

**Developing NHS Online:
Local Healthwatch Consultation**
Healthwatch Kingston upon Thames Response
March 2026

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Healthwatch Kingston upon Thames Response

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Introduction

The Department of Health and Social Care (DHSC) and NHS England are working to establish a new online service which will deliver online elective services as part of the NHS, referred to as the Online NHS Trust.

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

As the Online NHS Trust will operate nationally, the Secretary of State is seeking the views of all local Healthwatch organisations. Healthwatch England and NHS England are supporting DHSC in this consultation.

Healthwatch Kingston upon Thames has considered the proposal outlined by the DHSC and alongside local Healthwatch from across England, responded to questions relating to the needs of local people.

Healthwatch Kingston's response is rooted in our findings as the independent, statutory champion for health and social care in the Royal Borough of Kingston upon Thames. The themes and points raised are informed by our engagement with local people and will support the policy development of the new trust to ensure the functions meet the health and care needs of patients, service users, carers and families in Kingston.

For more information about the findings shared in this response, visit the [Healthwatch Kingston website](#), or contact our team by emailing info@healthwatchkingston.org.uk.

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

When digital systems are implemented effectively, alongside well supported and well-resourced alternatives they may offer more choice and flexibility for patients. However, our Including Communities and

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Including Digitally Excluded engagements across the Royal Borough of Kingston upon Thames have revealed that the take-up, and suitability of digital health services varies.

Many communities who are vulnerable to health inequalities experience barriers to access including limited digital confidence, lack of access to devices or stable internet, language barriers, disability-related access needs and low trust in digital systems¹.

We have previously found that digital exclusion further alienates those who speak English as a second language. For refugees, asylum seekers and migrants, relying on complex online systems to access information can act as a barrier to even knowing what services are available and the support people are entitled to².

When Healthwatch Kingston met with community groups within the borough to understand people's thoughts around the 'three shifts' outlined in 10-Year Health Plan for England we heard a range of responses to the focus on digitisation.

Among adults with support needs the commitment to making better use of technology was met with a mixed response. Some found online GP appointments and AI health apps convenient, while others preferred face-to-face interactions for better communication, privacy, and thorough medical assessments. Concerns were raised around the confidentiality and security of online appointments³.

¹ Healthwatch Kingston upon Thames. (2024). 'Including Digitally Excluded Communities: Engagement Report'. pp.16 - 26.

https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Including%20Digitally%20Excluded%20Communities%20-%20Engagement%20Report%20%28updated%2005.08.24%29%20Contents_2.pdf

² Healthwatch Kingston. (2024). 'Including Digitally Excluded Communities: Engagement Report'. p.10.

https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Including%20Digitally%20Excluded%20Communities%20-%20Engagement%20Report%20%28updated%2005.08.24%29%20Contents_2.pdf

³ Healthwatch Kingston. (2025). 'Change NHS: What Adults with Support Needs Told Us'.

<https://www.healthwatchkingston.org.uk/blog/2025-03-07/change-nhs-what-adults-support-needs-told-us>

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Through this engagement, young people shared that they generally felt positively about the use of apps to provide health information. However, concerns around data security and privacy were also raised. They were hesitant about the implementation of AI, sharing that they did not want AI to take full responsibility and that if AI is used it should be checked by a professional for accuracy⁴.

These responses support our findings from multiple engagements. When we spoke to local students at events hosted by Kingston College about social media and health messaging, we heard that what they value honest, accessible support from people they can trust⁵. Alongside social media, the young people we heard from, preferred direct communication from professionals, and in-person visits such as in classrooms or assemblies.

During our Including Digitally Excluded Communities engagement, we again heard that young people preferred face-to-face engagement with trusted professionals, or workshops in tutor groups⁶. Our engagement has consistently shown that while apps may serve as a tool to help support the delivery of health information for young people, they cannot replace direct engagement from trusted professionals.

Anecdotally, our experience has shown that patients who have had complex or traumatic experiences are overwhelmingly reluctant to give feedback online and prefer to opt for the ability to talk through their feedback, either over the phone or in person.

