

Dear Secretary of State,

Thank you for the opportunity to respond to the consultation on the proposed Online NHS Trust. We welcome the ambition to improve access to elective care and reduce waiting times through innovation and digital transformation. This response draws on recent Healthwatch Hertfordshire engagement, research reports, focus groups and feedback from voluntary sector partners in the county.

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?

Our evidence shows a mixed picture.

Many residents are digitally confident and already use online systems to manage aspects of their care. Our research suggests that a majority of residents report being able to access support through online digital options. We also see examples of successful digital delivery locally, virtual wards, hospital at home models and remote heart failure monitoring. For some patients, these approaches provide reassurance, convenience, and reduced travel.

However, our Online GP Services research¹ (500 respondents) found that over half would prefer to contact their GP by telephone or in person rather than online.

Residents consistently report:

- Confusion between multiple digital platforms (GP websites, Patient Access, NHS App).
- Lack of integration and duplication.
- Navigation difficulties, even among digitally confident users.
- Accessibility problems for people with visual impairment, learning disabilities and limited digital skills.
- Anxiety about security and clicking links in texts or emails.

¹ [HwH Online GP Services Report FINAL.pdf](#)

Digital exclusion remains a significant concern. Although overall digital connectivity in Hertfordshire is high, those that are digitally excluded are often higher users of healthcare. Access also varies geographically.

We also hear consistently from:

- Older people who are told to “go online” despite not having access or confidence.
- Visually impaired residents who report that the NHS App is not consistently screen-reader accessible and times out during use.
- D/deaf residents who need alternatives to telephone contact and appropriate reasonable adjustments as their first language is not English and many do not have written English proficiency.
- Refugees and asylum seekers² who may face language barriers, limited access to devices and difficulty registering for digital services.
- Residents concerned about privacy when they must rely on family members to access online systems.
- Concerns that digital is perceived as the default rather than choice. There are big variations in older people’s levels of digital literacy, with many older people not able to access health services as a result. Many older adults:
 - Prefer human contact for complex care.
 - Fear making mistakes online.
 - Withdraw entirely after negative digital experiences.
 - Feel anxious about scams.

Hertfordshire has a significant ageing population and pockets of deprivation and rural isolation. If digital pathways become the main route, inequalities may widen.

At the same time, cost-of-living pressures are affecting healthcare access. In our Cost of Living³ survey (7,043 respondents) a significant number of residents reported that rising costs had affected their access to healthcare, including

² [Hwh Refugees and Asylum Seekers Report FINAL v3.pdf](#)

³ [HwH Cost of Living Report FINAL_0.pdf](#)

cancelling appointments due to public transport, petrol, and parking costs. This suggests potential benefits from reducing travel through virtual models.

“I had an appointment at the hospital that required me to travel via public transport, but I had no money at all to get there.” Cost of Living report feedback

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

Evidence from voluntary and community partners shows that digital upskilling works best when it is:

- Face-to-face.
- One-to-one.
- Repetitive and practical.
- Delivered in trusted community settings (libraries, community centres, sheltered housing) or home environments.
- Person-led rather than structured around rigid content.

Age UK Hertfordshire has successfully supported older people to use the NHS app with particular focus on using it for booking appointments, ordering repeat prescriptions, and accessing their care records through 1:1 home-based digital support, prioritising those who are socially isolated or have limited mobility. This approach builds confidence as well as technical skills and also supports social connection.

Dacorum CVS’s “Staying Connected” programme demonstrates good practice through a four-stage model:

1. Provision of equipment
2. Provision of connectivity
3. A digital champion for 1:1 support
4. Ongoing training opportunities

This approach recognises that people need motivation, ability, and need in order to adopt digital approaches.

However, both the above approaches are resource-intensive and reliant on volunteers.

West Hertfordshire Teaching Hospitals has become a maternity digital hub, providing free data and SIM cards to digitally excluded pregnant women. This demonstrates:

- Identification of exclusion early
- Flexibility of referral via midwives
- Provision of connectivity, not just advice
- Interpreter-supported digital clinics

System-wide, NHS App promotion at community events and IT recycling schemes have also supported inclusion. However, sustained investment is required if digital pathways are to expand safely and equitably.

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

Our Frailty and Ageing⁴ resident engagement showed low awareness of concepts such as “hospital at home” and “virtual wards.” Residents need clear, plain-language explanations about:

- What the Online NHS Trust is including a consistent name (Online NHS Trust, NHS Online, NHS Online Trust has been used in the consultation document for example).
- What it is not.
- When it is appropriate.
- How safety and escalation to in-person care works.
- That referral is always a genuine choice.

⁴ [HwH Frailty Report 2025 FINAL.pdf](#)

“There are concepts here, “hospital at home,” “virtual wards” that I (and I venture to suggest, more people) have never heard of, and which therefore need to be properly examined.” Frailty and Ageing feedback

Given that over half of respondents in our GP study prefer non-digital contact, communication must explicitly reassure patients that in-person care remains available and valued.

Printed materials, easy read formats, and verbal explanations at the point of referral will be essential.

b) Arranging consultations and diagnostics through the NHS App

Functionality and integration will be critical. Current frustrations with duplication between GP systems and the NHS App must not be replicated at scale.

