Patient and professional experiences of using digital tools in primary care

Year 4 report

June 2025

Contents

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

In Year 4 of our project on patient and professional engagement with digital tools in primary care - our first under the extended contract with the Norfolk and Waveney Integrated Care Board - we explored experiences and views of the NHS App among two demographic groups with lower registration rates in the East of England: young people 16–30 and older adults 65 and above. We also examined patient awareness of the Shared Care Record (ShCR), including its use during appointments, and how GP practice staff engage with the system in daily practice. By analysing usage patterns, perceived benefits, and barriers, we aimed to better understand how to support greater uptake and sustained use of these digital tools - enabling more people in the region to manage their health better and access safer, faster and more personalised care.

We used a mix of qualitative and quantitative methods to explore NHS App experiences among people aged 16–30 and 65+. Focus groups shaped two targeted surveys, which gathered broader feedback and tested emerging themes around usage, perceptions, barriers, and opportunities for increased engagement with the NHS App. For the ShCR, we ran separate surveys for patients and GP practice staff to explore awareness of the system, use, and perceived value. All surveys were available online and in print and promoted through local networks to maximise reach and accessibility. We received responses from 632 older adults, 223 young people, 34 GP staff, and 302 patients. Data was analysed in Excel, combining quantitative responses with open-text feedback. While not statistically representative, the findings provided valuable insights into people's experiences of digital tools and highlighted what matters to different groups.

Awareness of the NHS App was high among young people 16–30 who responded to our survey, with many using it to view GP health records, check test results, or order prescriptions. Users valued the convenience of accessing health information and services at any time. However, sustained engagement was hindered by several barriers. These included limited awareness of the app's full

features, a perception that it focuses mostly on existing medical conditions rather than lifestyle or wellbeing, inconsistent feature availability across GP practices, and an outdated, text-heavy interface that fails to appeal to tech-savvy younger users. To increase adoption among this age group, efforts should focus on raising awareness through social media campaigns, trusted endorsements and outreach in schools and universities; ensuring consistent service availability across GP practices; and improving the user experience by simplifying registration, modernising the interface, and adding personalised features tailored to young people's health and wellbeing interests.

Awareness and use of the NHS App were high among people aged 65 and over who completed our survey, though much lower among those who lacked digital confidence. Besides features popular with younger users, older adults used the app to manage vaccination appointments and hospital referrals. They valued benefits beyond convenience, such as greater control over their health and increased confidence in their care's continuity and quality. For this group - especially those with limited technical skills - barriers to adoption were complex and interconnected. Many preferred in-person or phone contact with healthcare services, highlighting that digital tools should complement, not replace, personal interactions. Difficulties with registration and navigation, often compounded by physical, sensory, or cognitive limitations, further hindered use. Practical, well-promoted support tailored to older adults could boost uptake and long-term engagement for those willing to upskill. Raising awareness of the NHS App's benefits through visible and relatable promotion is also key. Finally, older adults 65 and over called for a more tailored and inclusive user experience designed to support their health needs.

Half of the GP practice staff surveyed had accessed the Norfolk and Waveney Shared Care Record in the three months prior to our study. While a small majority felt they had received sufficient training, open-text responses revealed inconsistencies in training quality and confidence levels. Technical challenges, including limited integration with other platforms, further hindered effective use for some. Despite these barriers, clinicians are beginning to integrate the ShCR into patient care, using it to support post-hospital discharges, initial and follow-up consultations, specialist referrals, and medication reviews. Around half of the

staff expressed overall satisfaction with the ShCR, recognising benefits such as better-informed clinical decisions, safer prescribing and improved coordination with health and social care providers. These findings highlight the Shared Care Record's potential to become a trusted tool for enhancing patient care.

Our patient survey revealed that most people were unaware of the Shared Care Record, despite promotion by GP practices and the Norfolk and Waveney ICB. While nearly 70% of respondents did not have to repeat their medical history at recent appointments - suggesting some use of the ShCR - approximately 20% still had to, indicating inconsistent implementation. Patients generally recognised the ShCR's potential to improve care coordination and reduce repetitive explanations but expressed concerns about data privacy, access control, and system security, particularly given their limited understanding of how the ShCR operates. Encouragingly, 75% said they would remind clinicians to consult the ShCR if needed, though some wanted better information and tools to feel confident doing so. Overall, these findings underscore the need for clearer, more visible communication and greater transparency to improve understanding and build trust in the Shared Care Record.

Based on these findings, Healthwatch Norfolk made five key recommendations:

- **Raise awareness of the NHS App** by promoting it through trusted, familiar channels, using age-appropriate messaging that highlights its personal and practical benefits.
- **Deliver a more integrated, user-friendly, and personalised NHS App experience for all users**.
- **Provide tailored technical help for older people** including jargon-free printed guides, real-time phone support, and wider, offline promotion of in-person assistance available at GP surgeries and in libraries.
- **Improve GP practice staff competence and confidence in the ShCR** by offering practical, role-specific, and mandatory training, and by addressing integration challenges.
- **Build public awareness and trust in the ShCR** through a targeted, multi-channel approach that clearly communicates its benefits, how data is used and kept safe, as well as how consent is managed.

Why we looked at this

Project background

Health and care leaders developed the *NHS Long Term Plan* (NHS, 2019) to ensure the sustainability of the NHS and deliver greater value for taxpayers. The plan set out key ambitions: to give every child the best start in life, provide world-class care for major health conditions, and support people to stay healthy and independent as they age. Achieving these goals requires a new care model: one that supports patient choice, encourages individuals to take greater control of their health, and delivers integrated, digitally enabled services. The NHS digital transformation is driven by practical priorities, including simplifying digital access to services and health information for everyone - from the most digitally literate to those less confident with technology, from people maintaining their wellbeing to those with complex needs - and enabling clinicians to access and update patient records and care plans seamlessly, wherever they are.

Central to the digital transformation of healthcare in the UK is the NHS App. Rolled out to the public in January 2019, this digital tool is designed to encourage people to take a more proactive role in managing their health and care by providing a single, convenient access point to a wide range of services. These include managing GP appointments and referrals, ordering repeat prescriptions, viewing GP health records and test results, accessing information and advice on medical conditions and treatments, and locating nearby NHS services (NHS England, 2025a). As the NHS App celebrated its fifth anniversary, it had reached 33.6 million registered users (NHS England, 2023). That number has since grown to 37.4 million, with an average of 11.4 million monthly logins (NHS England, 2025b), evidence of the NHS App's increasing recognition as the 'digital front door' to primary care services (NHS, 2022).

Alongside the NHS App, the Shared Care Record (ShCR) is another key component of the NHS digital transformation agenda. Introduced as part of the *Data Saves Lives* paper (UK Government, 2022), shared care records provide a secure, localised solution for sharing up-to-date and comprehensive patient information. Accessible only to

frontline staff at the point of care, and in read-only format, these records may include appointment and referral details, test results, diagnoses, prescribed medications, discharge summaries, care plans, inter-provider correspondence, and safeguarding information. This data is shared across primary and secondary care, as well as community, mental health and social care services. Delivered by Integrated Care Boards (ICBs) – notably, the Norfolk and Waveney ShCR rollout began in March 2023 - shared care records are designed to support clinical decision-making, ensure safe prescribing, and improve coordination and communication between health and social care professionals. For patients, this translates into safer, faster and more personalised care - with fewer disruptions, reduced duplications of tests, and less need to repeat their medical history during appointments (NHS England, 2023).

Building on national priorities, Integrated Care Systems (ICSs) across the country are driving the local implementation of key digital initiatives. In Norfolk and Waveney, the ICS has set out its vision for digital healthcare transformation through a "Digital Strategic Plan and Roadmap," outlining key objectives through to Spring 2026. This plan sets locally tailored goals to empower staff in improving patient safety and care quality, while providing digital tools that enable people to better manage their health - ultimately delivering more personalised and accessible care across the region (Norfolk and Waveney Integrated Care System, 2023).

The Norfolk and Waveney Integrated Care Board (ICB) aims to put the voices of people at the heart of this transformation, ensuring digital initiatives genuinely address the needs and experiences of those they support. To help achieve this, the Norfolk and Waveney ICB commissioned Healthwatch Norfolk in 2021 to lead a three-year programme of research focused on understanding how people in the region engage with a range of digital health tools, including early investigations into awareness and use of the NHS App and the Norfolk and Waveney Shared Care Record. Reports for years 1 to 3 are available here: Healthwatch Norfolk Digital Tools Reports.

After a successful first phase, the programme has been extended for another three years. This will enable us to delve deeper into the experiences and views of both healthcare professionals and the wider public, including groups who may face challenges in accessing or using digital health services. The insights we gather will be

instrumental in improving these services across the region and removing barriers to the effective use of digital tools.

Year 4 project objectives

In Year 4 of this project - the first year of the extended contract commissioned by the Norfolk and Waveney Integrated Care Board – we continue to explore how people in the region engage with the NHS App and the Shared Care Record (ShCR).

This time, our research on people's engagement with the NHS App focuses specifically on two demographic groups in the East of England that have lower numbers of registered users compared to the rest of the population: young people aged 16–30 and older adults aged 65 and above (Figure 1). Our study aims to understand how these groups perceive and use the NHS App, identify the challenges they face, and develop recommendations to encourage greater uptake and sustained engagement with the digital tool.
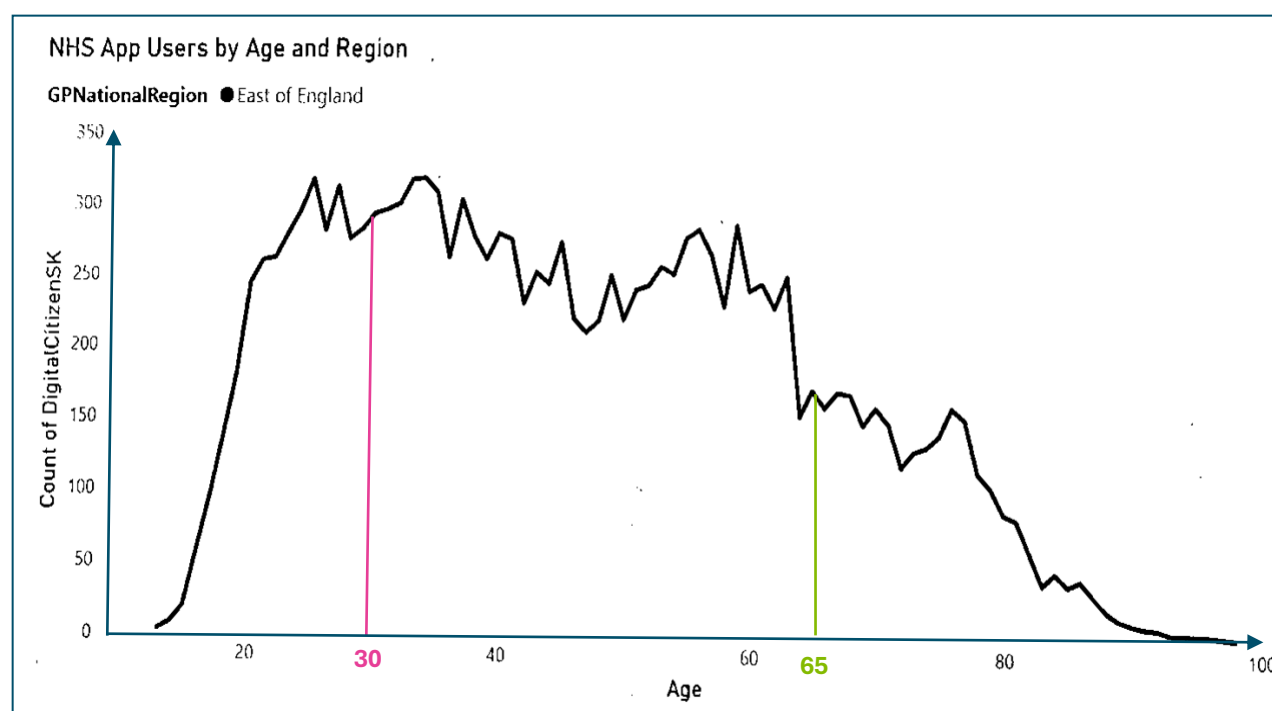

Figure 1. Graph showing the number of NHS App users by age across the East of England in May 2025 (NHS England, 2025c).

In addition, this report explores patient awareness of the ShCR and of its use during medical appointments, as well as how GP practice staff across Norfolk and Waveney

engage with the system in their everyday roles. By examining current usage patterns, perceived benefits, and barriers, we aim to gain a clearer understanding of how the ShCR supports - or could better support - primary care delivery in the region.

Engagement with digital health among people 16–30 and 65+

To better understand the factors influencing public engagement with digital health tools - particularly the NHS App - it is important to review existing evidence on technology use among the two demographic groups targeted in this study: young people 16–30 and older adults 65 and above.

Research suggests a disproportionate pattern of NHS App registration and usage, with engagement varying across functions and user profiles. Factors such as age, gender, ethnicity, health literacy, and overall health status have all been shown to influence patients' interest in and ability to use the app effectively (The Health Foundation, 2023; Sukriti, 2023).

According to the Association for Young People's Health (AYPH), young people are increasingly interested in accessing primary care digitally, yet they often report lower satisfaction compared to other age groups (AYPH, 2022). Despite being "digital natives", many prefer direct communication with their GP practices over relying solely on digital tools - a "technology paradox" for Gen Z (those aged 13-28 in 2025) where familiarity with technology does not necessarily equate to a preference for digital access to healthcare (Euromonitor International, 2024). AYPH's research for NHS England highlighted that some young people find digital interaction with their GP practice overwhelming or intrusive, expressing concerns around confidentiality, limited health literacy and the risk of making mistakes. These challenges may be particularly pronounced among certain groups - such as those with long-term health conditions and mental health difficulties - who may face heightened barriers when engaging with digital tools.

Young people's engagement with digital health tools tends to focus on preventative, personalised solutions that support proactive and holistic wellbeing. For instance, a

report by Verywell Mind found that 61% of Gen Z believe wearable health trackers positively impact their mental health, signalling a shift toward more self-directed care (Verywell Mind, 2025). Apps and wearables are especially appealing for their seamless integration into young people's daily lives offering features like mood and activity tracking and goal-setting to encourage self-awareness and behaviour change (Kloer & Kim, 2025).

The picture is quite different for people aged 65 and over. While the increasing digitalisation of health and care services has brought notable benefits for many - such as improved access to information and greater convenience - Age UK (2024) highlights the significant challenges this shift presents for many elderly people in the country. With 4.7 million older adults lacking basic internet skills, 2.3 million not using the internet at all, and 3.3 million not using smartphones, a substantial segment of this population is missing out on the potential benefits of digitisation. Numerous sources point to well-documented barriers, including a lack of interest, digital confidence, trust, and literacy; limited access to equipment or reliable internet; and age-related physical, cognitive, and sensory impairments. As public services - particularly within the NHS – move increasingly online, many older individuals struggle to access systems that were once straightforward for them, threatening their ability to receive timely and effective care (NHS Cheshire and Merseyside, 2022).

The next section of this report - *How we did this* - outlines the approach used to gather feedback from people. This is followed by *What we found out*, which presents key findings on the challenges and opportunities for engaging with the NHS App among the two demographic groups, and with the Shared Care Record in general practice.

How we did this

The aim of the project was to understand how people in Norfolk engage with digital health tools, particularly the NHS App and the Shared Care Record. We centred our research on two age groups, 16–30 and 65+, who are less likely to be registered for the NHS App and also gathered insights from patients and GP practice staff about the Shared Care Record.

We gathered people's views and experiences using a mix of qualitative and quantitative research methods. Focus groups enabled us to explore perspectives in depth and to uncover some of the more complex dynamics behind people's use of digital technologies. These conversations also informed the design of our survey questions, ensuring they reflected real concerns and were written in language people could understand and relate to. The surveys then allowed us to test whether these qualitative insights held true more widely, and to examine how experiences and attitudes vary across different population groups. With this mixed methods approach, we were able to identify key barriers, motivators, and opportunities to support more inclusive and confident use of digital healthcare services.

Methodology for NHS App research

Focus groups

We conducted a series of exploratory focus groups with people aged 65 and over, as well as 16-30 year-olds. The aim was to gather preliminary qualitative insights into people's experiences with and perceptions of the NHS App.

We leveraged existing relationships with The Salvation Army in Sheringham, and Hellesdon High School in Norwich to support recruitment for the focus groups. Additional participants were reached through the Healthwatch Norfolk website and social media platforms, as well as by promoting the events on local Facebook community pages.

Two focus groups with older adults were held in late September and early October 2024. One session took place at The Salvation Army in Sheringham, and the other at the Healthwatch Norfolk office in Wymondham. A total of 16 people participated, 9 of whom were women. Eight were aged 65–75, six 76–85, and two were 86 or older.

Three focus groups with 16-30-year-olds were conducted in late November and early December 2024. One session took place at Hellesdon High School in Norwich, and the other two were hosted at the Healthwatch Norfolk office. A total of 24 young people took part with an equal gender split. Half of the group were aged 16–18, six 19–25, and the remaining six 26–30.

During the focus groups, participants discussed:

- Online activities and preferences,
- Access to healthcare services,
- Awareness, usage and perceived benefits of using the NHS App,
- Barriers to adoption,
- Motivators that could encourage uptake and sustained use,
- Existing promotional materials and communication strategies.

The focus group discussions were transcribed using an artificial intelligence service from rev.com and thematically coded in NVivo. Common insights identified through thematic analysis informed the development of two tailored surveys - one for each demographic group - as the next stage of the project.

Surveys

One survey was designed for 16–30-year-olds and another for adults aged 65 and over, aiming to test our preliminary qualitative insights and gather broader qualitative feedback from across the county. The surveys focused on key themes including experiences and perceptions of the NHS App, common barriers to its use, and potential solutions to increase engagement.

The questionnaires included a combination of multiple-choice, closed-ended, and open-ended questions. To ensure accessibility for people with varying levels

of digital confidence, both surveys were distributed online as well as in paper form. The online versions of the surveys were hosted on SmartSurvey. Easy Read versions were available on request. Respondents also had the option to complete the surveys by telephone with support from Healthwatch Norfolk staff. Paper versions of the surveys are included in the annex of this report.

The surveys were promoted through a variety of channels, including GP websites; the Healthwatch Norfolk website, social media platforms, and newsletter; as well as a wide network of voluntary, civic, social, community-based and educational organisations. These included the Volunteer Services at both the Norfolk and Norwich University Hospital (NNUH) and the Queen Elizabeth Hospital King's Lynn (QEH); Breathe Easy support groups; the Women's Institute; the Salvation Army; Age UK Norwich; the Norfolk LGBT+ Project; the Co.next Service at the Norfolk Chamber of Commerce; the Shoebox Community Hub; Norfolk U3A groups; UEA Health and Social Care Partners; and the College of West Anglia.

Hard copies of the survey were distributed through Healthwatch Norfolk's regular community engagement activities. In addition, we attended Slipper Swap events at Great Yarmouth and Dereham libraries, the Beat the Bills event in King's Lynn and the Watton Youth Festival. We also carried out outreach at the University of East Anglia (UEA) in Norwich.

The survey for people aged 65 and over opened week commencing 4th November 2024 and closed on Sunday 15th December 2024. The survey for young people 16-30 ran from week commencing 20th January to Sunday 2nd March 2025.

Both quantitative and free text data was downloaded and analysed using Microsoft Excel. Percentages were rounded to the nearest whole number. Any comments included as direct quotes are presented as submitted to preserve their authenticity. The results are detailed in the *What we found out* section of this report.

Demographic data

Demographic profile of respondents aged 65 and Over

The survey for adults aged 65 and over was completed by 632 respondents. Among the 627 people who shared demographic information, the profile was as follows:

- Gender:
  - 59% (367) female
  - 40% (252) male
  - 1% (8) preferred not to say

- Age:
  - 37% (233) aged 65–70
  - 30% (189) aged 71–75
  - 21% (130) aged 76–80
  - 8% (51) aged 81–85
  - 3% (19) aged 86–90
  - 1% (5) aged 91 or older

- Ethnicity: 95% (601) identified as White British

- Health:
  - 54% (337) reported a long-term health condition
  - 16% (98) had a physical impairment
  - 10% (64) had a sensory impairment
  - 7% (41) had a mental health condition
  - 1% (6) had a learning disability or difficulty
  - 10% (64) were carers

Respondents lacking digital confidence disclosed physical and sensory impairments, mental health issues, and cognitive difficulties at twice the rate of their more technically savvy peers.

- Geographical spread of responses:

Figure 2. Map illustrating the geographical distribution of survey responses from participants aged 65 and over across the county.

Demographic profile of respondents aged 16 to 30

The survey for young people was completed by 223 respondents aged 16-30-year-olds. Among the 202 people who shared demographic information, the profile was as follows:

- Gender:
  - 53% (111) female
  - 39% (81) male
  - 8% (15) identified as non-binary, genderfluid, or preferred to self-describe

- Age:
  - 43% (87) aged 16-18
  - 29% (59) aged 19-22
  - 11% (23) aged 23-25
  - 12% (25) aged 26-28
  - 4% (8) aged 29-30

- Ethnicity:
  - 78% (162) identified as White British
  - 8% (13) from other White backgrounds
  - 8% (16) from Asian backgrounds
  - 3% (6) from Black backgrounds
  - 3% (7) other ethnicities or preferred not to say

- Health:
  - 24% (49) reported a long-term health condition
  - 6% (12) had a physical impairment
  - 2% (4) had a sensory impairment
  - 24% (48) had a mental health condition
  - 13% (26) had a learning disability or difficulty
  - 5% (11) were carers

- Employment status:
  - 38% (76) were students 16-18 in further education
  - 38% (76) were students 18+ in higher or adult education, or vocational training
  - 15% (31) were in full-time employment
  - 5% (10) were in part-time employment
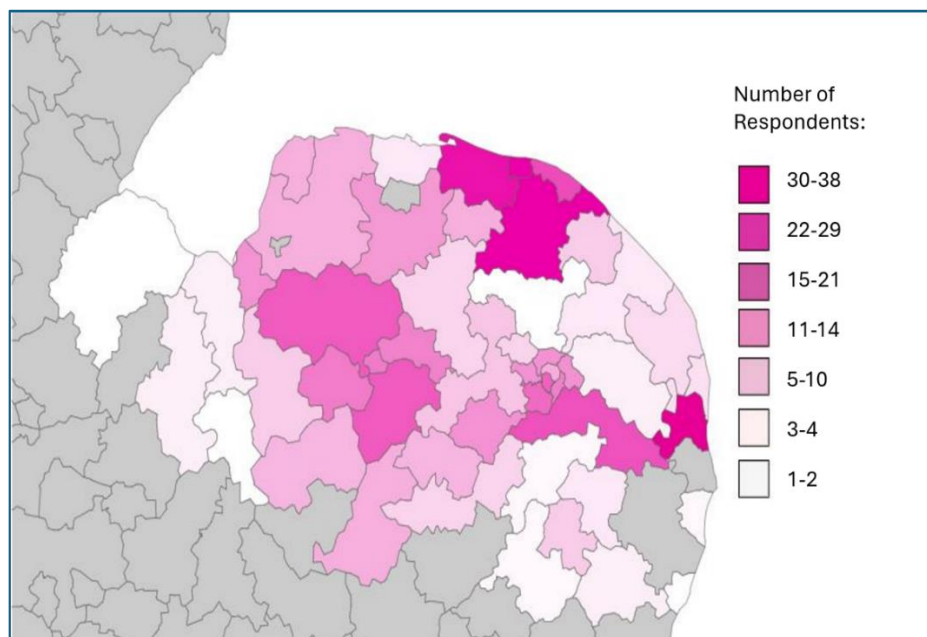 - 4% (9) were unemployed
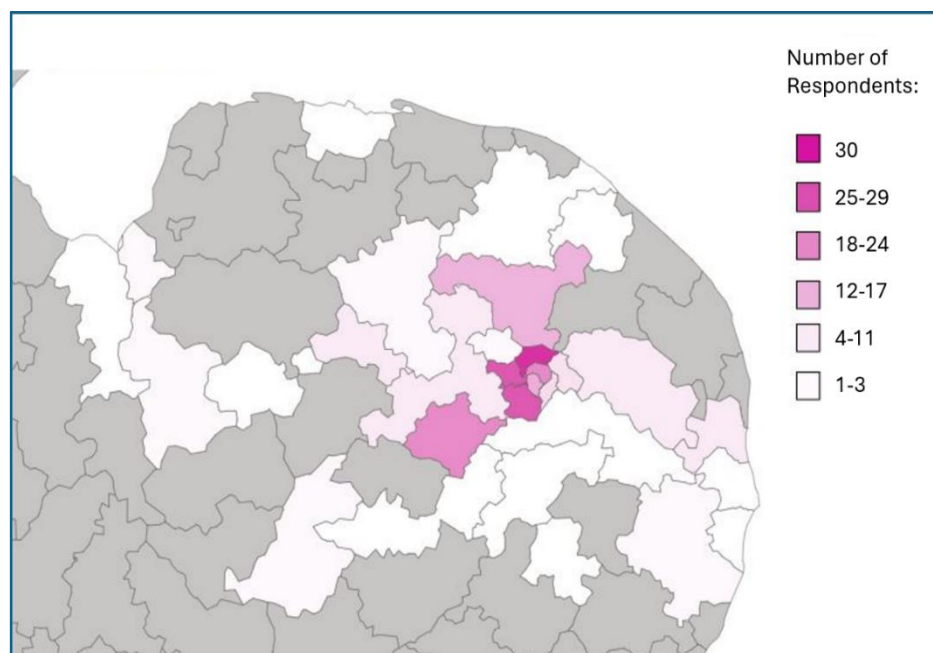
- Geographical spread of responses:

Figure 3. Map illustrating the geographical distribution of survey responses from participants aged 16-30 across the county.

Methodology for ShCR research

Surveys

Two tailored surveys were developed to explore experiences with the Shared Care Record in Norfolk. One survey targeted GP practice staff to understand how the system was used and whether it delivered its intended benefits. The second survey was designed for patients, focusing on awareness and personal experience of the ShCR during medical appointments at GP surgeries.

Both surveys included a mix of multiple-choice, closed, and open-ended questions. Surveys were accessible online via SmartSurvey, in print, and by telephone. Easy Read versions were available on request. Paper copies are provided in the annex.

Survey promotion was carried out through the Healthwatch Norfolk website and social media channels. Additional promotion of the staff survey was facilitated through the Norfolk and Waveney ICB and practice managers. Patient surveys

were distributed in person during Healthwatch Norfolk's community engagement activities.

The staff survey ran from late July to 2nd September 2024. The patient survey was open from 5th August to 9th September 2024.

Responses were analysed in Microsoft Excel. Percentages were rounded to the nearest whole number. Quotes are included verbatim to reflect the authenticity of participant voices. Detailed findings can be found in the "What we found out" section of this report.