⁴ Healthwatch Kingston. (2025). Change NHS: What Young People Told Us.

<https://www.healthwatchkingston.org.uk/blog/2025-03-07/change-nhs-what-young-people-told-us>

⁵ Healthwatch Kingston. (2025). 'Young people, social media and health messaging'.

<https://www.healthwatchkingston.org.uk/blog/2025-06-13/young-people-social-media-and-health-messaging>

⁶ Healthwatch Kingston. (2024). 'Including Digitally Excluded Communities'. p.4.

https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Including%20Digitally%20Excluded%20Communities%20-%20Engagement%20Report%20%28updated%2005.08.24%29%20Contents_2.pdf

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

Upskilling people on accessing and understanding digital health services requires extensive commitment, understanding and resources, particularly where vulnerable groups with complex needs including long-term health conditions, communication support needs, and language barriers are concerned. Efforts to promote digital services and foster skills among diverse communities work best when they are driven by comprehensive, empathetic and human led approaches based in the community.

To engage local digitally excluded residents, Healthwatch Kingston ran seven “we’ll come to you” focus groups between July and October 2023. We adopted a different approach at each session to meet the needs of the diverse groups. To connect with marginalised communities Healthwatch Kingston has found success in working in partnership with existing community groups and organisations that serve distinct cohorts.

Any approach to upskilling digitally excluded patients should be shaped around their individual needs. It is important to avoid assuming that the barriers to digital inclusion are the same for everyone. We have also found that even with support, not everyone has the cognitive ability to learn, that some simply do not want to engage digitally and familiarity with digital technology does not always lead to a willingness to engage digitally ⁷.

Providing training and ambassadors through libraries as central hubs may offer the potential to connect with a wide range of community groups. Training to build skills for the families, friends and carers of elderly patients to support them to use digital services may help some manage the responsibility of their older loved one being reliant on their guidance.

⁷ Healthwatch Kingston. (2024). ‘Including Digitally Excluded Communities’. p.10.

https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Including%20Digitally%20Excluded%20Communities%20-%20Engagement%20Report%20%28updated%2005.08.24%29%20Contents_2.pdf

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We have found that some services that support refugees, asylum seekers and other migrants to build English language skills provide information about NHS services, but that this information is based on their own research and not always accurate. Co-ordinating with services to provide information about the NHS to people learning English offers the opportunity to address some of the concerns brought about by language barriers.

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

a. choosing to be referred to NHS Online through a primary care appointment

Communication about the Online NHS Trust and its role within the wider NHS system should be promoted comprehensively from multiple sources. Patients should be aware of the NHS Online Trust and what it might mean for their care before they are given the option to be referred through a primary care appointment.

Practitioners should stress that referrals to the NHS Online Trust is optional and suitable time should be committed to explaining to the patient what the choice would mean for their care. It should also be explained, what happens if they decide that virtual care does not work for them or their circumstances change and they wish to opt-out.

Clinicians will need clear guidance and suitable support to ensure they are able to communicate the role of the Online Trust effectively to patients.

b. arranging consultations and diagnostics through the NHS App

If the NHS App is intended as the primary way of accessing the Online Trust this will need to be made very clear to patients before they choose to be referred for a virtual appointment.

c. the stages of treatment along standardised pathways

To help patients understand how the Online NHS Trust will work in practice, information must be provided in terms that patients understand and can relate to, avoiding clinical or administrative language.

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Offering visual illustrations can help patients from various backgrounds understand what to expect, and manage hesitations, particularly for tests and procedures.

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

Patients will need clear and comprehensive information about:

- Where their records are held
- How their records are being shared between services
- How they opt out of the Online Trust pathway
- Who will be responsible for their care
- How they raise concerns
- How the Online Trust will co-ordinate with patients' existing pathways, particularly for those with complex needs and/or multiple conditions

During our Including Communities engagement, we heard from local people about gaps in understanding how to access NHS and social care services, what support is available, and what people are entitled to⁸.

