Healthwatch Brighton and Hove's response to the consultation on the new NHS Online NHS Trust

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Introduction

On 30th September 2025, the Prime Minister announced the intention to establish the first ever national digital-first elective NHS online service to transform how the NHS delivers care and make a real impact on waiting times. The expectation is for the new NHS trust to be established on 1st June 2026. A period of testing the service with patients will begin in January 2027 before launching later in 2027.

The Department of Health and Social Care (DHSC) and NHS England (NHSE) are working to establish this new online service – 'NHS Online' - which will deliver online elective care as part of the NHS. 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.

This is the response from Healthwatch Brighton and Hove to the consultation which is based on our extensive engagement with local people on the use of digital and remote appointments in the health care settings.

The new NHS Online trust is intended to deliver a range of end-to-end specialist planned care services digitally and will be a choice for all NHS patients on certain pathways and who are signed up to the NHS App across the country. This short video introduces the concept and how it is intended to work in practice.

GPs will be able to refer patients on certain pathways to the NHS Online trust to receive their care virtually, in the same way a GP may refer a patient to an existing trust to have it managed in person, freeing up capacity for face-to-face appointments in trusts. DHSC will work with clinical staff on how best to deliver this model of care but expect that NHS Online will require only a small proportion of the overall NHS clinical workforce to commit a small amount of additional time. Clinicians will be able to work flexibly so as not to impact on their substantive NHS employment.

The 10 Year Health Plan sets out the government's ambition to increase the availability of virtual services for NHS patients. The Plan states that "by 2035, most outpatient care will happen outside of hospitals in the community", enabled through greater use of digital tools, to ensure patients continue to have a choice over where and how they receive care. The new NHS Online Trust is a new concept to deliver on this ambition.

Executive summary: our insight on people's use of digital health services

It is widely acknowledged that the world is becoming increasingly digitised. Online banking, online shopping, booking holidays online, and having GP appointments by phone and video is becoming the norm for some people. The evidence shows a dramatic shift to digital solutions since the Covid-19 pandemic. Data shows that the proportion of appointments conducted online has seen a steady increase, rising from 1.5% in June 2023 to 4.9% in June 2024, and reaching 8% by June 2025. For total remote consultations, as of June 2025, 33.3% of appointments were remote (33% or 1 in 3), which is the highest proportion since the pandemic, up from 30.9% in June 2024.

At the same time, national and local research shows that certain people are less likely to use digital technology and could face disadvantage, for example, in being unable to book GP appointments online. It is understood that:

- Older people are less likely to use digital technology and so may be disadvantaged in being able to manage their healthcare online.

- Compared to 'extensive digital users' we know that people who are Black Asian and minoritised ethnic people are 1.5 times less likely to fully use digital technology.

- People whose first language is not English are less likely to use digital technology.

Further evidence shows that older people and those from minority ethnic backgrounds are digitally disadvantaged, as reported by the British Academy.

Healthwatch Brighton and Hove CIC developed an interest in digital technology given the dramatic shift to digital GP access since the Covid-19 pandemic. From this, we know that certain people locally are less likely to use digital technology and could face disadvantage in the new trust if appropriate actions are not taken. In our recently published review, we summarise 11 projects where we have examined digital technology as a means of accessing and holding appointments with health and care professionals, and describe both the benefits and concerns of local people. These are listed in Annex A together with a summary of the results, alongside other relevant reports. The data shows changes in people's attitude to digital health solutions over time but underlines the impacts on those who remain digitally excluded. Our response to this consultation is therefore based on local insight collated during the past 6 years.

Public polling

To support our submission, in February 2026, we conducted polling of local people about the creation of the new trust. We heard from 159 people, and a separate report provides full details of what we heard, but in summary, our findings show a divided response to the new trust. Some people welcome its creation and the possibility of online appointments. For others it raises a number of concerns including digital security and access for those who struggle with technology. There was great interest in understanding how you could switch between using NHS Online and being seen in person and in knowing that you will not lose your place on a waiting list if you transfer to NHS Online.