Demographic data

Demographic profile of GP practice staff respondents

We received responses from 34 participants, with the following demographic profile:

Gender:
- 27 (79%) female
- 7 (21%) male

- Age:
  - 1 (3%) aged 18-25
  - 6 (18%) aged 26-35
  - 3 (9%) aged 36-45
  - 11 (32%) aged 46-55
  - 13 (38%) aged 56-65

- Ethnicity:
  - 30 (88%) identified as White British
  - 3 respondents were from other backgrounds (White Other, African, Indian)
  - 1 person preferred not to disclose ethnicity

- Professional role:

Table 1

Number and percentage of respondents in various professional roles

Roles	Number of respondents	Percentage of respondents
General Practitioner (GP)	6	18%
Practice Nurse	5	15%
Clinical Pharmacist / Pharmacy Dispenser	4	12%
Physician Associate	2	6%
Allied Health Professional	2	6%
Nurse Practitioner	1	3%
Paramedic	1	3%
Mental Health Practitioner	1	3%
Practice Management	4	12%
Receptionist	3	9%
Administrative staff	3	9%
Data/Digital staff	2	6%

Demographic profile of patients who responded to the survey

We received responses from 302 people, of whom 282 provided demographic information.

Gender:
- 62% (175) female
- 37% (104) male
- 1 person identified as non-binary
- 2 respondents preferred not to answer

- Age:
    - 1% (4) aged 18-25
    - 1% (4) aged 26-35
    - 4% (12) aged 36-45
    - 10% (29) aged 46-55
    - 23% (64) aged 56-65
    - 37% (103) aged 66-75
    - 22% (61) aged 76-85
    - One person was 86+
    - 4 respondents preferred not to disclose their age

- Ethnicity:
    - 95% (267 identified as White British
    - 3% (9) were from other backgrounds
    - 4 respondents preferred not to disclose ethnicity
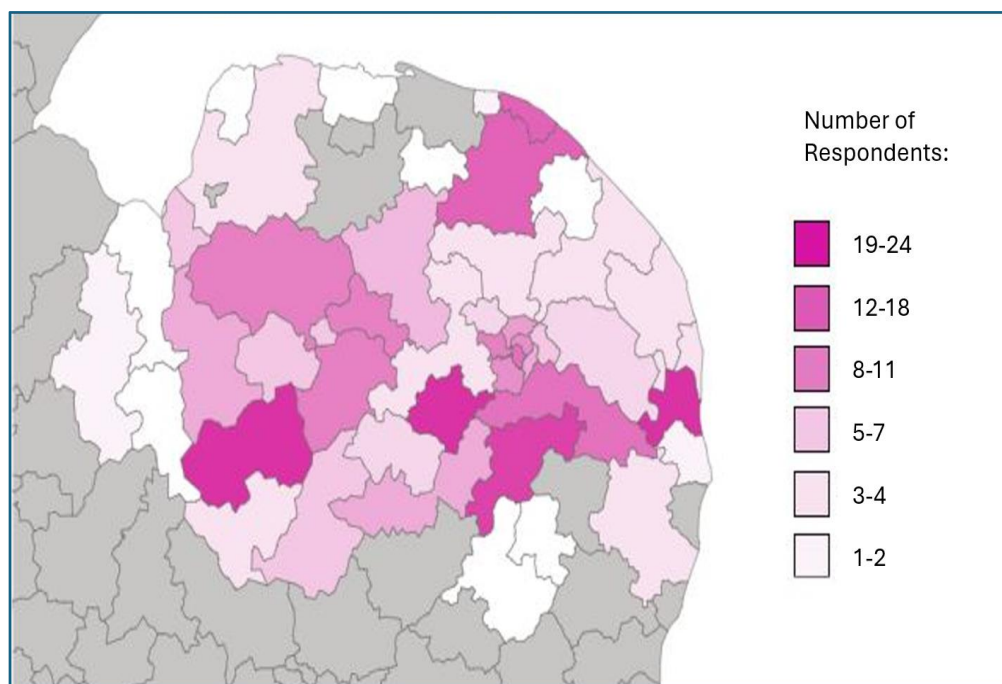
- Geographical spread of responses:

Figure 4. Map showing the geographical distribution of patient survey respondents across Norfolk.

Participants' involvement and consent

In line with General Data Protection Regulation (GDPR) requirements, informed consent was obtained from all people involved in this research. Participants were clearly informed about the purpose of the data collection, how their information would be used, how long it would be retained, and their right to withdraw consent at any point prior to the publication of the report.

They were assured that all responses would be anonymised, and any identifying details would be removed before being referenced in the report. Digital data was stored on password-protected hard drives, while paper survey responses were securely stored in a locked drawer at the Healthwatch Norfolk office. All data collected will be deleted at the end of the project.

Limitations

There are several limitations to this project that must be acknowledged.

Participation in both the focus groups and surveys was voluntary and based on self-selection. Respondents were not randomly sampled so findings cannot be generalised to all Norfolk residents or all users of digital health tools.

The sample size was sufficient for exploratory analysis but not large enough to support statistically significant conclusions. To provide context, there were an estimated 230,794 people aged 65 and over, and 150,909 people aged 15–29 in Norfolk in 2023 (ONS estimates, Norfolk Insights). The total number of responses received represents only a small proportion of these groups.

While we aimed to engage a broad and diverse range of participants, the demographic profile of respondents does not fully reflect the makeup of the local population. Some groups were either over- or underrepresented. For example, across all four surveys, we received responses from a disproportionately higher number of female participants. According to the 2023 ONS estimates (via Norfolk Insight), the

county's population is roughly balanced by gender (51% women, 49% men), but survey respondents skewed more heavily female.

Despite offering multiple survey formats, barriers remained for people with lower digital literacy or limited access to technology. This resulted in underrepresentation of less digitally confident individuals, skewing results toward more digitally engaged respondents.

The sample of GP practice staff was small relative to the primary care workforce in Norfolk and Waveney. While their feedback is valuable, it may not reflect the full range of experiences in primary care.

Lastly, the geographical spread of responses to the young people's survey was limited, which may affect representativeness across different parts of the county.

Nevertheless, the project's findings offer valuable insights into the experiences of a wide range of people and provide a strong indication of what matters most to different segments of the population.

What we found out

Use and experience of the NHS App among young people 16–30 years old

Uptake and adoption of the NHS App among 16-30-year-olds

Legend: 16-18-year-olds in further education ■ 18+ year-olds in higher or adult education ■ Young people not in education

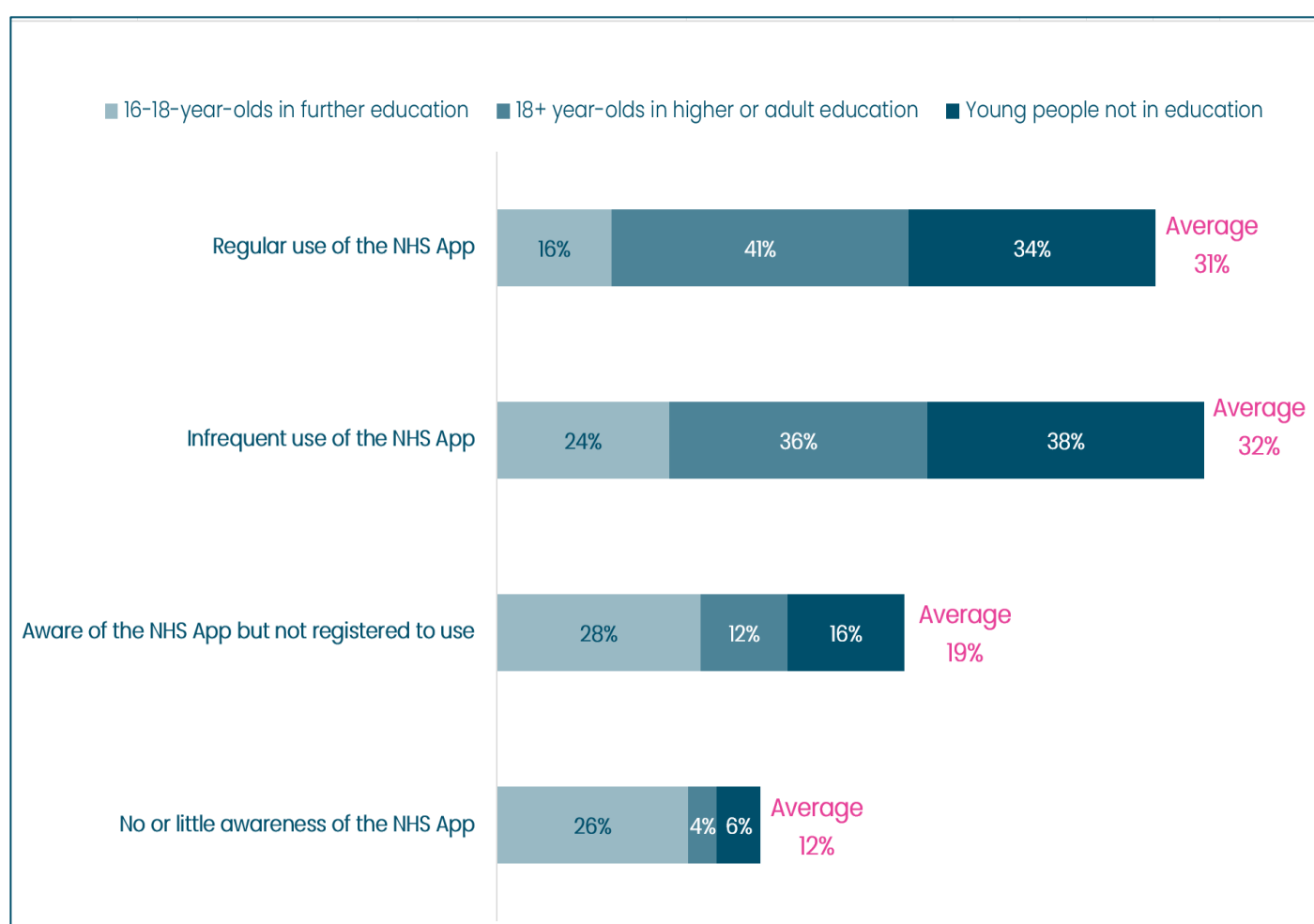| Category	16-18-year-olds in further education	18+ year-olds in higher or adult education	Young people not in education	Average
Regular use of the NHS App	16%	41%	34%	31%
Infrequent use of the NHS App	24%	36%	38%	32%
Aware of the NHS App but not registered to use	28%	12%	16%	19%
No or little awareness of the NHS App	26%	4%	6%	12%

Figure 5. Awareness and use of the NHS App among young people 16-30 who participated in our study.

Overall, awareness of the NHS App was high among the young people who responded to our survey as it is likely that those who chose to participate already had an interest in digital health or were more digitally engaged in general.

What Figure 5 shows, however, is that awareness was lowest among the 76 respondents 16-18 in further education, where 26% (20) were unfamiliar with the NHS App.

Among this younger demographic, 28% (22) had some awareness of the platform but had not yet registered. Although 24% (18) of 16-18-year-olds in further education were registered users, only about half of them used the app regularly.

Uptake improved among 18-30-year-olds, with around 7 in 10 registered. However, usage remained relatively low, as **only half of those registered told us that they actively use the app to access healthcare.**

In our study, regular users of the NHS App accounted for:

- Approximately **15%** of young people **16-18 in further education**

- Approximately **40%** of young people **18-30 in higher or adult education**

- Approximately **35%** of young people **18-30 not in education**

Access to health services and information on the NHS App

Around 75% (114) of young people 16-30 in our study who registered for the NHS App - which equates to **51% of young people 16-30 years old who participated in our survey - used the application in the last twelve months.**

Figure 6 shows that among 16–30-year-olds who had used the NHS App in the twelve months prior to the survey, **the most common uses were viewing GP health records and test results.** They also used the application to order **repeat prescriptions** and manage **GP practice appointments and hospital referrals.** Young people in higher or adult education (mainly aged 18-25) were the most likely to book medical appointments via the NHS App. **A smaller proportion browsed health and medicine information or used NHS 111 online** to check whether they needed urgent medical care.
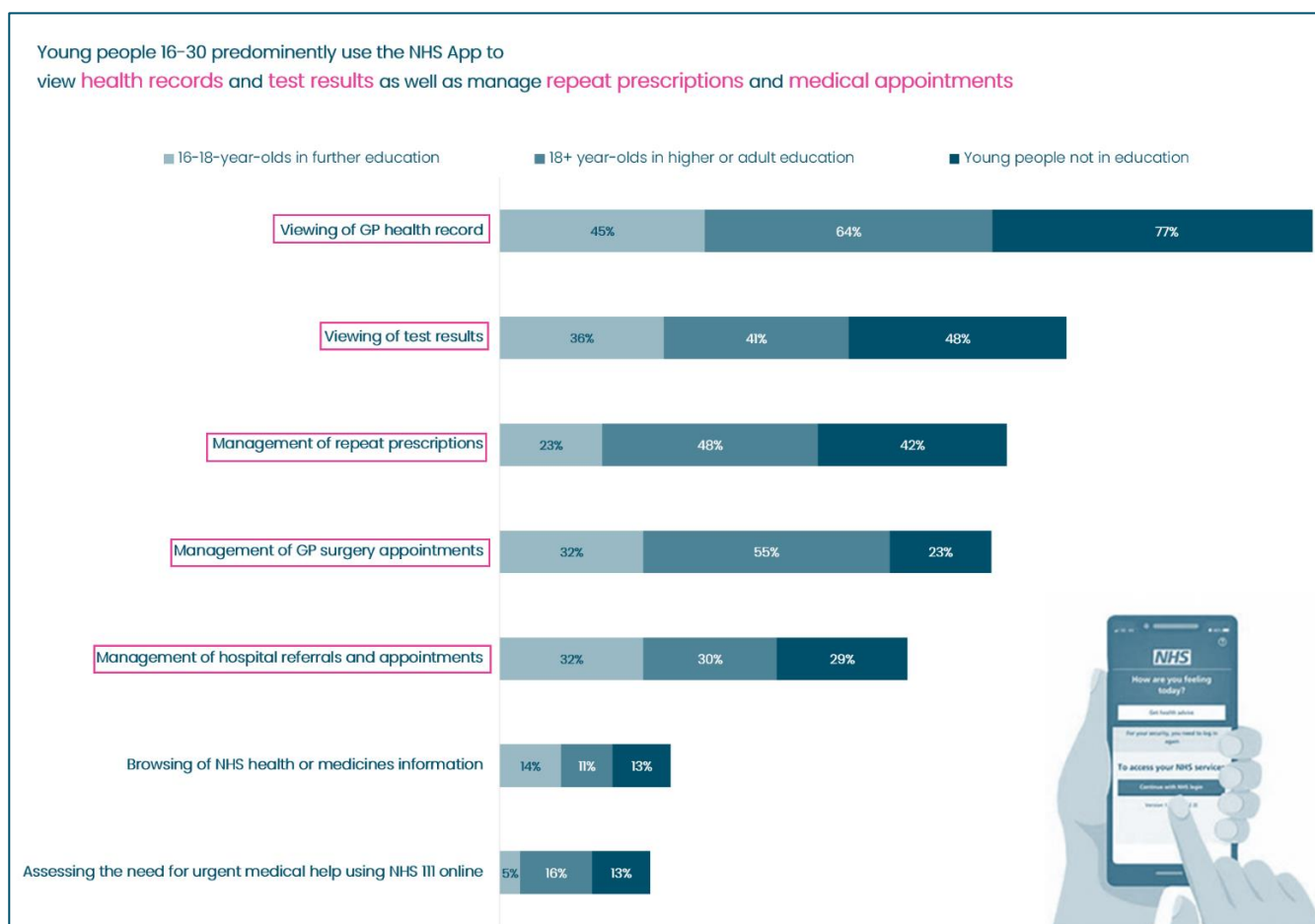
Young people 16-30 predominently use the NHS App to
view health records and test results as well as manage repeat prescriptions and medical appointments

- 16-18-year-olds in further education
- 18+ year-olds in higher or adult education
- Young people not in education

Viewing of GP health record	45%	64%	77%
Viewing of test results	36%	41%	48%
Management of repeat prescriptions	23%	48%	42%
Management of GP surgery appointments	32%	55%	23%
Management of hospital referrals and appointments	32%	30%	29%
Browsing of NHS health or medicines information	14%	11%	13%
Assessing the need for urgent medical help using NHS 111 online	5%	16%	13%

Figure 6. Percentage responses from young people 16-30 to the question: Which services have you used on the NHS App in the last twelve months?

Benefits of using the NHS App according to 16-30-year-olds

As seen on Figure 7, nearly 70% (68 of the 103) of respondents aged 16–30 who responded to the question, cited **round-the-clock access to health information and services as a key benefit**. The convenience to book medical appointments, order repeat prescriptions or check test results easily and at any time, especially outside regular working hours, was seen as a major advantage over traditional communication methods. This flexibility was seen as empowering, enabling users to manage their health and wellbeing more effectively by offering greater control and reducing reliance on lengthy phone calls or in-person visits.

*"It feels like it is quite an empowering app.
You have control over your healthcare.
You can request things when it works for you."*

The key benefit of using the NHS App:
faster and more convenient access to health services and information

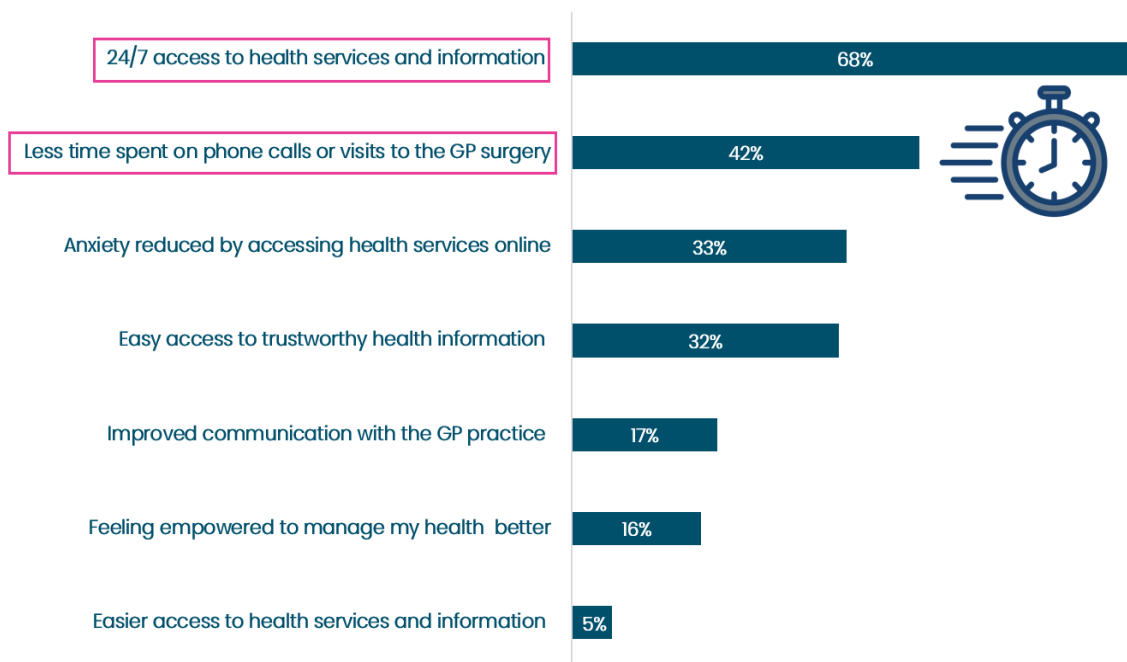|	
24/7 access to health services and information	68%
Less time spent on phone calls or visits to the GP surgery	42%
Anxiety reduced by accessing health services online	33%
Easy access to trustworthy health information	32%
Improved communication with the GP practice	17%
Feeling empowered to manage my health better	16%
Easier access to health services and information	5%

Figure 7. Percentage responses from young people 16-30 to the question: How do you personally benefit from using the NHS App?

Beyond the convenience and efficiency of accessing health services online, **the NHS App helped young people feel more at ease when managing private health concerns**. By reducing some of the barriers to healthcare linked to face-to-face or phone conversations, the NHS App benefited around 30% (34) of the NHS App users in our study who may experience heightened anxiety or embarrassment taking the necessary first steps toward seeking care. **The NHS App can provide a safer, more discreet and less intimidating way to communicate health needs, offering a sense of control and privacy.** Neurodivergent people, those facing mental health challenges and people who speak English as a second language told us this was especially valuable.

> *" I am physically disabled as well as having autism and anxiety surrounding phone calls, so the NHS app is incredibly helpful. Being able to manage [my healthcare] online is essential to me."*

> "If you're calling,
> there's the potential for there to be some sort of stigma.
> Do I have to talk about [something] I might not be completely
> comfortable about with another person?
> Whereas if it's just you and the app, it's just a bit more relaxed…"

> "When I first moved to the UK,
> I wasn't always sure what I said made sense.
> It was easier for me to [use the NHS App]
> to check if I was describing my symptoms as I wanted
> to describe them for an appointment with the GP."

Around one in three young NHS App users in our study also believed that **the health information provided by the application is more trustworthy than other internet sources**. This benefit stems from the digital platform offering reliable, government-backed information, ensuring accuracy and credibility. In contrast, information from other online sources can be inconsistent or unreliable, making the NHS App a trusted resource to inform health and wellbeing decisions.

> "[The NHS App] will give you NHS-endorsed information […]
> which I would probably trust more than some random website."

Finally, in addition to providing a platform for patients to access healthcare services, the NHS App seems to allow healthcare services to keep patients informed and engaged in their care. Around 20% (18) of young users told us that **a key benefit was improved communication with their GP practice,** making it easier to stay updated on health-related events, alerts and campaigns. The NHS App also sends notifications and reminders for appointments, referrals and prescriptions. This exchange of information enhances the overall healthcare experience, fostering greater convenience and active involvement in managing health.

*"I [find the NHS App] quite interesting and helpful.
My surgery uses it to send me updates about things going on.
I [also] had some referrals I was tracking on there,
that was helpful too."*

Barriers stopping young people 16-30 from adopting the NHS App

The main barriers stopping young people 16-30 from adopting the NHS App are:
- A lack of awareness
- A lack of perceived relevance to young people's needs and interests
- An unsatisfactory user experience

■ 16-18-year-olds in further education ■ 18+ year-olds in higher or adult education ■ Young people not in education

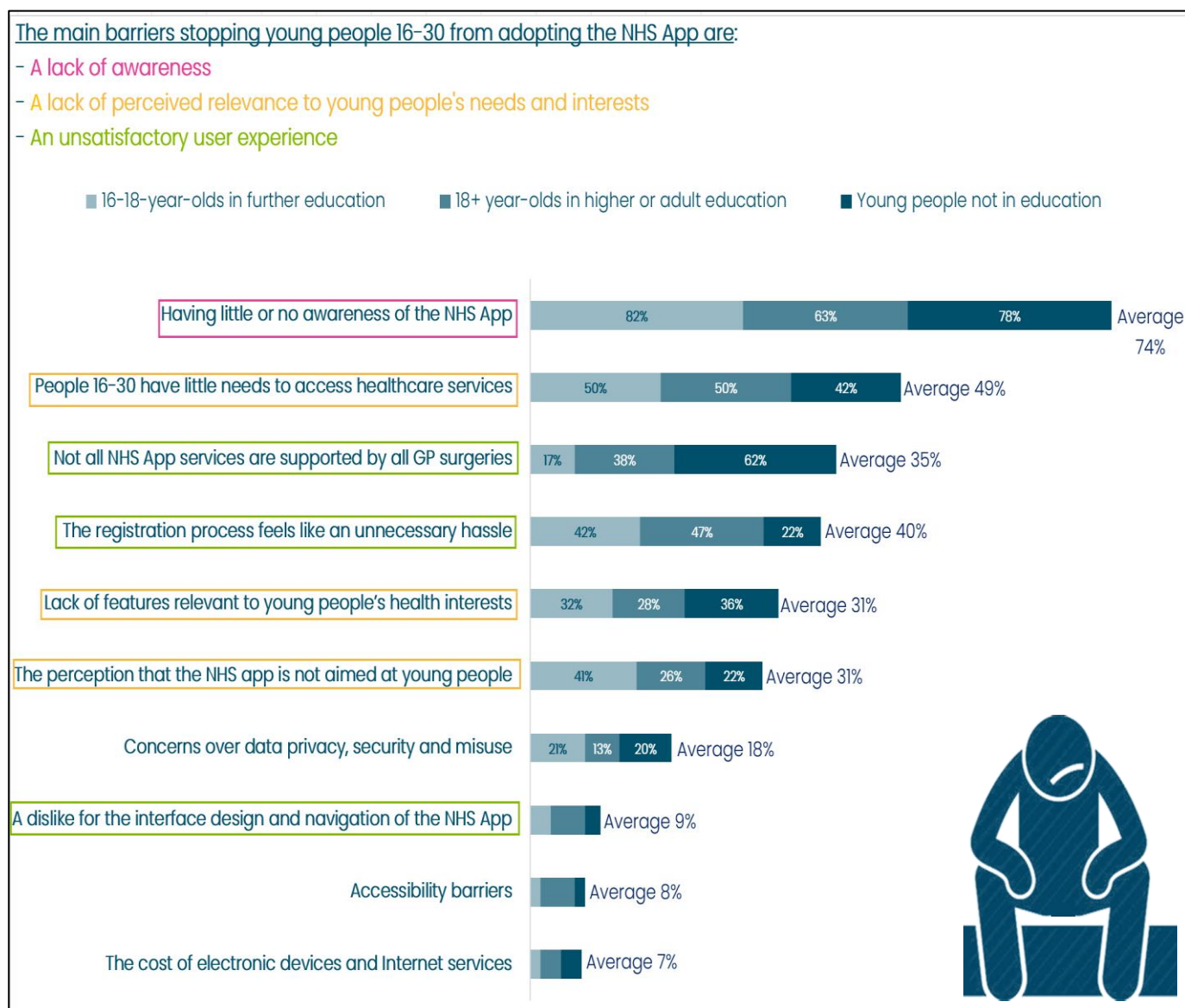| Barrier	16-18	18+	Not in education	Average
Having little or no awareness of the NHS App	82%	63%	78%	Average 74%
People 16-30 have little needs to access healthcare services	50%	50%	42%	Average 49%
Not all NHS App services are supported by all GP surgeries	17%	38%	62%	Average 35%
The registration process feels like an unnecessary hassle	42%	47%	22%	Average 40%
Lack of features relevant to young people's health interests	32%	28%	36%	Average 31%
The perception that the NHS app is not aimed at young people	41%	26%	22%	Average 31%
Concerns over data privacy, security and misuse	21%	13%	20%	Average 18%
A dislike for the interface design and navigation of the NHS App				Average 9%
Accessibility barriers				Average 8%
The cost of electronic devices and Internet services				Average 7%

Figure 8. Percentage responses from 213 young people 16-30 to the question: What do you think is stopping you or other people 16-30 from using the NHS App?

Despite growing up in a digital-first world, our findings suggest that not all young people are engaging with the NHS App - an issue with real implications for public health and the future of digital healthcare delivery.

According to our survey data, key barriers that discourage young people aged 16-30 from adopting or fully using the NHS App include **a lack of awareness**, **a perceived irrelevance to their specific health needs and interests**, and **an unsatisfactory user experience** (Figure 8). These challenges suggest that the NHS App, while designed to streamline access to healthcare, has yet to earn a meaningful place in the everyday lives of many young users.

