Healthwatch Richmond upon Thames' Response to the NHS Online Consultation

Limitations of this response

We are grateful for the opportunity to engage with this consultation at what appears to be an early stage in its development. The consultation document that we are asked to respond to was restricted to a brief and high level set aspirations and did not include the level of detail necessary to understand how the Trust would operate or how it would interact with other NHS Trusts, ICBs, clinicians or with patients. Therefore, we do not believe that there is sufficient information within the document for us to give the matter intelligent consideration as per the Gunning Principles.

We therefore requested the following information from the Department of Health and Social Care (DHSC) as an exercise of our statutory powers to request information:

- a method statement
- an impact assessment, including considerations of how this will impact existing trusts from a financial and capacity perspective
- a review of legal duties (including Equalities Impact Needs Assessments) and mitigations where these are necessary (e.g. digital exclusion)

DHSC did not provide the requested information or response either within the statutory 20 day period or by the deadline for submission of this response.

Unfortunately, this limits how specifically we can respond to the consultation and means that our response cannot be viewed as evidence that DHSC has undertaken meaningful consultation with Healthwatch.

Explaining NHS Online

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?

We have found that patients are not using digital routes as a first point of call for health services. Patients still have a strong desire for 'traditional' contact routes and appointments and much work will be needed to convert people to digital first options. In addition, there are many non-digital barriers to access, including issues around privacy. All of this needs to be considered as part of the launch of NHS Online.

In previous research, we have found that for the majority of people, their first point of call is not online access. In 2024, we conducted a large online survey aimed at understanding people's preferences in accessing GP services to which we received 2,700 responses (Link). We found that there is a strong preference for 'traditional' contact routes: 87% of respondents had tried to contact their practice by phone while only 40% had tried via the practice's website and only 28% had tried through the NHS App. This demonstrates that a minority of people are using online routes to access services.

When asked for more detail about their experiences of using the NHS app, a third-party app or their GP practice's website, patients raised multiple issues. This included: poor design; technical issues; and staff at GP practices not being able to help with navigation. These challenges proved to be significant barriers to people accessing online services.

We also asked respondents for feedback around appointment types: 93% of respondents agreed that they would prefer to have an appointment with their GP in person while only 41% agreed that they would prefer an appointment over the phone. This preference for in-person appointments was consistently strong across all age groups. The reasons why people preferred in-person appointments included:

- **Appropriateness** of the format of interaction. Whether or not a face-to-face or digital route was preferred often related to how important a physical examination was to the condition. Where it was necessary, people preferred to be seen in person; where an issue required just a conversation, people were content with digital routes.
- Many people cite **better communication from face-to-face approaches**. This included both those who face some degree of communication challenge (arising from hearing impairment, cognitive impairment, or for whom English is not their first language) and those who find the non-verbal communication of a face-to-face interaction important.
- Interpersonal factors, including feelings of **trust, being listened to and building rapport,** were influential in how well people felt their needs were met. In particular, patients noted that phone appointments felt transactional as the GP was very aware of time and was not paying sufficient attention to the patient.

- One of the main issues highlighted was that **the time slot for phone appointments** was too long. Indeed, at some GP practices patients were only told if their phone call was going to be in the morning or afternoon. This meant that respondents did not feel able to leave their home during the time slot for fear of missing their appointment. There are also issues around missing the phone call and it being difficult to get back in contact with the practice – or of having to start the process of getting an appointment all over again.

This being said, some patients did prefer online services as it offers benefits over traditional routes. This includes being more convenient and efficient. Respondents also detailed a variety of scenarios where online appointments are helpful: for those who are unable to easily leave home; for those who cannot take time off work or school; and for those who are worried about infection risk. In all of these cases, online appointments are beneficial.

It should also be noted that this research was carried out in 2024; since then, there has been a greater push across the NHS but particularly in primary care to promote digital options. This could lead to greater patient confidence in using digital tools, including NHS Online. Nonetheless, the majority of patients will need to be actively converted to take a digital-first approach and the above factors need to be addressed before NHS Online is launched as pre-conceptions will inhibit uptake.

Other Challenges

There are multiple challenges for people who are digitally confident to access online health services.