- Only 28% of respondents were aware of NHS Online.
- We received a mixed response to the question *'If needed, how likely is it that you would ask to be referred to the NHS Online Trust for your care needs?'* with 32% of respondents saying they were 'very likely or likely' to ask to be referred, 30% were 'unlikely or very unlikely' and 20% were 'unsure at the moment'.
- Key reasons given for why people would want a referral were, to be seen more quickly (93%), convenience of appointments (82%), to reduce/ remove travel time to appointments (62%) and to have health records in one place (62%).
- The top three reasons as to why people would not want a referral were, not believing you can get the same level of care virtually/ online (78%), a dislike of using online services for care (76%) and concerns over the use of Artificial Intelligence (73%).

"I feel that the Online trust is a good way to go and hopefully will improve services over time."

"Online is more flexible due to caring responsibilities - I sometimes have to cancel my appointments if my children need me."

"I do worry about receiving inaccurate information and the security of my data."

"It MUST be able to talk to other systems used by the NHS/GPs. Confidentiality and Data protection is high priority too."

"It is not something that I as an OAP welcome. It is very difficult for older people to get used to, particularly those who are not tech savvy."

Our work with communities across Brighton and Hove over the last 6 years has highlighted that the benefits of remote consultations are seen as:

- speed and simplicity,
- less travel,
- less time in the waiting room and,
- being able to get a quicker appointment and putting patients in charge of their own health.

Younger people in particular have told us they are happier to have a phone or video appointment with their GP. The new NHS Online trust has the opportunity to build on these benefits.

Nonetheless, in order to maximise any benefits, developers behind the new trust must recognise, and put in place plans, to address the sizeable proportion of people who prefer face-to-face appointments, with digital technologies not being seen simply as a replacement for traditional services.

From our engagement work, we have identified four types of digital user, which we recommend that DHSC and NHSE have in mind when developing the new trust, as these typologies provide insights into the barriers and facilitating factors towards the use of digital technology:

1. **Non-users:** people who did not see the need for the internet and felt it is more natural to speak to someone.
2. **Competent digital users but not in the context of healthcare**: people who commonly used the internet for shopping, banking, booking holidays and having video calls with loved ones, but found the complicated nature of the online booking system in a health care setting off-putting.
3. **Potential users:** People who currently do not use digital technology due to a lack of skills or technology, but who would be interested with the right support.
4. **Recent users:** Those who have become more interested since the pandemic with the predominance of online bookings and appointments.

Locally, we know that older people and those with disabilities are less happy to have remote GP appointments, as well as those lacking digital technology or skills.

People with complex physical needs and mental health issues are also more likely to favour face-to-face appointments, as their conditions are considered more complicated and need the sensitivity of an in-person appointment.

Others are also concerned that the care they receive from a remote appointment may not be equivalent to that from a face-to-face appointment e.g. generally not feeling able, or feeling too rushed, to fully explain their condition in a remote setting.

People also want to choose what type of appointment they have, which is usually dependent on the type of condition, for example, younger people have told us that they do not prefer to have online consultations for mental health concerns, whilst face-to-face appointments are seen to be important for physical examinations (e.g. tests, seeing how a patient moved, checking a skin condition) and matters of a personal, private or emotional nature.

Where remote appointments are offered, people have told us that they prefer a more precise appointment time, as they would expect in a face-to-face appointment.

Awareness of digital solutions also needs to be built up, alongside dedicated efforts (and resources) to upskill communities – and here, we note that people have told us that they often rely on family / community members to support them.

Improving access to digital systems also needs to be a priority as is the accessibility of communications provided via digital routes as these quotes from local people demonstrate:

"Consistency of records – entry from all involved in-patient care pathway, diagnostics, diagnosis, treatments, correspondence etc."

"There are too many apps, patients know best, GP surgery app, local hospital app, and the NHS app. Surely only one is needed that contains details of all health data. The current system is disjointed and confusing "

"It would be ideal to have a single point of entry to ALL NHS services, records and so on. Patients Know Best is a step towards that."

Recommendations

Our work on digital and resultant evidence has generated the following recommendations that we consider are priority areas to support the development of NHS Online.

Promote the new Trust and sell the benefits of digital technology:
1. Convey the benefits of the digital service, to promote wider use and develop trust, for example, in managing appointments and prescriptions online.
2. Provide clear information about data sharing, protections, and its benefits.