In the following sections, we explore these three interconnected barriers in more detail, drawing on quantitative insights and direct quotes from young users 16-30 to better understand the root causes of disengagement.

Little or no awareness of the NHS App
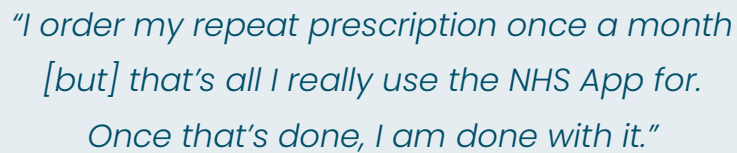
"Based on 213 responses, **around 75%** (157) of 16–30-year-olds **believed that the biggest barrier to adopting the NHS App is a lack of awareness** — both of the app itself and the services and benefits it offers.

This knowledge gap was especially pronounced among 16-18-year-olds in further education, where around 80% (62 out of 76) reported being unfamiliar with the NHS App. Insights from our qualitative research suggest that this lack of awareness is linked to **a perceived limited engagement with healthcare services at this age**.
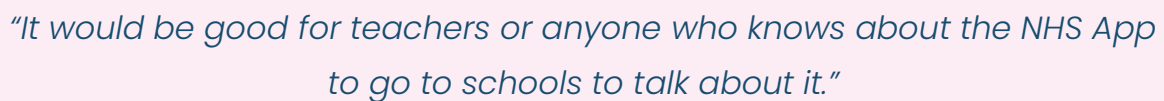
The focus group participants who lived with long term health conditions were more likely to have downloaded the application, often following advice from their clinicians. However, they often admitted that they had not explored other features and services offered by the NHS App beyond ordering their repeat prescriptions:

> *"I'll be honest, I don't know anything about [the NHS App].*
> *I've never taken an interest in it. I've never used it."*
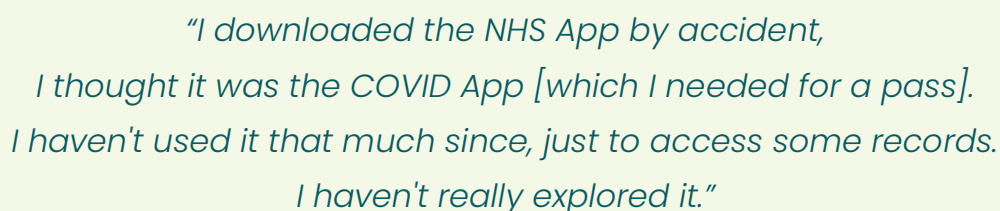
> *"I order my repeat prescription once a month [but] that's all I really use the NHS App for. Once that's done, I am done with it."*

They also shared that while health education in schools - as part of the Personal, Social, Health and Economic (PSHE) curriculum – touches on the role of the NHS and how to access healthcare services, they felt that **they lacked the information and support needed to confidently navigate both the healthcare system and digital health platforms**. This could highlight a need for more targeted health education to equip young people with the knowledge and skills they need to engage effectively with digital health services, and more specifically the NHS App.

> *"It would be good for teachers or anyone who knows about the NHS App to go to schools to talk about it."*

Several of the young adults who took part in our focus groups reported **discovering the NHS App accidentally, confusing it for the NHS COVID-19 App,** or out of curiosity because of their growing interest in health apps prompted by the pandemic. These users stated that they initially downloaded the application without understanding its purpose and scope and subsequently, they had not explored the platform beyond its basic functions, such as accessing GP health records and ordering repeat prescriptions:

> *"I downloaded the NHS App by accident, I thought it was the COVID App [which I needed for a pass]. I haven't used it that much since, just to access some records. I haven't really explored it."*

In addition, NHS App awareness among young people was significant hindered by **the perceived low visibility and inefficacy of promotional efforts,** which ultimately creates a barrier to its adoption.

Despite being frequent users of the internet and social media, many 16-30-year-olds expressed uncertainty about ever having encountered NHS App-related online promotions, with some doubting their presence altogether or noting a lack of lasting impressions:

"I think the NHS did some [promotion] on Instagram, but I don't know if I'm making this up…"

This uncertainty was mirrored in physical spaces, as few young people recalled ever seeing NHS App posters, or if they had done, only in GP surgeries. Even digital screens in waiting rooms (Figure 9) went largely unnoticed with many reporting feeling preoccupied with their thoughts before appointments and distracting themselves on their phones instead of engaging with their surroundings.

Figure 9. Two examples of NHS App promotional images used on digital screens in GP practices.

Although they felt that the messaging in these NHS App promotional materials was generally clear, the young people we met criticised the visuals for lacking relevance and relatability. Many described the images as "boring" or "cringey," suggesting that attempts to appeal to younger audiences felt forced and out-of-touch. Instead of feeling encouraged to sign up to the NHS App, some young people were left questioning the authenticity of the characters and scenarios depicted. They thought that actors had been selected rather than real users or healthcare professionals. And

this was perceived as staged and unconvincing, which undermined trust and engagement:

"All you're doing is booking an appointment, you don't really need to look like you're winning the lottery. It is very much [the vibe] of trying to be down with the kids [when] they genuinely have no idea."

"I'd be sort of questioning what's going on... Why is this paramedic character using the NHS app? Why is it not, I don't know, a manager or a plumber? And that's probably not a [real] paramedic, [just] a model or an actor who looks great on camera."

According to these young people, the lack of clear, authentic, and age-relevant messaging limits the effectiveness of NHS campaigns, discouraging many in the 16–30 age group feel no compelling reason to download and explore the NHS App, leaving a significant barrier to adoption unaddressed.

A lack of perceived relevance to young people's health needs and interest

One significant barrier to NHS App adoption among 16–30-year-olds was the perception that it does not meets their health and wellbeing needs or applies to them.
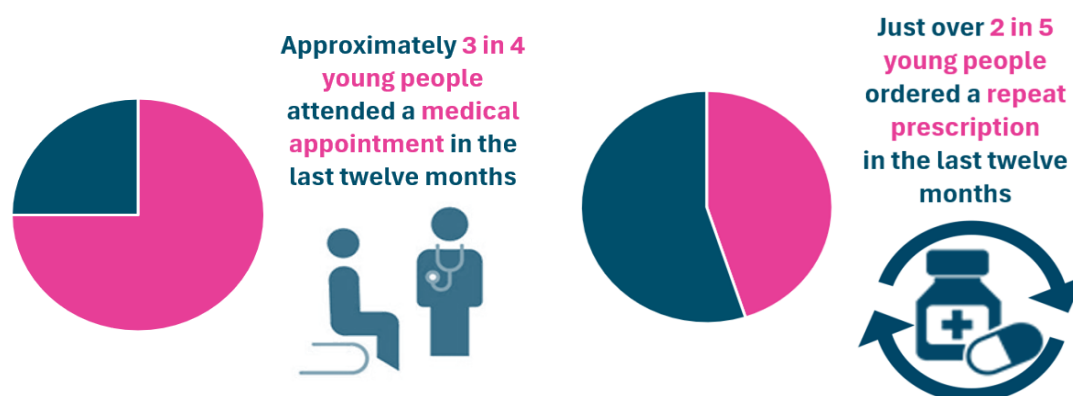
Approximately 30% (65 out of 213) of young people mistakenly **believe that the NHS App is a digital health tool designed primarily for older adults or** *"for people with disabilities and managing long term illnesses and disabilities"*, rather than serving a broader audience. As a result, they may overlook its relevance to their own healthcare needs.

Young people generally experience fewer health issues than older adults and engage with healthcare services less frequently. For many, accessing medical care is an infrequent necessity rather than a routine part of life:

"Right now, I just don't think I need [the NHS App].
I can't remember the last time I went to my GP...
If anything health-wise comes up unexpectedly then I'll call but
I don't really engage too frequently with any kind of healthcare."

However, **while 49% (104 out of 213) of the young people in our study may not perceive themselves as frequent users of healthcare services, their actual engagement tells a different story**. Our survey suggests that they interact with healthcare services more than they might acknowledge.

Approximately **3 in 4 young people attended a medical appointment in the last twelve months**

Just over **2 in 5 young people ordered a repeat prescription in the last twelve months**

The numbers below highlight a clear contradiction between young people's perception and their actual use of healthcare services.

In the last twelve months:

- 78% (174) of all survey respondents attended a medical appointment ,
- 54% (120) used pharmacy services,
- 45% (101) ordered a repeat prescription,
- And 28% (62) underwent diagnostic tests.

Despite this engagement with services, young people continue to rely on traditional methods when arranging healthcare (Figure 10).

Our data shows that **calling the GP practice remains the preferred method for 16–30-year-olds to book medical appointments**, surpassing online methods. This preference for direct phone contact may stem from habit, perceived convenience, a lack of

awareness of digital alternatives, and the fact that some GP practices require patients to call to arrange appointments, limiting the availability of online booking options.

> *"My GP practice just doesn't engage with the NHS App. They're quite low-tech. The services I would use aren't really available to me and I've only ever contacted [them] over the phone. Unfortunately, this kind of limits any contacts I have with them."*
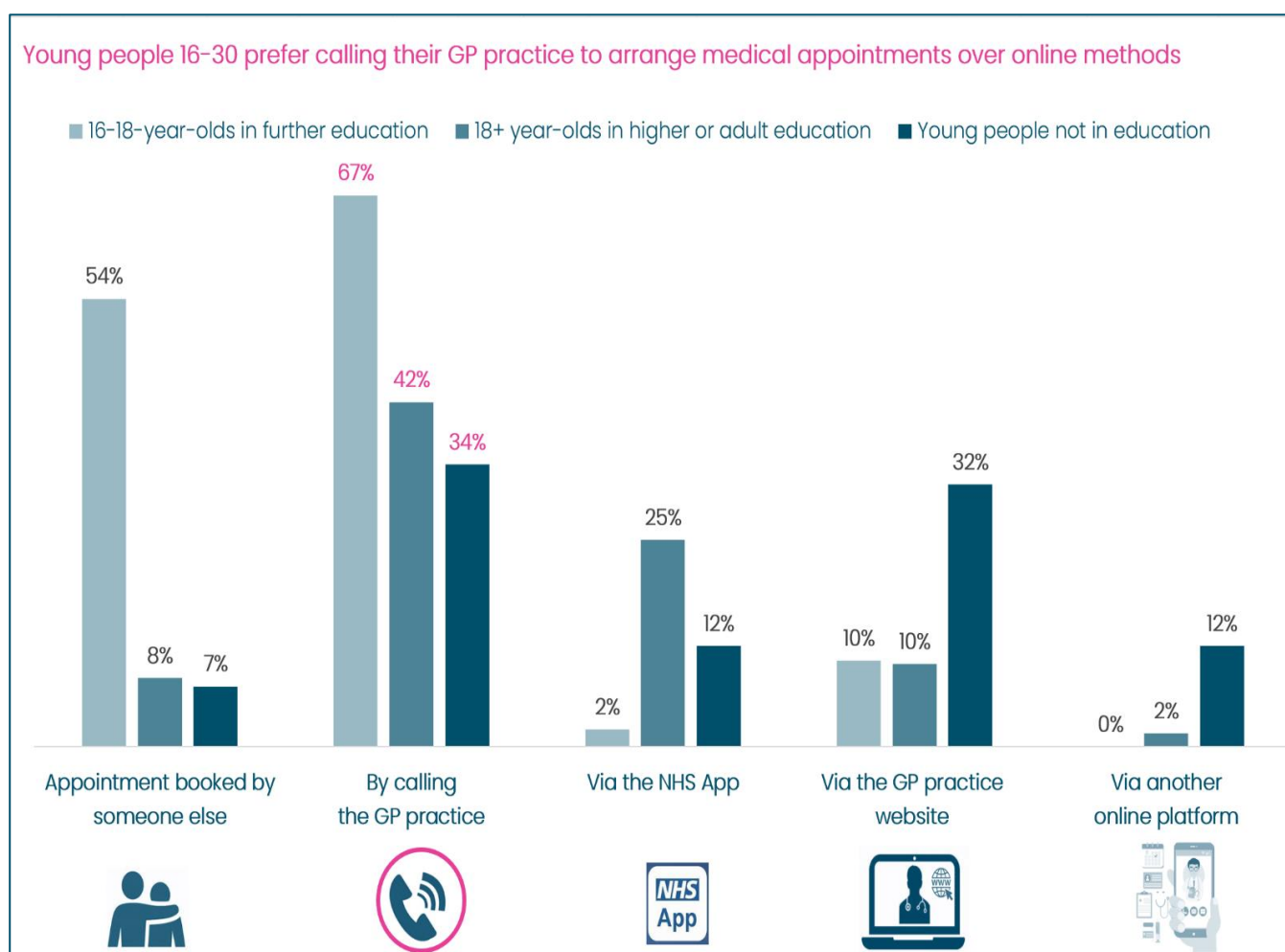

Figure 10. Percentage responses from young people 16–30 to the question: How have you booked medical appointments at your GP practice in the last twelve months?

For young people 16–18 in further education, who are likely to live at home, **dependency on parents plays an even greater role.** Many of the focus group participants in this age group reported relying on their parents to manage healthcare access, including booking appointments and ordering prescriptions on their behalf.

> "The main issue is that young people won't use the NHS App as it is easier to make their parents do it [contact the GP surgery] for them."

Another factor contributing to the NHS App's perceived irrelevance among 16-30-year-olds is that around 30% (65 out of 213) feel that it **lacks content tailored to their specific interests**. The young people in our study explained that they often take a holistic approach to health, prioritising lifestyle, prevention, and overall wellbeing over cure (medical appointments, tests and prescriptions). However, while the NHS app primarily focuses on general healthcare management, it does not sufficiently address topics that resonate strongly with this age group, such as mental health, sexual health, fitness, nutrition and travel vaccination.

> "I think [the NHS App] could include something about diet, explanations about what you should be eating and how much [...] because I feel like that's something that might be helpful, especially for younger generations [which are] trying to be fitter and eat healthier food."

> "Say you booked a holiday somewhere exotic.
> [The NHS App should provide] information about the vaccinations you needed to go there with a link to book.
> That would be so helpful."

The combination of perceived irrelevance and parental involvement seems to create a gap in engagement, reducing the likelihood of younger people downloading or regularly using the NHS App. While younger generations are highly accustomed to managing various aspects of their lives digitally, the NHS App has yet to establish itself as a go-to health management tool for this demographic—an important gap that needs to be addressed.

An unsatisfactory user experience as a barrier to engagement

Just under 30% (40 out of 152) of young people aged 16–30 who responded to the question reported not being fully satisfied with their overall experience of using the NHS App, a significant barrier to long-term engagement. Key concerns included limitations imposed by some GP practices as well as some issues with the digital platform's design, language and navigation.

A source of dissatisfaction and disappointment for 35% (75 out of 213) young people aged 16 to 30 was what they saw as the NHS App's failure to deliver fully on its promises.

Although it is promoted as a comprehensive platform for managing healthcare needs, **many essential features - such as booking appointments, viewing GP health records, and accessing test results - remain unavailable to a significant number of users**.

This disconnect was thought to be largely due to inconsistent adoption by GP surgeries and the fragmented nature of the NHS's digital infrastructure, which lacks standardisation and interoperability:

*"I think the app would be better if it did everything that it said it would,
if every GP practice adopted it to the point where
you could manage blood results, prescriptions, appointments,
and medical notes all in one place.
But access to healthcare is sort of separated and hard to tackle."*

The app's limitations were especially frustrating for working people who found traditional methods time-consuming and outdated:

*"I would love to be able to book an appointment on the NHS App
but it doesn't let me...
As a working person phoning at 08:30 in the morning and having
to wait on the phone for maybe half an hour, an hour, it's frustrating."*

Rather than empowering users, young people said the app often forced them back to manual, time-consuming processes. The result was a sense of disempowerment:

*"I [would like to] look at my health record,
but my GP practice doesn't allow that.
The way [the NHS App] works can be quite disempowering.
If you actually can't do the things that you need to do,
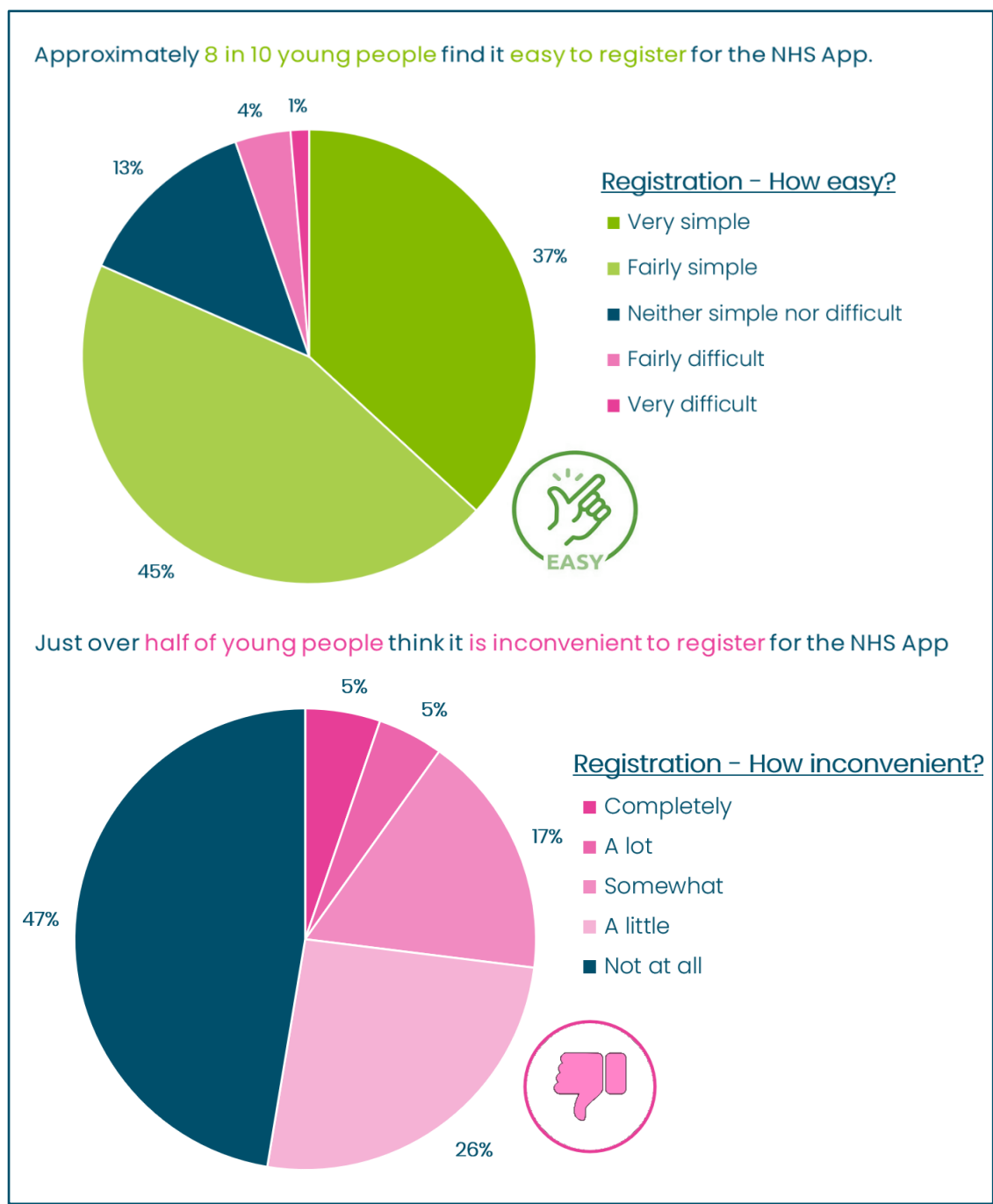you might as well delete it and just call to talk to somebody."*

Approximately 8 in 10 young people find it easy to register for the NHS App.

Pie chart — Registration – How easy?
- Very simple: 37%
- Fairly simple: 45%
- Neither simple nor difficult: 13%
- Fairly difficult: 4%
- Very difficult: 1%

Just over half of young people think it is inconvenient to register for the NHS App

Pie chart — Registration – How inconvenient?
- Completely: 5%
- A lot: 5%
- Somewhat: 17%
- A little: 26%
- Not at all: 47%

Figure 11. Charts showing the percentage responses from young people 16-30 to two questions about the ease and convenience of registering to the NHS App.

Completing the registration process for the NHS App was perceived as a potential barrier to uptake by approximately 40% (85 out of 213) of 16-30-year-olds in our survey (Figure 8).

Approximately 80% (124 out of 152) of young people in our study said that they found **the registration process straightforward and unremarkable**. Most compared it to the standard security procedures used by other organisations and fully accepted the need to verify their identity before gaining full access:

> *"I think it's fairly standard to show [your] passport and take a picture of [your] face to verify [your] identity. These security checks are [similar to] what other apps would ask of you."*

Young people have grown up in a digitally connected world were convenience and speed are the norm. While they value privacy and security, they also expect quick and seamless registration processes. *and "When it isn't, [they] can't be bothered and leave it for another time"*, as one person told us. For 53% (80 out of 152) young people – particularly those aged 16 to 25 – **registering for the NHS App felt unnecessarily cumbersome, causing inconvenience and delays and deterring some young people from signing up altogether.**

The most commonly cited barriers, based on responses from 91 participants, included:

- Having to complete a **two-factor authentication process** for 36 (40%),

- The **time** required to go through all the necessary steps for 31 (34%),

- The need to **create an/or login to an NHS account** for 21 (23%),

- Lacking or not having easy **access to appropriate forms of identification** such as a passport or a driving license for 18 (20%).

"I feel like, especially like when you are only 16, you're not going to be having a driving license. I mean, it might be easier to have a passport, but you still have to find it… And then you probably get bored by the time you've actually got it and give up."

"When you're going to college or work every day, you don't have time just to pop into your GP surgery to provide that proof of ID or [you] don't care enough to do that. I mean, it took me a good few years…"

Another source of dissatisfaction with the user experience was the NHS App's interface design, mentioned by approximately 10% (20 out of 213) of young users aged 16–30. These users felt that the app had been designed with an older demographic in mind, making it appear outdated and out of step with the expectations of a younger, tech-savvy audience who are accustomed to sleek and modern digital platforms that emphasise visual engagement and intuitive design.

"Growing up with technology, we kind of have a different level of expectation. [The NHS App] very much comes across as a little bit dated and designed more for a middle-aged market, it isn't very user-friendly."

Key criticisms of the NHS App's design aesthetics included an **overreliance on text**, uninspired and **overly formal branding** with a uniform blue-and-white colour scheme, and **a lack of visually appealing imagery**. Young people said that the uniformity across pages contributes to a visually fatiguing experience, where users struggle to differentiate content. So *"why would [they] choose a wall of text rather than better alternatives which are bright, vibrant and where there are pictures?"*

> *"From a design perspective, every page looks the same.*
> *It's this wall of text in the same font and the same colour.*
> *You can just get lost in it very quickly.*
> *It might be easier if everything was*
> *a bit more visual with icons or photos."*

The lack of visual variation also creates additional **accessibility barriers, particularly for users with cognitive difficulties**. For them, a text-heavy layout with minimal segmentation seemed overwhelming and hard to navigate:

> *"On the first page [of the NHS App]*
> *the blue text is broken up with different boxes and that's okay.*
> *When you go to the next page, it's just block. It's not broken up at all .*
> *For someone [like me] that's got special needs,*
> *my brain is going, nope, I'm not going to engage, I give up."*

Other users, particularly those with limited healthcare experience, reported **difficulties understanding the unfamiliar medical language,** especially within their GP health records. As a result, they hesitated to explore certain features, fearing they might misunderstand information or make a mistake:

> *"I feel like the [NHS App] uses a lot of*
> *doctor words and very high-tier words.*
> *If you don't really know what you're looking for,*
> *You're just going to be looking at random locations.*
> *What if you do the wrong thing?"*

> *"The notes written in my GP health records are in doctor mode.*
> *I get quite anxious when I try to work out what it means."*

Beyond visual and language issues, **the NHS App's navigation was another source of frustration** for approximately 20% of users aged 16–30. They found the **NHS App's navigation unintuitive** at first, requiring them to invest time upfront to familiarise themselves with how to use the app effectively, a burden that could deter access. Additionally, users reported that whilst they usually found what they were looking for, it was easy to get lost as searching specific features and information often involved excessive scrolling and clicking through multiple layers of screens. Users often likened the experience to navigating a labyrinth or going down a rabbit hole.

"I find that [the NHS App] can be a bit of a labyrinth.
I had to read quite a lot of text
and press many buttons to find my vaccination history.
It's so much easier to phone your surgery.
You know that the person on the end [of the phone]
is only going to do two clicks [on their computer]
to find exactly what you want."

"It's like [you have to go through] one hoop, then another hoop.
You have to go down a rabbit hole [to find what you need].
You can't be bothered."

In summary - barriers to engagement of 16-30 year-olds with the NHs App

While the NHS App holds significant potential to transform access to healthcare, our findings suggest that it currently falls short of delivering value to many young people 16–30. The barriers they face were not just technical or logistical, they also seemed to reflect a deeper disconnect between the NHS App and the everyday realities, habits, and expectations of many younger users.

A lack of awareness and visibility left many of the young people we spoke to unfamiliar with the app and unclear on its purpose. Even among those who did use it, the app was

often perceived as irrelevant to their health needs and interests, too focused on managing existing conditions and lacking content that speaks to their lifestyle and wellbeing priorities. Furthermore, perceived inconsistencies in feature availability and what they saw as an outdated, text-heavy interface contributed to an unsatisfactory user experience, deterring regular use.

What emerged was a story of unmet expectations. Young people are digitally literate and eager to take ownership of their health—but only if the tools they are offered are accessible, relatable, and designed with their needs in mind.

