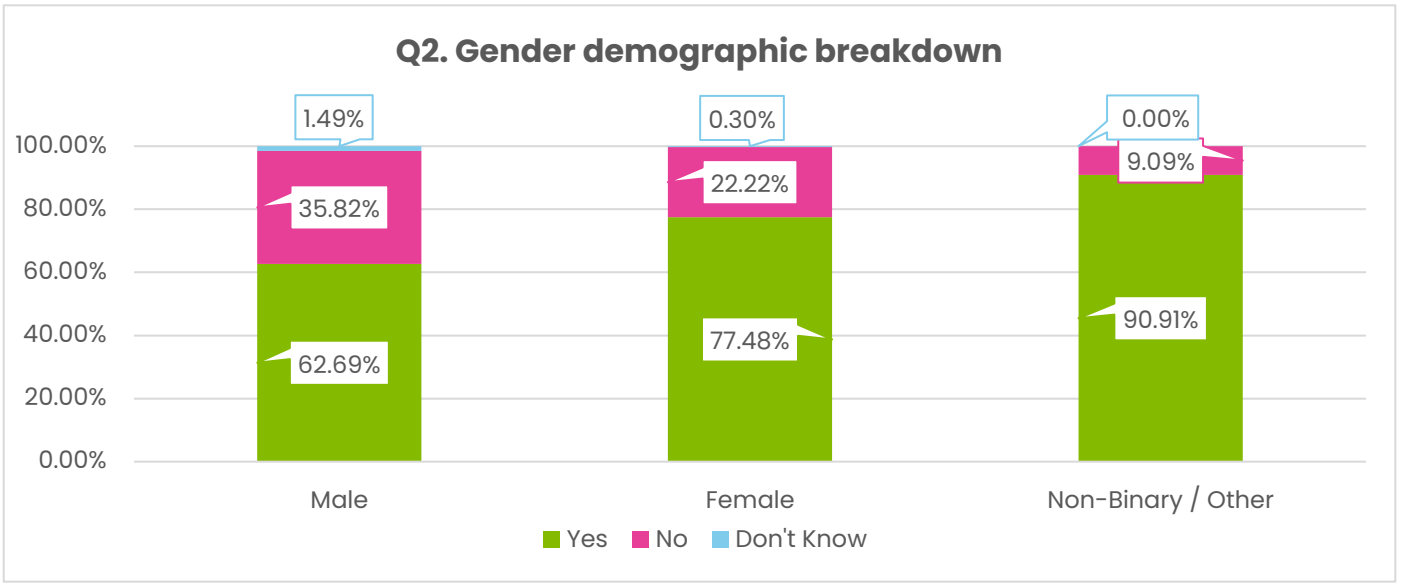
There are also relatively low numbers of people using other apps to manage their own health, with the biggest types being fitness apps and apps to book GP and hospital appointments.