Lack of Privacy - People in financial deprivation, young people, parents and carers, those living in homelessness or in shared housing (including homes of multiple occupation) and those living in abusive relationships face particular challenges with using digital services arising from a lack of privacy in their own homes. While individuals from these groups may be digitally literate and in theory could benefit from an NHS Online referral, they could not access this service due to privacy concerns.

Non-UK phone numbers - We have found that one cannot access the NHS App without a UK phone number. This would present challenges for recent migrants, including those on special visa schemes (such as from Hong Kong and other countries) or those paying the Immigration Health Surcharge (IHS). Access to all online services through the NHS app is then blocked for these individuals.

This is not an exhaustive list of groups who would experience difficulties with accessing services through NHS Online but serves to highlight other non-digital barriers.

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

While we are aware of work carried out by local VCSE, NHS services and the Local Authority, we have not been involved in this work or seen any evaluation and so we cannot comment in detail. DHSC should seek to access this information itself from Local Authorities and ICBs who will have commissioned and evaluated these approaches.

However, in our previous work on COVID and inequalities, we noted that digital exclusion is not limited to a need to 'upskill'. Teaching people how to use the NHS app does not help if they cannot afford to buy a smartphone or pay their broadband bill. Similarly, limited internet access due to geographies and weather conditions also create barriers. Bridging the digital divide requires a combination of:

1. supporting people to access devices and the internet,
2. supporting people to develop new skills necessary to access support online,
3. providing ongoing support and information,
4. continuing to provide support through traditional methods as digital care will not always work or be effective for all.

In particular, we would like to highlight the need for **staffed support teams** (telephone or web-chat based) to help patients when things go wrong. People have frequently raised this in our previous research about the NHS App: that no one is available, including within primary care, to help them when things go wrong with digital solutions. Staffed support teams are particularly important when the service is new and there will often be teething problems which may not have been anticipated by the designers of the service.

As above, the conditions outlined in this section will need to be addressed for NHS Online to be a success.

Patient Choice

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

- **choosing to be referred to NHS Online through a primary care appointment**
- **arranging consultations and diagnostics through the NHS App**
- **the stages of treatment along standardised pathways**

We believe that the following questions should be considered in the design of NHS Online to help patients understand how the Trust will work in practice:

- What information will patients be given about different referral options? It needs to be made clear to patients that being referred to NHS Online is **optional** and that they have a **choice** of different services.
- What role does the GP play, if any, once the treatment pathway has started?
- Will patients be able to have the same continuity of care as they would in a hospital setting?
- Who will the patient go to if there are **issues** with their care?
- What happens if there are **technical issues** throughout the process?
- What happens if part way through the pathway patients opt out of NHS Online due to poor experience?

These are just a selection of questions that we have about the service that have not been addressed in the briefing and will need to be fully explained to patients for Online NHS Trust to be a success.

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

When communicating change to patients in the past, we have recommended that NHS Trusts:

- produce clear **online information pages and videos,**
- produce **printed leaflets and posters** to be available within GP practices, and
- include relevant explanations within all **appointment letters and clinic letters.**

Given the nature of NHS Online, we would also suggest publishing case studies demonstrating the pathway for those conditions covered by the service. This could include interactive graphics, videos or text-descriptions. It is important that these case studies are published in multiple formats and are easy to access.

When designing both the communications and the service, it is essential that patients are involved from the beginning. This includes methods to gather public opinion, workshops, and testing prototype digital services. The focus of the design should be as much on the 'unhappy path' (i.e. what are all the things that could go wrong and how the service handles it) as the standard 'happy' path. In addition, the service should be thoroughly piloted before being rolled out to a wider patient group. This will be essential to ensure that the communications designed match what patients need to confidently use NHS Online.

As a patient focussed organisation, we cannot comment on the communication needed by clinicians.

Benefits and Opportunities

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).

From the information we have been given in the consultation document, we believe the benefits to patients of Online NHS Trust appear to be quite limited.