Reassure people around data security:
3. Be transparent about how people's health records will be shared and who with.
4. Provide participants with control over their data, with regard to consent and the choice to opt out at the start of every referral.
5. Reassure people around the use of Artificial Intelligence to support the Online Trust, and the protections in place.

Improve the training offer:
6. Provide training and support to use digital technology and the NHS App. Although some people may have devices and the NHS App, they may not be using them.

Improving ease of use:
7. Ensure registering and logging on to the NHS App is simple and straightforward, and it is easy to navigate.
8. Make sure the language used in the NHS App is put in lay terms, is inclusive and avoids over-complicated jargon and acronyms.
9. Improve how test results are communicated, ensuring these are written using plain language and ensuring that they can easily be translated into multiple languages.
10. All communications must comply with the Accessible Information Standard.
11. Consider a joined-up approach for all Apps and records so they can be viewed in a central system, for example, by email or through a single App/web portal.

Focus of digital technology which support appointments:
12. Ensure all GP practices offer access to NHS Online equitably and support them (practically and financially) to explain the benefits to patients of online platforms to maximise uptake.
13. Collaborate with patients to ensure they understand how to book specific times for remote appointments – as they would face-to-face.
14. Reassure people that remote appointments are not a replacement for face-to-face appointments, and that they have the option of both depending on their condition and situation.

Our response to the consultation

- ***How can DHSC and NHS England work with you and the public to design the Online NHS Trust?***

We are interested by the user research which is referenced in the consultation document, and it would be useful to know what insight has been generated and who participated in this research.

As regards feedback mechanisms, we believe that greater clarity is required about what this may entail and we believe that the public will want to know how independent scrutiny around the continued operation of the trust will exist. Our starting point, therefore, is that DHSC and NHS England should commit to working with local Healthwatch throughout 2026/27 to conduct routine engagement with local people during the development phase of NHS Online. As experts in engagement and with established partnerships we can maximise insight capture from diverse communities. This will ensure that people's voices are embedded in the final design and help ensure that the model meets their needs, not just those of medical professionals. This can be achieved via surveys, focus groups and in particular we recommend using deliberative engagement techniques, which we are expert in (see our earlier report). This approach focusses on increasing participant knowledge of a system change and enabling them to make an informed judgement about the transformation options proposed. Participants are encouraged to view the transformation from others' perspectives as well as their own, by being provided with scenarios. Whatever engagement approach is adopted, it must be meaningful, transparent and show how people's views have positively impacted on the design of the final model.

DHSC can also use the extensive engagement and research undertaken by Healthwatch teams nationally which have explored people's views about using digital services. This insight will help to identify barriers and issues which need to be addressed when designing NHS Online. For example, our report into Patients Know Best (which is designed to create a single secure Personal Health Record where health/social care providers bring together patient information in one place) found that:

- A small majority (51.5%) felt Patients Know Best made experiences of managing their health and care easier/better, but 10% felt it made it harder/worse.
- The least used parts of the tool were messaging with health professionals, accessing resources (advice and information), and using the service to track health.

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

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

Using the above principles, once the Trust is operational, continued service user feedback on the new trust must be collated and acted upon. This needs to go beyond asking a simple 'satisfaction question' via the NHS App, as we would not anticipate a high response rate and this would not capture detailed or meaningful insight. Surveys, one-to-one engagement, interviews and focus groups will provide more in-depth feedback which can be explored in greater detail. NHS App insight capture will transactional, not relational.

A specific Director for Patient and Service User Experience should be created to oversee the capture of insight and experience. A formal sub-committee of the Trust could also be created which a presentative sample of local people (lay assessors or expert by design), nationally, who are routinely asked to function as the 'voice of people.'

- *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
    b. arranging consultations and diagnostics through the NHS App
    c. the stages of treatment along standardised pathways

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

We have taken these questions together as they relate to effective communication.

A key element of making the new digital trust a success is providing adequate support to GPs, and as such, we are keen to understand what training and support will be offered to GPs and their staff to communicate the benefits and risks associated with being referred into the trust? And what funding will primary care receive to support them to make referrals?

Patients must be provided with:
- Accessible information, which meets their individual communication needs, throughout the entirety of their journey.
- Receive clear advice from their GP about when a referral is made and timescales.