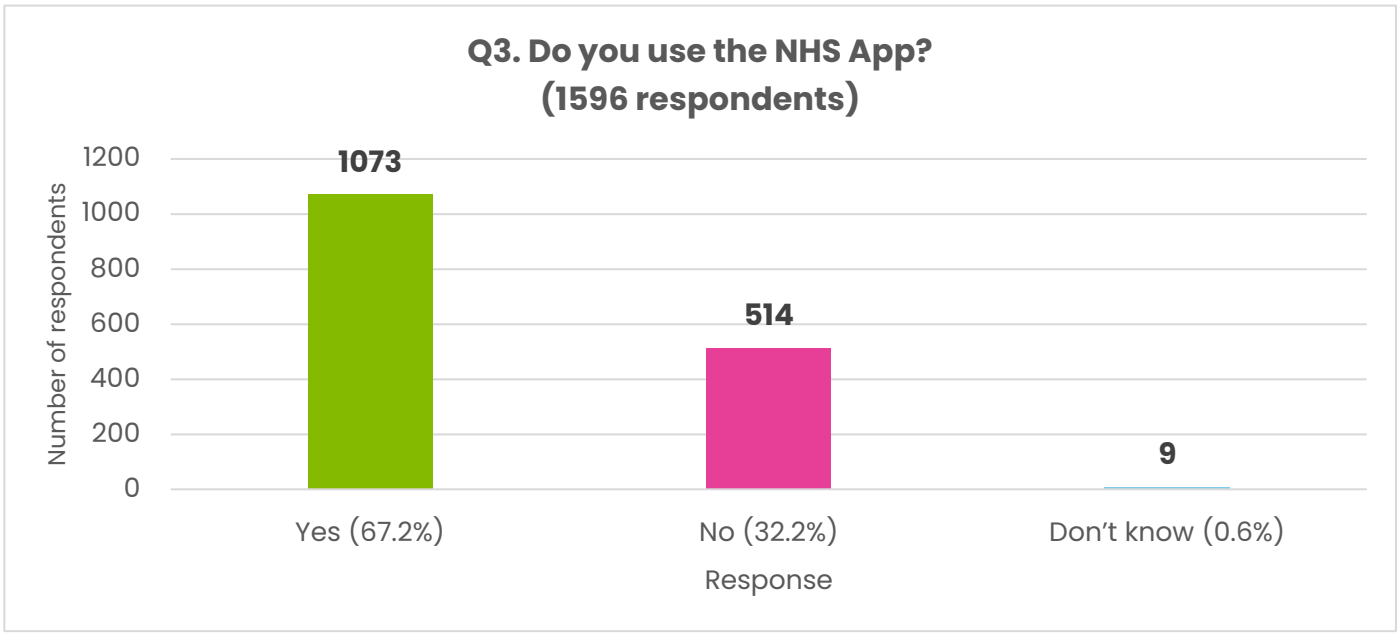
Survey Findings

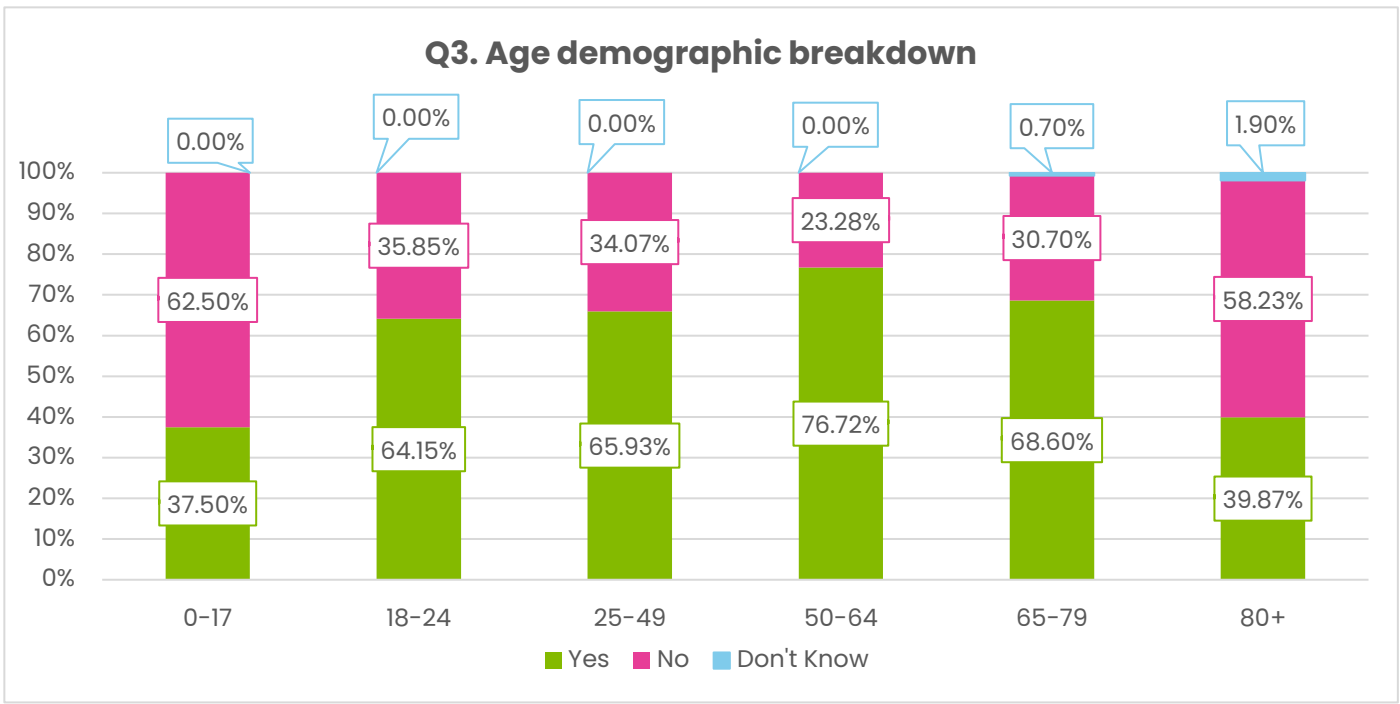


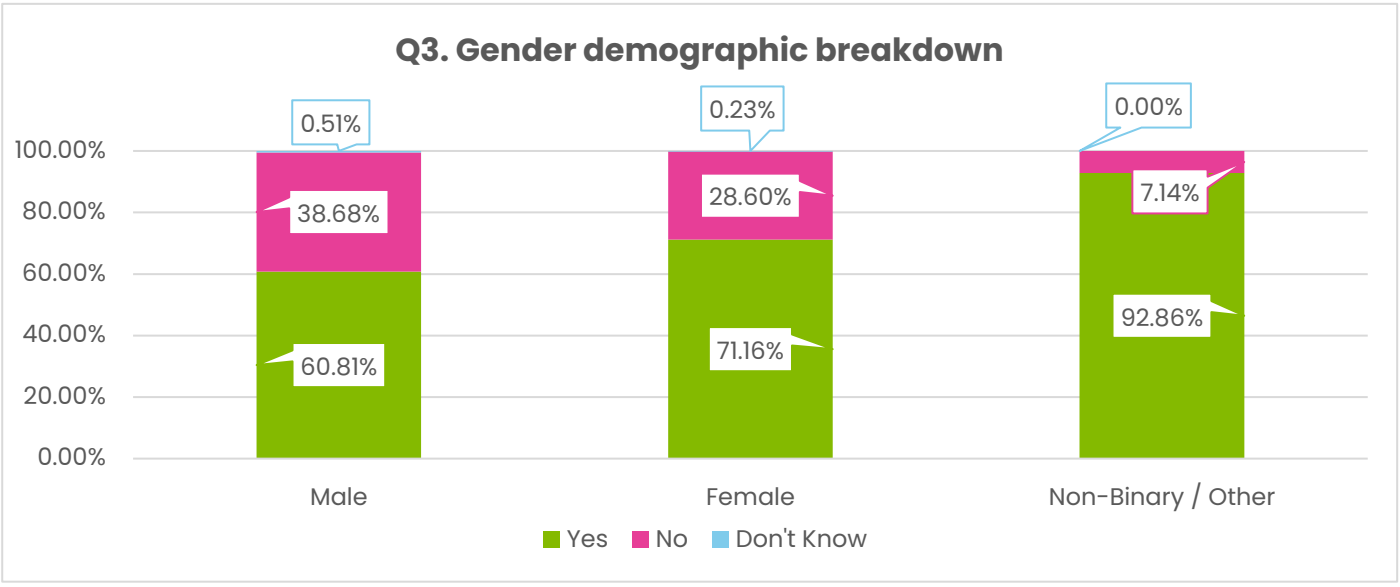

Q2. Do you have the NHS App on your device?
(1299 respondents)
Number of respondents
1000
800
600
400
200
0
919
364
16
Yes (70.7%)
No (28.0%)
Don't know (1.2%)
Response


Q2. Age demographic breakdown
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
0.00%
0.00%
0.38%
0.65%
1.40%
3.47%
50.00%
30.00%
29.12%
20.06%
27.81%
53.47%
50.00%
70.00%
70.50%
79.29%
70.79%
43.06%
0-17
18-24
25-49
50-64
65-79
80+
Yes
No
Don't Know

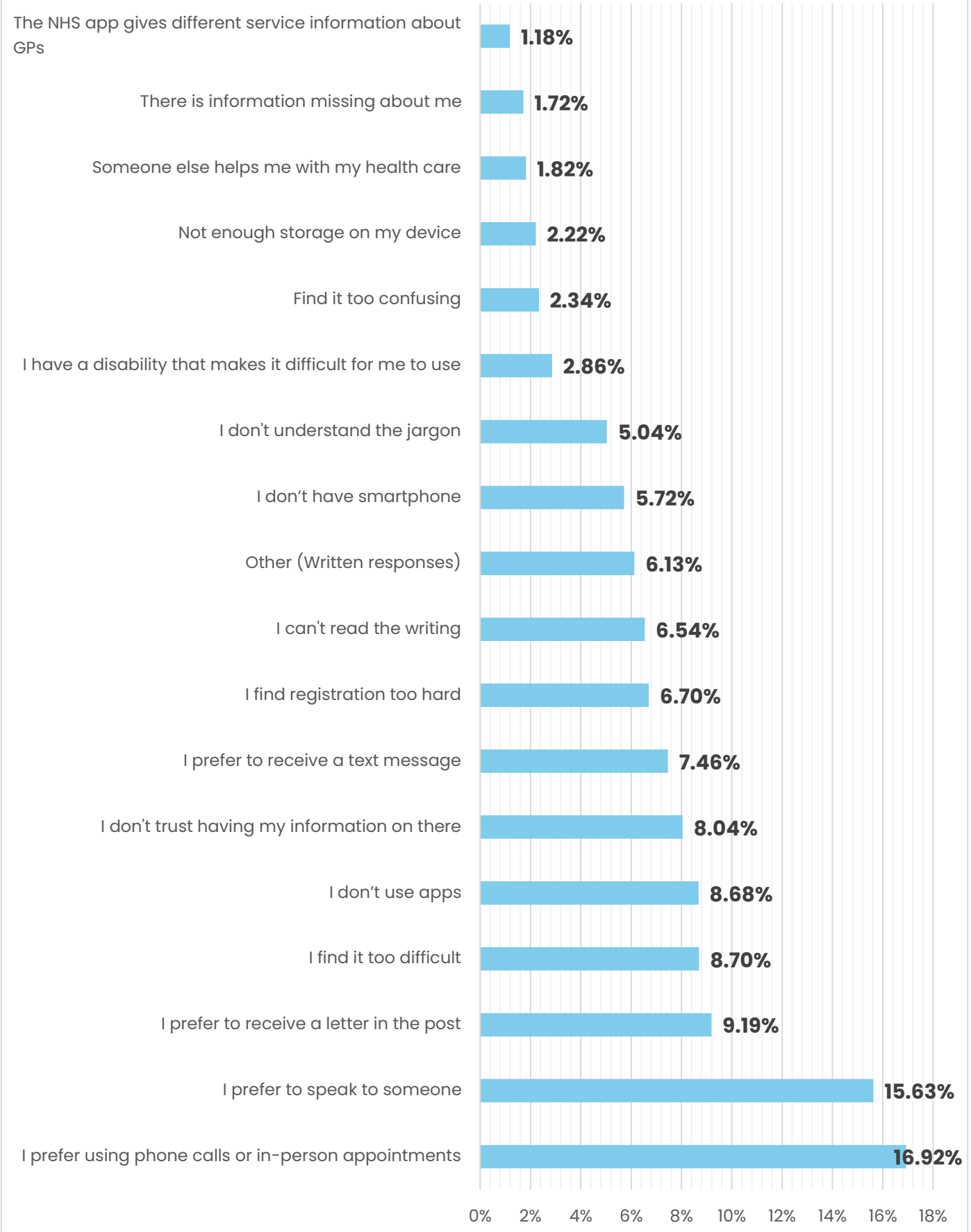

Q2. Gender demographic breakdown
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
1.49%
0.30%
0.00%
35.82%
22.22%
9.09%
62.69%
77.48%
90.91%
Male
Female
Non-Binary / Other
Yes
No
Don't Know


Q3. Do you use the NHS App?
(1596 respondents)
Number of respondents
1200
1000
800
600
400
200
0
1073
514
9
Yes (67.2%)
No (32.2%)
Don't know (0.6%)
Response


Q3. Age demographic breakdown
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0.00%
62.50%
37.50%
0.00%
35.85%
64.15%
0.00%
34.07%
65.93%
0.00%
23.28%
76.72%
0.70%
30.70%
68.60%
1.90%
58.23%
39.87%
0-17
18-24
25-49
50-64
65-79
80+
Yes
No
Don't Know

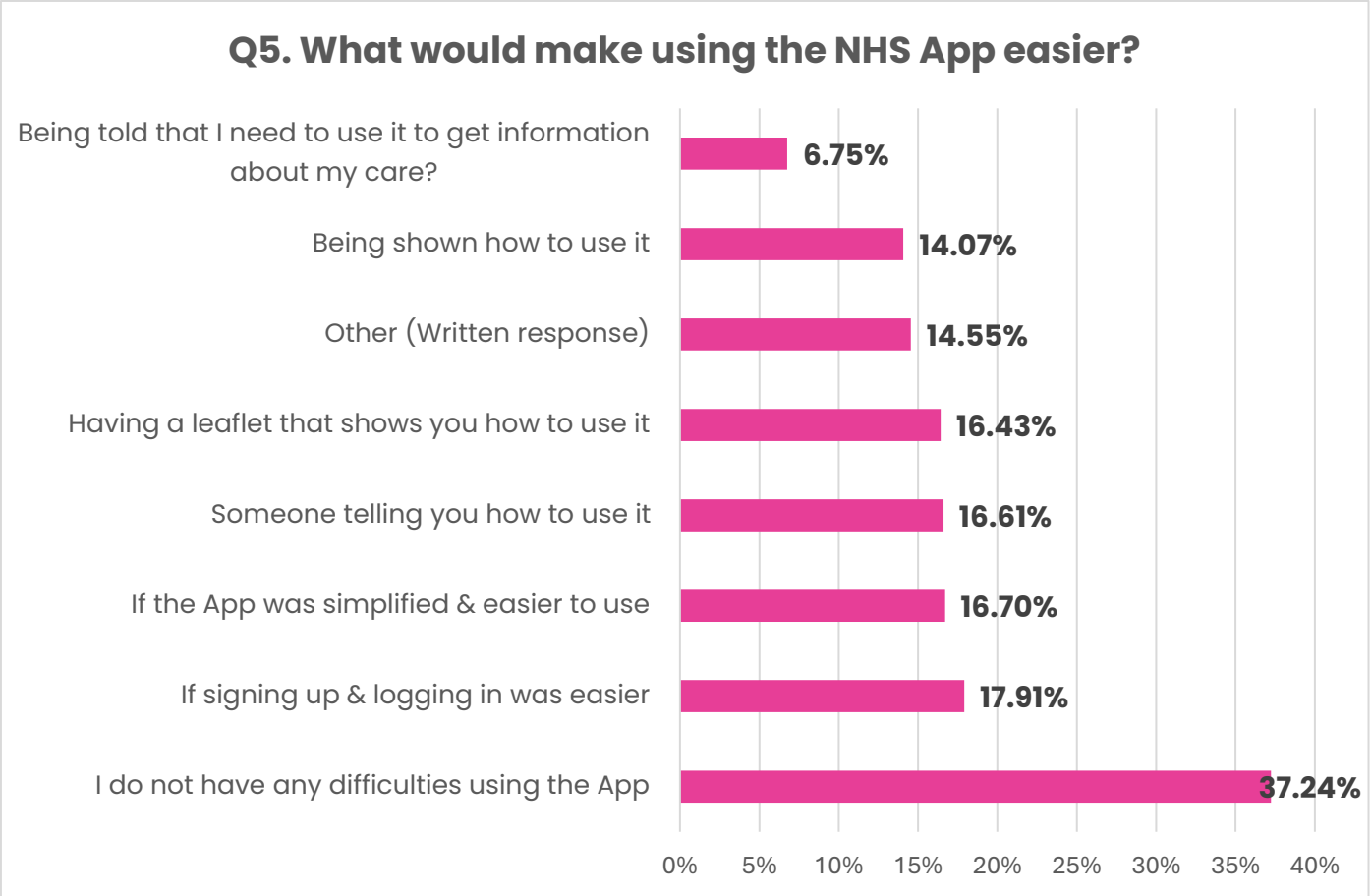

Q3. Gender demographic breakdown
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
0.51%
38.68%
60.81%
0.23%
28.60%
71.16%
0.00%
7.14%
92.86%
Male
Female
Non-Binary / Other
Yes
No
Don't Know

Q4. If you don't use the NHS App, why are you not using it?