Drivers for NHS App adoption among young people 16-30

Raising awareness of the NHS App and ensuring uniform service access to all users are key drivers to encourage NHS App adoption among young people 16-30

- 16-18-year-olds in further education
- 18+ year-olds in higher or adult education
- Young people not in education

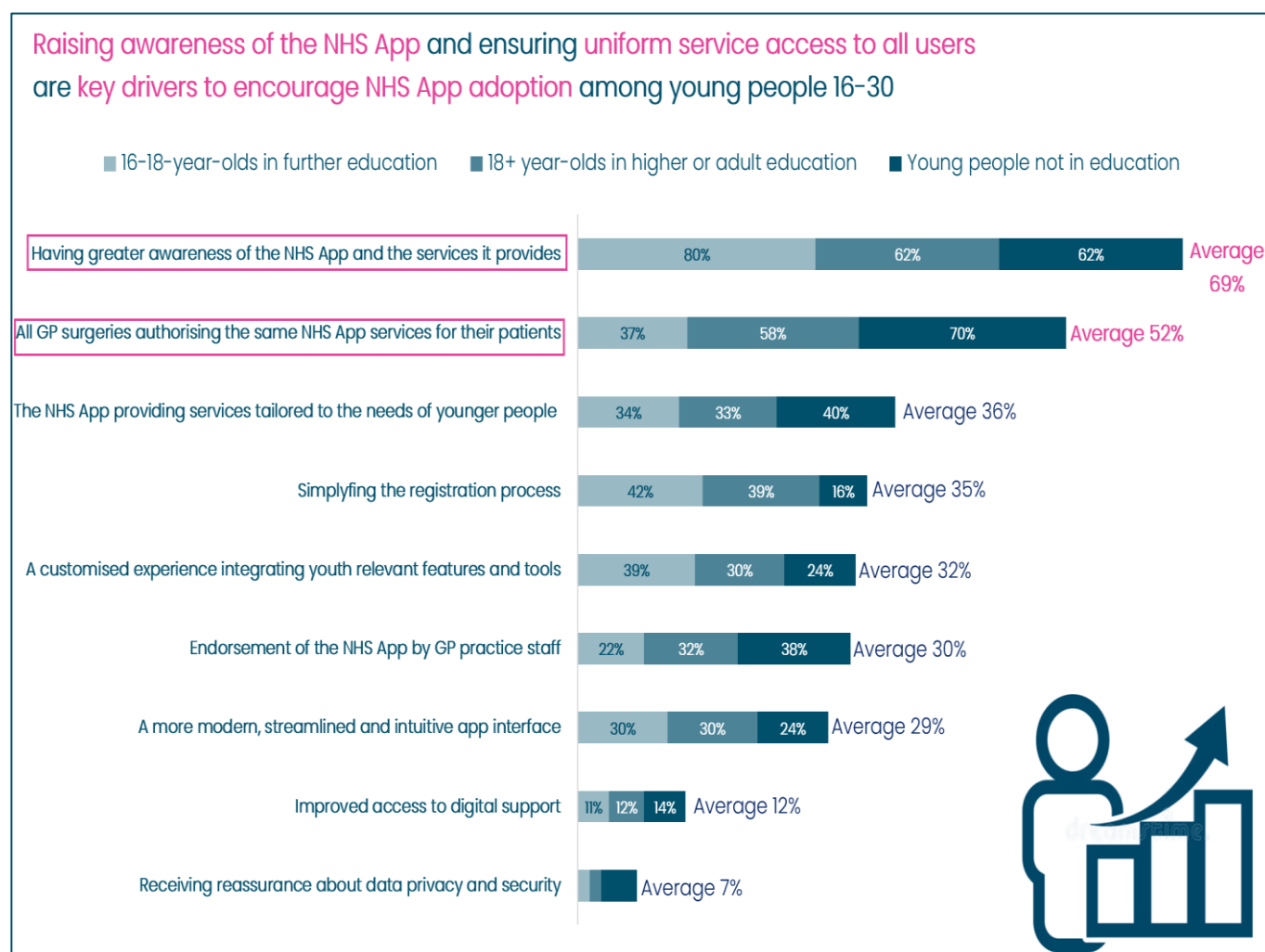|	16-18-year-olds in further education	18+ year-olds in higher or adult education	Young people not in education	
Having greater awareness of the NHS App and the services it provides	80%	62%	62%	Average 69%
All GP surgeries authorising the same NHS App services for their patients	37%	58%	70%	Average 52%
The NHS App providing services tailored to the needs of younger people	34%	33%	40%	Average 36%
Simplyfing the registration process	42%	39%	16%	Average 35%
A customised experience integrating youth relevant features and tools	39%	30%	24%	Average 32%
Endorsement of the NHS App by GP practice staff	22%	32%	38%	Average 30%
A more modern, streamlined and intuitive app interface	30%	30%	24%	Average 29%
Improved access to digital support	11%	12%	14%	Average 12%
Receiving reassurance about data privacy and security				Average 7%

Figure 12. Responses from young people to the question: What do you think would encourage you or other people 16-30 to use the NHS App?

Boosting the adoption of the NHS App among young people aged 16-30 is crucial for ensuring that this digital tool becomes a central part of their healthcare management.

This section explores key drivers and strategies to enhance engagement with the NHS App within this demographic. It highlights effective methods for increasing awareness, ensuring universal and consistent access to all NHS App services, as well as improving the user experience to meet the specific needs and preferences of this age group.

Raising awareness of the NHS App

"I'd say having greater awareness of the features
[is an incentive for adopting the NHS App].
Before today, I didn't really know much of what could be done
apart from booking appointments and getting a prescription.
But it's like you can book jabs, look at your health record, check your symptoms..."

As shown in Figure 12, **approximately 70% (146 out of 213) of the young people who responded to our survey believed that increasing awareness of the NHS App — its features and benefits to users — was the most significant factor in encouraging more 16–30-year-olds to register for and use the application.** This sentiment was slightly stronger among those in further education, who may engage less frequently with healthcare services and rely more on parents or traditional communication.

Our findings suggest that raising the profile of the NHS App among young people requires a targeted approach that aligns with how they prefer to consume information, and the type of messaging that resonates with them. Approximately **30% (63 out of 213) of 16-30-year-olds believed that professional endorsement has a key role to play in raising the profile of the NHS App**.

Raising awareness through professional endorsement and NHS led initiatives

Recommendation from healthcare professionals during consultations	54%
GP practices to invite patients to register on their 16th birthday	50%
Demonstrations in educational settings from digital outreach teams	44%
Social media videos	36%
Distribution of posters and flyers in youth-oriented spaces	35%

Figure 13. Graph showing responses to the question: What would be the best way to recommend the NHS App to young people?

As illustrated in Figure 13, young people felt that effective strategies for promoting the app should be driven by professional endorsement and NHS led initiatives.

"There needs to be a push from healthcare [professionals] to recommend the use the NHS App" as this would foster greater engagement by leveraging the trust young people already place in healthcare professionals.

Around 50% (107 out of 213 respondents) reported that a **personal recommendation from their GP, nurse, or pharmacist would carry more weight than simply reading about the NHS App on promotional materials**. It would also provide reassurance about the digital tool's relevance, authenticity and safety.

"Having your doctor, pharmacist, that one person you trust recommend [the NHS App] to you directly is more effective than reading about it."

Ensuring that **young patients are formally invited by their GP practice to register for the NHS App as they approach their sixteenth birthday** could further boost awareness and engagement according to half of young people 16-30. A personalised letter or email, much like the invitation to register to vote as they turn 18, could serve as a significant milestone in their healthcare journey. This would help normalise the app as an essential tool for managing health, while offering clear guidance on registration and features.

For 44% (94) of 16-30-year-olds, most significantly among those still in education, effective engagement with this demographic to raise awareness of the NHS App could also take the form of **tailored presentations and live demonstrations in schools, colleges, and universities**.

Young people in this age group consistently highlighted the importance of health education in empowering them to take charge of their own wellbeing. They suggested that educational institutions host assemblies, workshops, and freshers' fairs that not only raise awareness of the NHS App and its benefits but also offer hands-on guidance to help students confidently download, set up, and use the NHS App. This could present a valuable opportunity for NHS digital outreach teams to partner with education providers and boost uptake among 16–18-year-olds.

"I think that the NHS needs to go to schools and universities
to show young people
what the NHS App has to offer
and how to set it up to get more engagement."

Finally, around 35% (74) of young people 16-30 stressed the importance of **expanding the reach of promotional efforts for the NHS App to enhance awareness and engagement**.

While 16-18-year-olds found the existing posters we showed them clear and well-designed, they emphasised that limited exposure to these promotional materials was the main issue and *"there needs to be a lot more, and in more locations"*. They recommended **placing posters more strategically and distributing flyers in everyday youth spaces** where they spend a lot of time such as schools, colleges, and universities.

Social areas and corridors in these settings are especially high-traffic areas, as are toilets. *"The back of bathroom doors is a great place to get your attention"*, an effective and commonly used strategy for delivering health-related messages.

Other spaces suggested by young people to broaden visibility included public transport, libraries, sports and social clubs, shopping centres, and other communal environments outside of traditional healthcare settings.

"I think the posters are fine as they are.
But you need to put them on the bus,
in communal places like libraries
or even go to school, colleges and universities."
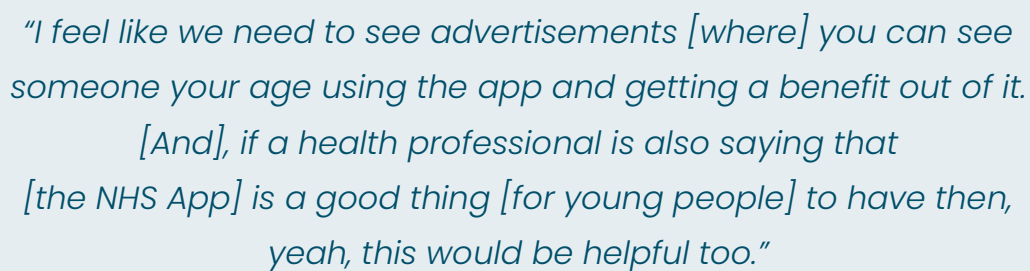
When promoting the NHS App through digital screens in surgeries, the feedback from people 16-30 suggested that **clear, no-nonsense messaging focused on the platform's offer and tangible benefits to users**, rather than overly stylised imagery, would be most effective in promoting the platform. As one young person explained "What do users want? They want to book appointments quickly and efficiently without having to wait on the phone. So, if [the advertisement] is about the fact you can book appointments on the NHS App, I would just say, 'Avoid the queues on the phone. Book appointments on the app.'"

Rather than relying solely on still images featured on posters, digital screens in GP practices, or social media platforms like Facebook or Instagram, the young people aged 16-30 we spoke to believed that **video testimonials would be much more effective in raising awareness of the NHS App's features and building trust.**

"I don't feel like images are the right type of advertisement.
It's not visually exciting
and it only says like three of the many features.
A video advert on your phone [would]
explain a lot more and [would] be more helpful."

They added that videos are consumed abundantly by their age group, and they encourage interaction through likes, comments, and shares, significantly amplifying the message's exposure and reach. 16-30-year-olds in our study also believed in the value of the NHS posting videos that are engaging and capable of delivering essential information quickly, using clear and accessible language. To enhance credibility, they suggested featuring **testimonials from young people who have personally benefited from the NHS App, alongside endorsements from healthcare professionals**, ensuring the message resonates authentically with the target audience.

> *"I feel like we need to see advertisements [where] you can see someone your age using the app and getting a benefit out of it. [And], if a health professional is also saying that [the NHS App] is a good thing [for young people] to have then, yeah, this would be helpful too."*

Together, these insights suggest that raising awareness of the NHS App among 16–30-year-olds requires a multifaceted strategy. From trusted professional recommendations and in-school outreach to engaging peer-led content, the young people in our study were clear: awareness must be rooted in the ways they already consume and trust information.

A more uniform service access to all NHS App users

Just over 50% (110 out of 213) of young people aged 16 to 30, and up to 70% (35 out of 50) among those at the older end of this group who typically need to access healthcare more frequently, highlighted **the need for more consistent integration between the NHS App and GP practices**. This consistency was seen as essential for building trust and encouraging wider adoption as *"what is going to trigger more [young] people to get and use the app is the fact that they can successfully do what they want to do on it"*.

Our respondents said that, if all GP practices enabled the same NHS App features to their patients, it would create **a more predictable and seamless experience, reducing confusion and disappointment**. Standardising access across GP practices could also

help tackle digital inequalities, making the app a more effective and trusted tool for managing healthcare.

"I don't actually think that people need that much motivation to download [the NHS App] because health is important. But I think that the NHS App fulfilling its promises and delivering a more universal experience, is [what matters]."

Importantly, **16-30-year-olds cautioned against promotional campaigns that are not supported by reliable service delivery.** Users are quick to disengage when promised features aren't available to them due to inconsistent GP integration.

"There is no point in running a nationwide campaign if, when people want to use [the NHS App], their GP surgery goes, "Well, actually, you can't [access that service.]"

"Personally, if I saw advertisement [about booking GP appointments], downloaded the NHS App and then realised I actually couldn't book an appointment, I'd probably delete it."

The provision of a more satisfactory user experience

"It doesn't need to be all singing and dancing but I know I'm expecting more [from the NHS App] than this. There could definitely be a better user experience."

Simplifying the registration process is a crucial first step toward a more satisfactory user experience, as identified in our survey by around 35% (74 out of 213) of young people aged 16–30. Streamlining sign-up, while maintaining robust security, could significantly encourage this group to begin engaging with the NHS App.

Once past registration, 16-30-year-olds generally found the NHS App to be functional after some initial exploration. However, they thought that some aspects of the interface and navigation still reflect some of the common challenges in public sector digital platforms. As one young user said, *"The NHS App looks very much like a government [platform]. It feels so serious and daunting using it. It just kind of needs a facelift, really, and to be more streamlined"*.

"*Enhanced design and features to improve user experience, making resources and materials as accessible as possible and easy to understand, would be an incentive to use the NHS App"*. While a complete overhaul may not be realistic, around 30% (61) of young people told us that **modernising the design to be more intuitive, visually engaging, and accessible from the outset could further reduce barriers,** build confidence, and promote more consistent use. They suggested a few small improvements to help users find information more quickly such as adding a search bar, using tabs and drop-down menus, breaking up text clearly and including visual icons.

> *"[Navigating the NHS App] would be easier if, on the homepage, you [could] have frequently used tabs for the features you regularly need so you're not having to dig through a jungle of boxes and text. Also, you could have a search function."*

In addition, 32% (69) young people aged 16-30 told us that a **personalised user experience,** based on factors such as age, gender identity and personal interests, could encourage them to use the NHS App more. This could mean providing **youth-relevant information, features and tools that are relevant to their needs and preferences**.

> *"When we go on social media, [we receive] personalised content bespoke to us. [The NHS App] also needs to tailor content to its users. A lot of people my age would be interested in health and well-being rather than maybe repeat prescriptions and managing health issues."*

For the young people in our study, the **focus should shift toward proactive wellbeing and preventive care**, moving away from chronic health management. The NHS App could support this by **signposting** relevant support organisations and offering **tailored self-help resources** on topics like fitness, nutrition, mental health and wellbeing, sexual health, parenting for first-time parents and travel vaccinations.

Integrating health education content into the NHS App could boost engagement by helping young people aged 16–30 feel more confident managing their healthcare. A dedicated "NHS 101" section could explain *"how to use NHS services, what to expect at GP appointments and how referrals work [because managing] health can be quite stressful"*. A simple glossary of medical terms (*"You're being referred to haematology. What on earth does that mean? I've never even heard that word before"*) would ease anxiety, while videos, interactive guides, and infographics would make health information easier to understand and more engaging.

16-30-year-olds may also be more likely to engage with the NHS App if it provides **discreet, direct access to professional services.** Many told us that they find it intimidating to call and book appointments, particularly **for sensitive issues like sexual or mental health.** Allowing direct bookings through the NHS App could encourage early action, build confidence and help young people to take control of their health in a safe and nonjudgemental way.

"Could you access sexual health or mental health clinic appointments via the NHS App? It is intimidating ringing up to book an appointment for something sensitive like that."

Young people suggested that adding **health and lifestyle tracking tools** could also make the NHS App more appealing. Features like symptom tracking and integration with fitness devices (e.g. Fitbit or Apple Watch) would help centralise their health data, support healthy habits, and make it easier to share information with clinicians for better, more efficient appointments.

> *"[Being able to] track symptoms and things like anxiety scores, your sleep or your weight might encourage you to use the NHS App more, see changes which you can show your GP when you have appointments."*

Finally, our research indicates that **personalised reminders** in the NHS App could further boost uptake among young adults by promoting proactive health management. **Push notifications** for vaccinations, appointments or medication would keep them on track. Customisable prompts for medication and appointments would improve adherence. By offering tailored self-care tools, the NHS App could become an essential, everyday tool for the management of young people's health.

> *"I often forget to preorder my medication, let alone taking my medication daily... [The NHS App offering] medication tracking together with some push notifications to remind me [to] take it could be useful. Same with appointments and reminders to take a sample with you, that sort of thing."*

In summary – drivers for engagement of 16-30 year-olds with the NHS App

In summary, our findings suggest that boosting adoption of the NHS App among 16-30-year-olds requires a focused and synergistic approach on awareness, accessibility, and user experience. Raising awareness through trusted endorsements, as well as outreach initiatives in schools and universities, will help young people recognise the app's value. Ensuring consistent service availability across GP practices is key to building trust and reducing frustration. Additionally, simplifying the registration process, improving the NHS app's design for ease of use, and offering personalised features and tools will enhance user engagement.

Use and experience of the NHS App among people 65 years old and older

Uptake and adoption of the NHS App among people 65 and over

Around 60% of people 65+ who are not digitally confident
have little of no awareness of the NHS App or are not registered

■ All survey respondents ■ Respondents who were not digitally confident

	All survey respondents	Respondents who were not digitally confident
Regular user of the NHS App	50%	6%
Infrequent user of the NHS App	16%	13%
Registered but not able to use the NHS App	4%	8%
Aware but unsure if registered	5%	15%
Aware of the NHS App but not registered to use	17%	27%
No or litlle awareness of the NHS App	7%	31%

Among the people who were aware of the NHS App but not registered to use:

50% had no desire to register for the NHS App

30% were thinking about registering at some point in the future
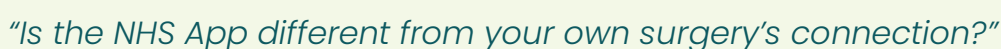
20% had not successfully completed the registration process

Figure 14. Awareness and use of the NHS App among people 65+ who participated in our survey.
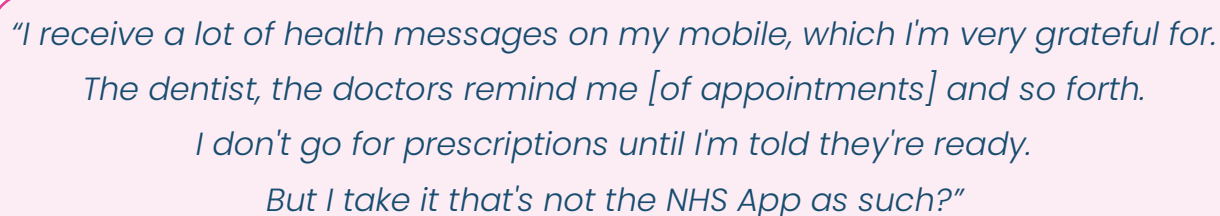
Figure 14 shows that awareness (93%, 586) and use (66%, 421) of the NHS App were relatively high among survey respondents aged 65 and older. This may reflect the fact that survey participants in this age group were already digitally engaged or interested in digital health; notably, four in five described themselves as confident internet users.

However, based on 48 responses, awareness and usage were significantly lower among respondents aged 65+ who lacked digital confidence. Fifteen (31%) in this group were unfamiliar with the NHS App, and a similar proportion (13) had heard of it but were not registered. Among them, six individuals had no intention of signing up, four were considering it, and three said they wanted to use the app but had not successfully managed to complete the registration process.

Additionally, 7 (15%) respondents with lower digital confidence were unsure whether they had registered for the NHS App at all. Our focus group discussions hinted at some confusion between the NHS App and the now-defunct NHS COVID-19 Track and Trace App (discontinued in April 2023). Other participants were uncertain about which digital tools they were using to access healthcare:
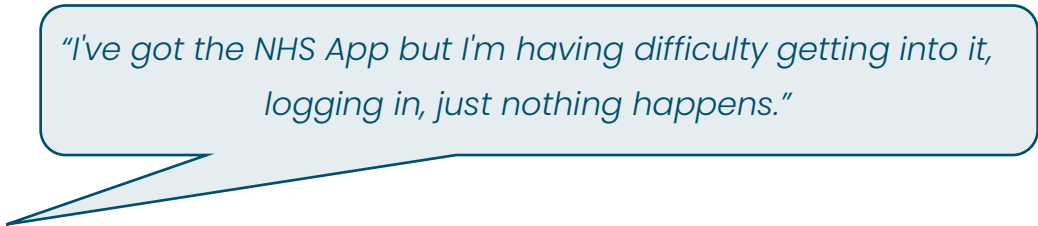
"Is the NHS App different from your own surgery's connection?"

"I receive a lot of health messages on my mobile, which I'm very grateful for.
The dentist, the doctors remind me [of appointments] and so forth.
I don't go for prescriptions until I'm told they're ready.
But I take it that's not the NHS App as such?"

Four respondents with limited digital skills reported they were registered but unable to use the NHS App on their mobile devices. The main barriers were difficulties logging in and navigating the app:

"I've got the NHS App but I'm having difficulty getting into it,
logging in, just nothing happens."

"When my husband and I try to use [the NHS App] on a tablet or on the phone, it just doesn't seem to want to work and it's a new phone! It's one of these posh things that I don't really understand..."

Among the 48 respondents aged 65+ with lower levels of digital literacy, only 3 (6%) used the app regularly and 6 (13%) occasionally. As one participant put it:

"I put the NHS App on when we had Covid for the QR code sort of thing, but I haven't really used the app since."

Access to health services and information on the NHS App

People 65+ predominently use the NHS App to:
- Manage repeat prescriptions, vaccination and specialist appointments
- View their GP health records and test results

■ All survey respondents ■ Respondents who were not digitally confident

Management of repeat prescriptions	58%	44%
Viewing of GP health record	74%	22%
Viewing of test results	68%	22%
Management of vaccination appointments	60%	22%
Management of hospital referrals and appointments	44%	
Management of GP surgery appointments	26%	
Browsing of NHS health and medicine information	26%	
Decisions about organ donation and use of data	14%	11%
Assessing the need for urgent medical care with NHS 111 online	8%	11%
Accessed the NHS App for someone else	10%	

Figure 15. Percentage responses from people 65+ to the question: Which services have you used on the NHS App in the last twelve months?

Around 90% (396 out of 448) registered NHS App users 65+ in our study accessed the platform within the last twelve months. Figure 15 shows that the most common uses included viewing GP health records (74%, 292) and test results (68%, 268), as well as managing vaccination appointments (60%, 236) and repeat prescriptions (58%, 230).

"I use the NHS App to order repeat prescription or view my health record and test results as my GP surgery doesn't communicate if they come back okay."

"I can access my injection history and book appointments both for Covid and flu."

Nearly 45% (173) of NHS App users who accessed it in the twelve months prior to the survey used it to manage hospital referrals, while 26% (102) used it to book GP appointments or browse health and medicine information. Fewer respondents reported using the app to register organ donation decisions or manage the use of their health data for research.

"There is a lot of health and medicine information on the NHS App if I need it."

Access to the NHS App was slightly less widespread among users with limited digital confidence, with 9 in 13 registered users engaging with the application over the same period. For this group, managing repeat prescriptions was the most common use ahead of all other features.

"I don't use it that much, mostly for ordering prescriptions. But, I mean, it's there if I want to check records and blood results."

Benefits of using the NHS App according to people 65+

Based on responses from 394 survey respondents, **around 60% (238) people aged 65 and over identified easy and convenient access to health information and services, including during weekends and after-hours, as a key benefit of using the NHS App**

(Figure 16). This mirrors our findings with younger respondents 16-30, who also valued the convenience of round-the-clock access to healthcare.

Older users especially appreciated being able to avoid long waits on the phone or in physical queues (50%, 197%), and many (35%, 137), highlighted that the app reduced the need to travel to their GP surgery or pharmacy — a major advantage over traditional methods of accessing care.
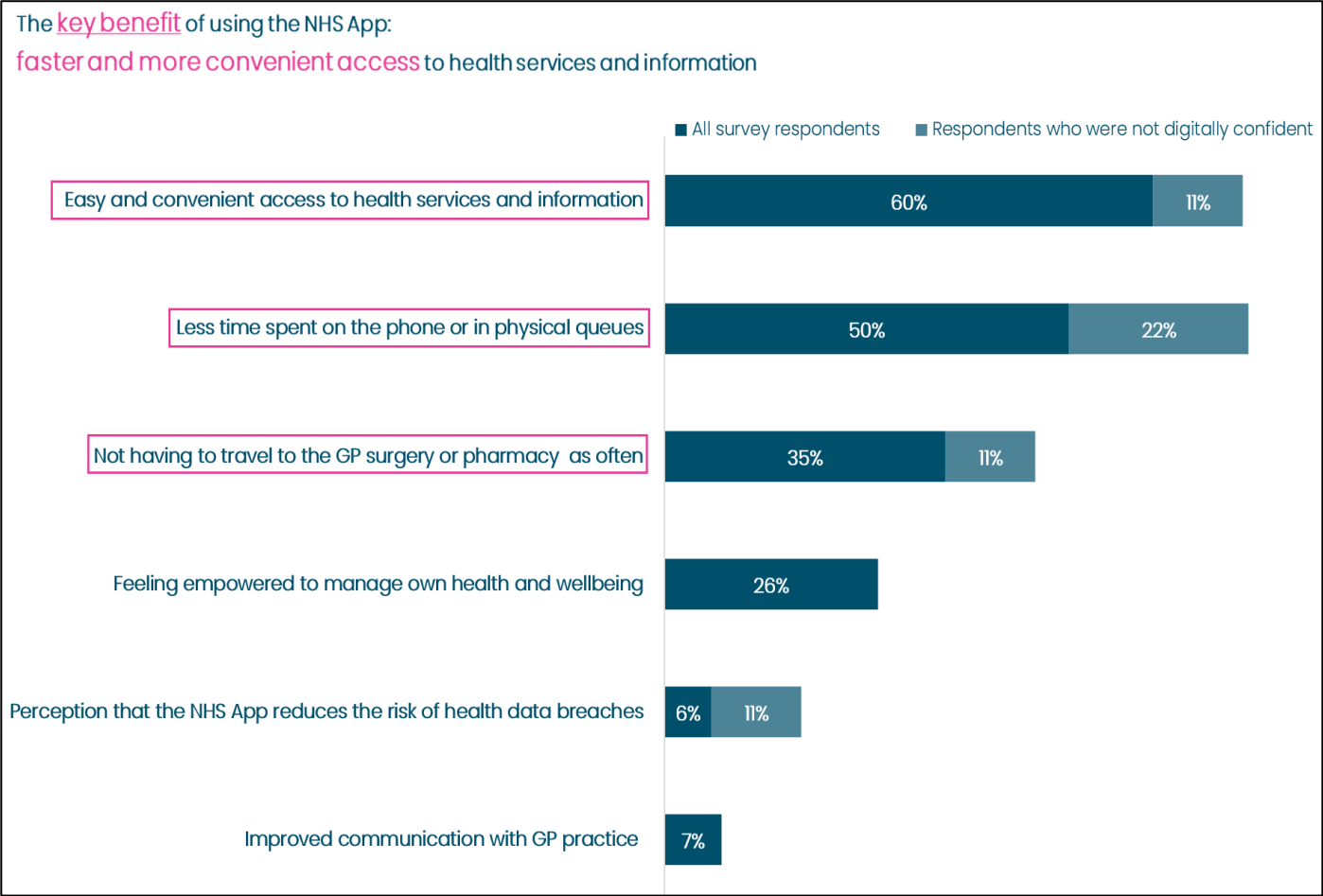

The key benefit of using the NHS App:
faster and more convenient access to health services and information

■ All survey respondents   ■ Respondents who were not digitally confident

	All survey respondents	Respondents who were not digitally confident
Easy and convenient access to health services and information	60%	11%
Less time spent on the phone or in physical queues	50%	22%
Not having to travel to the GP surgery or pharmacy as often	35%	11%
Feeling empowered to manage own health and wellbeing	26%	
Perception that the NHS App reduces the risk of health data breaches	6%	11%
Improved communication with GP practice	7%	

Figure 16. Percentage responses from people 65+ to the question: How do you personally benefit from using the NHS App?