These sentiments were echoed in our engagement on local people's experiences of grief support, where we found that knowledge of the support that was available was limited⁹. These findings would indicate that limited knowledge of, and communication to patients about the NHS services that are available to them, and what they are entitled to is a pervasive issue even for well-established pathways and services. A recent report from the Royal College of General Practitioners outlines the need for

⁸ Healthwatch Kingston. (2024). 'Including Communities: Engagement Report'.p.4.

https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Healthwatch%20Kingston%20-%20Including%20Communities%20Engagement%20Report%2024.07.24%20%28fv%29_4.pdf

⁹ Healthwatch Kingston. (2025). 'South West London Bereavement Services and Support: Gaps Workshops Report'. p.10.

https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/South%20West%20London%20Bereavement%20Services%20and%20Support%20-%20Gaps%20Workshops%20Report_1.pdf

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clear and consistent information to help patients understand where to go for help¹⁰.

Communication must be active and not assume that patients are already aware of the new choice, or existing alternatives. More work should be done to provide patients with comprehensive communication about the range of options, services and support that is available so that patients are aware of their choices and can make informed decisions about their care.

Meaningful, targeted engagement with digitally excluded groups will be necessary, with sufficient resources allocated to support face-to-face outreach to explain the new options to people, in terms they can understand and in settings that are comfortable for them. Communication materials should be co-designed with experts by experience to ensure information is accessible and comprehensive.

All communications should work to the Accessible Information Standard and be available, in audio, British Sign Language, large print, plain English and Easy Read as a minimum.

Local Healthwatch across south west London found that people with communication support needs often depend on family and community organisations to help them communicate with GP services¹¹. Ensuring reasonable steps are taken to meet patients' communication support needs is essential to maintaining the independence, and dignity of patients.

Equally, carers and advocates of people with communication needs said it's important for GP services to understand their role in speaking up for the person they care for. The Online NHS Trust must be able to facilitate the role

¹⁰ The Royal College of General Practitioners & Patients Association. (2026). "It shouldn't be this hard" Solving the NHS maze for patients and GPs'. pp.5-6. <https://www.rcgp.org.uk/getmedia/69e37dd5-85da-4e55-90de-3024199d411c/Solving-NHS-maze-patients-GPs.pdf>

¹¹ South west London Healthwatch. (2025). 'The Delivery of the Accessible Information Standard in South West London GP Practices'.p.8. <https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Healthwatch%20SWL%20AIS%20Full%20report.pdf>

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of carers at appointments and information should be provided for paid and unpaid carers and advocates.

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

For digitally confident patients, and if properly resourced alongside in-person services, the Online Trust has the potential to improve flexibility and access to specialists.

Patients, particularly neurodivergent patients, may benefit from accessing information about their care, diagnoses, treatment history and treatment options on their own terms, at a time and location that allows them to properly digest the information.

Patients with a physical disability may benefit from accessing services online as the burden of travel, which can exacerbate fatigue, may be reduced. For patients with multiple, complex, or long-term conditions the Online Trust has the potential to reduce the frequency of hospital visits, which we have heard can come to dominate a patients' life. However, the option for a digital service must not be seen as a replacement for fully accessible in-person services.

The potential benefits are highly dependent on the level of investment given to ensuring that the Online Trust is a suitable choice that fits in alongside alternative services.

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

Health inequalities should be considered at the foundational creation of the Online NHS Trust and not remedied as an afterthought. Healthwatch

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Kingston would like to see more substantial information and evidence about the steps being taken to address and mitigate the influence of inequalities on the delivery of the new service, after a comprehensive EQIA is completed by the DHSC.

Accountability is a key concern. It is not clear how existing regulation, which relies heavily on site visits, relationships with local governance, independent voice and scrutiny, observation, engagement with patients, carers and family will operate in practice when applied to a national, fully virtual system. Healthwatch Kingston would like to see more information about how advocacy will work throughout this process.

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

Local Healthwatch play a key, trusted and most importantly, independent, role in understanding the needs of local people. Independent feedback mechanisms are essential to understanding the needs of diverse communities who face barriers not only to accessing services but providing feedback. Local Healthwatch are well placed within their respective communities to facilitate engagement and co-development.