Q4. Responses	Answered Yes	Total Number Asked	% of those who were asked
The NHS App gives different service information about GPs	10	845	1.18%
There is information missing about me	18	1046	1.72%
Someone else helps me with my health care	21	1153	1.82%
Not enough storage on my device	22	992	2.22%
Find it too confusing	23	985	2.34%
I have a disability that makes it difficult for me to use it	33	1153	2.86%
I don't understand the jargon	55	1092	5.04%
I don’t have smartphone	66	1153	5.72%
I can't read the writing	75	1146	6.54%
I find registration too hard	84	1253	6.70%
I prefer to receive a text message	74	992	7.46%
I don't trust having my information on there	76	945	8.04%
I don’t use apps	100	1152	8.68%
I find it too difficult	109	1253	8.70%
I prefer to receive a letter in the post	106	1153	9.19%
I prefer to speak to someone	155	992	15.63%
Other (Written responses)	261	1654	15.78%
I prefer using phone calls or in-person appointments	177	1046	16.92%

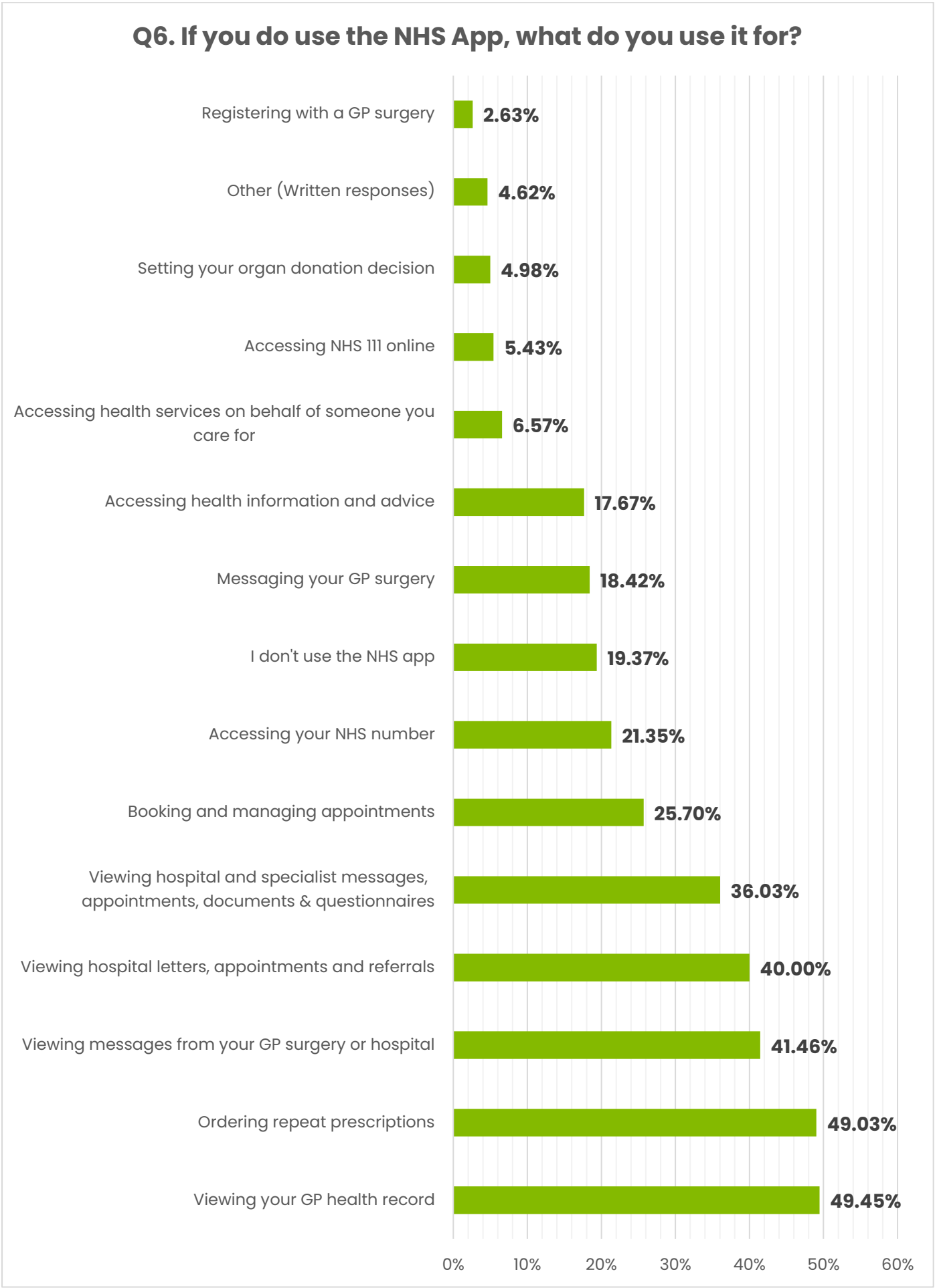
Q4. 'Other' (Written responses) Themes	Count	Examples
Prefer human contact / phone over digital	60	"Don't need to can still make appointments on the phone"; "Prefer to use the phone and speak to a real person"; "Prefer face to face"
No need / rare use	41	"Need to use it"; "Haven't had the need yet"; "Fortunate not to have needed the GP"
Login / technical issues	40	"Can't access my records"; "It's difficult to sign in"; "App says my email is registered but reset doesn't work"
Lack of awareness	31	"Didn't know it existed"; "Unaware of the app"; "Never heard about it"
Using other systems (Patchs, Patient Access, SystmOnline, etc.)	18	"I use Patient Access instead"; "Patches is confusing"; "GP uses a different system"
No smartphone / no device / no internet	16	"Don't have a phone"; "Don't have a smartphone"; "I don't have internet or a phone"
Low digital confidence	13	"Don't feel confident using apps"; "Too old to learn"; "Don't understand how to use it"
Security / trust concerns	11	"Don't trust it"; "Cyber-attack concerns"; "Don't want my health data online"
Language barriers	9	"Language is a problem"; "I don't speak English"; "Doesn't translate to Punjabi"
Accessibility barriers	5	"I am visually impaired"; "I need BSL interpreter"; "Severe dyslexia and sight loss"
Uncategorised	17	"Broadband issues"; "Am weary of apps"; "Cancellations not always received"



Q5. Responses	Answered Yes	Total Number Asked	% of those who were asked
Being told that I need to use it to get information about my care?	67	992	6.75%
Being shown how to use it	209	1485	14.07%
Other (Written response)	216	1485	14.55%
Having a leaflet that shows you how to use it	244	1485	16.43%
Someone telling you how to use it	240	1445	16.61%
If the App was simplified & easier to use	248	1485	16.70%
If signing up & logging in was easier	266	1485	17.91%
I do not have any difficulties using the App	553	1485	37.24%