Of the nine respondents with lower digital literacy who answered the question, only five felt they benefited from the app — primarily thanks to the time saved and the convenience it offered.

"I use it to order my prescriptions, which I find very useful because I don't have to trundle down to the doctors".

> *"I should think it probably takes me less time [on the NHS App] than trying to get through to somebody physically or on the telephone."*

Beyond convenience, **26% (104 out of 394) reported a range of empowering benefits from using the NHS App.** Some appreciated being able to access their test results and comprehensive health information, which helped them to come to appointments informed and better prepared to discuss treatment options. Others said they used the NHS App to check that their concerns had been recorded accurately by their GP, and that agreed actions, such as referrals, had been followed up. This gave users both more control over managing their own health and greater confidence in the continuity and the quality of their care.
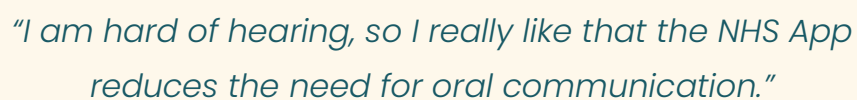
> *"I get to see test results go on [the NHS App]. Then I do some research before I go in for the [follow-up] appointment. I'm ready for when they [doctors] bring up [treatment options]. I find that very useful."*

> *"I can check my GP record to see if the doctor understands my issues and if he follows up with referrals as agreed."*

Sharing access to personal health records with family members was also seen as beneficial, as it helped them better understand the nature of their loved ones' health conditions and support their ongoing care needs.

> *"I like to show my GP record to my partner and other family members to enable them to better understand and help with any health conditions I may have."*

Finally, **the NHS App helped bridge communication gaps for users who found traditional contact methods challenging.** This included those who feel anxious about long call wait times or struggle to explain their concerns over the phone. For others, such as people with hearing impairments, the app provided a more accessible alternative to verbal communication.

"I am hard of hearing, so I really like that the NHS App reduces the need for oral communication."

While most people in our study recognised clear benefits to using the NHS App, **around 20% (77) users questioned its usefulness**. Some commented that their GP practices had limited or disabled certain features, most notably the appointment booking option . Others explained that the information held in their health records was sometimes incomplete. This perceived lack of system integration across NHS digital services undermined their trust in the platform and reduced its value.

"Since my GP does not offer online booking of appointments, the app is of limited value."

"No benefit as the information held [is] incomplete. I'm confused by the fact that some documents I can access and others I cannot, for instance, consultants' letters to the GP."

Collectively, these insights demonstrate that, while the NHS App has strong potential, its benefits are not felt by everyone. For older adults who are open to using digital tools, these limitations can be frustrating and lead to reduced engagement over time.

Barriers stopping people 65 and over from adopting the NHS App

While the NHS App is positioned as a key digital tool for accessing healthcare, its adoption among people aged 65 and over remains limited for some. To understand why, we explored the underlying barriers to engagement in this group — not as isolated issues, but as part of a wider, interconnected landscape of entrenched habits, attitudes and challenges.

In the following section, we review key factors limiting NHS App adoption among this age group —from a strong preference for in-person access to healthcare to limited

digital skills and confidence, lack of support, and low awareness - highlighting how these issues often combine to reinforce digital exclusion.
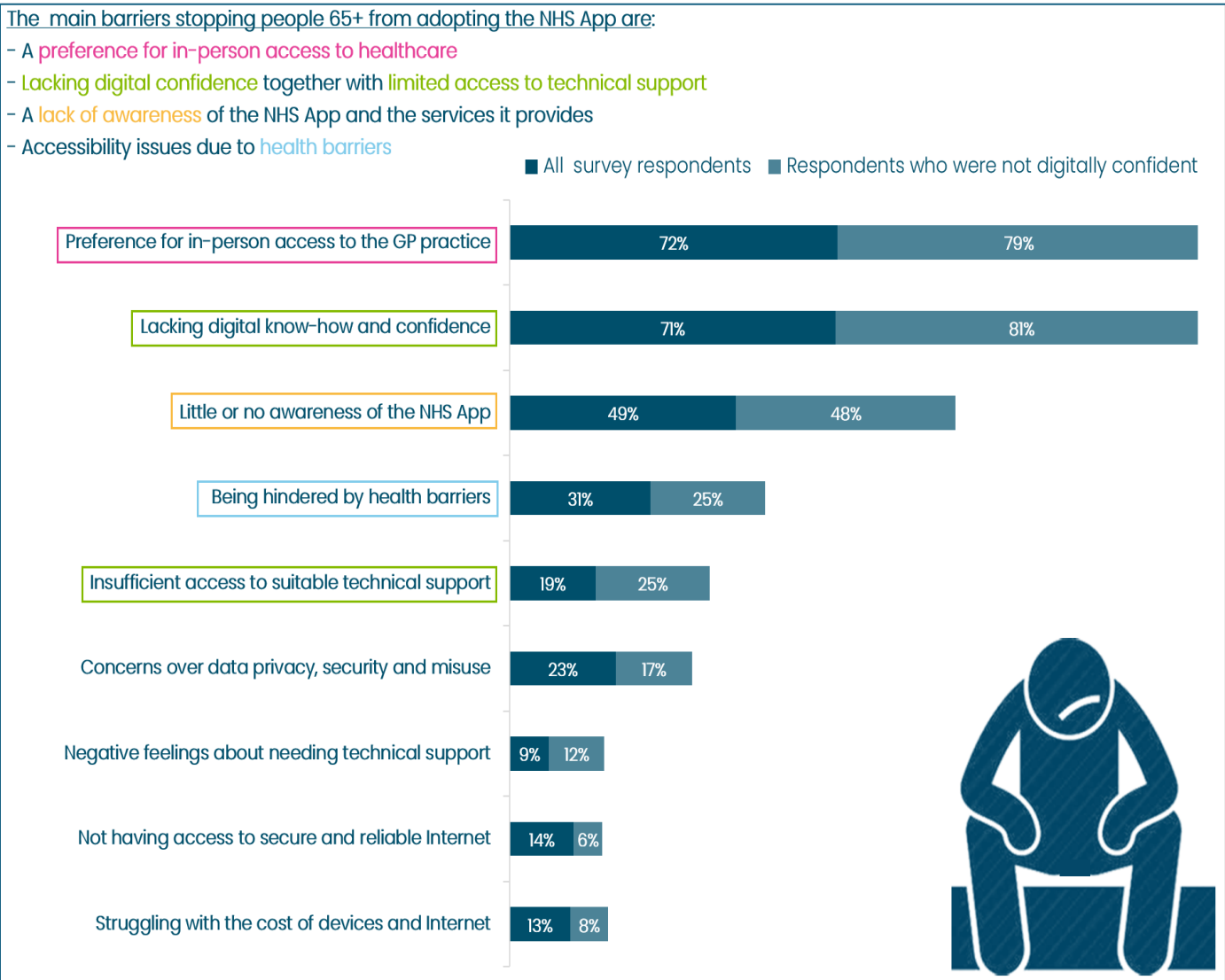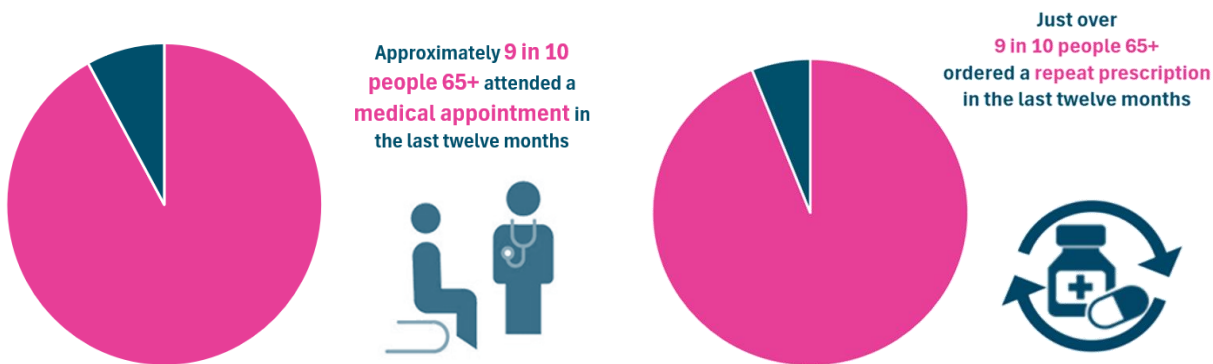
The main barriers stopping people 65+ from adopting the NHS App are:
- A preference for in-person access to healthcare
- Lacking digital confidence together with limited access to technical support
- A lack of awareness of the NHS App and the services it provides
- Accessibility issues due to health barriers

■ All survey respondents ■ Respondents who were not digitally confident

	All survey respondents	Respondents who were not digitally confident
Preference for in-person access to the GP practice	72%	79%
Lacking digital know-how and confidence	71%	81%
Little or no awareness of the NHS App	49%	48%
Being hindered by health barriers	31%	25%
Insufficient access to suitable technical support	19%	25%
Concerns over data privacy, security and misuse	23%	17%
Negative feelings about needing technical support	9%	12%
Not having access to secure and reliable Internet	14%	6%
Struggling with the cost of devices and Internet	13%	8%

Figure 17. Percentage responses to the question: What do you think is stopping you or other people aged 65 and over from using the NHS App?

Preference for in-person access to healthcare

Approximately **9 in 10 people 65+ attended a medical appointment** in the last twelve months

Just over **9 in 10 people 65+ ordered a repeat prescription** in the last twelve months

Health and Care services were among the public services most frequently accessed online by people 65+

Health and Care: 86%
Government GOV.UK: 86%
Local Councils: 74%
HM Revenue and Customs: 46%
Department for Work and Pensions: 40%
Education: 6%

… but nearly 9 in 10 among those who were not digitally confident felt negatively about having to access public services online

Legend: All survey respondents / Respondents who were not digitally confident

Very positive: 17% / 2%
Fairly positive: 28% / 2%
Neither positive nor negative: 22% / 8%
Fairly negative: 20% / 31%
Very negative: 13% / 56%

Figure 18. Percentage responses to the questions:

1. Which public services have you accessed online in the last six months?
2. How do you feel about people being expected to access public services online, including healthcare?

In our study, approximately **90% (583 out of 632) people aged 65 and over reported attending at least one medical appointment, and ordering repeat prescriptions in the past twelve months**, highlighting their ongoing engagement with healthcare services.

During the same period, based on 70 answers, 52 (86%) of survey respondents accessed health and care services online (four in five were confident internet users). However, **those with limited digital confidence expressed overwhelmingly negative feelings about the growing reliance on online access to public services, including healthcare** (Figure 18).

Unsurprisingly, our data shows that **calling the GP practice remains the preferred method for booking medical appointments** among older adults with limited digital skills, with 28 out of 47 (60%) choosing this option. A further 13 people (27%) prefer to visit the practice in person and speak to a receptionist. Even among those with higher levels of digital confidence, 45% (266) still opt to arrange appointments by phone rather than using their GP practice website or the NHS App (Figure 19). This preference may stem from habit but also from the fact that some GP practices require patients to call to arrange appointments, meaning that there is no option to book online.
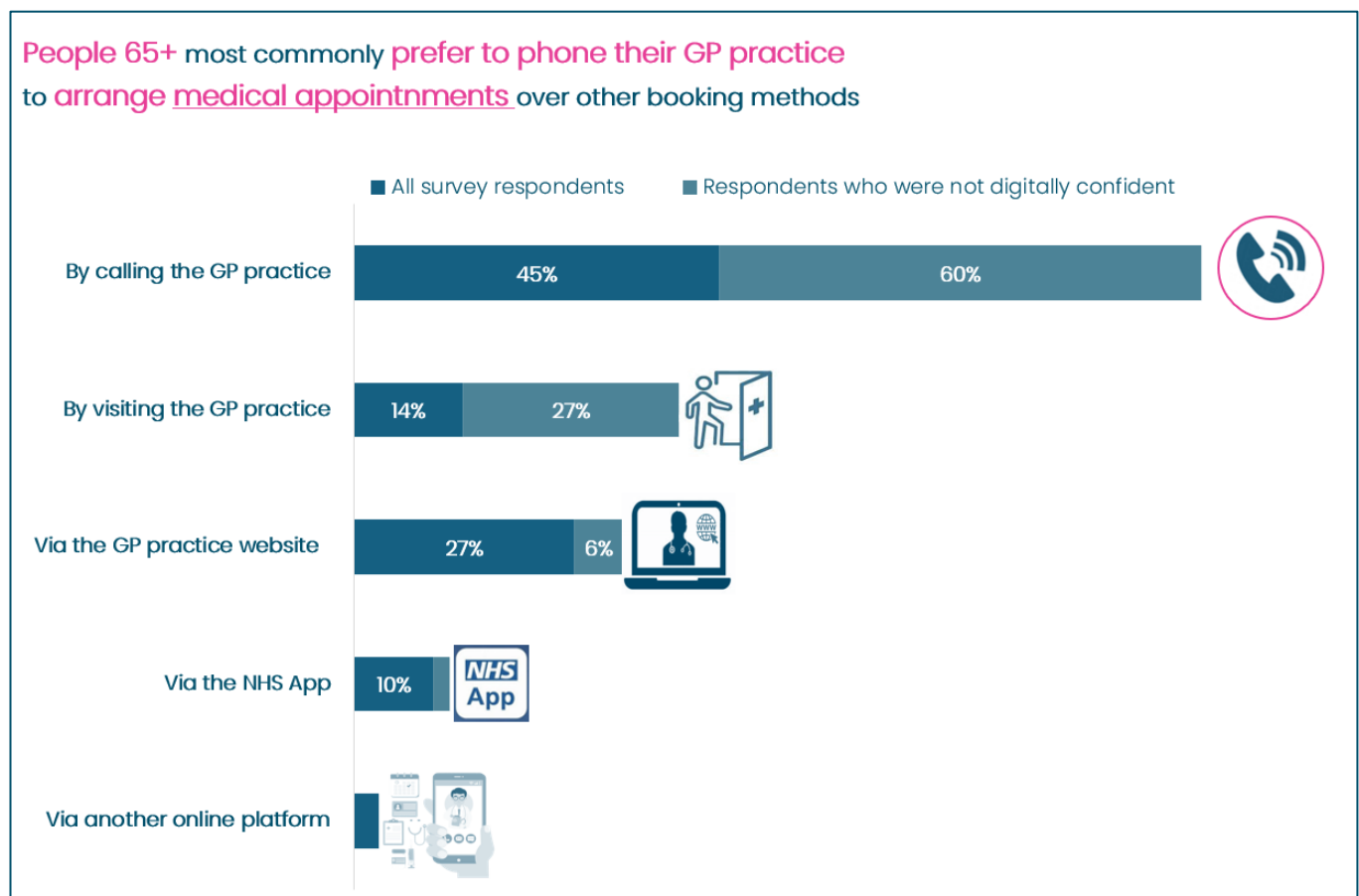
Figure 19. Percentage responses to the question: How have you booked medical appointments in the last twelve months?

That said, our findings show that **online and pharmacy-led repeat prescriptions services are gaining popularity with people 65 and over** (Figure 19). Many who manage long-term conditions or have mobility challenges told us that they particularly value pharmacy support, with one person commenting they were "very grateful that [they] didn't] have to go for prescriptions until [they were] ready." Others appreciated the simplicity of the "one-click" automated process on the NHS App.
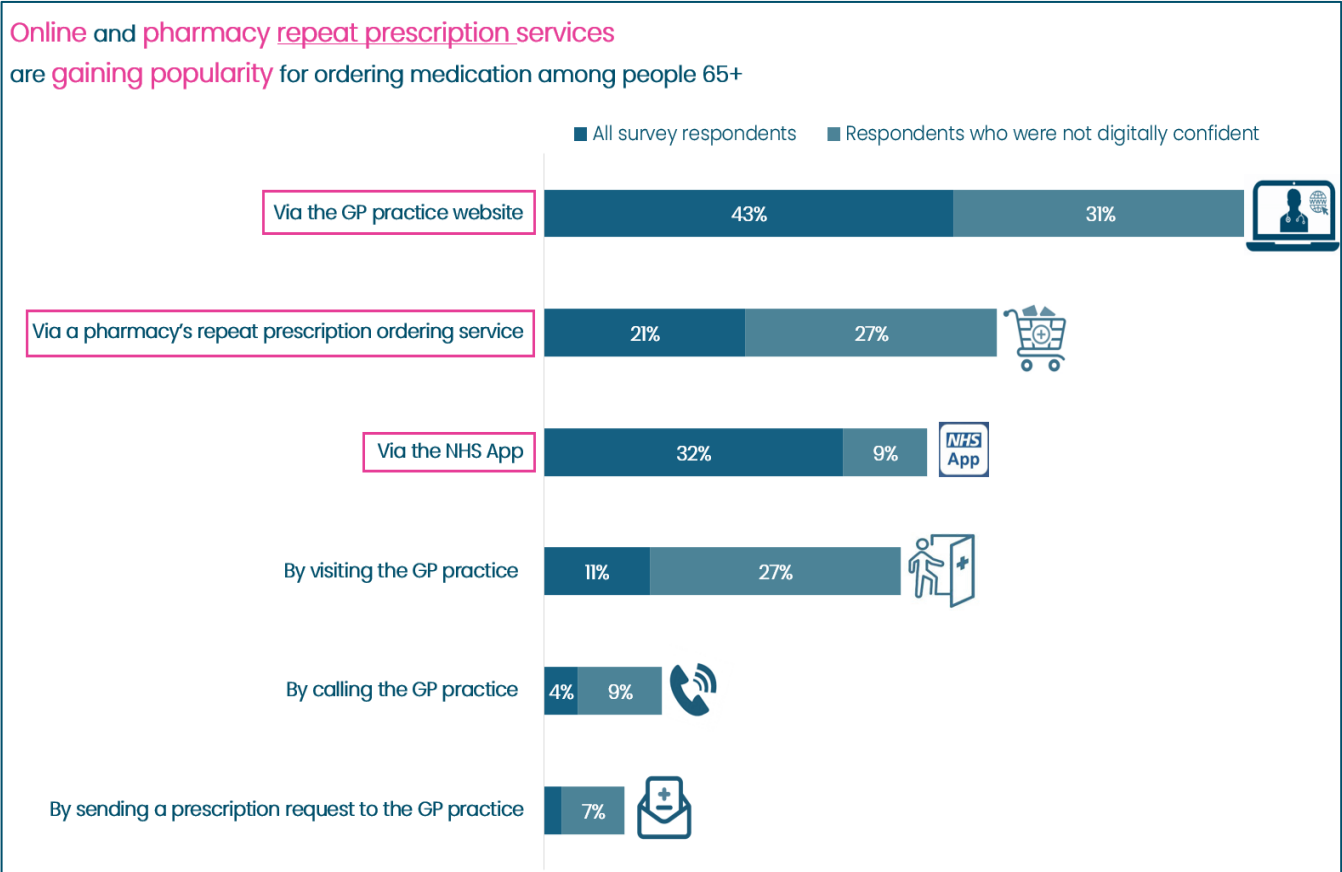
Figure 19. Percentage responses to the question: How have you ordered repeat prescriptions in the last twelve months?

So why did 70% (452 out of 632) of respondents aged 65 and over — rising to 38 out of 48 (80%) among those with limited digital skills — identify **a preference for in-person access to healthcare as one of the main barriers to adopting the NHS App**?"

Many in that age group said that **accessing healthcare through in-person visits or phone calls feels second nature**, something they have done all their lives, and which still feels like **the most familiar and reliable way to get support**. Personal interactions were seen as **offering reassurance, clarity, and a sense of being truly heard** — qualities participants often deemed lacking with the NHS App, which might feel impersonal or transactional by

comparison. For some, especially those living alone, in-person contact also offered **meaningful social interaction**.

> *"I could do a lot more than I do [with the NHS App] but it's convenient at the moment to carry on like I have always done."*

> *"Well, I see what [the NHS App] offers but many of the things [it provides], I'm quite happy to go and talk to [the GP practice or pharmacy] about. I value face-to-face communication."*

In addition to comfort, some people 65+ pointed to **practical limitations of the NHS App in meeting their everyday needs** as a reason for their preference for face-to-face or phone contact with their GP practice. One focus group participant explained that he couldn't book a joint vaccination appointment for himself and his wife through the app, a task that was easily handled by speaking to a receptionist at the GP surgery. Another described the symptom checker as confusing, with unclear or multiple outcomes. In contrast, they felt in-person conversations provided more tailored advice and peace of mind.

> *"If you're checking [your symptoms] on the NHS App to see if you need urgent help, it gives you several answers as to what [the problem] could be. [Is] this helpful? No. Face-to-face is good."*

Others, particularly those who had lived most of their lives without digital technology, expressed **little interest in learning to use the NHS App. With familiar, traditional ways of contacting their GP practice or pharmacy still available**, many saw **no reason to change longstanding habits**. For these people, a lack of perceived need — rather than resistance to technology itself — meant there was little motivation to engage with the NHS App.

"[Some elderly people] have lived happily without technology for years. So, they are not interested, not interested at all."

"Someone I know well won't use his mobile phone. Fortunately, he lives about 300 yards away from his GP surgery so if he wants anything he just walks."

But perhaps more importantly, we found that for some people aged 65 and over, **switching to digital access to healthcare felt alienating**. Several participants described the shift as potentially exclusionary, voicing concerns about being left behind in a world moving increasingly online.

"I just don't want to be left behind."

"The [NHS App] does segregate part of the population who cannot for all the reasons use it."

Others voiced more serious concerns about what this transition means for those unable to navigate digital tools at all:

"My elderly neighbour said, oh well, that's it... I can't manage [to access healthcare online]. I'll just have to stay at home and die."

These reflections show that **preference for in-person access to healthcare services might not be just about comfort or habit, it could also be connected to real concerns about digital confidence and exclusion.**

While some older adults simply prefer in-person access to healthcare, others face deeper barriers due to limited digital skills or confidence, which we explore in the next section.

Lacking digital know-how and confidence

*"[Most] people of our generation didn't grow up with computers.
Whereas the youngsters trust [the Internet]
and do everything they like with [electronic devices],
we are still star tracking.
It's a bit out of the realms of possibility so to speak."*

A lack of digital skills and confidence was cited as another major barrier to engaging with the NHS App by 70% (449 out of 632) of all survey participants aged 65 and over, rising to 39 in 48 (81%) for respondents with lower levels of digital competence.

Our findings suggest that for many people in this age group the **discomfort and even fear** associated with technology are deeply ingrained, and act as a psychological barrier to engaging with the NHS App. For some, even the language associated with digital health services can be unfamiliar or intimidating, triggering immediate resistance before even exploring what the NHS App has to offer.

*"The word app is actually an alarm call that says don't go there!
Computer language is off-putting, just alien."*

*"I'm a member of the WI committee and
we are trying to raise awareness [of the NHS App].
But it's a mental block, they don't want it. [...] It's quite instant.
Even [when] we're trying to help them.
That's literally it, it winds them up straight away."*

Many people aged 65 and over in our study described technology as overwhelming, ever-changing, and difficult to keep up with. **The perceived complexity of digital health tools made the prospect of learning new digital skills seem daunting — sometimes**

even insurmountable. As one focus group participant put it, *"you can't always teach an old dog new tricks."* For some, this sentiment led to a conscious decision to opt out of registering for the NHS App altogether, choosing instead to prioritise comfort, familiarity, and the enjoyment of retirement over the perceived stress and effort required to upskill.

"Life's too short…
All I want is to enjoy my retirement years
without the stress and the worry of having to learn new skills."

"Nothing could make me want to use the NHS App.
It would be such a source of anxiety.
My family have tried to teach me, but I just [couldn't] do it."

People 65+ also reported that **a lack of digital confidence or understanding heightened concerns around data privacy and security** (13%, 146). Uncertain about how their health data was stored, protected, or shared, they often assumed the worst and felt vulnerable to misuse. This uncertainty fuelled fears of scams, privacy breaches, and unauthorised third-party access. Even though overall trust in the NHS remains strong, some people felt powerless and exposed—undermining their willingness to engage with the NHS App.

"The criminals, for want of a better word, are getting better at their jobs
and the people who are trying to safeguard [the data] aren't keeping up […].
So there's always that little bit of niggle in your mind…!"

"I asked my doctor about a referral to a gym.
The next day I got an email from a gym that wanted me to pay £300 a year.
And I'm thinking how did that happen?
Is it a coincidence? I don't think it is…"

Less digitally confident people 65+ are less likely to engage with connected technology

■ All survey respondents   ■ Respondents who were not digitally confident

Landline	73% / 88%	
Basic mobile phone	10% / 27%	
Smartphone	89% / 60%	
Tablet	65% / 33%	
Computer	78% / 48%	
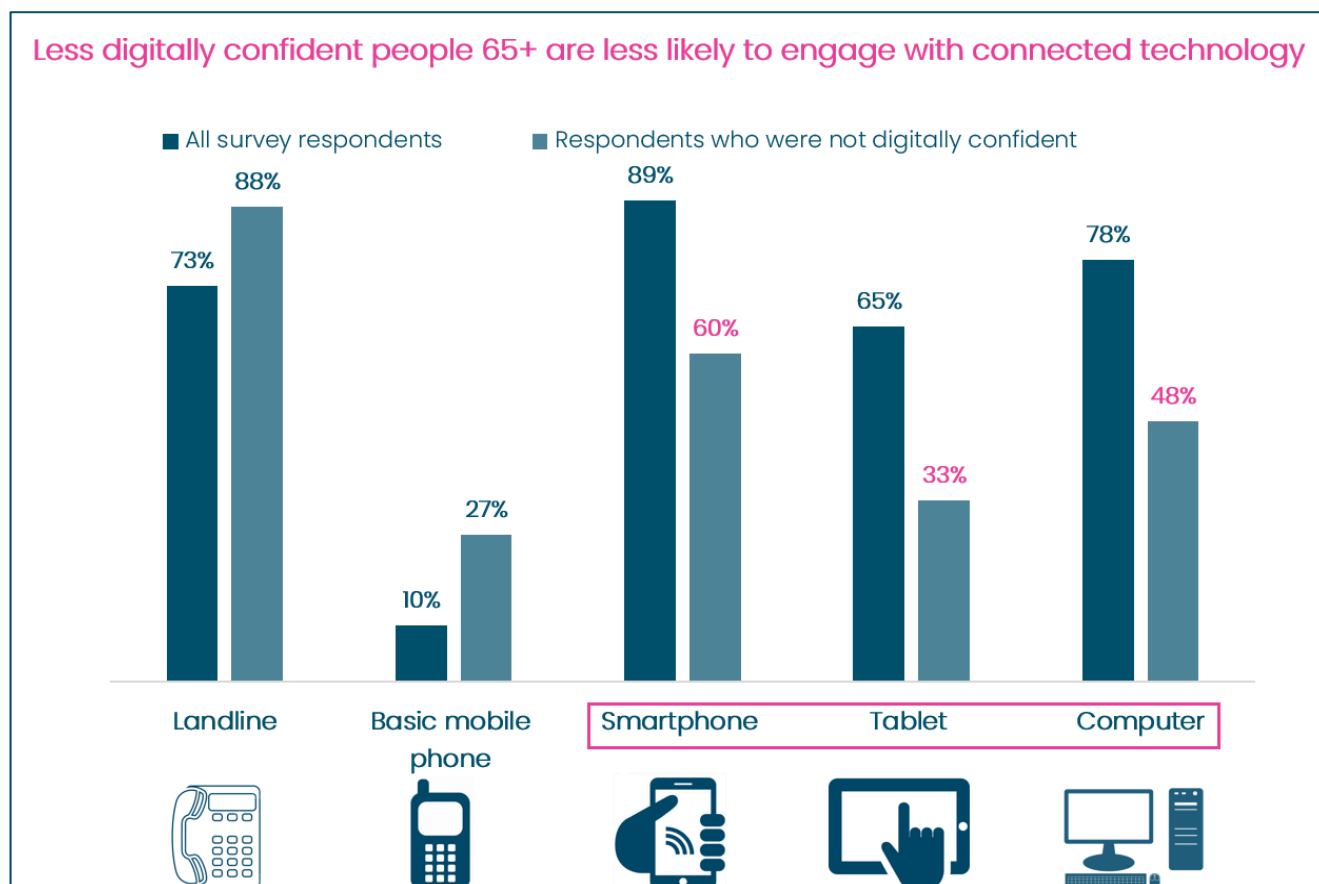
Figure 20. Percentage responses to the question: Which of the following devices do you own or have regular access to?