- Receive clear advice from their GP about what a referral means in practice i.e. will they keep their place in the queue (waiting lists); what happens if they are referred back to their local trust/ICB; what happens as regards any physical tests or examinations (where will these happen?).
- Receive clear instructing about how to access test results e.g. via the NHS App and/or emails.
- Receive reassurance that their data will be protected.

> *"It used to be phone calls that you missed but now it's emails. I had to turn my sounds or notifications off because I got so many emails coming. So, I turned it off and so I don't always see my emails, so I don't see them right away.*

It must be made explicit to patients what their options are for being referred into the new digital trust and what this means for them. For example, a relatively new pathway which enables GP's to refer patients for 'Advice and Guidance', is often not clear to patients. We have heard that patients do not always know when they have been referred by their GP, or even what this means. Therefore, any referrals must be explicitly explained.

It must also be clear what being referred to the new digital trust means in practice, for example, will patient always be accepted (and if not, why not?), and clarity around the 'right to choose' must also be better explained, as at present, this causes confusion and anxiety for patients, as this example demonstrates:

> *"I received a text from the surgery yesterday with regards to my right to choose enquiry. The GP contacted [...] eating disorder daycare services to ask whether they would accept an out of area patient if funding was provided by the ICB. The text from the surgery stated that the daycare would not accept me as I am 'not funded due to being outside of their catchment area'. They have not responded to the enquiry that the GP sent. The request was not about whether I will be funded or not, the request was whether they would accept me if the ICB in my area agreed to fund me - which we have a strong case for due to no daycare services being available in Sussex. Trying to resolve the lack of treatment in the area has been incredibly difficult, and there has been significant incompetence from the different services."*

- *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?*

The following are in addition to the points made above.

a) **National trust - parity of referrals**. As a national trust, steps may need to be taken to ensure parity of uptake i.e. so that one region/area does not access the trust to a greater extent meaning that people in one area may benefit from it more than above others.
   - Will there be a cap for referrals per region/area?
   - What will be done if referrals into the NHS Online are low from one region/area?

b) **Accessing the Trust via the NHS App.** Comments we have gathered about the NHS App have been mixed. Positive comments include that people find the App being helpful in a variety of ways. This includes ordering and managing prescriptions. However, we have also found that barriers to using digital technology in health care include concerns over trust, low motivation, lack of digital skills or technology, and lacking awareness around its potential benefits. We have heard that people use the App far less for making admin requests. Overall, it must be remembered that some people may experience barriers specifically in the context of health care but may use digital technology for other purposes more easily/readily (e.g. banking or shopping).

   Case study. Our engagement with digital, ethnic elders, highlighted that the main obstacles of using digital technology was a combination of language and technology. The language used across the new trust must be fully accessible. Too often, test results and communications are not written using plain language, undermining the usefulness of digital systems, often resulting in patients chasing up professionals to help them understand outcomes and next steps, thus increasing demand on the system, rather than reducing it. The problem is exacerbated by the failure to translate communications or write these in a way which meets the patient's needs, e.g. meeting neurodiverse needs, ensuring communications which can be 'read aloud' for people with sight impairment, etc. All communications used in the NHS App must be put in lay terms, be inclusive, avoid over

complicated jargon and acronyms and comply with the Accessible Information Standard.

> *"To load Apps onto this mobile, I'm not that confident myself and so I ask my husband to do it and at the moment I'm using the NHS App which is you know it is quite good as well one way you can see your records on, and you know your appointments, but I have to ask my husband to help me."*

c) **Access to relevant technology.**
   a. What steps be taken to enable access to relevant technology in public locations for those who do not own this e.g. access to PCs and tablets in libraries, health community centres, acute, Mental Health and Community Trusts?
   b. If provided, who will staff this and provide support?

d) **Upskilling and support.**
   Only those who are digitally confident will be able to use the NHS App.
   a. What steps will be taken to upskill people? A programme of training is needed, and this should start in schools and form part of the curriculum. From recent polling, local people indicated what support they needed: 25% told us animations or short films would best help them. 19% told us E-learning courses/ or one-to-one help and support would best support them. 6% said group coaching or mentoring at the GP surgery would best help.
   b. What action will be taken to improve equitable access to affordable Wi-Fi to support use of the App and ability to access the trust?