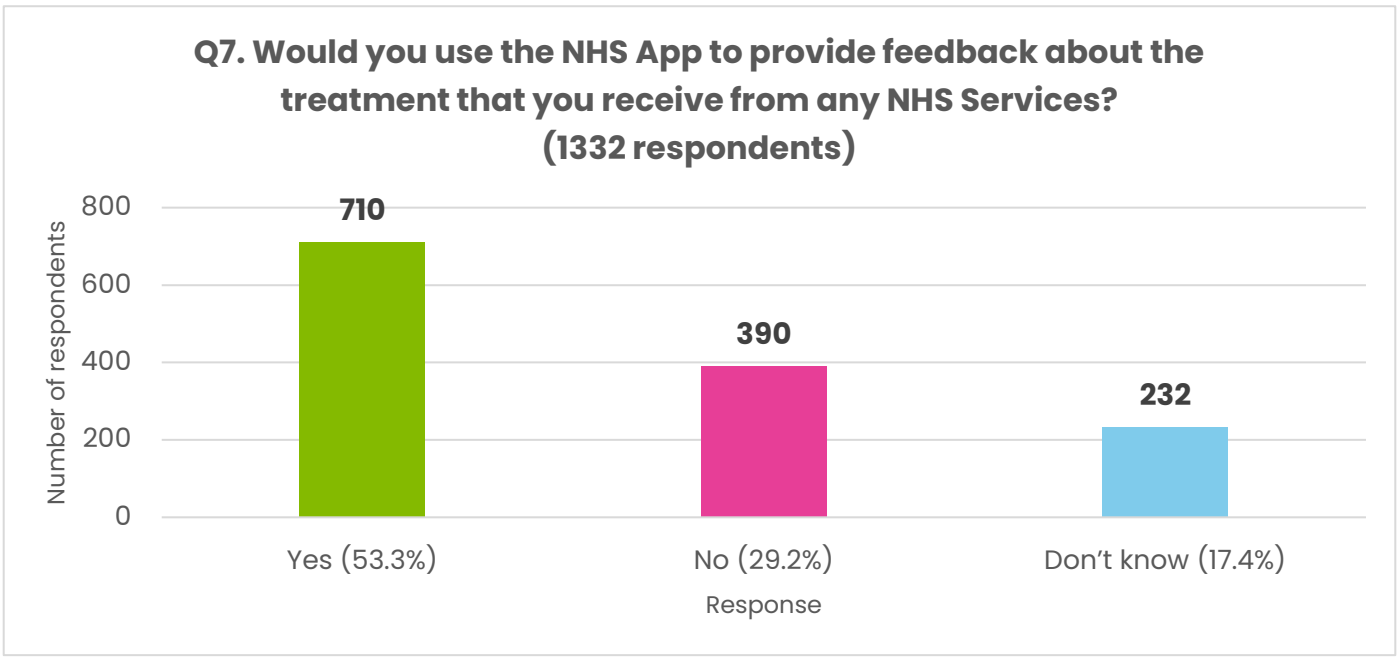
Q5. 'Other' (Written responses) Themes	Count	Examples
Reluctance to use digital	47	"I do not want to use the app or use a smartphone in anyway to manage my health"; "I prefer to use the phone"
Missing functions and usability issues	35	"No appointments able to be booked through app, and no historic blood tests kept on app"; "The app is clunky… making clear the difference between categories eg documents, events etc"; "Not having to sign into 3 different systems to access records"
Integration & consistency across NHS services	14	"Consistency of practice and access across NHS services"; "NHS App does not have a fool proof 'press here for triage' option"
Accessibility and inclusion	18	"Accessible features for people with visual impairments"; "If you could use it in another language"; "Easier explanation of how to use it for relatives who cannot"
Training and support	18	"Never had any instructions but found it pretty easy to use… but only using it for simple things"; "A YouTube video"; "I've no idea what it's for"
Registration access	8	"It was a pain having to get in touch with GP practice… had to wait a week for verification"; "Having to print out a form… waiting up to 28 days for access"; "Had to change my email address"
Login and authentication access	7	"I hate the way you have to sign in with email and password every time"; "Stop all the extra checks"; "Less pointless screens of messages every time"
Security concerns	5	"More open information about data collection"; "Don't trust apps"; "Don't trust using apps"
No change needed	6	"Nothing"; "rarely use the NHS"
Uncategorised	58	"If it was redesigned to address patient's needs, not just to dump the data on the table"; "Book GP appointments at any time"; "More 'help' functionality"

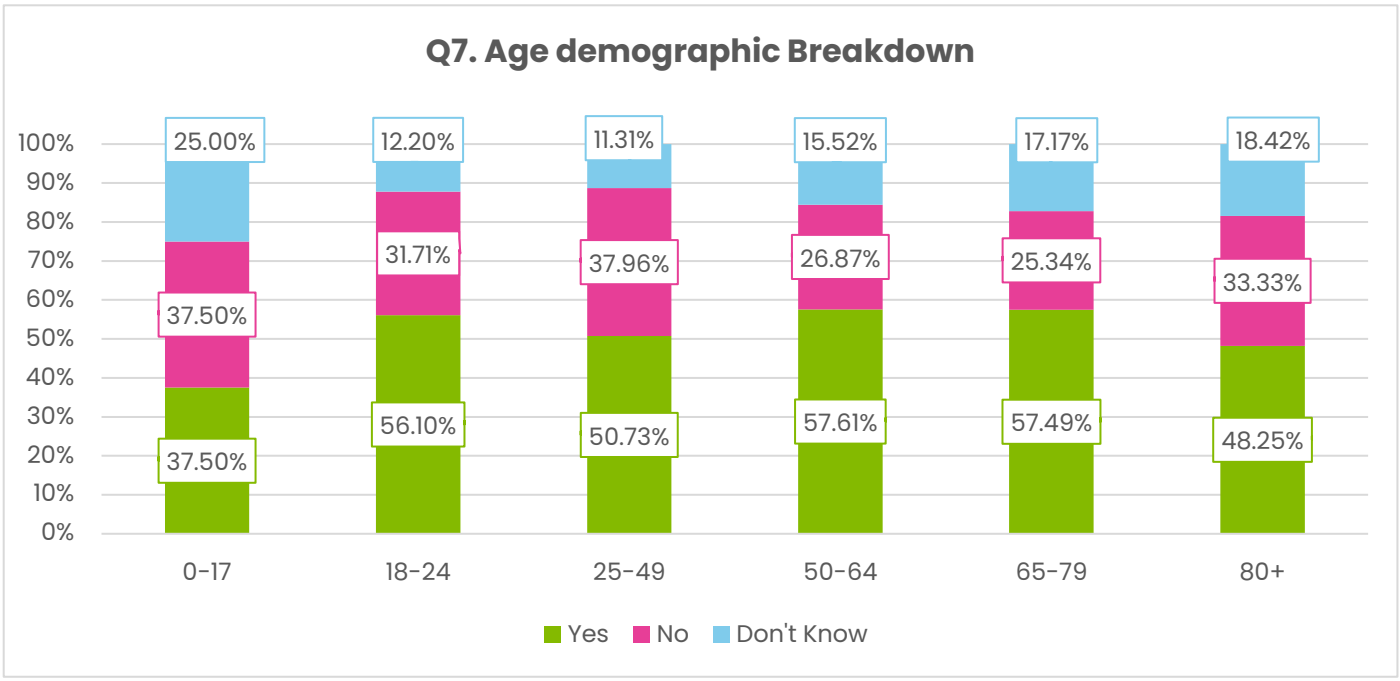
Q6. If you do use the NHS App, what do you use it for?

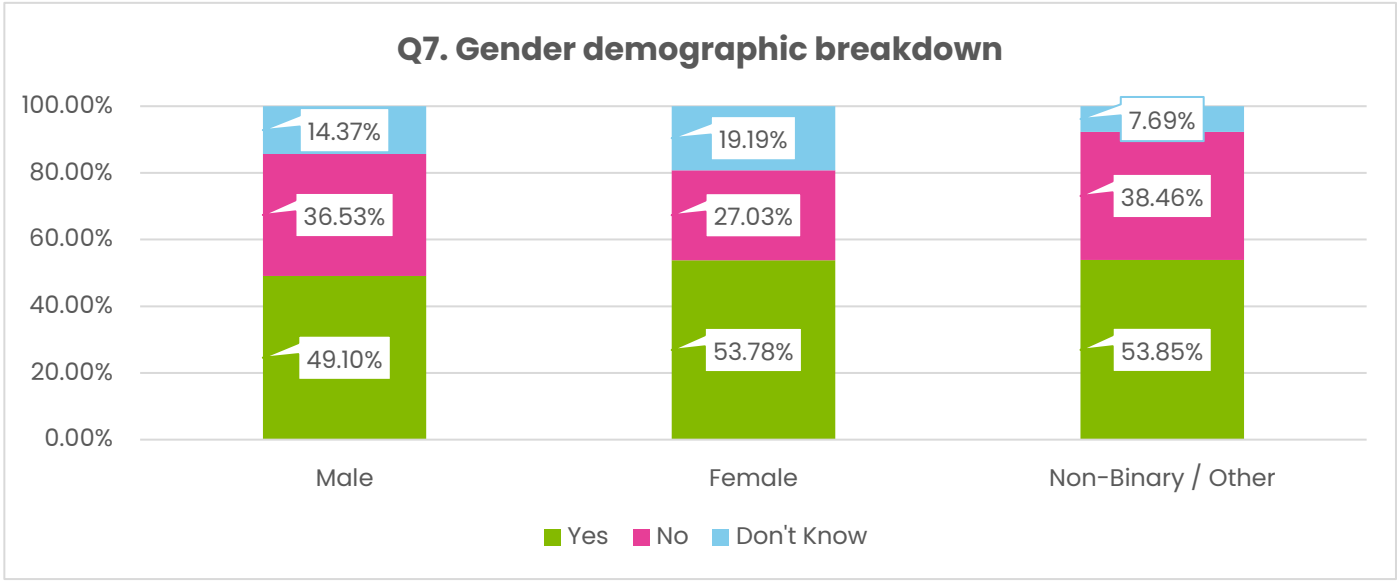


Q6. Responses	Answered Yes	Total Number Asked	% of those who were asked
Registering with a GP surgery	39	1485	2.63%
Other (please specify):	77	1667	4.62%
Setting your organ donation decision	77	1546	4.98%
Accessing NHS 111 online	84	1546	5.43%
Accessing health services on behalf of someone you care for	91	1385	6.57%
Accessing health information and advice	193	1092	17.67%
Messaging your GP surgery	284	1542	18.42%
I don't use the NHS App	239	1234	19.37%
Accessing your NHS number	330	1546	21.35%
Booking and managing appointments	423	1646	25.70%
Viewing hospital and specialist messages, appointments, documents & questionnaires	392	1088	36.03%
Viewing hospital letters, appointments and referrals	594	1485	40.00%
Viewing messages from your GP surgery or hospital	478	1153	41.46%
Ordering repeat prescriptions	807	1646	49.03%
Viewing your GP health record	814	1646	49.45%