Our findings suggest that, for some people aged 65 and over, **discomfort with technology extended beyond attitudes and resulted in practical difficulties accessing connected technology**. As shown in Figure 20, older adults with limited digital confidence were significantly less likely than their more digitally confident peers to own or regularly use smartphones, tablets, or computers - the primary devices for accessing the NHS App. These disparities reflect a broader digital divide, where limited access to technology and digital skills not only reduce engagement with the NHS App but also contribute to challenges with registering for and navigating the platform.

Despite 69% (308 out of 444) of registered users 65+ - four in five of whom were confident internet users – finding the **NHS App registration process** relatively straightforward, **half of those with less digital skills** (6 in 12 who answered the question) **faced specific challenges when trying to sign up** (Figure 21).

Registration for the NHS App seen as **difficult for 5 in 10 people 65+ lacking digital skills**

■ All survey respondents ■ Respondents who are not digitally confident

	All survey respondents	Respondents who are not digitally confident
Very difficult	3%	8%
Fairly difficult	11%	42%
Neither simple nor difficult	16%	42%
Fairly simple	37%	
Very simple	32%	8%
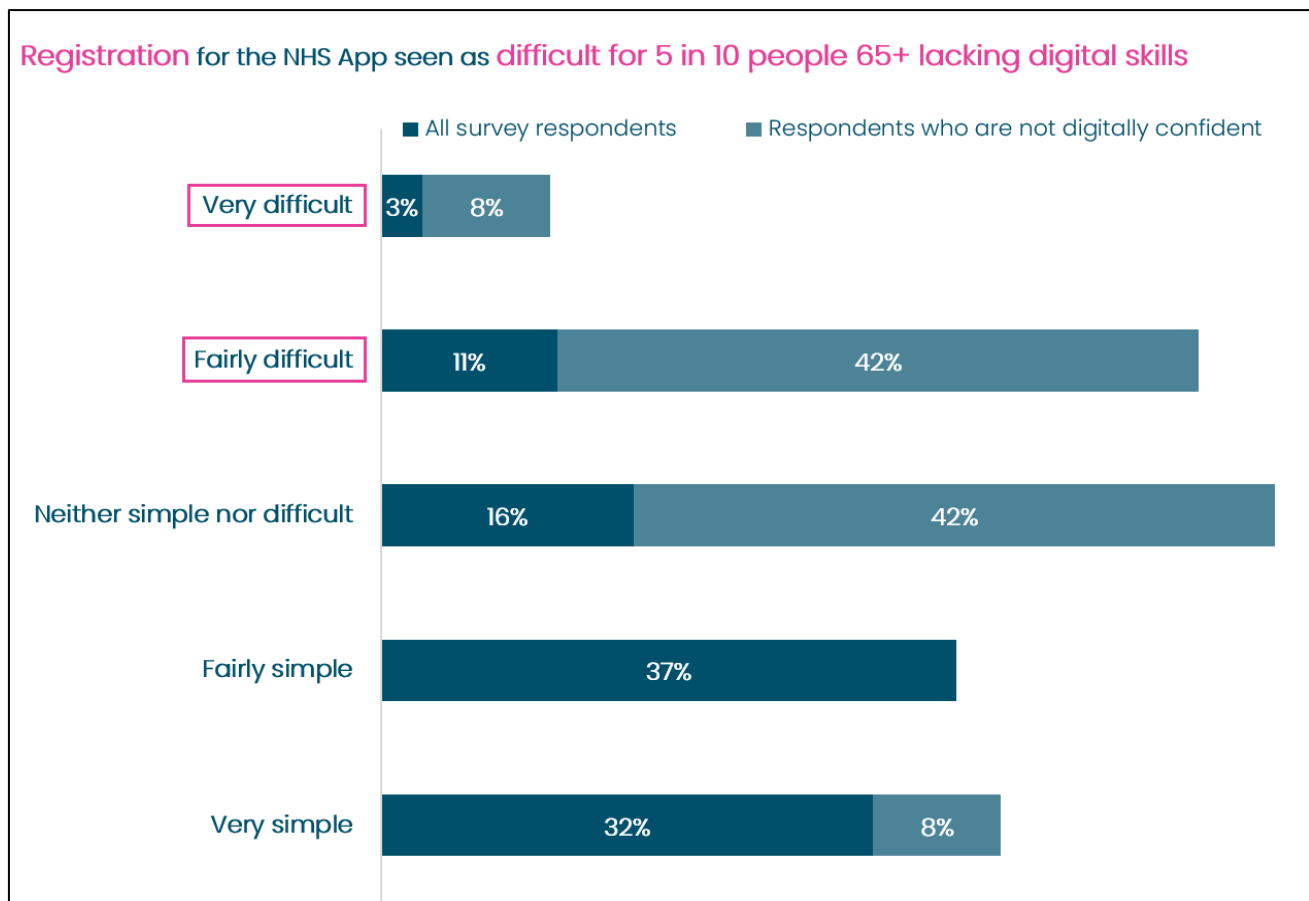
Figure 21. Percentage responses to the question: How did you find the overall registration process?

Participants in our focus groups reported difficulties with **installing the NHS App** on their phones, as well as **navigating the two-factor authentication process**. They felt that the teams who developed the *"Getting started with the NHS App"* guidance did not fully consider the limited technical understanding of older adults. **Instructions often assumed a reasonable level of digital literacy**, using terms like *download the app*, *upload photographs*, or *read QR codes* – language that many found unfamiliar and hard to follow. As one person put it, the guidance was *"preaching to the converted."*

> *"[Step] one, open the App store or Google Play. What's Google playing? Straight away, with that first step, you've lost many people already. I'm saying you need to understand the [technical] jargon."*

> *"[Instructions for the registration process] say that you have to take a photograph of your ID. I know how to take a photo with my phone but then what? I wouldn't know what to do with that."*

Navigation of the NHS App seen as **difficult for 6 in 10 people 65+ lacking digital skills**

Legend: ■ All survey respondents   ■ Respondents who are not digitally confident

Response	All survey respondents	Respondents who are not digitally confident
Very difficult	3%	17%
Fairly difficult	6%	42%
Neither simple nor difficult	22%	42%
Fairly simple	37%	
Very simple	30%	
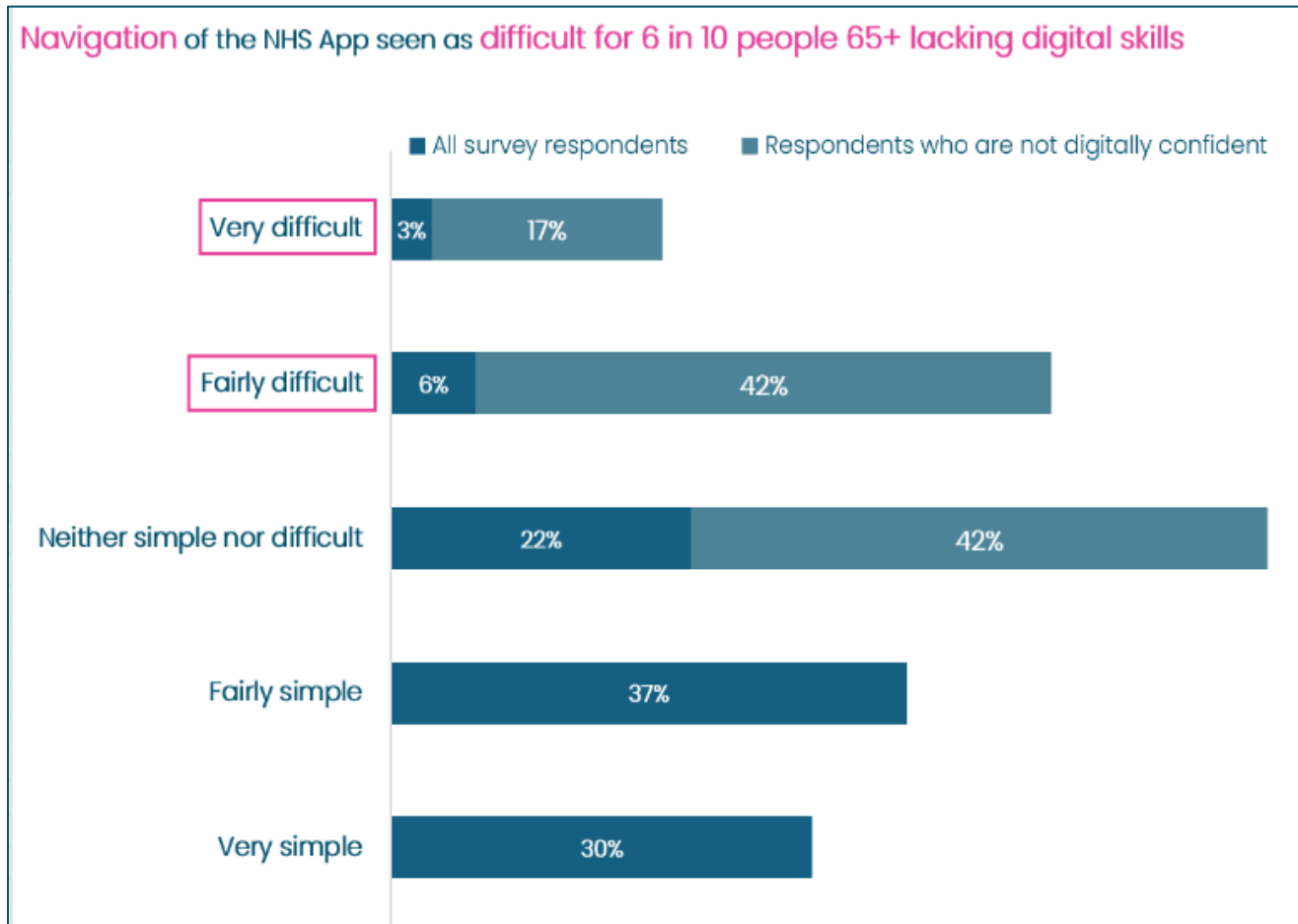
Figure 22. Percentage responses to the question: How do you find using the NHs App?

Once registered, navigating the NHS App proved difficult for 7 of the 12 less digitally confident people who responded to the question, further reinforcing the sense of confusion and frustration they experienced during the registration process (Figure 22). They cited challenges in understanding and finding many features.

> "[The NHS App] is probably like the washing machine syndrome:
> It's all whistles and bells, has 37 programmes
> and I only use three of them...
> Leaving aside the technically aware people
> who know where and how to look for stuff
> [the various services and information provided by the NHS App]
> the rest of us have no real clue as to what it does and where it is."

For some, navigating the NHS App was further complicated by age-related cognitive decline, as well as sensory and physical limitations. Reflecting these challenges, approximately 19% (9 out of 47) of respondents with low digital confidence reported a sensory impairment, and 34% (16 out of 47) reported a physical impairment - both roughly twice the rates seen among all survey respondents. As one person stated, *"only a small proportion of visually impaired people will have a desire to access computer equipment"* in the first place, and the NHS App's text-heavy layout was seen as an additional hurdle. Similarly, people with fine motor skills challenges reported struggling with the navigation of the NHS App, expressing that their *"health barriers affect their confidence to engage with [it]".*

> "I've got the NHS App but [the writing] is too small on the phone".

> "I know quite a few elderly with arthritis,
> they can't do it [navigating the NHS App on a smartphone],
> and they can't help it."

Very few people seemed aware of accessibility features available on their smartphones, tablets and computers. Instead, they told us they were forced to navigate the NHS App as best they could with makeshift adjustments, and this was another potential deterrent from adopting the NHS App.

> *"You can stretch your screen but then the trouble is you're moving it about."*

These frustrations created a cycle of disengagement, where a lack of skills led to failed or stressful encounters with the NHS App, reinforcing feelings of inadequacy and fuelling reluctance to try again. For some, this culminated in a deliberate decision to disengage entirely, choosing instead to rely on familiar, non-digital routes to healthcare, reinforcing a cycle of exclusion.

Limited access to appropriate technical support

Insufficient access to suitable technical support emerged as a key barrier to adopting the NHS App, reported by approximately 20% (118 out of 632) survey respondents aged 65 and over.

A lack of digital skills and confidence not only makes it difficult for older adults to use the NHS App, but it also seems to **create an emotional barrier to seeking help.**

Even those 65+ who were otherwise proficient with online activities – such as banking or shopping – reported feeling demoralised when they struggled with the NHS App. As one participant stated, "*I can go shopping online, book hotels and holidays... but I just can't get into the [NHS] App at all.*" This frustration often led to a reluctance to ask for help, with many embarrassed or too proud to reach out for assistance.

> *"My friend is an intelligent person, but he won't ask [for support]. There is an element of embarrassment and pride... "*

While most of the people 65+ we talked to were aware that online support existed for registering and navigating the NHS App, those with limited digital skills found it inaccessible or off-putting. There was **widespread uncertainty about where to find in-person support,** and many were unaware of local initiatives such as Digital Health Hubs or tech-help sessions help in GP surgeries and libraries.

Printed guidance materials were also unfamiliar to most, with participants saying they had never seen them displayed or offered during GP visits. Limited access to surgeries further reduced opportunities to come across these resources, leaving **many unsure where to turn for practical, face-to-face assistance**.

"You can't get a [doctor's] appointment very often so you don't actually get into the surgery. Therefore, you don't have access to information [about support initiatives and resources]."

"I don't think my surgery runs anything like this . There's nowhere to go and get help. "

"[If I had known about NHS App paper guides], I would've looked for them in the doctor's surgery but it's never been there, that's for sure."

As a result, older adults with limited digital skills reported that **relying on family and friends had become an unavoidable necessity** when having to use the NHS App. However, many felt this placed **an unnecessary burden on their loved ones**.

This dependence often left them feeling uncomfortable, as it involved sharing personal, and sometimes embarrassing, health details. Additionally, participants told us that their tech-savvy relatives and friends often lacked the patience to teach them how to use the NHS App, opting instead to complete tasks on their behalf. This approach did little to build their confidence:

"You just feel inadequate… When you ask them [family and friends] to show you what to do, they'll do it for you because you have too many questions."

Altogether these findings suggest that for many older adults 65+, limited access to appropriate technical support - whether due to a lack of awareness, availability, or approachability - exacerbates existing digital barriers to engagement with the NHS

App. In the absence of easily accessible and trusted sources of assistance, many continue to rely on informal networks, which often reinforces feelings of inadequacy.

Lack of awareness as a barrier to NHS App adoption

"I would say the number one barrier is lack of awareness."

Lack of awareness was **identified as a key barrier to NHS App adoption among people aged 65 and over by nearly 50% (312) of all 632 survey respondents**. While more frequent users were generally familiar with its core features, such as booking appointments, ordering repeat prescriptions, or viewing test results, many people 65 and over were unaware that these services existed, or even that the NHS App itself was available.

"I'm unclear about the prescriptions.
So, you can order [them] on the NHS App?"

For some of our focus group participants, it was the first time they had discussed or even heard much about the NHS App. Others commented that, despite the frequent need to access healthcare services, the NHS App was **rarely a topic of everyday conversation** in their peer groups.

Very few people recalled ever seeing any promotional materials for the NHS App in GP surgeries, pharmacies, libraries, or other public settings. Even where branded materials – such as posters or small display items - were present, they were rarely noticed or found impactful. Without engaging messaging that explains what the NHS App is and how it can benefit users, these materials were seen as ineffective.

"This shouldn't have been the first time that we saw these posters.
If you want to promote the NHS App then it's not going very well..."

"At the doctor's surgery they had these bobble heads with the NHS App on them.
So they're there but if people don't know what it's about, it won't make a difference."

Figure 23. Three examples of NHS App promotional posters.

> *"[These posters] don't shout at me.*
> *They don't say come and read me,*
> *I have got something important to say,*
> *and you need this*
> *like those Kitchener posters from years ago."*

We asked focus group participants for their feedback on three NHS App promotional posters: one generic poster advertising several features available on the NHS App, and two others specifically promoting the repeat prescription ordering service and access to GP health records. **Although most people appreciated the clear headings and the posters' "bright and cheerful" colours, those with vision impairments commented that there was insufficient contrast between the text and background, and that the font size used for additional information was too small.** As on person put it, *"I have eyesight problems, I cannot read certain colours on certain backgrounds [...] and the writing is too small. I think it is a [common] problem for a lot of people of my age"*.

For the people in our study who were digitally confident, the image of a disconnected hand holding a mobile phone, along with signposting to a QR code were unremarkable. However, **for those with less technical confidence, or without a mobile phone, this proved *"frightening and disempowering",* creating a barrier rather than helpful**

prompts. As some persons shared, *"a lot of people in our age group aren't going to know what to do with QR codes, they haven't got a clue"*, and *"many are not comfortable using them because of concerns [about scams]".* Others suggested that the posters might be more *"relatable and motivating"* if *"they told you what you would gain from using [the NHS App] rather than just telling you what it does"* and depicted people from the target *audience "who can identify with what they are trying to say."*

In conclusion, lack of awareness remains a significant barrier to NHS App adoption among older adults, primarily due to the limited visibility of promotional posters in community spaces frequently visited by this demographic. While some people aged 65 and over recognised the clear messaging of existing materials, others found the posters difficult to read and unrelatable. To address these challenges, more targeted and accessible promotional materials are needed, featuring user-friendly designs and messaging that resonates with the specific needs of older adults.

In summary - barriers to engagement with the NHs App among people 65 and over

Our findings suggest that, for people aged 65 and over, barriers to adopting the NHS App are complex and deeply interconnected. Many in this demographic group mentioned that they prefer in-person access and phone-based interactions, which they associate with familiarity, reassurance, and emotional connection - qualities lacking in digital health tools.

Another key barrier was people's limited digital confidence and skills. Many older adults seemed to find it difficult to install, register for, and navigate the NHS App. Their difficulties were often made worse by physical, sensory, and cognitive limitations. Many people 65+ seemed unaware of where to find easily accessible, practical, face-to-face support. Reliance on family for help often left them feeling embarrassed or discouraged, further reducing their willingness to engage with the NHS App.

A lack of awareness of the application and its benefits to users also emerged as a key obstacle to adoption among people 65+. Few had come across engaging promotions, and the NHS App was rarely mentioned in everyday conversations, despite this group being highly engaged with healthcare services.

Together, these barriers create a cycle of digital exclusion for some - where early struggles led to frustration, eroded confidence, and eventual disengagement. Tackling this will require not only improvements to the NHS App user experience, but also a broader and sustained effort to raise awareness and offer ongoing, personalised support.

Drivers for NHS App adoption among people 65 and over

Key drivers to encourage the uptake of the NHS App among people 65+ are:
- Providing reassurance that it will not replace personal contact
- Raising awareness of the NHS App and of the benefits to users
- Providing technical support and a better user experience suited to the needs of older people

	All survey respondents	Respondents who were not digitally confident
Reassurance that the NHS App will not replace personal contact	65%	77%
Greater awareness of the NHS App	41%	42%
Greater access to suitable technical support	35%	46%
More services tailored to the needs of older people	40%	33%
Understanding better the benefits of using the NHS App	38%	33%
Simpler registration and navigation of the NHS App	34%	38%
Receiving reassurance about data privacy and security	19%	17%
More inclusive communication and App navigation	16%	8%
Endorsement of the NHS App by GP practice staff	13%	6%

Figure 24. Percentage responses to the question: What do you think would encourage people 65 and older to use the NHS App?

Reassurance that the NHS App will not replace personal contact

Figure 24 shows that 65% (410 out of 632) of all survey respondents said that **reassurance the NHS App would not replace personal contact when accessing healthcare was the strongest incentive for encouraging people aged 65 and over to engage with the application** - a figure that rose to nearly 80% (37 out of 48) among those with limited digital confidence.

For many in this generation, in-person interactions with their GP surgery have long been at the heart of how they access healthcare, offering trust, clarity, and emotional reassurance. By contrast, The NHS App can feel unfamiliar or impersonal, and some worry it might signal the phasing out of traditional communication methods. However, clear messaging that the NHS App is designed to complement - rather than replace - traditional access to healthcare might help ease these concerns. Reassurance could be key to building trust and encouraging older adults to try the NHS App at a pace that feels comfortable, knowing that the personal connections they value will remain in place.

Better awareness of the NHS App and benefits to users

As also shown in Figure 24, **just over 40% (262) of all survey respondents aged 65 and over believed that increasing awareness of the NHS App is key to persuading more older adults to register and use the application**.

People 65+ told us that **promotional materials for the NHS App need to be more visible and widely distributed than they currently are**, *"[they need to be] spread around everywhere"*. They stressed the importance of going **beyond healthcare settings** and placing posters in everyday communal spaces such as libraries, supermarkets, village and church halls, as well as sports and social clubs popular with this age group.

They believed that people, who haven't yet signed up to the NHS App, may be more likely to engage with it if they encountered posters regularly in familiar locations. Repeated exposure – in places like noticeboards, buses, pharmacy counters or GP waiting rooms - could gradually build curiosity and encourage action. The message

was clear: the more widespread the promotion, the greater the chance of it being noticed.

"Whether it's your GP surgery, a village hall or Tesco's noticeboard, if you saw NHS App posters every time you went somewhere, eventually you're going to look."

"If the NHS poster and guide stood on the pharmacy counter or the GP receptionist's desk, you would pick one up."

In addition to posters and printed guides, people **valued other forms of promotion**. **Professional endorsements** from doctors, nurses and other practice staff were considered especially influential. Many also felt that receiving personalised text messages and paper guides from the NHS, as well as seeing information about the NHS App on their GP's website, would feel more engaging and trustworthy. Others recommended using **traditional and local media** - including television, podcasts and talking newspapers - which they felt were better suited to their generation. As one person observed, *"you have to target the programmes and the media that people our age are using."*

"Hospital radio stations, community radio stations, podcasts and talking newspapers could all be addressing a very targeted audience around Norfolk. [What you need] is three minute interviews or conversations where people are listening for listening sake."

Building on the call for more visible and targeted promotional efforts, it also became apparent that **how promotional materials are designed is just as important as where they appear**. People in our study highlighted the need for clear, accessible, and relatable designs that reflect their experiences and are easy to engage with.

In response, Healthwatch Norfolk developed a prototype poster to address barriers identified by focus group participants - particularly those with sensory and physical impairments or low digital confidence – compared to the official NHS App poster (Figure 25).

Figure 25. Official NHS App generic poster (left) and Healthwatch Norfolk prototype (right).

People with low digital skills responded positively to the prototype poster, with 20 out of 40 respondents (50%) preferring it, 13 (32%) having no preference, and 7 (18%) favouring the official NHS App poster. They appreciated its simple, clear messaging and the way key NHS App features were easy to take in at a glance. The visuals stood out as engaging and relatable in contrast to more technical imagery. Design elements like **high colour contrast** between text and background, as well as **large font size**, were praised for improving readability. More crucially, people 65 and over appreciated the **addition of a local phone number, offering reassurance and an alternative to digital access.** As one respondent commented, *"the inclusion of a phone number to fall back on is good as many older people prefer calling a helpline [for support]"*. Overall, the prototype was seen as more motivating, inclusive, and approachable, making it more likely to appeal to those hesitant to engage with the NHS App.

*"The [prototype poster] is better for motivating
someone of our age to use the [NHS] App.
It is more human and less frightening
for anyone lacking confidence with technology."*

Finally, alongside improving the visibility and design of promotional efforts, **38% (237) people aged 65 and over told us that highlighting the personal and practical benefits of using the NHS App felt like a more meaningful and persuasive message than simply listing its features**. Knowing how the NHS App could make access to healthcare quicker and easier was thought to be a strong motivator to encourage uptake among those who are still hesitant or unsure. As one participant put it, *"What's in it for me as the user?"*, a question that promotional materials should aim to answer.

*"You can't force people…
Somehow, one way or another, [the NHS] needs to
get the message across to the public
that they can perhaps benefit from being on the NHS App."*

*"You're not going to be stuck at the end of a telephone,
have to go to your surgery,
or wait for your results.
It comes down to that."*

Taken together, these findings show that awareness campaigns targeting older adults must go beyond simply informing, they must resonate. Improving the visibility and accessibility of promotion, as well as highlighting personal benefits to users is an important first step is essential to encouraging engagement with the NHS App. Yet for many people aged 65 and over, sustained adoption depends on having access to support that is tailored, trustworthy, and easy to navigate.