For Patients

One of the goals of NHS Online appears to be **reducing waiting times;** however, we do have concerns about the launch of services with the express goal of reducing wait times due to our experience with Choose and Book services. For example, with Adult ADHD provision we have seen that there are relatively short wait times for people to get a diagnosis (less than 2 months); however there are wait times of up to 3 years for an ADHD medication review. This means that individuals' mental health deteriorates significantly while waiting for appropriate medication. Reduced waiting times are only a benefit when there are satisfactory follow up services and we are not reassured that this is the case from the NHS Online consultation documents.

We welcome the intention of improving services for patients who **do not speak English.** We have collected anecdotal evidence in the past that patients welcome appointments with clinicians who speak the same language; however, there are significant risks here that have not been explored. The reliance on a national workforce pool is no replacement for qualified interpreters and there is no guarantee that clinicians' language skills would be sufficient. Again, we are not reassured that a thorough evaluation of the risks has been undertaken from the NHS Online consultation documents.

One of the goals of NHS Online appears to be to make services more convenient to access through the use of digital platforms; however we are concerned that the need for strong **staffed support teams** does not appear to be thoroughly considered. If there is a problem with accessing NHS Online, patients need the ability to contact someone directly. A small issue could turn into a major problem for patients if there is no support line or it is poorly staffed. This will be particularly important when the service is new and there will often be teething problems which may not have been anticipated by the designers of the service.

Furthermore, while the name suggests a digital only solution, in practice NHS Online Trust is a hybrid service. This means that people will need to overcome both **digital barriers and physical access barriers** to use it, including **travel**. The Online NHS Trust will also need to consider accessibility concerns relevant to physical NHS services such as non-emergency patient transport. If not, NHS Online will exacerbate inequalities rather than address them.

For Staff

As a patient focussed organisation, we cannot comment on benefits for staff.

For Providers

From the limited information we have been given, we believe the benefits to the NHS providers to be overstated and we even believe there are substantial risks to ICBs and providers. The lack of a clinical site, back office functions such as finance and HR suggest that there is a reliance on existing providers to support staff and the Online NHS trust. In effect, providers will cover these costs, and the financial reimbursement for doing so will determine whether it is a benefit or a cost/risk. Our understanding of the way that acute trusts are commissioned through block contracts does suggest that this is likely to err towards being a financial risk to providers.

Our insight on this is indicative rather than exhaustive and whilst we have requested an Equalities Impact Needs Assessment, DHSC has not provided this. Therefore, we encourage DHSC to undertake its own due diligence, seek its own assurance regarding the accessibility of the NHS Online trust and NHS App and, publish its assessment.

Risks and Concerns

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?

From the information we have been given in the consultation document, we believe the risks of Online NHS Trust are numerous.

Continuity of care

Whilst the NHS Online is responsible, there appears to be no tie to the individual delivering care. This means that a patient could see or be reviewed by multiple clinicians within one pathway based on availability. Across our research, people value continuity of care highly as it creates trust and reduces the need to repeatedly tell one's story (link to general practice report and mental health care report).

Implications for providers and ICBs

The financial risks from NHS Online are unclear. ICBs manage costs by working with providers in a way that seems unrealistic between ICBs and a national provider. Similarly, local providers will see changes to their activity, making it more difficult to plan effectively for what they will deliver and the resources that they need. As we have previously mentioned, references to Online NHS not requiring back office support, their own staff or sites suggest that the cost/benefit to local providers is unclear and present a material and unknown risk.

We also have questions about how the interface between services will work. What happens, for example, if no local clinician or service accepts a referral for diagnostic investigations that must be carried out in person? There does not seem to be any onus on services to accept referrals from NHS Online, especially as these might overwhelm the local system. We do not believe these questions have been addressed within the consultation document.

PALS and Complaints

People often need support to navigate the NHS. This is particularly true where services are outsourced or complex in their arrangements. The journey through the Online NHS Trust will necessarily be one that includes interactions with other providers for tests and diagnostics. This makes it difficult for patients to follow who they need to contact with regard to getting answers to their questions, where to raise concerns or how to make complaints or compliments.