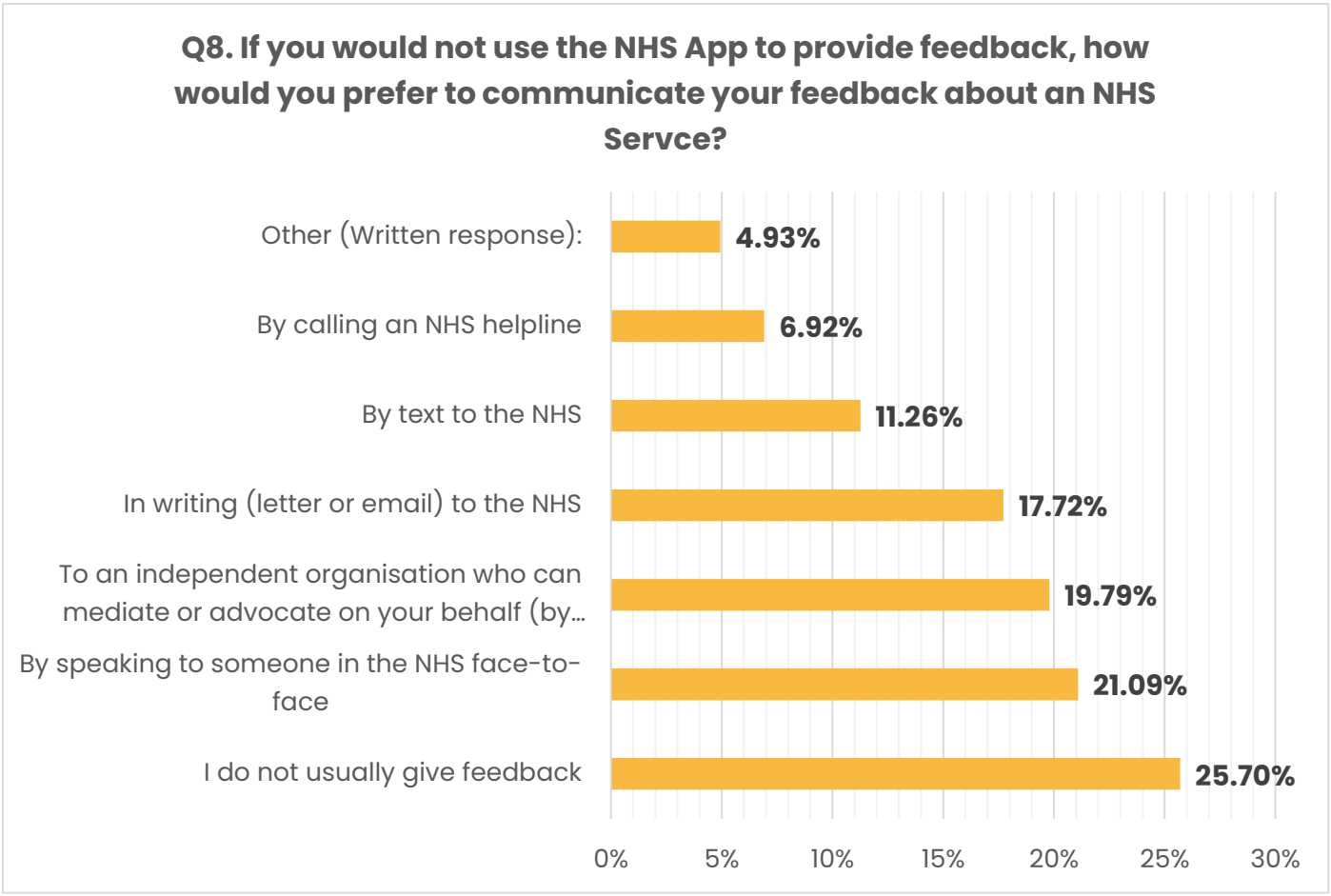
Q6. 'Other' (Written responses) Themes	Count	Examples
Uncategorised	26	"Accessing a family member's account as well."
Access issues	19	"don't use apps"; "Can't use won't let me access my GP"; "Cant use any of these."
Booking appointments	10	"Booking appointment never seems to be available"; "I won't be doing it… booking appointments… not appropriate for me"; "Use links on texts to view appointment letters"
Messaging issues	10	"Didn't know I could message my GP"; "Messaging is difficult… depends when you do it"; "I find it easier to use my GP practice website for messaging"
Prescriptions	7	"I only use it for repeat prescriptions"; "Surgery doesn't look at prescription requests"; "Would be helpful to order new prescriptions from hospital clinicians"
Test results	6	"E-consult, test results"; "Seeing blood test results"; "Seeing test results"
Prefer phone or face-to-face	6	"I like speaking to people face-to-face"; "I would telephone 111 rather than an app"; "I prefer to use my tablet to access it"
General dissatisfaction	4	"I don't like changes in my life… not happy about this"; "Confusing whether to use NHS App or GP website"; "Messaging depends on when you do it"
Use alternatives	5	"I use MYChart much more"; "I use Patient Access"; "Use GP triage link to Accurx"
COVID-related use	3	"Covid status"; "For COVID"; "Used in past for COVID vaccination proof"


Q7. Would you use the NHS App to provide feedback about the treatment that you receive from any NHS Services? (1332 respondents)
Number of respondents
800
600
400
200
0
710
390
232
Yes (53.3%)
No (29.2%)
Don't know (17.4%)
Response


Q7. Age demographic Breakdown
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
25.00%
37.50%
37.50%
12.20%
31.71%
56.10%
11.31%
37.96%
50.73%
15.52%
26.87%
57.61%
17.17%
25.34%
57.49%
18.42%
33.33%
48.25%
0-17
18-24
25-49
50-64
65-79
80+
Yes
No
Don't Know

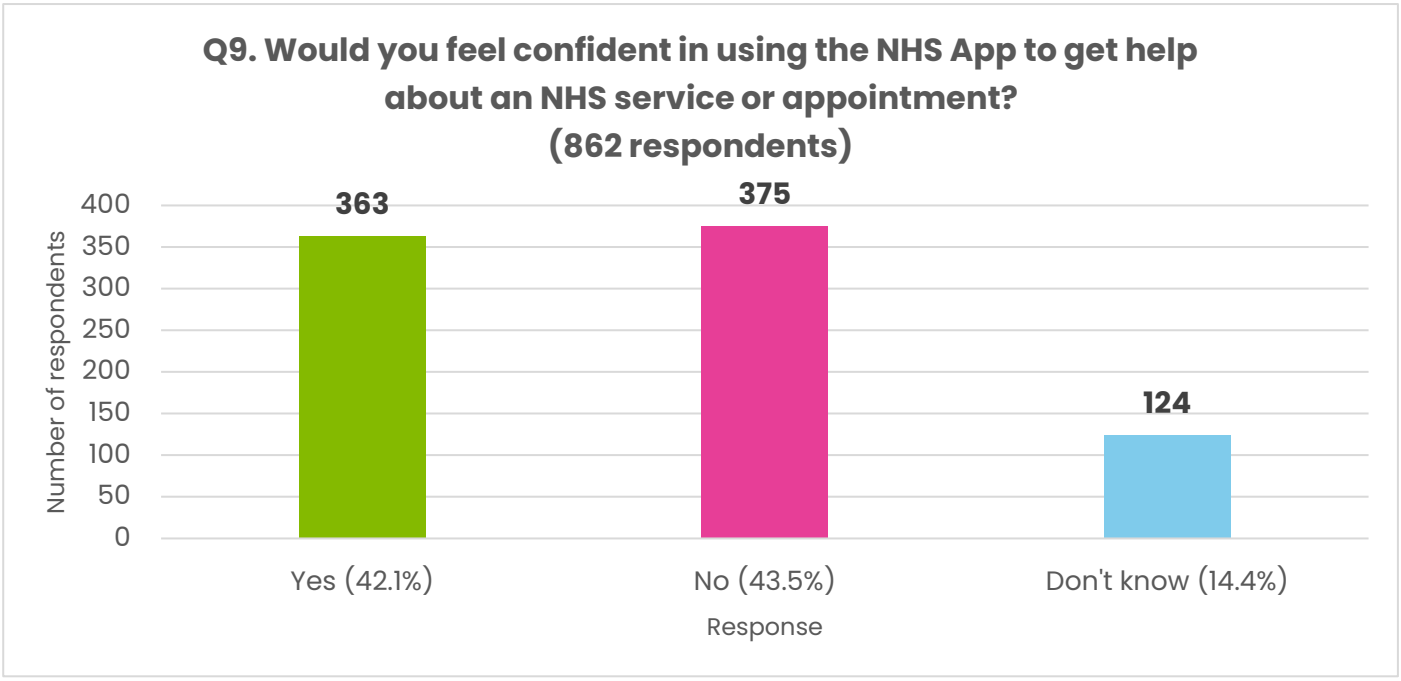

Q7. Gender demographic breakdown
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
14.37%
36.53%
49.10%
19.19%
27.03%
53.78%
7.69%
38.46%
53.85%
Male
Female
Non-Binary / Other
Yes
No
Don't Know