Access to support adapted to the needs and preferences of elderly people

Approximately 35% (224) of all 632 survey respondents, and 46% of those with limited digital skills (22 out of 48), identified better **access to practical support as a key factor in potentially increasing uptake and continued use of the NHS App among people aged 65 and over** (Figure 24).
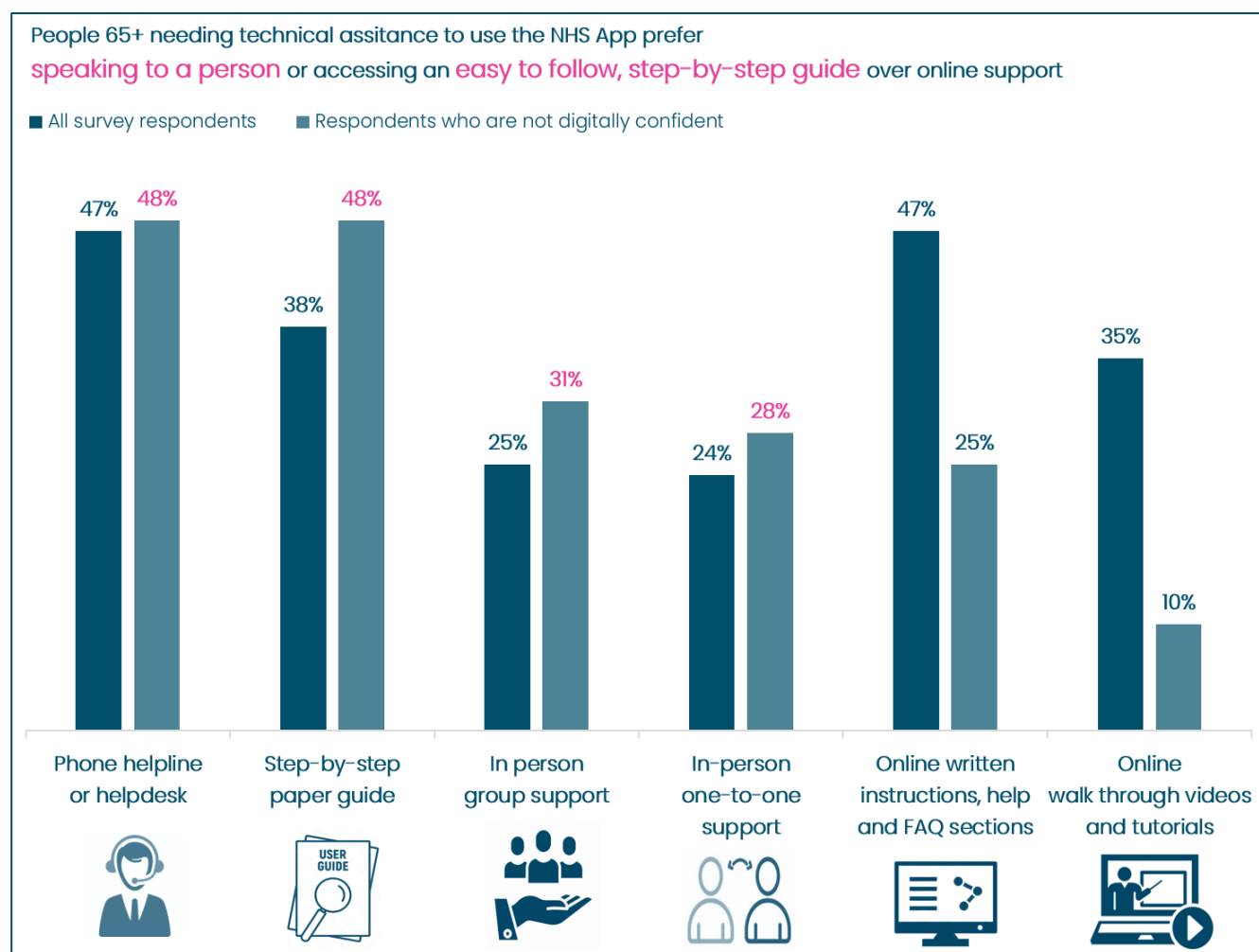
Figure 26. Percentage responses to the question: What forms of support would suit your needs and preferences best?

While help is available through the NHS website (www.nhs.uk/nhs-app-help-and-support/), these resources are not always accessible or suitable for everyone. About half of respondents were comfortable using online instructions, but among those with low digital confidence, this dropped to just one in four (Figure 26).

Older adults, especially those with sensory or physical impairments or cognitive decline, said that printed step-by-step guides would suit their needs better. **These paper**

resources would allow them to take their time and work independently through instructions.

> "Older people have poorer eyesight and reduced manual dexterity. A paper guide which can be referenced at a more leisurely pace would be reassuring for many."

While these leaflets were seen as a helpful starting point, people with low digital know-how and confidence told us that they would be **more likely to engage with the NHS App if the registration guidance avoided technical jargon and included screenshots** clearly showing what to do.

> "Guides must be age-appropriate.
> For most older people, they must include
> screenshots of what to do and where controls are located."

However, even the best-designed written materials can't replace the reassurance of human contact. A few people in our study expressed frustration with chatbots, describing them as confusing - *"offering 40,000 answers to what [your technical problem] could be."* In contrast, **47% (297) of all survey respondents prefer telephone support,** citing the value of immediate clarification and the confidence that comes with speaking to a real person:

> "[What I need is] easy access to a telephone number.
> I do like to have contact with people when I'm struggling with something."

Some focus group participants suggested **real-time support options**, such as a direct helpline or a dedicated button within the app that connects users to support staff as *"when elderly people need support, it is often not immediately available."*

Although many older adults in our study preferred the comfort and convenience of calling a helpline, around 25% (158) also valued the option of **one-to-one or small group sessions.** As one person put it, **"receiving support face-to-face is better"**, offering

reassurance and allowing questions to be answered in real time through a more personal and hands-on approach.

> *"Perhaps the surgery could have training sessions on how to install the NHS App and how to use it, just with a dozen people or so a month. That will be very, very helpful for a lot of people."*

The overall message is clear: accessible and personal support options, not just digital ones, are essential to enabling more older adults to feel confident registering for and using the NHS App.

Over **8 in 10 people** 65+ believe that technical support should be provided by dedicated NHS digital support teams and healthcare professionals in GP practices

The NHS / GP surgeries	84%
Friends or family	42%
Local libraries	29%
Peer support groups	18%
Community centres	15%
Charity organisations	10%
Church groups	3%
Sports and social clubs	1%
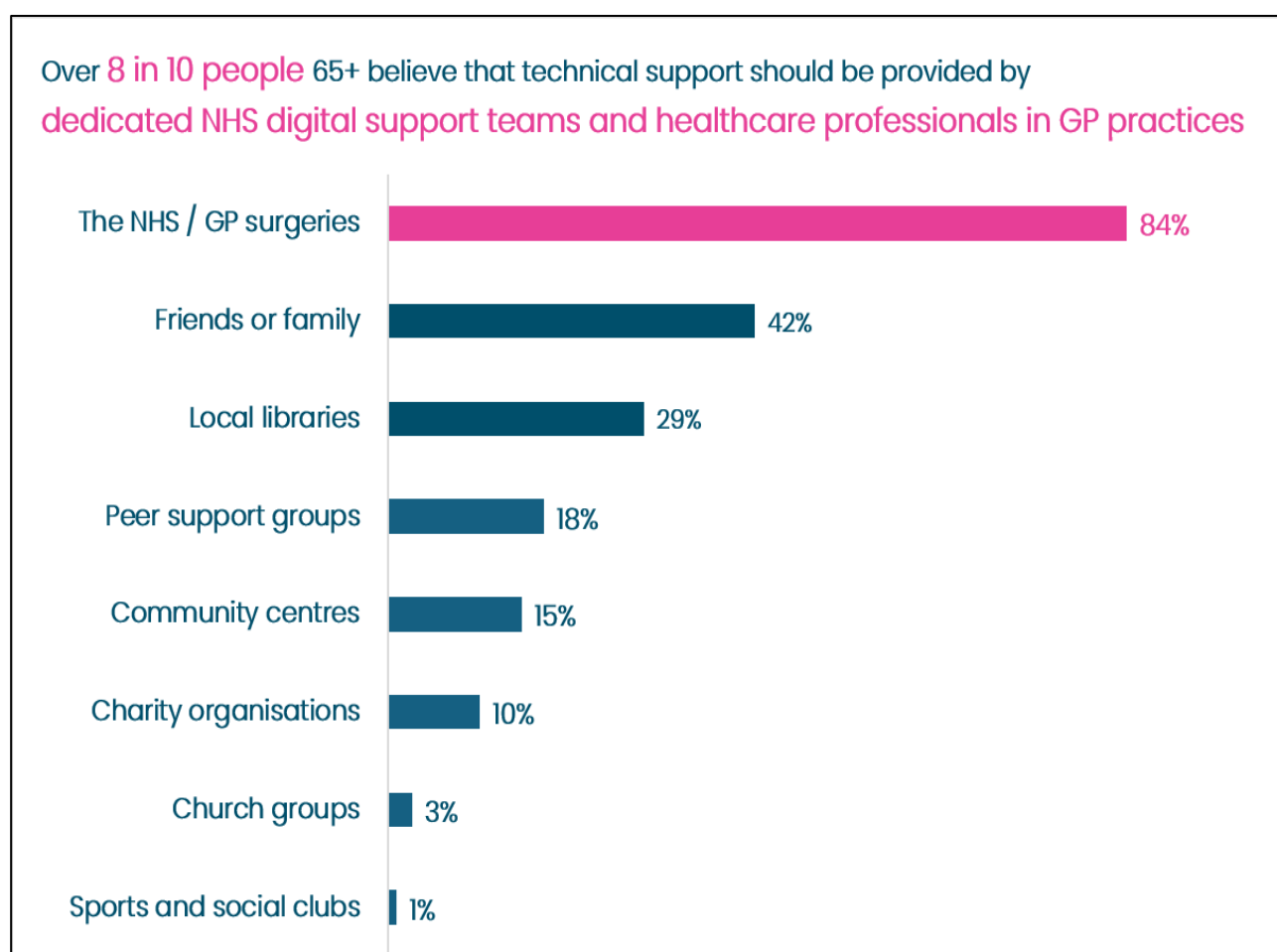
Figure 27. Percentage responses to the question: From whom would you prefer to receive technical support?

Nearly **85% (532 out of 632) of people 65+ said that they would prefer to receive technical support from trusted sources within the healthcare system**, particularly from NHS digital support teams and staff at practices (Figure 27).

Many saw their GP surgery as a trusted, familiar and safe hub for health-related services. They suggested that **GP practices could host regular drop-in sessions where trained staff and volunteers would be available to help patients navigate the NHS App, troubleshoot common issues, and support with setup and access**.

"For our generation the GP surgery is the hub, the place you go to for anything health-related. And so really that's where [support] should be. The surgery, if anywhere, should have an advisor to help you link up with the NHS App."

"What we need is a person at the surgery that has proper knowledge of using the NHS App, and who knows how to rectify registration and access issues."

Libraries were mentioned by around 30% (184) of respondents **as another valuable setting for receiving help.** Many already offer one-to-one or small group support and provide a quiet space with free access to the right equipment.

"In libraries, they have sessions where people can just turn up and say can you tell me how to do this? They can do it for you or guide you to do it yourself."

While formal support was highly valued, **42% (264) of people 65 and over** also reported feeling **comfortable turning to friends and family for help**. As one person noted, *"Any issues I experience that I can't solve myself, I have a grandson!"* For some, this kind of informal support offers a more relaxed and readily available approach to resolving technical issues.

About **20% (112) of all respondents suggested that peer-led support**, delivered by people of a similar age with shared life experiences, **would reduce the fear of being judged or misunderstood.** Participants welcomed the idea of peer workshops or learning groups.

"[It would help to have] groups of like-minded people who could learn from each other without feeling daft."

This type of peer support could take place through charities, church groups, or local clubs. Examples of this already exist. Some participants mentioned peer support through the Women's Institute and the Salvation Army, which are helping members build confidence in using digital tools like the NHS App.

Whether delivered through GP surgeries, libraries, community organisations, or peer networks, **support services for older adults must be built on trust, clarity, and empathy.** Technical support should be patient, step-by-step, and tailored to varying levels of digital ability—and **it must be clearly promoted** so that people know where to turn and feel confident enough to seek help.

"[Technical support] has got to be fit for the purpose of the person they're trying to teach. It is no good saying this is what you do, boom, boom, boom. We need it explained step by step."

" [Having] different forms of ongoing support to access the NHS App is important. And you need to promote it."

A more satisfactory user experience

For approximately 40% (250) of all survey respondents, **a more tailored and integrated user experience** was seen as a potential incentive for using the NHS App. Participants expressed interest in features that go beyond appointment booking or prescription ordering, suggesting that **services specifically designed with older adults in mind** would make the app feel more relevant and valuable. Suggestions included healthy ageing tips and lifestyle tracking tools - *"somewhere to keep your steps, your movement"* - to help users stay active and engaged with their wellbeing. Others proposed the inclusion of end-of-life planning resources, medication reminders and emergency support features, such as a real-time ambulance tracker or an emergency alarm button *"so if something happens you can press that"*. By integrating these practical, age-relevant features, the NHS App could evolve into **a more holistic companion for managing wellbeing in later life.**

For 34% (214) of all older adults in our study, **simplifying both the registration and navigation processes of the NHS App** would inspire greater uptake and sustained use. Many people found the current registration system overly complex, particularly due to the need for photo ID or video verification - requirements that some users struggle to meet. As one person explained, *"lacking the ability to send photo ID... it has taken me more than two weeks to get codes from my GP practice."* Streamlining this process could encourage more people 65 and older take that important first step and lessen the demand for additional support.

Similarly, users described the app's navigation as *"clunky and non-intuitive",* with many calling for **a clearer and more accessible interface**. People 65+ suggested **reducing cognitive load** through improvements such as intuitive signposting, plain language, less densely packed text, and larger default font sizes. One person remarked that *"If your health record indicates that you have less than perfect vision then [it would be helpful for the NHS App] to automatically bump the print size."* Additional **accessibility features** such as voice-assisted navigation, simplified screen flows, and compatibility with assistive devices were also recommended to support those with sensory or physical impairments. Overall, simplifying the user journey from registration to everyday use, and embedding accessibility at every stage, was seen as an important step toward making the NHS App more inclusive and user-friendly for a broader range of older adults.

In summary – drivers for engagement of people 65 and over with the NHS App

In summary, our findings suggest that older adults are more likely to adopt the NHS App when they feel reassured that it won't replace personal contact when accessing healthcare, as trust in in-person interaction remains central to their experience.

Raising awareness of the NHS App and its benefits through visible and relatable promotion is also important. The clarity and accessibility of promotional materials matter as much as where they are placed.

Access to practical, tailored support could further encourage NHS App uptake and continued use among people aged 65 and over. Many with limited digital confidence prefer paper guides, telephone helplines and face-to-face assistance over online resources. Trusted support from healthcare staff and libraries was especially valued, alongside informal help from family, friends, and peer networks.

Finally, people 65 and over called for a more tailored user experience including simpler registration, easier and inclusive navigation, as well as content and features designed to meet the specific health and wellbeing needs of older adults.

Staff and patients' experience of the Norfolk and Waveney Shared Care Record in primary care settings

Staff experience of the Shared Care Record in primary care settings

This section presents findings on how staff in GP practices across Norfolk and Waveney are engaging with the Shared Care Record (ShCR). By exploring current usage patterns, perceived benefits and barriers, we aim to better understand how the ShCR is supporting — or could better support — primary care delivery.

Current use of the Shared Care Record

Survey data shows that **half of the 34 GP practice staff in our study had accessed the Norfolk and Waveney Share Care Record within the three months preceding our study** (Figure 28). Among those who rarely or never used it, eight participants said the ShCR was not directly relevant to their role. In addition to this, **qualitative comments highlighted a range of barriers to use, including a lack of confidence, technical issues, and perceived limitations on how effective the ShCR is in practice.**

Half of GP practice staff used the Shared Care Record weekly to daily in the 3 months before the survey

- Daily: 32.4%
- Weekly: 17.6%
- Monthly: 2.9%
- Rarely or never: 47.1%
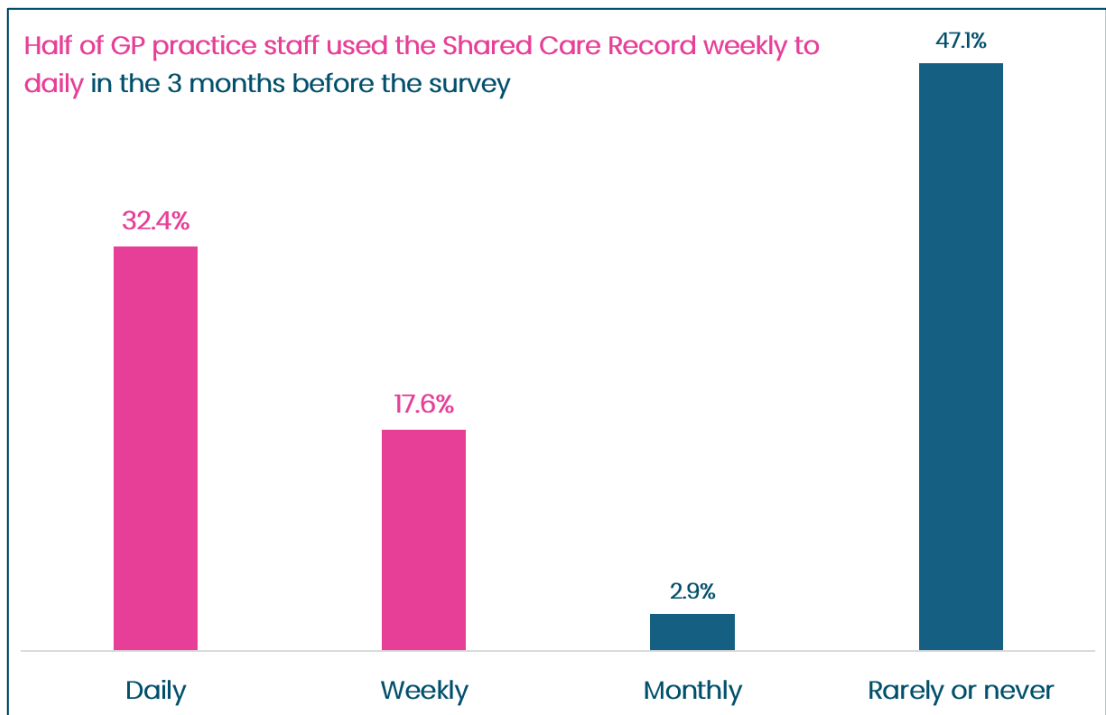
Figure 28. Percentage responses to the question: How often have you accessed the Share Care Record in the last three months?

Training emerged as a contributing factor to the lack of confidence in using the ShCR. As one healthcare professional put it, "[they did] *not often use the Shared Care Record within [their] job, probably because [they did] not feel confident using it"*.

Figure 29 shows that although 22 (65%) of GP practice staff agreed that they had received sufficient training on how to access and use the ShCR, open-text comments revealed significant inconsistencies in the training experience. Some staff reported receiving no formal training at all. Others described the training they had received as basic or minimal beyond initial digital communications tied to the 2024 launch of the ShCR. One respondent noted:

> *"I had an email to inform us of its [the Shared Care Record's] existence. It was very low key."*

65% of GP practice staff agree that they have received enough training on how to access and use the Shared Care Record

Response	Percentage
Strongly agree	12%
Agree	53%
Neither agree nor disagree	12%
Disagree	18%
Strongly disagree	3%
Prefer not to say	3%
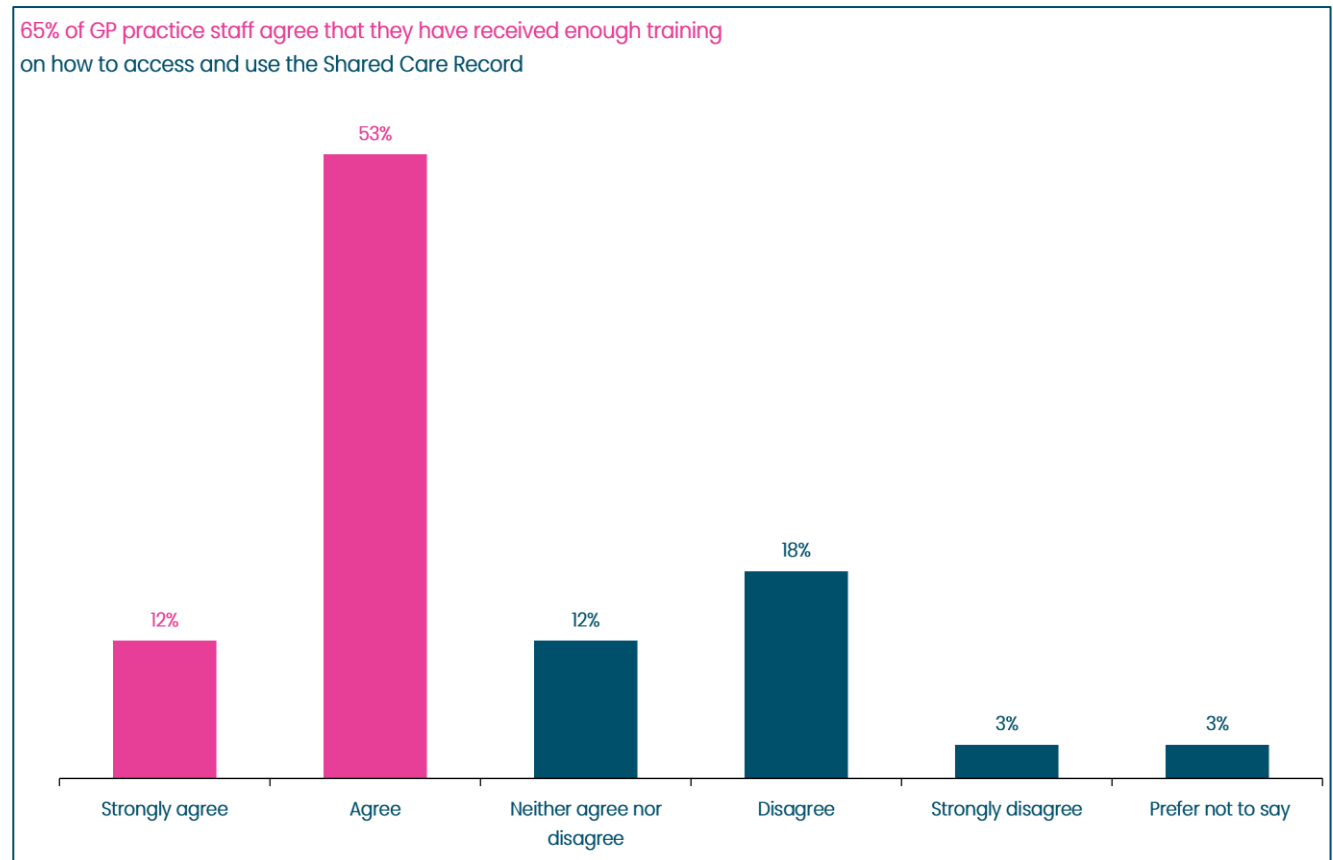
Figure 29. Percentage responses to the question: Do you feel that you have received adequate training on how to access and use the Shared Care Record?

Where training was provided, a few staff told us that it took the form of informal or self-directed learning, such as watching video tutorials, reading user guides, or shadowing colleagues. This inconsistent approach led to calls for more structured, role-specific, and comprehensive training:

> *"It's pretty much learn as you go along, by shadowing staff.*
> *I would have preferred [role] specific training."*

> *"Training was basic.*
> *A focused seminar or training package would be beneficial."*

Overall, comments from those who felt the training was lacking suggest there may be value in developing a more standardised, comprehensive, and tailored training offer across all practices to support confident and consistent use of the ShCR.

In addition to training-related challenges, **basic technical limitations may pose a barrier to accessing the Shared Care Record.** Indeed, someone reported that they could not access the ShCR because the system relies on the Google Chrome browser, which is not permitted on their local IT systems:

> *"The Shared Care Record requires the Google Chrome browser to work.*
> *This is not installed or accessible on IT within my part of primary care,*
> *meaning we are unable to access records."*

Similarly, **perceived system compatibility issues seem to reduce the usefulness of the ShCR**. A few respondents highlighted challenges caused by a limited integration between the ShCR and other technology platforms used across health and care services in Norfolk. Some commented that key heath data - such as hospital discharge summaries, test results from different hospitals, or mental health records - were not always accessible, or not available in real time. The perceived lack of information from community and social care teams on the ShCR was also seen as a major gap - especially for staff supporting patients with complex needs, safeguarding concerns, or involvement from social services - making it difficult to get a holistic view of a patient's care needs.

"Mental health records [are]not shared in real time.
Also, [GP Out Of Hours services] use a different system
hence [I am] unable to see any recent hospital discharge letter."

"We only access bloods from QEH but our patients also attend NNUH.
[It] would be helpful to access these too,
rather than requesting [this information] via letter[s] to specialist[s]."

"The Shared Care Record is supposed to bring together data from the various sources
involved in an individual's care [but at the moment]there is no information from
community care even when [you need to] look after complex vulnerable patients with
safeguarding and social work support in place. [...]"

Post hospital discharge care 50%

Preventative care and routine check-ups 42%

Initial GP consultations 42%

Follow-up GP consultations 38%

Chronic disease management 33%

Health education and lifestyle counselling 33%

Referrals 29%

Patient registration and requests 29%

Medication review 8%

Care coordination 8%
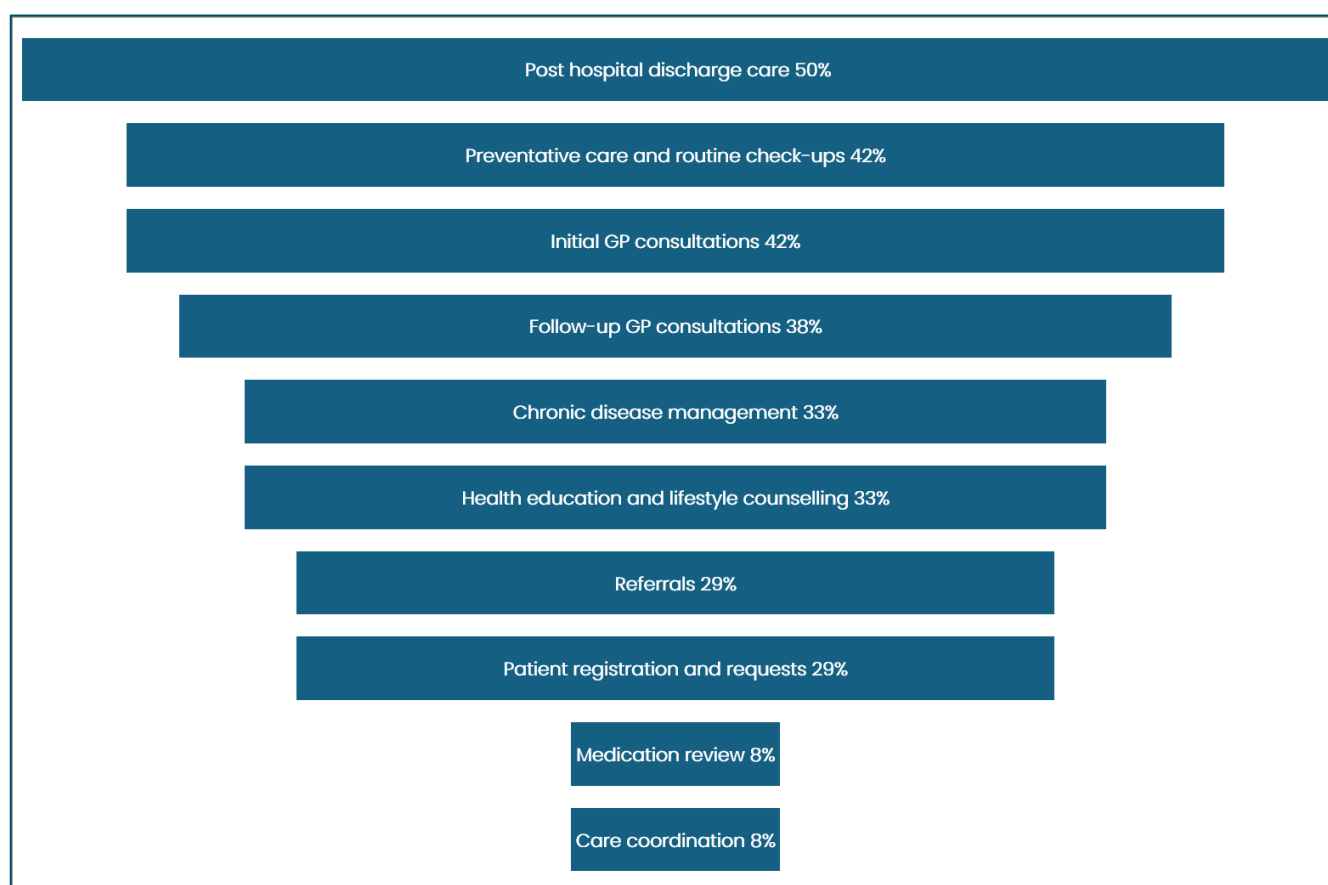
Figure 30. Graph showing reported professional contexts of Shared Care Record use in response to the question: How have you personally used the Share Care Record in the last three months?