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

The success of the Online NHS Trust should be measured alongside improvements to the access of in-person appointments and specialist consultations. Reduced waiting times for in-person appointments would be an essential indicator for some measure of success.

Without improving access to in-person appointments, the Online NHS Trust risks becoming a de facto necessity to manage access for patients who are struggling to navigate the system or access care. Over reliance on data suggesting take-up of Online NHS Trust consultations risks disguising ongoing problems around patient access across the health and social care system.

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Evaluation should value understanding qualitative feedback to contextually measure the success of the Online Trust within the broader NHS and social care system.

Due consideration should be given to:

- Patient and other service user satisfaction
- Understanding and confidence navigating the Online NHS Trust
- Ease in which patients, and other service users, their families, carers and advocates are able to raise concerns and learnings be acted upon
- Equity of access and outcomes across demographics
- Experience of continuity and coordination throughout the integrated health and social care system
- Accord with broader NHS system, local trusts and local authorities across the health and care system, as part of neighbourhood health system plans across England

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

Complaints processes must be accessible, and clearly visible throughout a patient's pathway with the Online NHS Trust. It is essential that digital and non-digital options be available to address complaints.

Responding to patient complaints must not be left to automated digital systems that produce depersonalised responses to concerns. Patients must be shown that they are being listened to and their concerns acted upon.

Responses to concerns must be timely and should demonstrate how action and learning has been taken. Patients must be kept updated throughout the process and notified when a case has been closed with clear steps to escalate further if they are not satisfied with the outcome.

A named contact with personal details will help patients to feel like their concerns are being taken seriously and that their needs are valid. Clear

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guidance should be given to staff to help manage patients' expectations around complaints and respond to concerns with empathy and compassion.

Independent oversight is key to ensuring that learning is not isolated and interconnected partners, Trusts and Local Authorities can effectively scrutinise the delivery of the Online Trust. The Online NHS Trust should clearly signpost to external bodies and actively support patients to use them.

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

Patients should be encouraged to offer feedback throughout their care pathway with a focus on qualitative responses. Feedback mechanisms should look to understand the broader context of a patient's experience, such as how the service is fitting into people's lives, why the patient opted for virtual appointments, and how it is impacting their overall care.

Independent feedback mechanisms rooted in the local community can help to ensure patients are actively engaged with. It should not be assumed that a patient with a bad experience will raise a concern through NHS channels. Our Including Communities engagement work found that stigma and discrimination, alongside a fear of reprisal fuels a reluctance to engage with health services to access care¹². Where people are afraid to access the support that they need, they will certainly avoid raising a complaint.

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

Safeguarding measures are not outlined by the briefing, suggesting a key oversight into the measures ensuring the safety of patients. More work

¹² Healthwatch Kingston. (2024). 'Including Communities: Engagement Report'. p.10.
https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Healthwatch%20Kingston%20-%20Including%20Communities%20Engagement%20Report%2024.07.24%20%28fv%29_4.pdf

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must be done to ensure clinicians are able to flag safeguarding and welfare concerns for local partners to follow up with.

Virtual-only consultations pose the risk of safeguarding issues going undetected, with clinicians and support staff having fewer opportunities to recognise signs of abuse and neglect. It is important that clear protocols for identifying safeguarding concerns in virtual consultations, escalating concerns across local authority boundaries and working effectively with safeguarding bodies are developed.

Our engagement, exploring the health and care experiences of families with children aged 0–5 revealed that for local people having the same health professional important for trust and understanding¹³. Given the model outlined, with specialists ‘picking up’ Online NHS Trust work outside of their existing workload, we would like to see more thought given to how continuity of care will be maintained for patients who access digital services.

New Dialogue is the home of Healthwatch Kingston upon Thames

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¹³ Healthwatch Kingston. (2025). ‘Early Years: The health and care needs of under-5s and their families report’.p.20.

<https://www.healthwatchkingston.org.uk/sites/healthwatchkingston.org.uk/files/Updated%2029.07.25%20Fv.%20Health%20and%20care%20needs%20under-5s%20report.pdf>