> *"There is a problem because the majority of people [are] older. It's certainly hard for them to you know to understand these [digital] things….For people who are not confident, is there is a way to, to you know make them confident?"*
>
> *"How do you sign a form online? That's got me in a tangle, so I gave up. A typical course won't help you with things like that."*
>
> *"If Wi-Fi isn't working or the problem is on their side, it puts you off…Then I phone and find out what the issue is – I don't have the time to correct it – I don't have all the time in the world."*

e) **Functionality.** Success relies on improving the current functionality of the NHS App. Our reviews have found that complications exist around registering and logging on to the App and not being able to interpret test results and accessing test results.

f) **Convenience.** Stating that people can access the trust via the NHS App at a time and place which is convenient to them is a bold statement, and this does not happen now for GP appointments e.g. people do not know when they will be called and therefore cannot properly plan ahead around work and family commitments. The new trust cannot just operate around the availability of professionals alone.

g) **Awareness.** Raising better awareness of the NHS App is needed.

> *Case study*. When we explored people's awareness of My Health and Care Record (MHCR), the majority of people had not heard of it. There were plentiful suggestions about ways to improve the MHCR, such as having appointment reminders, being able to easily cancel an appointment, provision of department contact details, notes from appointments and information on the condition or treatment.

h) **Data security and building trust.** Our studies have shown distrust about how personal and health data is shared and whether this is always securely done. Some people see the benefits, believing that sharing anonymised data is beneficial to health care and outweighed the risks. Others were concerned about data misuse, with particular concerns around sharing details of mental health conditions. Additional concerns were raised about how the data would be securely stored. Trust was seen as a cross-cutting theme towards sharing data, with particular concern over data being shared to third parties. The move to a digital trust will need to reflect on these concerns and substantial efforts are needed to address these.

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

Our starting point is that fewer people make formal complaints. Most people simply wish to provide feedback or raise concerns. The focus for the new digital trust should be on how it will collate and act on this routine feedback.

Back in 2019, Healthwatch Brighton & Hove conducted research to gain a better insight into information that is available to help people who are looking to make a complaint, raise a concern, or provide feedback about health & social care services. We wanted to understand how easy or difficult it might be for people to find useful information. Whilst this review is some seven years old, we are disappointed to say that little has improved. A lack of consistency and variation makes it confusing and stressful for patients to know how to make a complaint – or instil confidence in existing systems. It is also our view that this position might mean that people will be deterred from making a complaint.

Overall, we consider there is room to significantly improve complaints services and that a 'one-stop' shop for all patients might be an option, as opposed to people needing to complain direct to one trust. The downside of the current approach is that learning is not shared widely and complaints from across different health care systems are not triangulate to identify themes which health systems (as opposed to one trust) need to respond to.

Our evidence showed that:
- A plethora of guidance has been produced to help service providers establish adequate feedback systems, but also to support patients when making a complaint. Most services have developed their own guidance around how patients can provide feedback meaning that there is often little consistency.
- Many local and charitable organisations have tried to simply things with the production of their own 'How to' guides and these are often much more patient focussed and accessible.
- Contained within the guidance that we reviewed we found examples of excellent practice (top tips, flowcharts and easy to understand leaflets).

Healthwatch Brighton and Hove recently reviewed complaint letters produced by our acute trust (University Hospitals Sussex). Overall, we found the letters to be of good quality, and it was apparent that detailed investigations had been undertaken and that the PALS team had taken time to respond compassionately and thoroughly. However, we also noted that it was not always clear when learning from complaints had occurred. It may be that in some cases, there is none, however, this should always be explored.

It goes without saying that the new trust must clearly set out targets for responding to complaints and other PALS enquiries. The timelines of responses need to be a focus for the new trust as currently; people may have to wait up to 6 months or longer to get a response. Any PALS team within the new trust must be adequately resourced to speed up response times.

To deliver an effective response, the new digital trust may need to consult with other acute and community trusts to gather information, and a clear mechanism will need to be developed to ensure this can happen.