The platform must:

- Be fully interoperable with GP systems.
- Meet high accessibility standards (including screen-reader compatibility).
- Avoid unnecessary time-outs.
- Provide alternatives to link-only communications.
- Offer clear authentication to reduce anxiety about scams.
- Include visible, simple navigation and support routes.

c) Understanding stages of treatment along standardised pathways

Patients need clarity about where they are in their pathway, what happens next and who to contact.

We have seen examples where receiving test results digitally without context can cause distress. Sensitive information should be accompanied by clear explanations and support routes.

Named contacts, clear escalation routes and consistent language will help build trust. Older residents and vulnerable groups particularly need visible oversight to prevent feelings of abandonment and to provide continuity of care once the ‘online’ treatment has been completed.

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

Communication must be:

- Clear that this expands choice rather than replaces existing services.
- Tailored for specific groups (older people, disabled residents, carers, communities with sensory impairment or learning needs, refugees, rural communities).
- Transparent about clinical safety and regulation.
- Explicit about eligibility and suitability criteria.

For clinicians, clear guidance on referral criteria, governance and escalation processes will be essential to ensure confidence and consistency.

Perceptions that remote care is “not the same as seeing a doctor” will need to be acknowledged and addressed through evidence and patient stories.

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).

Potential benefits include:

- Reduced travel time and costs, particularly important given cost-of-living pressures.
- Improved access for rural residents where transport options are limited.
- Greater flexibility for working-age adults.
- Easier coordination for carers.
- Faster access to specialists beyond local geography.
- Reduced pressure on face-to-face services, leaving them available for those who prefer or require them.
- Access to clinicians who can speak the same language as the patient.

However, benefits will vary by cohort. Digitally confident residents may benefit most initially. Those over 75, visually impaired residents, digitally excluded individuals and socially or financially isolated residents may benefit less unless inclusion is actively addressed.

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:

Digital poverty overlaps with financial poverty and social isolation. Without investment in inclusion, inequalities may widen. Even if more traditional elective care treatment routes are opened up for those not wishing to accept the digital offer, they may still experience longer waits than those accepting treatment through the Online NHS Trust.

Many people are also concerned about the impact of digitisation on those who struggle with technology.

“I myself can cope with Digital Access. But I feel it could be a huge barrier to the elderly and to people with learning difficulties, or people who don't have digital equipment and access.” Healthwatch Hertfordshire Every Voice Matters Survey feedback

Mitigation: maintain non-digital routes, invest in digital champions, fund existing equipment and connectivity schemes, monitor uptake by protected characteristics.

Accessibility:

Screen-reader incompatibility, BSL needs and cognitive accessibility must be addressed at design stage.

Mitigation: co-design with disability groups, conduct accessibility testing prior to rollout, embed reasonable adjustments.

Fragmentation and integration:

Confusion between multiple platforms must be resolved. Record sharing and interoperability between different providers will be essential.

Mitigation: consolidate pathways through the NHS App and ensure seamless GP integration.

Trust and safety:

Concerns about scams and link-based communication are widespread.

Mitigation: clear authentication systems and alternatives to link-only messaging.

Continuity of care:

Some older residents already feel “forgotten” by services.

Mitigation: named oversight, visible tracking of care journeys and clear escalation processes.

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

Co-design should be central. We recommend:

- Lived experience panels.
- Targeted engagement with digitally excluded groups.
- Testing materials for clarity and accessibility with a variety of groups where accessibility is at the centre of consideration.
- Piloting pathways with local feedback loops.

Early engagement will help prevent unintended consequences.

“The system is screening out the people it most needs to assist in favour of the “worried well” and the fortunate (economically and educationally). The system designers need to sit with some vulnerable patients to identify their needs and then adapt the systems to meet them.” Online GP Services feedback

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

Success should be measured not only in activity and waiting time reductions, but also in:

- Differential uptake by age, disability, ethnicity, and deprivation.
- Drop-out and reversion rates.

- Patient understanding of pathways.
- Patient trust and confidence.
- Complaint themes.
- Impact on inequalities.
- Patient-reported experience measures.

Qualitative feedback must sit alongside quantitative data.

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

The Online NHS Trust should offer:

- Multiple complaint routes (phone, in-app, email, post).
- Accessible formats including BSL and easy read.
- Clear timelines, with response rates within weeks, and clear escalation routes.
- Assurance that complaints can be made without digital access.

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

Experience capture should include:

- Real-time feedback within the NHS App.
- Targeted outreach to those who decline digital pathways.
- Independent evaluation.
- Engagement with communities in their communities, not just online or in major hubs.
- Monitoring of AI and digital decision-support impacts on equity and trust.

The voices of those who do not opt into the Online NHS Trust are as important as those who do.

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

We welcome the ambition behind the Online NHS Trust and recognise its potential to reduce waits and improve flexibility. However, choice must be genuine rather than theoretical.

Digital transformation requires sustained investment in inclusion, interoperability, and accessibility. Without this, there is a risk of widening inequalities.

If designed with equity at its core, co-produced with patients and communities, and supported by strong governance and evaluation, the NHS Online Trust could offer real benefits to Hertfordshire residents.

We look forward to continued engagement as the programme develops.

Yours sincerely,

Healthwatch Hertfordshire

4th March 2026