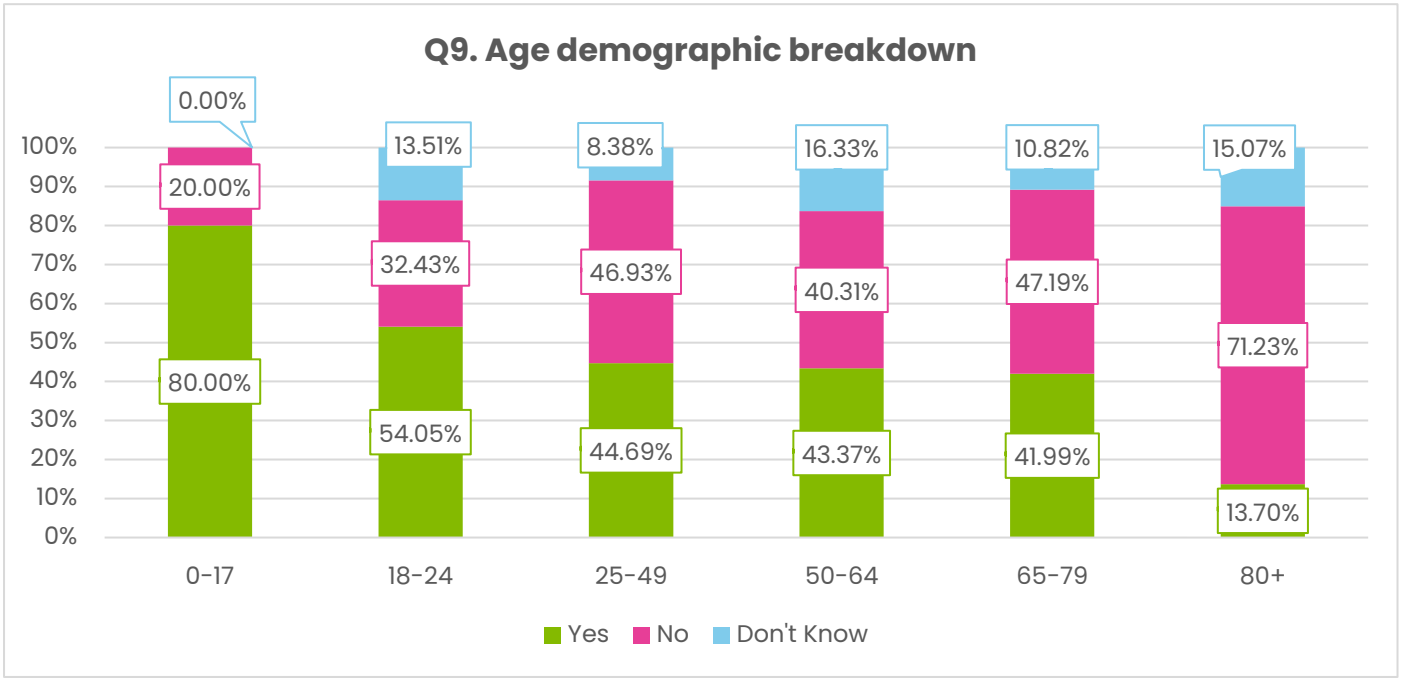
Q7. Written response Themes	Count	Examples
Access / Usability Issues	77	"The app does not work properly"; "It is not user friendly"; "I can't access my GP records"
Privacy / Anonymity Concerns	30	"I would worry feedback may prejudice my care"; "I don't trust it will be anonymised appropriately"
Prefer Face-to-Face Communication	23	"I prefer to speak face to face"; "Would rather talk to a person"
No Device / Low Digital Confidence	20	"I don't have a smartphone"; "I'm not good with computers"; "My literacy level is very minimal"
Feedback Won't Be Read / No Point	15	"Doubt anyone would look at it"; "I don't have faith it would be acted upon"
Positive Towards Feedback / Would Use	24	"I'm happy to use the app to give feedback"; "Feedback is important to improve services"
Not Aware It Was Possible	4	"Didn't know that was a feature"; "Never crossed my mind"

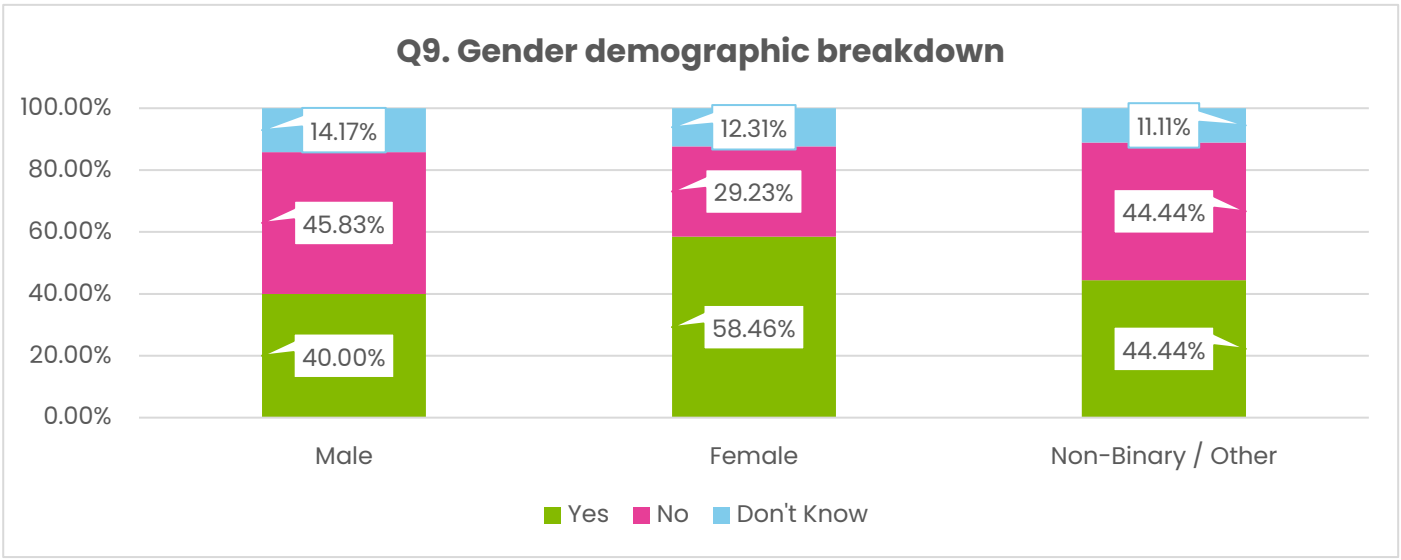


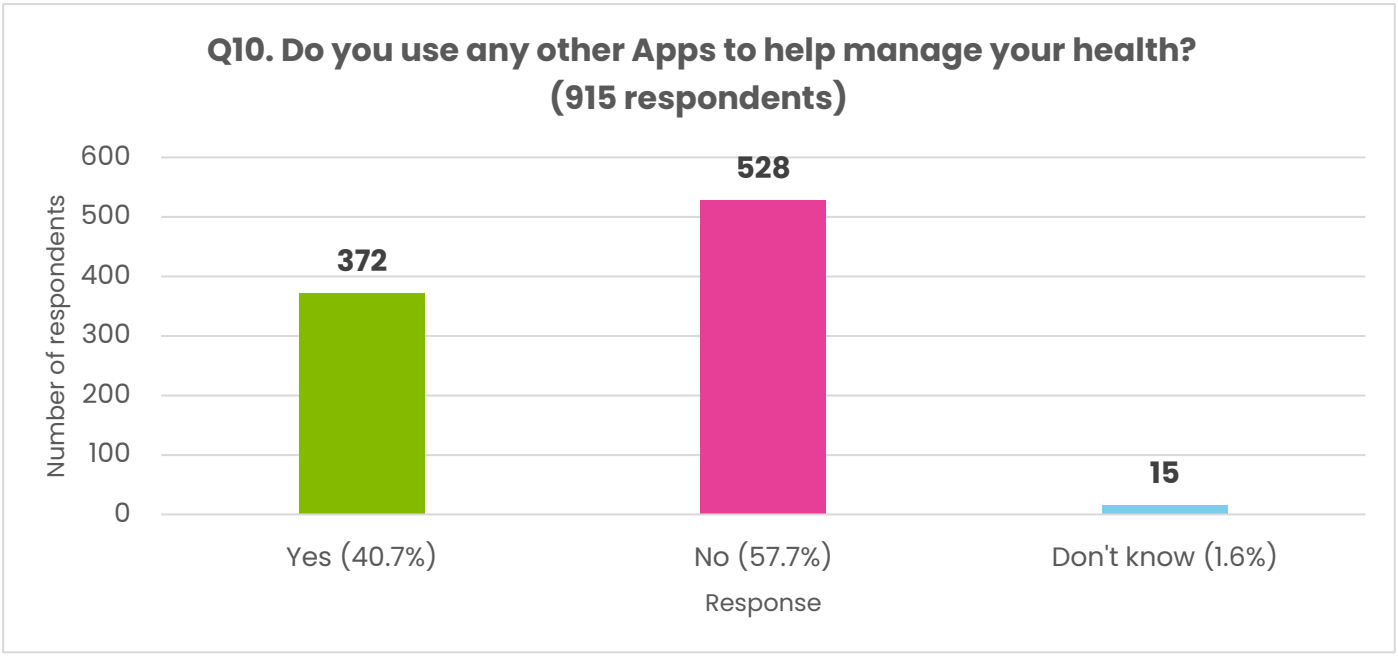
Q8. Responses	Answered Yes	Total Number Asked	% of those who were asked
Other (Written response):	83	1561	5.32%
By calling an NHS helpline	107	1546	6.92%
By text to the NHS	156	1385	11.26%
In writing (letter or email) to the NHS	274	1546	17.72%
To an independent organisation who can mediate or advocate on your behalf (by phone, email, face-to-face, etc)	306	1546	19.79%
By speaking to someone in the NHS face-to-face	326	1546	21.09%
I do not usually give feedback	101	393	25.70%