Patient Safety

Due to the sparse nature of the consultation document and the lack of methods or impact assessments, we have concerns that there has not been sufficient consideration of patient safety. The NHS Online Trust will operate across a number of care interfaces which raises risks and burdens for GPs who are already facing high workloads. We would

encourage DHSC to work closely with relevant organisations, including the Health Services Safety Investigations Body, when designing these services.

Patient Records

National research from the Health Services Safety Investigations Body and our anecdotal evidence through providing signposting has shown that there are significant risks when transferring patients from one service to another. Transfer of information between NHS Online, GP practices and diagnostic services is a core component of NHS Online as we do not feel the risks from this have been adequately addressed in the consultation documents.

Safeguarding

Similarly, the reduced contact means that opportunities for people to disclose abuse or for clinicians to spot abuse are limited. The number of safeguarding reports arising from disclosures to clinicians is not trivial and should be considered within the Online NHS Trust. In addition, clinicians seeing patients remotely may also need support to raise safeguarding alerts within systems and geographies that they are unfamiliar with.

Patient Experience and Feedback

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

As set out in the 10 Year Plan, the function of local Healthwatch will be brought 'in house' into DHSC, ICBs, providers and local authorities. No further information is available currently on how this function will be resourced or how it will operate. With current timelines, this transition will occur over the period that the Online NHS Trust is operationalising.

We would usually offer to engage our communities on such matters; however, the uncertainty over our future and the timing of the transfer of our role and the set up of NHS Online does present challenges to our ability to support this.

When designing this service, it is essential that patients are involved from the beginning. This includes methods to gather public opinion, workshops, and testing prototype digital services. The focus of the design should be as much on the 'unhappy path' (i.e. what are all the things that could go wrong and how the service handles it) as the standard 'happy' path. In addition, the service should be thoroughly piloted before being rolled out to a wider patient group. This will be essential to ensure that the communications designed match what patients need to confidently use NHS Online.

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

The consultation document that we are asked to respond to did not provide sufficient information for us to thoroughly respond to this question. Specifically, the aims, objectives and goals of the Online NHS Trust have not been described and therefore we cannot give a full answer.

We would usually advocate an independent review of new services. This would include setting up patient reported satisfaction, experience and outcome measures for monitoring from the start. These should be reviewed and validated by undertaking a patient survey with a heavy emphasis on qualitative questions and interviews with patients. Staff and stakeholders should also be engaged on this and a cost/benefit analysis undertaken.

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

While we have sight of NHS complaints processes through our signposting work as well as working with NHS Foundation Trusts, we are not directly involved in NHS complaints. The Online NHS Trust will need to receive advice and feedback from other NHS services on this question.

However, as a local Healthwatch, one of our key roles includes seeking responses from PALS and complaints processes where these have stalled as well as helping people to identify the right places to take their concerns. By providing this role, we know that patients struggle to know who to make complaints to when services are complex. For example, last year we heard from someone who attended an outpatient dermatology appointment at a GP practice. This was run by a private provider but commissioned by a local NHS foundation trust. The patient didn't know whether to make a complaint to the GP practice where the appointment took place, the private dermatology clinic or the NHS Foundation Trust commissioning the service. We imagine that patients receiving care through NHS Online will be in a similar situation. It needs to be made clear at every point who is responsible for the quality of care.

Due to the closing of local Healthwatch, we will no longer be able to undertake this role for patients. A strong PALS offer within Online NHS Trust, as well as oversight from ICB commissioners, would seem to be essential to mitigating risks that complaints are not acted upon, or that incidents are not learnt from.

A strong PALS offer includes:

- being able to contact a PALS officer by email and over the phone,
- answering all queries and complaints in a timely manner,
- providing timelines and updates where appropriate,
- showing compassion, understanding and kindness towards patients, and
- having the capability and capacity to follow up queries across the wider system.

In sum, the NHS Online Trust should set out: (1) a clear policy for how people can make complaints; (2) how the Trust will handle those complaints; and (3) how it will manage complaints that cross organisational borders. We note that the 10 Year Plan references reforms to the complaints process and this should be borne in mind. The Trust should have a clear PALS offer including the ability to speak to a PALS officer.