Other matters we wish to highlight

Links between NHS Online and General Practice
- Will the new trust link directly to GP records? This is important so that professionals have access to essential medical histories and also so that GP's have immediate access to test results, etc. At present, we hear from people that they receive results before their GP does.
- We are aware that the requisite form filling required to make an 'Advice & Guidance' referral is off-putting for some GPs, so what financial incentive will be offered to GPs to encourage them to refer patients into the new trust? To be clear, we do not believe this can be met from within existing GP budgets.

Carers
- The trust must be set up so that carers can access records and appointments on behalf of those they care for who may not always be able to advocate for themselves. Carers face ongoing challenges to do this at present for GP and hospital appointments.

Waiting lists
- It needs to be spelled out very clearly that when someone is referred into the NHS Online, that they do not lose their place in the 'queue.'
- It is stated that once referred into the online trust the patient's journey will be their responsibility, but will the patient also remain the responsibility of their local ICB after being referred in?
- How will patients be referred back into their local trust, if required?
- Will a patient who is referred into the trust be removed from the hospital trust's 'waiting list'?

NHS staffing resource

- It is unclear how sufficient consultant capacity will be achieved if it is optional to join. Significantly more detail is required on this point.
- Is it possible that someone referred into NHS Online will see a private consultant, and will this be made clear to them?
- Wraparound staffing support will be required to make the new trust workable; it will not simply be consultant resources which will be required.

Annex A – Healthwatch Brighton and Hove reports which explore people's attitudes to the use of digital technology and appointments

1. **Poll results: recent changes to GP practices**
   Reports – 16 October 2025

   In September 2025, Healthwatch in Sussex (a collaboration between the three Healthwatch teams operating across Sussex) sought people's experiences of recent changes to GP practices, including using technology to access health services and the introduction of new staff roles.

   Findings:
   - We heard that the majority of respondents (67%) felt either very confident or somewhat confident about using technology to access support for their health needs. Only 16% felt very unconfident.
   - When asked what online GP services respondents had used in the last 12 months, the most used online services included ordering repeat prescriptions (75%) and finding out test results (72%). Least used were registering with a practice (16%) and making an administrative request (24%).
   - When asked if online services were available when needed, ordering a repeat prescription was most likely to be available (75% said it was available when needed) and booking an appointment was most likely to be unavailable when needed (41%).
   - In terms of ease of use of online services respondents found ordering repeat prescriptions, accessing medical records and finding out test results the easiest.
   - Booking an appointment or filling in an online form to give information about a health issue was rated the most difficult.
   - Where respondents had used an online form to contact their GP, 59% rated follow up communication as either very good or good compared to 26% who found it either poor or very poor. 54% found the ease of finding forms very good or good compared to 22% who found ease of finding forms poor.

- or very poor. 56% rated their overall experience of using an online form very good or good. This compares to 33% who rated it poor or very poor.
- When asked '*What type of training or support would best help you to become more confident in using technology and online support to access support for your health needs?*' 25% told us animations or short films would best help them. 19% told us E-learning courses/ or one-to-one help and support would best support them. 6% said group coaching or mentoring at the GP surgery would best help.

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2. **Patients' views about Woodingdean Medical Centre (2024)**
Reports – 19 September 2024 and 7 July 2025

As a result of patients raising concerns over making GP appointments at Woodingdean Medical Centre, Healthwatch Brighton and Hove undertook a survey with assistance from the practice. A total of 1,129 people completed our survey – mostly online supplemented by some paper copies.

Findings included:
- There was high knowledge for how to use the NHS App - 73.6%.
- Fewer people knew how to use the e-Consult function on the website (14.6% knew).
- People showed preference for phone appointments (63.5%) and to extend the period of appointments bookable in advance from 2 to 4 weeks (59.8%). 38.4% were interested in video appointments.
- Men, ethnic minorities, LGBT, and younger people were particularly interested in phone appointments.
- E-Consult is rarely used (70.7% had never used it). Older people were least likely to have used it (47.9% of 45-64 year olds had never used e-Consult, compared to 15.7% of 25-44 years olds).
- People with disabilities found e-Consult more difficult to use - 39.6% of those with disabilities found it 'difficult' or 'very difficult' to use compared to 26.6% of those without a disability.

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3. Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove
Report – 9 May 2024

This report outlines findings surrounding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove.