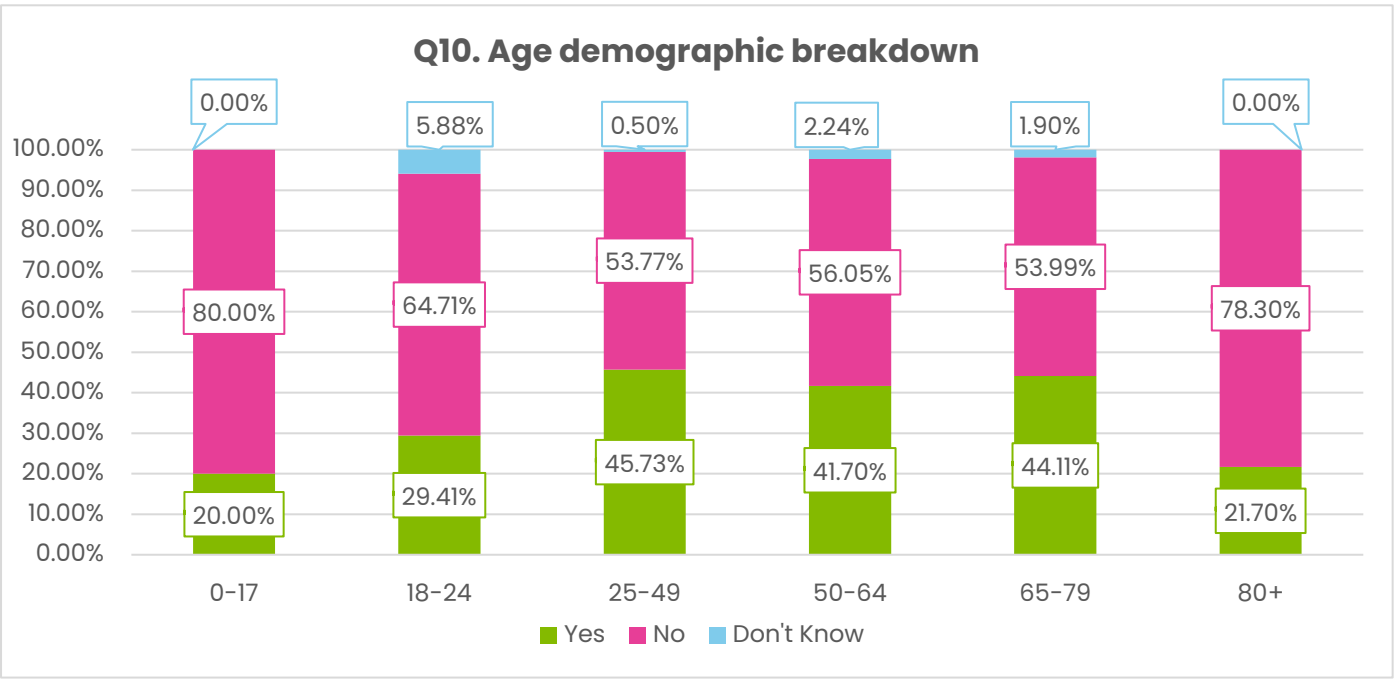
Q8. 'Other' (Written responses) Themes	Count	Examples
Online / Digital methods	18	"online"; "online survey"; "Using the feedback on the NHS App"
App issues / difficulty using NHS App	7	"Unable to use app… live in temporary accommodation"; "Would not use the NHS App to provide feedback."; "I'd be happy to use the NHS App… but it's not intuitive."
In-person or phone feedback	5	"By speaking to someone on the telephone"; "Doctor"; "Via GP staff"
PALS / complaints process issues	4	"Contacting PALS…"; "PALS is not fit for purpose."; "I complained… and received an angry call."
Third-party feedback routes (Healthwatch, Care Opinion)	3	"To Healthwatch…"; "Care Opinion is a fabulous independent resource"
Depends on context / conditional	3	"It all depends on what the feedback relates to."; "Think it would depend on the service…"
Anonymity important	2	"most important is being able to give feedback anonymously"
Uncategorised	7	"Not thought about it."; "Having a 3rd party collating feedback gives peace of mind…"
Online / Digital methods	18	"online"; "online survey"; "Using the feedback on the NHS App"

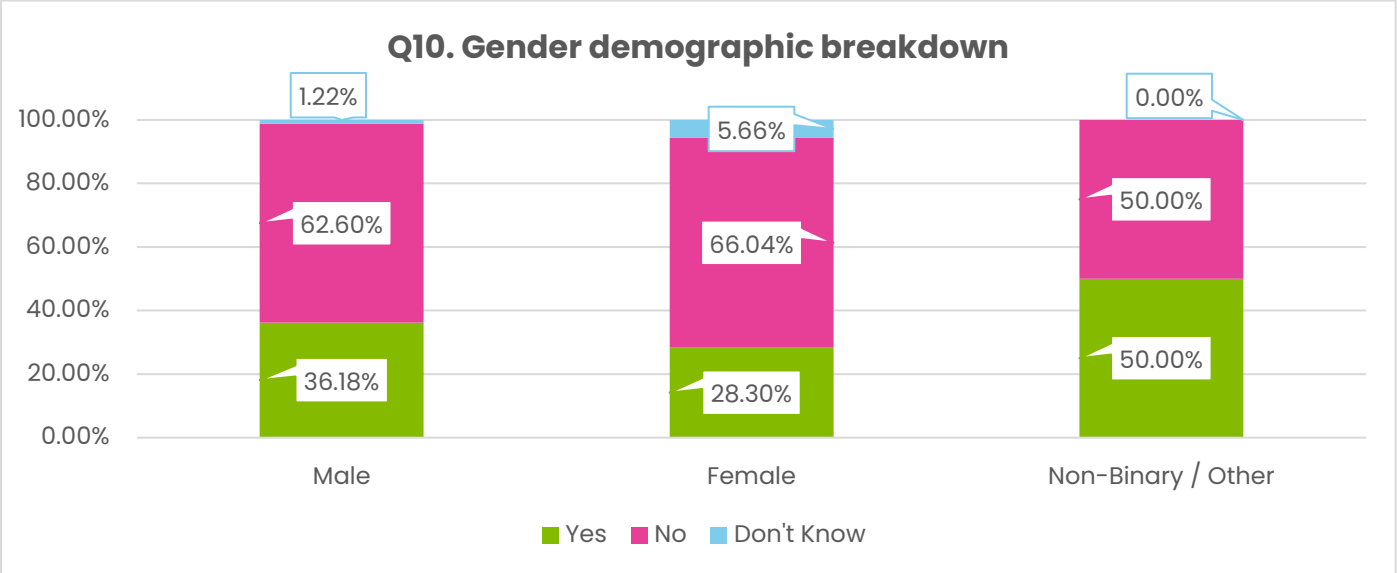

Q9. Would you feel confident in using the NHS App to get help about an NHS service or appointment? (862 respondents)
Number of respondents
400
350
300
250
200
150
100
50
0
363
375
124
Yes (42.1%)
No (43.5%)
Don't know (14.4%)
Response

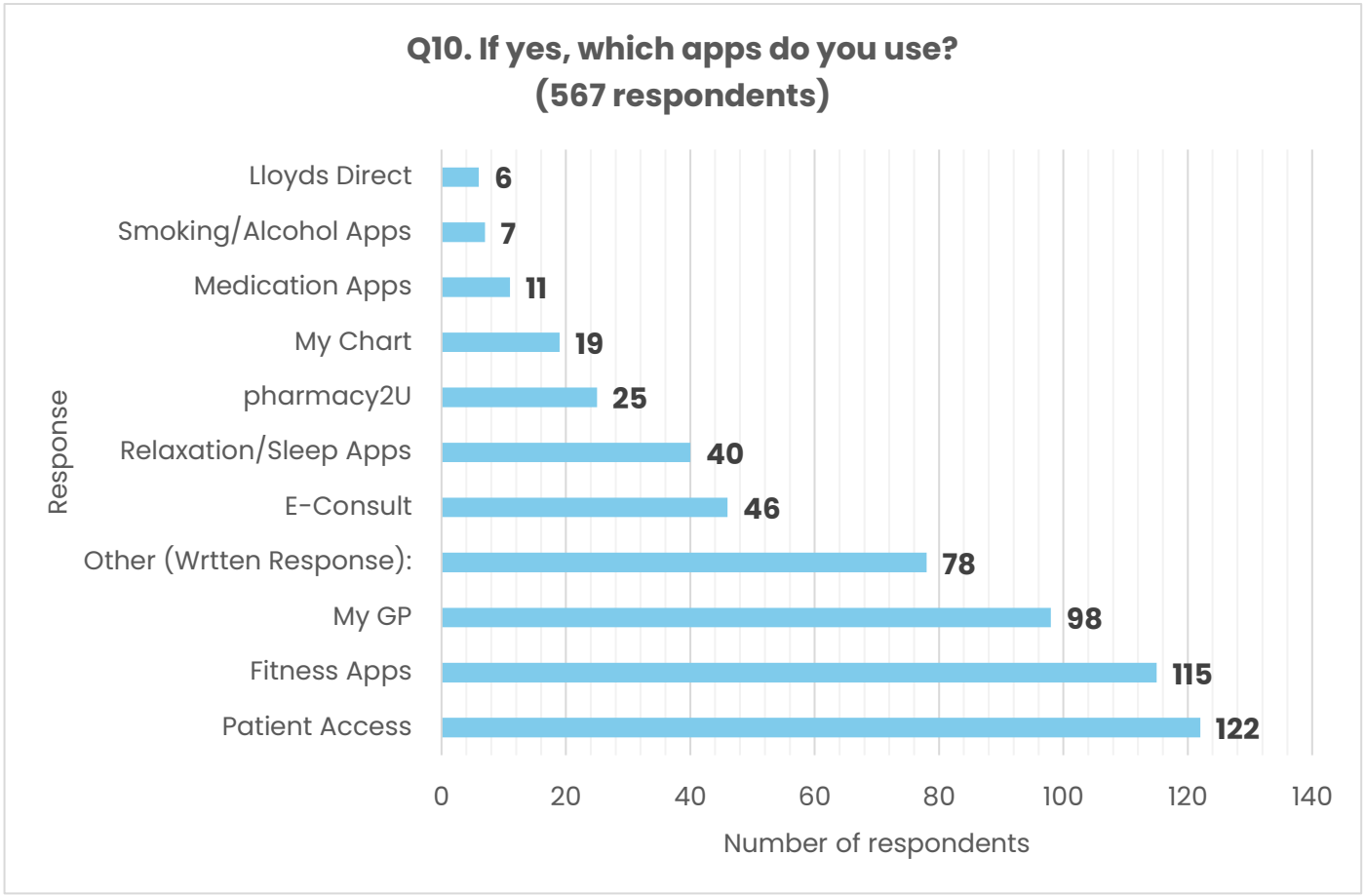

Q9. Age demographic breakdown
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0.00%
20.00%
80.00%
13.51%
32.43%
54.05%
8.38%
46.93%
44.69%
16.33%
40.31%
43.37%
10.82%
47.19%
41.99%
15.07%
71.23%
13.70%
0-17
18-24
25-49
50-64
65-79
80+
Yes
No
Don't Know