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

We applaud that DHSC are planning at this early stage for how to capture people's experiences of NHS Online. We would encourage them to take a particular focus on not just collecting quantitative data but also qualitative data so that they may understand **why** patients express certain views and opinions. We would usually offer to engage our communities on such matters; however, the uncertainty over our futures and the timing of the transfer of our role and NHS Online does present challenges to our ability to support this. As a result, the Online NHS Trust will need to utilise other methods, as described below.

National surveys like the General Practice Patient Survey, those run by the CQC (like the Adult Inpatient Survey) and Friends and Family Tests provide some useful monitoring of patient experience. As above, however, they do not provide information about **why** scores are as they are and what would help to improve them. As a result providers often

undertake additional work whether internally or via third parties to collect additional data to inform service improvements. A combination of quantitative national surveys and more in-depth qualitative work will be needed to gain a better understanding of patient NHS Online.

It is also important to have regular ways to access patient voice and experience. One way that NHS services do this is through **patient participation groups** in GP practices or patient partner groups in hospitals. These are valued ways to have patients with lived experience feeding into the continuous development of a service.

We would also recommend involving patient voice through **workshops** in the design and piloting of NHS Online. Workshops will be needed to understand patients' needs and testing prototype digital solutions, with a focus on the 'unhappy path' (i.e. what are all the things that could go wrong and how the service handles it) as the standard 'happy' path. In addition, feedback from piloting the service will be essential to ensure that the service matches what patients need to confidently use NHS Online.

As a local Healthwatch, we engage with provider **Patient Experience and Involvement Committees** to ensure that providers are actively listening to their patients and that the experiences local residents share with us steer the agenda for organisations' internal improvement work. This independent oversight is incredibly effective at supporting organisations to deliver improvements on the basis of patient experience. We would recommend implementing a similar committee at NHS Online. While no local Healthwatch will be able to join these meetings as a result of upcoming closures, we would recommend inviting others to fulfill a similar function. This could include:

- in-house patient experience team representatives,
- resourcing those organisations that the Healthwatch role transfers to (i.e. ICBs), to undertake their patient experience role in a way that enables them to inform national services including the Online NHS Trust,
- independent "critical friends" on the boards and committees of the Online NHS Trust, and
- having an active patient body that is able to engage effectively within the organisation

Finally, we would also recommend that there be a **strong staffed support team** to help patients and record the issues they encounter when accessing NHS Online (including technical issues). These teams will record issues patients are facing in real time and could be essential in driving improvements. This will be particularly important when the service is new and there will often be teething problems which may not have been anticipated by the designers of the service.

A lack of public engagement in shaping and steering presents real risks that the Trust service will not 'get it right first time.' Failure will lead to unintended consequences that are not identified before launch. DHSC has the responsibility to ensure that patient and public

engagement, stakeholder engagement, piloting and refinement of the Trust are delivered not just at pace, but effectively and thoroughly.

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

It should be noted that NHS Online is a disruptive change in terms of:

- the way that patients access care,
- the way that providers operate,
- how ICBs undertake their new strategic commissioning role,
- the financial sustainability of ICBs and providers,
- the workforce and the way that staff interact with their employers, and
- how private providers and health insurers relate to this new NHS provider (e.g. whether they can provide capacity to Online NHS Trust).

The risks and opportunities presented by Online NHS Trust are not well explored in the consultation document and insufficient information is provided as to how it will operate and what it will deliver. Of particular concern are the risks to local systems from a financial, capacity and planning perspective.

While there are considerable opportunities that arise from creating a system that provides for real competition within NHS providers and offers real choice to patients, it is not clear that Online NHS Trust is, or should be the only NHS Trust to make use of the technology or to provide services online. Monopolies of provision provide limited incentives to drive improvements. In addition, it is unclear why NHS Online needs to operate as an NHS Trust in its own right rather than as a system open to all existing NHS Trusts that could drive revenue rather than risk.

Overall, effective stakeholder engagement with Primary Care, ICBs and providers, as well as patients and staff should be undertaken to ensure that unintended consequences are understood and that steps can be taken to mitigate them.

We wish you well in this endeavour and look forward to supporting it whether through the time we have left as Local Healthwatch, or should we have the opportunity, through whatever replaces us.