Findings included:
- Most people either preferred not to use an online GP booking system (such as e-consult) or had tried with great difficulty. Most preferred to make an appointment directly with the surgery. There were also problems in terms of sending photos or videos.
- Further problems were knowing when a return call from a GP would occur, not using or understanding the NHS App, and not being able to reply to a letter online.
- By contrast, some also found remote appointments more convenient and benefitted from online prescriptions for example.
- Some said they intended to raise their confidence with digital technology, whilst others were admittedly trying to avoid it.
- Poor reliability due to loss of connection, 'crashing' and confusion over passwords dampened people's confidence.
- However, the main barrier to using digital technology was centred around distrust. This extended to concerns over privacy and sharing data without knowing, with several people having been scammed which only exacerbated these worries. There were various strategies used to allay the distrust issues, and the most common way was to get help from friends or family (usually their children)
- Most people were interested in attending further training, although others felt it was too late and they were disinterested in learning new skills. For any further support, the language would need to be accessible, and the content tailored to specific needs. People expressed that their age meant any training would have to be step-by-step and not too fast-paced. Language was considered as a significant obstacle to using digital technology.
- Being able to read letters, messages, emails and using the NHS App was impossible for those for whom English was not spoken or was their second or third language.
- Even if a person's understanding of English was good, understanding test results from the NHS App and My Health and Care Record was problematic. In view of the language, some people mentioned the main obstacle of using digital technology was a combination of 'language and technology.'
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- Although recognising some of the benefits and inevitability of digitisation, people commented that the world was becoming too digital. If the option of human interaction was not possible, this was particularly frustrating.
- People also shared how some people within their communities are becoming increasingly disadvantaged by lacking any digital skills and not having the support networks of friends and family.

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4. **Poll results: Your experiences of 'Patients Know Best**
   Report – 6 March 2024

In February 2024, the three local Healthwatch in Sussex sought people's experiences of 'Patients Know Best' through a short web-based poll. We heard from 159 people from across Sussex.

Findings:
- A majority (51.5%) felt Patients Know Best made experiences of managing their health and care easier/better, but 10% felt it made it harder/worse.
- Test results were the feature most identified as Very useful/Useful (77%), followed by Clinical Documents (63%) and Appt management (51.5%).
- The least useful features were messaging with health professionals, resources (advice and information), and appointment management.

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5. **Access to GP appointments across Sussex – public opinion (2023)**
   Report – 11 January 2023

Findings:
- A total of 851 people responded to an online survey. The survey found that hybrid appointments are the most appealing option for GP patients.
- However, around 1 in 6 people objected to all remote options and preferred exclusively face-to-face appointments.
- Compared to an earlier survey in 2020, a greater proportion of people showed some criticism towards remote GP appointments with more agreeing that 'only having phone or video appointments with my GP would put me off from getting support' and less agreeing that 'I think you can get as much advice from a GP by phone or video compared to a face-to- face.'

6. **Typologies of digital exclusion - A Healthwatch report, July 2022**
   Report - 25 July 2022

   Findings:
   - We spoke to 20 people who had 'poor' or 'very poor' internet skills. These interviews generated four types of digital exclusion typologies:
     5. **Non-users:** people who did not see the need for the internet and felt it was more natural to speak to someone.
     6. **Competent digital users but not in the context of healthcare**: people who commonly used the internet for shopping, banking, booking holidays and having video calls with loved ones, however, found the complicated nature of the online booking system in a health care setting put them off.
     7. **Potential users:** People who, currently, do not use digital technology due to a lack of skills or technology, however, would be interested with the right support.
     8. **Recent users:** Those who have become more interested during the pandemic with the predominance of online bookings and appointments.
   - These typologies provide insights into the barriers and facilitating factors towards the use of digital technology. While technological barriers persist, one of the most significant findings is that some people can use the necessary technology but choose not to in the healthcare environment. The context of use is now added to the more recognised barriers of motivation, skills, trust, access to technology and connectivity, and costs.

7. **Patient opinion in East and Central Brighton Primary Care Network/PCN (2022)**
   Report – 30 March 2022

   Findings:
   - A total of 1,845 people within this PCN responded to an online survey about screening, community services, and use of online technology for making three appointments.
   - The report found that the majority of people (56%) had not used an online booking form to make an appointment with their GP, with over one-half of these using it for the first time since the Covid-19 pandemic.
   - The main reason for not using the online booking system was being unaware that such a service was available.
   -

- People also stated a preference to speak to someone rather than going online.
- This opposition to online booking appears to be an issue of personal preference rather than people lacking the technology and skills. There were, however, mixed views about online booking with some seeing this as more convenient to a face-to-face visit.