Q9. Gender demographic breakdown
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
14.17%
45.83%
40.00%
12.31%
29.23%
58.46%
11.11%
44.44%
44.44%
Male
Female
Non-Binary / Other
Yes
No
Don't Know


Q10. Do you use any other Apps to help manage your health? (915 respondents)
Number of respondents
600
500
400
300
200
100
0
372
528
15
Yes (40.7%)
No (57.7%)
Don't know (1.6%)
Response


Q10. Age demographic breakdown
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
0.00%
80.00%
20.00%
5.88%
64.71%
29.41%
0.50%
53.77%
45.73%
2.24%
56.05%
41.70%
1.90%
53.99%
44.11%
0.00%
78.30%
21.70%
0-17
18-24
25-49
50-64
65-79
80+
Yes
No
Don't Know


Q10. Gender demographic breakdown
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
1.22%
62.60%
36.18%
5.66%
66.04%
28.30%
0.00%
50.00%
50.00%
Male
Female
Non-Binary / Other
Yes
No
Don't Know



Demographic Data

As part of the survey, respondents were invited to anonymously provide information about their demographics and characteristics. The following section summarises the responses from those who chose to answer these questions.

Age:					
0-17	18-24	25-49	50-64	65-79	80+
8	54	340	409	466	163

Gender:			
Man	Woman	Non-binary / Other	Prefer not to say
414	1015	16	28

Is your gender identity the same as the sex you were assigned at birth:		
Yes	No	Prefer not to say
1173	7	30

Sexuality:					
Homosexual	Heterosexual	Asexual	Bisexual	Other	Prefer not to say
35	858	37	29	13	87

Ethnicity:			
White: British (English / Welsh / Scottish / Northern Irish / Irish)	1216	Asian / Asian British: Chinese	4
White: Gypsy or Irish Traveller	0	Asian / Asian British: Other Asian Background	20
White: Roma	2	Black / African / Caribbean / Black British: African	40
White: Other White Background	38	Black / African / Caribbean / Black British: Caribbean	26
Mixed / Multiple Ethnic Backgrounds	24	Black / African / Caribbean / Black British: Other Black Background	6
Asian / Asian British: Indian	4	Arab	3
Asian / Asian British: Pakistani	19	Any Other Ethnic Group	14
Asian / Asian British: Bangladeshi	14	Prefer Not to Say	43

Health and Care Status:				
Disability	Long-term Condition	Carer	Prefer not to say	None of the above
265	446	157	119	355

Responses by Area:	
Brighton and Hove	4
Cheshire and Merseyside	371
Gloucestershire	162
Kingston-upon-Thames	39
Lambeth	43
Leeds	394
Redbridge	152
Nottingham and Nottinghamshire	107
Rochdale	100
Sheffield	49
Surrey	63
Wirral	233

Recommendations

Policy Guardrails for Patient Voice and Digital Transformation

To ensure that a digital expansion does not compromise independence and equity, the following principles must underpin national and local policy and implementation.

1. **Independence –** Independent and anonymous feedback must be preserved alongside NHS-led mechanisms, to ensure that people can speak openly without fear or favour.
2. **Choice –** Non-digital pathways (telephone, letters, in-person) must remain permanently available, fairly promoted, and be treated as equal in status and quality to digital alternatives.
3. **Impartiality –** Feedback interpretation should not be controlled by the service provider delivering the care. Separation is vital to protect accountability and ensure fair treatment.
4. **Transparency –** Patients must understand how their feedback is collected, analysed, acted upon, and how any data is stored or shared.
5. **Integration –** Digital tools must enhance, not replace, independent voice, community advocacy, and patient experience channels.

Recommendations for local stakeholders and service providers

1. **Provide accessible, in-person and tailored NHS App support through Primary Care.** Including drop-ins at GP practices for technical support; one-to-one help during appointments; and guided registration, logging in, and managing healthcare online sessions.
2. **Healthcare settings and professionals to publicise and promote all local digital inclusion support so people know where to get help beyond the NHS App.** Often the barrier to entry for digital inclusion comes with using devices, prior to using the NHS App. Clear signposting to community resources like libraries, community centres, VCFSE groups, digital hubs, and local training for digital inclusion will help build those digital foundations for users.
3. **Train NHS staff so they can confidently support patients in using the NHS App.** To improve the consistency of information given to patients, staff should know how the NHS App works, how to navigate accessing and managing healthcare online, and how it integrates with the patient's general health plan.
4. **Standardise how GP practices and hospitals use and communicate about the NHS App, so patients receive consistent, reliable information.** This should include exactly what patients can and should be using the NHS App for such as booking and managing appointments, ordering repeat prescriptions, accessing messages and documents, and managing care for someone else. This also involves aligning the communication strategy of terminology, notification methods, availability of features, and how staff explain all of these digital options across the wider NHS system.
5. **Maintain strong, equitable non-digital access routes for those who cannot or do not want to use digital tools**. Phone, in-person, letters, and other analogue channels must remain fully functional and easy to navigate to ensure people can access and manage their healthcare

without digital barriers, supporting a fair transition as services become more digitally enabled. This also includes a clear communication strategy to patients and ensuring they aren't discriminated against if they seek non-digital routes as feeling safe and confident in how they can access and manage their healthcare is imperative.

6. **Ensure test results and medical information are only given to patients with clear, clinically supported explanations.** Often raw data or test results are given to patients without any notes, comments, or interpretation, and prior to any one-to-one communication with the departments or healthcare professionals sending this information. This can cause severe distress and misunderstanding as patients often do not have the medical expertise of interpreting this information themselves.
7. **Standardise the plain English communications of explanations and messages from healthcare professionals via the NHS App.** Health care communications should be delivered in a way that is easy to understand to all patients, and a consistency in the type of language used by healthcare professional via the NHS App should be ensured. Avoid outdated language or any particularly jargon-heavy language, as much as possible.

Recommendations for NHS App design and implementation

8. **Enable carers to manage NHS App accounts via the proxy access of the person they care for even when registered at a different GP practice.** This remains a significant barrier to carers, and switching GP practices is not always an option.
9. **Simplify the NHS App verification and onboarding process.** Registration, identity checks, and logging into different health management systems are amongst the biggest factors for analogue preferences. Streamlining this process whilst maintaining its rigorous security would improve NHS App usage.
10. **Expand translation support, including British Sign Language**. This can be the implementation of in-house translation tools, interpreter-accessible formats, increased use of visual (non-written) explanations, non-English languages, and BSL support.
11. **Build accessibility tools directly into the app**. This includes accessibility settings which are not better implemented via the user's device itself such as colour changes (either colour-blind or dark-mode support) and largen text options.
12. **Standardise the accessibility features of third-party systems and external pages within the NHS App,** by creating a standard accessibility requirement for those services. The level of accessibility and usability across booking appointment and messaging systems varies across the country.
13. **Bring appointment-booking and messaging systems in-house by transitioning third-party platforms to a standardised, NHS-led system.** Whilst requiring significant funding, this would provide the greatest opportunity to ensure consistent quality, improved accessibility, and a reduction in the wide disparities of digital access and functionality that currently exist across different GP practices, hospitals, and healthcare providers.

Recommendations for national policy

14. **Ensure health and social care feedback is not separated or compartmentalised in future systems.** Much public experience spans both sectors and great progress has been made to integrate health and social care. Splitting Healthwatch's feedback functions to Local Authorities and Integrated Care Boards risks missing major issues and removes the strengths of joined-up feedback services.
15. **Preserve and utilise local, independent feedback routes built on community relationships**. Local structures (including Healthwatch and other independent bodies) understand community nuance and have built up strong local relationships to ensure feedback leads to significant improvements. A national standard template must not override or weaken what works at different local levels.
16. **Maintain multiple feedback channels to protect the voices of those who are least heard.** No singular feedback channel should become the sole engagement route. Alongside the NHS App, there must be face-to-face, telephone, written, and independent options in order to not silence those who lack confidence or do not engage digitally.
17. **Ensure future health feedback systems which utilise AI are robust with ethical, safety, and accountability standards.** The analysis must be transparent, unbiased, and subject to independent oversight with enough safeguards to prevent misinterpretation or the necessary actions from vital feedback being left unseen and falling through the gaps.

Bibliography and Appendix

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Appendix: Contributing local Healthwatch

The following 19 local Healthwatch contributed to the surveys informing this report:

- *Healthwatch Brighton and Hove*
- *Healthwatch Cheshire East*
- *Healthwatch Cheshire West*
- *Healthwatch Gloucestershire*
- *Healthwatch Halton*
- *Healthwatch Kingston Upon Thames* (*New Dialogue*)
- *Healthwatch Knowsley*
- *Healthwatch Lambeth*
- *Healthwatch Leeds*
- *Healthwatch Liverpool*
- *Healthwatch Nottingham and Nottinghamshire*
- *Healthwatch Redbridge*
- *Healthwatch Rochdale*
- *Healthwatch Sefton*
- *Healthwatch Sheffield*
- *Healthwatch St. Helens*
- *Healthwatch Surrey*
- *Healthwatch Warrington*
- *Healthwatch Wirral*

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local healthwatch
working together