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8. **People's views about remote access to appointments during the Covid-19 pandemic – compilation of evidence**
Report – 18 November 2021

Findings:
- This review includes evidence from 28 studies since the start of the Covid-19 pandemic. One of the main conclusions of the report is the preference towards a hybrid system of appointments including text, phone, video, email and in-person appointments.

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9. **Digital Exclusion – Briefing report**
Report - 29 January 2021

Findings:
- This report looked at the different definitions of digital exclusion, why people are digitally excluded, why is it important, and the extent of digital exclusion both nationally and locally.
- At the time of the review, it was estimated 8.6% of adult population in Brighton and Hove have never used the internet or have not used it within the last three months.
- It also contains evidence that there are 15 GP surgeries where less than 30% of patients are using online services – three of these are either in the fourth or fifth quintile for older people. It also looks at local efforts to increase digital inclusion.

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10. **Accessing health and care services – findings during the Coronavirus pandemic: Executive summary and Full report**
Report - 14 October 2020

Findings:
- From a survey completed by 2,185 people, this established people's experiences of digital or remote consultations during the Covid-19 period and their expectations and preferences for service redesign and delivery in the restore and recovery stages post Covid.
- For those that had phone, video and online appointments during the pandemic, satisfaction levels were high.
- However, the results also show that people with disabilities were less happy to have any form of remote appointment compared to people without disabilities.
- Older people also showed a stronger preference to having face-to-face appointments with their GP.
- Younger people were happier to have a phone or video appointment with their GP.

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11. **Accessing health and care services - Interviews with 104 respondents (2020)**
Report – 27 November 2020

Findings:
- Following the above survey, we spoke to people in more detail through a series of phone interviews. Two-thirds of the people who had experienced a remote appointment found the experience to be a positive one.
- Reasons given for a positive experience included less travel, less time in the waiting room and being able to get a quicker appointment.
- For those with a less positive experience, reasons included not having a specific time for the appointment and not feeling able, or feeling too rushed, to fully explain their condition in a remote setting.
- Technological challenges and wasting time for an initial phone call when the need for a face-to-face appointment was obvious, were other concerns.
- Face-to-face appointments were seen to be important for physical examinations (e.g. tests, seeing how a patient moved, checking a skin condition) and matters of a personal, private, or emotional nature.
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- People with complex physical needs and mental health issues were more likely to favour face-to-face appointments, as their conditions were considered more complicated and needed the sensitivity of an in-person appointment.

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12. **Healthwatch in Sussex: Restoration and Recovery Programme**
Report - 28 August 2020

Findings:
- 37.4% of people chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care, confirming the very substantial backlog of clinical and social care need that will need to be addressed.
- People with disabilities were more likely to delay appointments relative to people without disabilities, independent of their age, gender, ethnicity, and sexual orientation.
- For those that had phone, video and online appointments during the pandemic, satisfaction levels were high. For example, 80.4% were satisfied or very satisfied with phone appointments.
- A relatively high proportion of people were not happy to receive any form of remote appointment for their mental health (29.7% not happy for remote emotional and mental health NHS wellbeing support, including counselling and therapy; 43.6% for NHS mental health support for longstanding and serious mental health conditions).
- Younger people were happier to receive phone, video and online appointments compared to older people.

Annex B –
Consultation questions posed to local Healthwatch by DHSC and NHS England

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?

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

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.
    b. arranging consultations and diagnostics through the NHS App
    c. the stages of treatment along standardised pathways

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

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).

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?

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

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

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

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

Your voice matters

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Click here to share your experiences and feedback with us, or if you need help or advice. **Thank you!**

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Freepost: RTGY-CZLY-ATCR, Healthwatch Brighton and Hove, Brighton BN1 3XG

BSL: Click this link to contact us using BSL.

Easyread: Click this link to access our Easyread feedback form.

Making a formal complaint: read our advice on help making a complaint here.

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