Twenty four GP practice staff in our survey reported using the Shared Care Record to support a variety of patient care activities. These are presented in Figure 30 by frequency of occurrence.

• **Post-hospital discharge care** – This may include reviewing treatments provided during hospital stays, following up on recommended care plans, and arranging follow-up appointments.

• **Preventative care** – This may involve viewing records of vaccinations, screenings, and routine check-ups.

• **Initial consultation with a new patient** - The ShCR may be consulted to gather information on a patient's medical history, chronic conditions, past treatments, and existing medications or allergies.

• **Follow-up consultation** – The ShCR may be used to track progress on ongoing treatments, review test results, and adjust treatment plans as needed.

• **Chronic disease management and health education** -The ShCR can support the monitoring of long-term conditions, medication management, coordination with other healthcare providers, and the delivery of patient education and support.

• **Health education and lifestyle advice** - The ShCR may help clinicians assess patient needs and offer personalised lifestyle advice aimed at improving health outcomes.

• **Referral to specialists** - The ShCR can provide comprehensive background information on a patient's health condition to support referrals to specialists.

• **Patient requests** - The ShCR may be consulted in response to patient inquiries, such as reviewing medical history or providing information for second opinions.

• **Medication verification and review** - Clinicians and pharmacists can use the ShCR to verify prescription accuracy, reconcile medications, identify potential drug interactions or contraindications, and support adherence to treatment plans.

• **Care coordination**: The ShCR can be accessed to facilitate communication among healthcare team members, enabling alignment on care plans and collaborative decision-making.

Overall, while GP practice staff are beginning to integrate the Shared Care Record into patient care, inconsistent training, technical limitations, and incomplete system integration seem to limit its full potential. Addressing these challenges will be crucial to ensuring the ShCR becomes a reliable and widely used tool across primary care.

Professional experience of using the ShCR in relation to the intended benefits

Approximately 3 in 5 GP surgery staff are satisfied with the Shared Care Record

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
12%	44%	38%	0%	6%
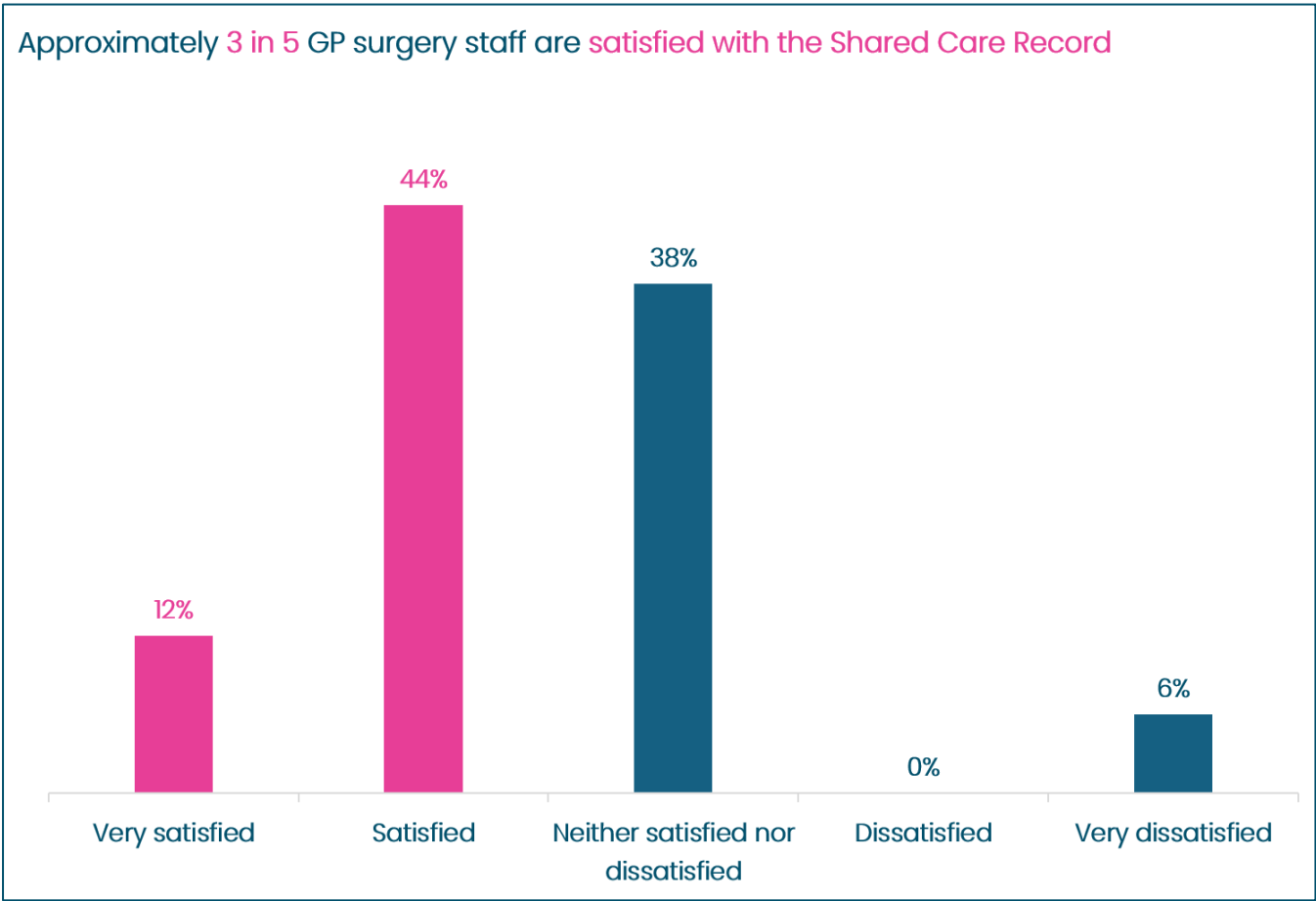
Figure 31. Percentage responses to the question: Overall, how satisfied are you with the Shared Care Record?

As shown in Figure 31, although 13 (nearly 40%) **GP practice staff in our study** felt ambivalent – neither satisfied nor dissatisfied – about the Shared Care Record, **19 (approximately 55%) declared feeling satisfied overall.**

Around 10 of the 24 healthcare professionals in GP practices **(42%) for whom the ShCR is relevant reported that the ShCR enables them to make faster and better-informed clinical decisions** by providing instant access to patients' comprehensive health information (Figure 32). Meanwhile, half neither agreed nor disagreed that the ShCR delivers this benefit which may indicate limited awareness or inconsistent use of the system.
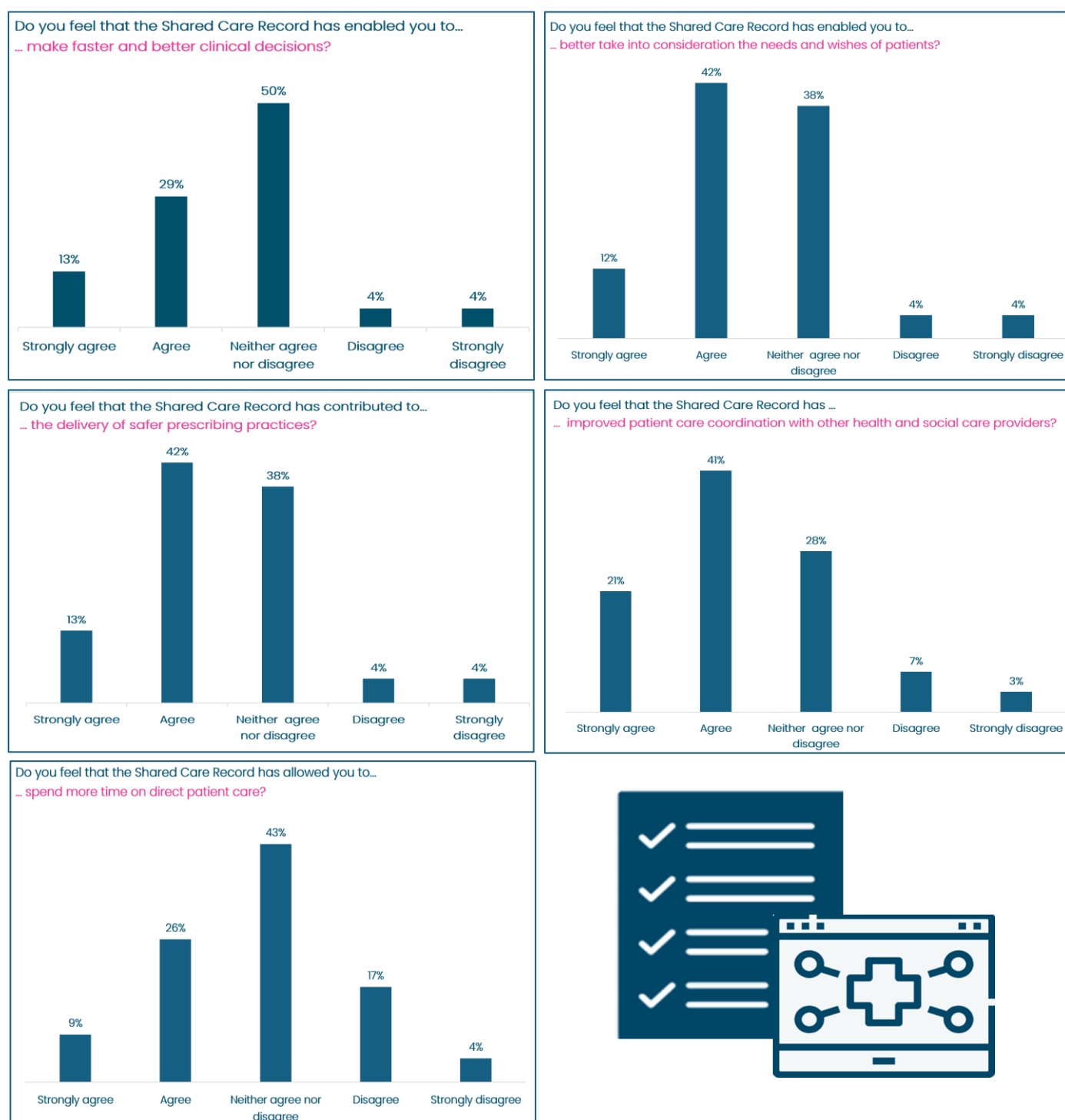
Figure 32. Percentage responses to questions on the effectiveness of the Shared Care Record in delivering its intended benefits.

Fourteen in 26 healthcare professionals (54%) also agreed that the Shared Care Record helps them better consider the needs and preferences of patients - an important benefit that can strengthen trust between patients and healthcare professionals and support greater patient engagement and satisfaction.

An equal proportion (13 in 24) reported that the ShCR contributes to safer medication prescribing by improving access to critical information such as allergies, contraindications and adverse drug reactions - helping to reduce the risk of medication errors.

The most widely perceived benefit, reported by 18 in 29 healthcare professionals (62%), was improved coordination with other health and social care providers, supporting better continuity of care - for example, by reducing the likelihood of unnecessary repeat tests and procedures.

The potential for the Shared Care Record to allow healthcare professionals to spend more time caring for patients directly was viewed with some uncertainty, as many respondents were unsure of its ability to significantly reduce administrative workload.

Together, our findings suggest that, while many GP practice staff recognise the Shared Care Record's potential to enhance clinical decision-making, patient safety, and care coordination, its full value has yet to be realised. Uncertainty around its benefits, alongside reported barriers to access and training, point to the need for continued investment in user support, system integration, and awareness-raising to ensure the ShCR becomes an embedded and trusted tool in everyday primary care practice.

Patient experience of the Shared Care Record

This section explores patient awareness, experience and perception of the Shared Care Record (ShCR), drawing on findings from our public survey. It also considers how willing and able patients are to question clinicians whether the ShCR is being used during their care.

Patient awareness of the Shared Care Record

Our quantitative data highlights a significant lack of public awareness about the Shared Care Record (ShCR), with **approximately 70% (213) of survey participants reporting they had not heard of it prior to completing our questionnaire** - prompting some people to question "why it isn't made more public".

Of the 20% (61) respondents who were aware of the ShCR, one noted that *"[they] only knew about it because[they] work at a chemist"*, while another observed that *"though it will be familiar to NHS insiders, most people won't know what the term ShCR is and its scope."* A further 9% (28) were unsure whether they had heard of the ShCR, with some people confusing it with other digital tools that allow patients to view their GP health records. As one respondent asked:

"I access my patient record in SystmOnline. Is this the same thing under a different name ?"

This low level of public knowledge is particularly notable given that **23 (68%) of staff in our survey reported that their GP practices have informed or currently inform patients about the ShCR.**

As shown in Figure 33, staff in pour study indicated that their **GP practices primarily inform patients about the ShCR through their practice website (12 - 30%), as well as posters and leaflets displayed in the surgery (11 - 52%).** While 7 (1%) GP practice staff believed that the ShCR was promoted through the NHS App. This was not confirmed by the Norfolk and Waveney Integrated Care Board (ICB). This discrepancy suggests possible confusion among staff between the ShCR and other health records, such as

the Summary Care Record (SCR), which share similar terminology. It also points to potential gaps in internal training or communication, where staff may be unaware of the specific channels currently used to inform patients.
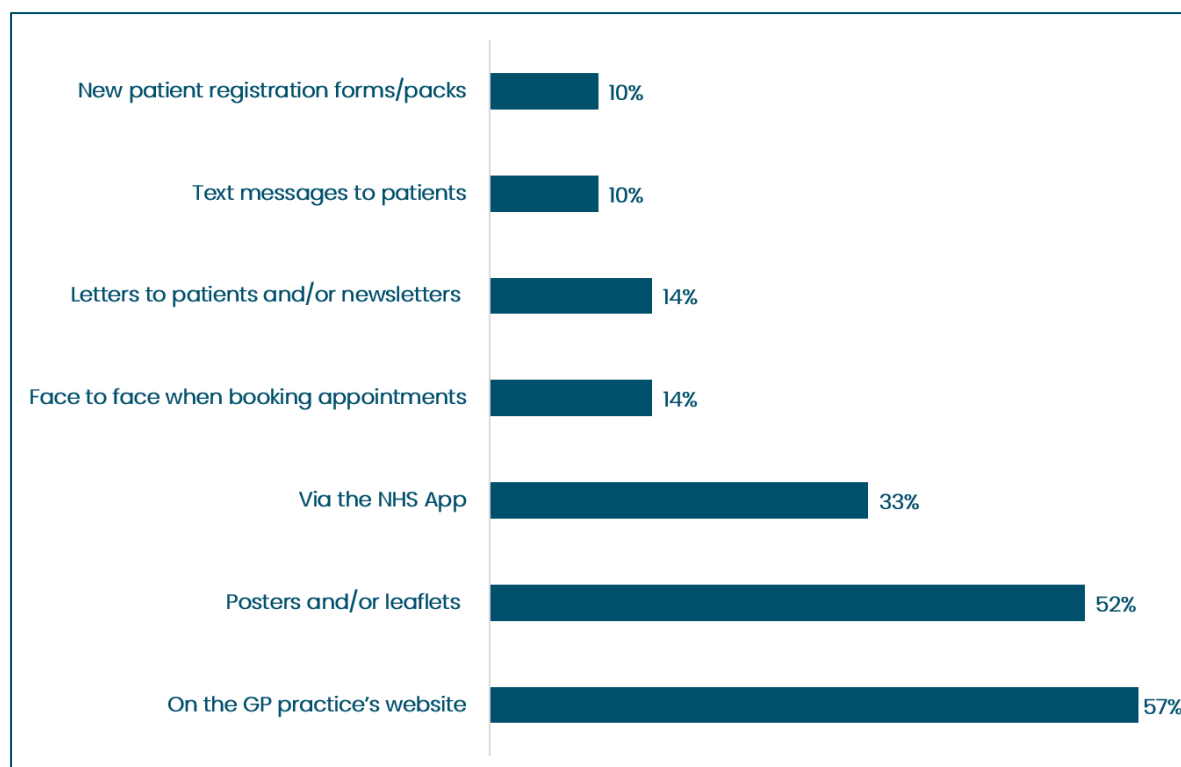
Figure 33. Percentage responses to the question: How does the GP practice where you work inform patients about the Shared Care Record?

Overall our findings indicate a disconnect between current communication efforts and patients' understanding or recall of the Shared Care Record. This emphasises the need for more visible, consistent, and accessible engagement strategies.

Patient experience of the Shared Care Record during medical consultations

To assess whether the Shared Care Record is being used during consultations, we asked people whether they had to repeat their medical history at their most recent appointment. While not a definitive measure, this question offers a useful indication of whether clinicians may be consulting the ShCR. Ideally, the system should reduce the need for patients to retell information – such as test results, past ongoing treatments, medications and referrals – that should already be accessible to their healthcare provider.

Nearly 70% (204) of respondents reported not having needed to repeat such information during their most recent medical appointment. This may indicate that clinicians had access to relevant records, potentially through the Shared Care Record for this appointment. However, this finding could also reflect the nature of the consultation itself — for example, if the appointment concerned a new or minor issue, or if the clinician was already familiar with the patient's history. As such, this indicator should be interpreted with caution, as it may reflect clinical context as much as digital record access.

Nonetheless, **21% (64) of respondents said they did have to repeat their medical history**, and a further 11% either forgot or were unsure whether they had to repeat information. This suggests that the ShCR may not always be used consistently as intended by all healthcare professionals, or that details they had to repeat related to social or community care. This is supported by our survey of healthcare staff, which established that only about half of GP practice professionals in our study routinely use the ShCR in their roles.

While some patients expressed frustration at *"staff lack[ing] awareness or not bothering to follow procedure",* others acknowledged that retelling your medical history is not always negative. As one participant noted, *"repeating information to health professionals is not always a bad thing — sometimes it's a deliberate strategy to clarify a problem."*

Patient views of the Shared Care Record

Some survey participants expressed optimism about the potential of the Shared Care Record to improve care and reduce inefficiencies across the system. They appreciated that the ShCR could help reduce the need to repeatedly explain their medical history at each appointment, **easing the burden on patients**:

"If I don't have to keep retelling my medical history to every single GP, nurse or healthcare provider I see, then that's a good thing."

Others recognised the **potential of the Shared Care Record to support more holistic and joined-up care**. They appreciated that by enabling better access to patient information, the ShCR could help healthcare professionals consider a person's holistic health and social care needs, rather than focusing only on immediate conditions.

Some patients also saw this improved access as a way to **strengthen communication between services, particularly between GP surgeries and hospitals, helping to address current gaps and delays in information sharing.** This was seen as a positive step towards more coordinated and person-centred care:

> "It would be helpful if [the ShCR] listed all your previous diagnoses, so all medical practitioners could see [that] clearly and quickly."

> "The sooner it is implemented the better. There seems to be a complete lack of communication between GP surgeries and hospitals"

Some people also showed a proactive interest in how to access the ShCR themselves, asking questions like, *"Is this accessible via the NHS App?"* — pointing to the **importance of clear communication and visibility around how the system works for patients as well as professionals.**

While many people recognised the potential benefits of the Shared Care Record, our findings reveal that some had reservations about its use and oversight. These concerns appeared to be influenced, at least in part, by the low levels of awareness about the ShCR and its scope. **One of the most common concerns centred around data privacy, access control and informed consent.** Survey participants expressed **worries about sensitive health information potentially being accessed by GP practice staff who are not eligible**, such as those who are not directly involved in their care. **They also questioned whether adequate safeguards were in place** to regulate when and how different health and social care professionals could access their medical history.

"One concern is that people who are not entitled to read my record may gain access."

"My only concern is that the information stored is kept secure and only available to professionals on a need to know basis."

Some patients in our study highlighted the importance of being able to control what is shared, particularly in cases where confidentiality is critical. As one person put it, *"consent should be sought from the patient about what they are happy for health and care professionals to see. Some people may have elements of their history kept confidential so there should be [options] to remove or limit certain things. I'm not sure how comfortable I am about it all..."* The overarching sentiment was clear: patients felt that access should be carefully regulated, based strictly on clinical need, and that they should have a greater say over consenting to the use their information.

Around ten survey participants expressed uncertainties about whether their GP practice used the Shared Care Record. Some raised doubts about its reliability, noting instances where key information was missing or delays occurred in communication between providers — suggesting that the system may not be fully embedded or functioning consistently across settings.

"[The ShCR] soes not appear to be in use at my GP practice. A medication query from a QEH consultation letter was dealt with by post!! Thus taking over 2 months to get an answer."

"I haven't had to repeat information recently but I had a spine operation in the past which the GP didn't have all the information about."

In addition, some respondents flagged **concerns about staff awareness, training, and compliance**. A few described situations where healthcare professionals appeared

either unaware of the ShCR or unwilling to use it, eroding trust in its reliability as a tool to support care. This was coupled with anxiety about the potential for **incorrect or outdated information** to be shared and relied upon, which could lead to clinical errors being perpetuated across services.

"I would be worried to ask someone to rely on the Shared Care Record if they had already shown that they had not used it.

" [I am] worried [that] if the record is incorrect, mistakes will be repeated."

Another worry was the security of digital systems overall. In the context of widely publicised cyberattacks and data breaches, 15 people in our study questioned whether their personal information was truly safe. Some feared that their health data could be accessed for non-clinical purposes — such as being sold to third parties or used by employers or government agencies — further fuelling scepticism and mistrust.

"How secure is this digital space? There are so many reports of systems being hacked and personal information [shared] with 3rd parties."

"Is this information to be kept within the NHS? I don't think it should get into the wrong hands."

Together, these concerns highlight the importance of clear governance, transparent communication with the public, robust consent processes, and continued staff training to ensure the ShCR is used safely, ethically, and as intended.

Willingness to challenge clinicians about the use of the Shared Care Record

It is important for patients to challenge their clinicians when they fail to consult the Shared Care Record and instead ask patients to repeat their medical information. When clinicians access the ShCR during medical appointments, it helps reduce unnecessary repetition, improving both the efficiency of the appointment and the overall patient experience. Additionally, using the ShCR ensures that comprehensive

and accurate information is considered when making decisions about treatment. Ultimately, encouraging patients to challenge clinicians helps foster more efficient, accurate, and patient-centred consultations, improving both care quality and safety.

In our survey, **we asked participants if they would be willing to remind healthcare professionals to consult the ShCR if, in future appointments, they were asked to repeat their medical information again. Around 75% (229) of respondents indicated that they would be inclined to do so.** Just under 20% (58) expressed uncertainty about challenging their clinicians, while only 5% (15) stated they would not (Figure 34). This feedback indicates a strong willingness among the majority to advocate for the use of the ShCR, provided they feel confident doing so.
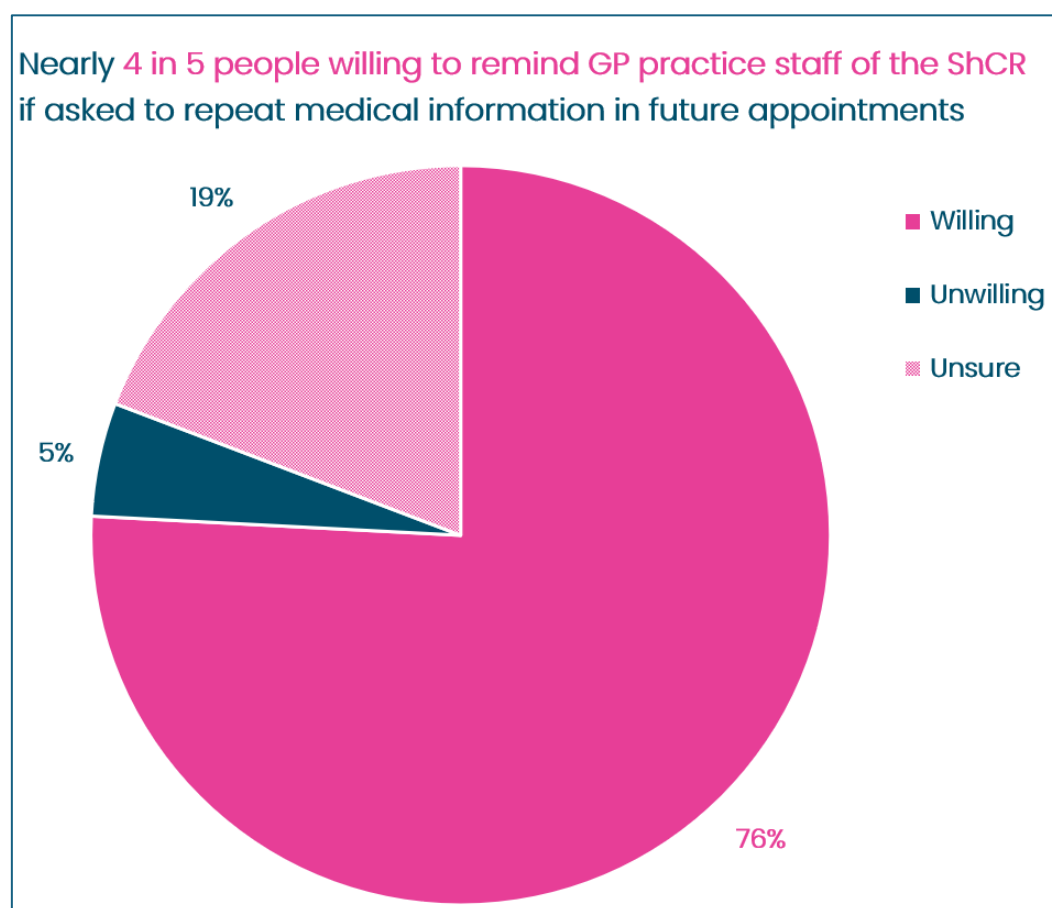
Figure 34. Percentage responses to the question: Thinking about future visits to your GP practice, will you be willing to remind staff of the Shared Care Record if they ask you to repeat your medical information?

To understand what would help patients feel more able or confident to remind clinicians about the ShCR, we asked them to identify supportive measures. Just over

60% (116) of respondents answered this question. The most suggested forms of support are summarised in Figure 35.

Just over 50% (61) of those seeking support said that they would feel more confident prompting clinicians if they had a better understanding of the ShCR. They expressed a need for easily accessible, comprehensive information to raise their awareness of the ShCR. A quarter of people (28) said that they would benefit from **having a short script to either read aloud or provide to clinicians during appointments** while another quarter valued the idea of **having a space, either physical or digital, where they could leave feedback after their appointments**. However, 22% (25) felt that none of these options would be helpful, highlighting **the need to explore additional or alternative forms of support**. One respondent suggested including information about the ShCR in the NHS App, an idea that aligns with future plans for integration.
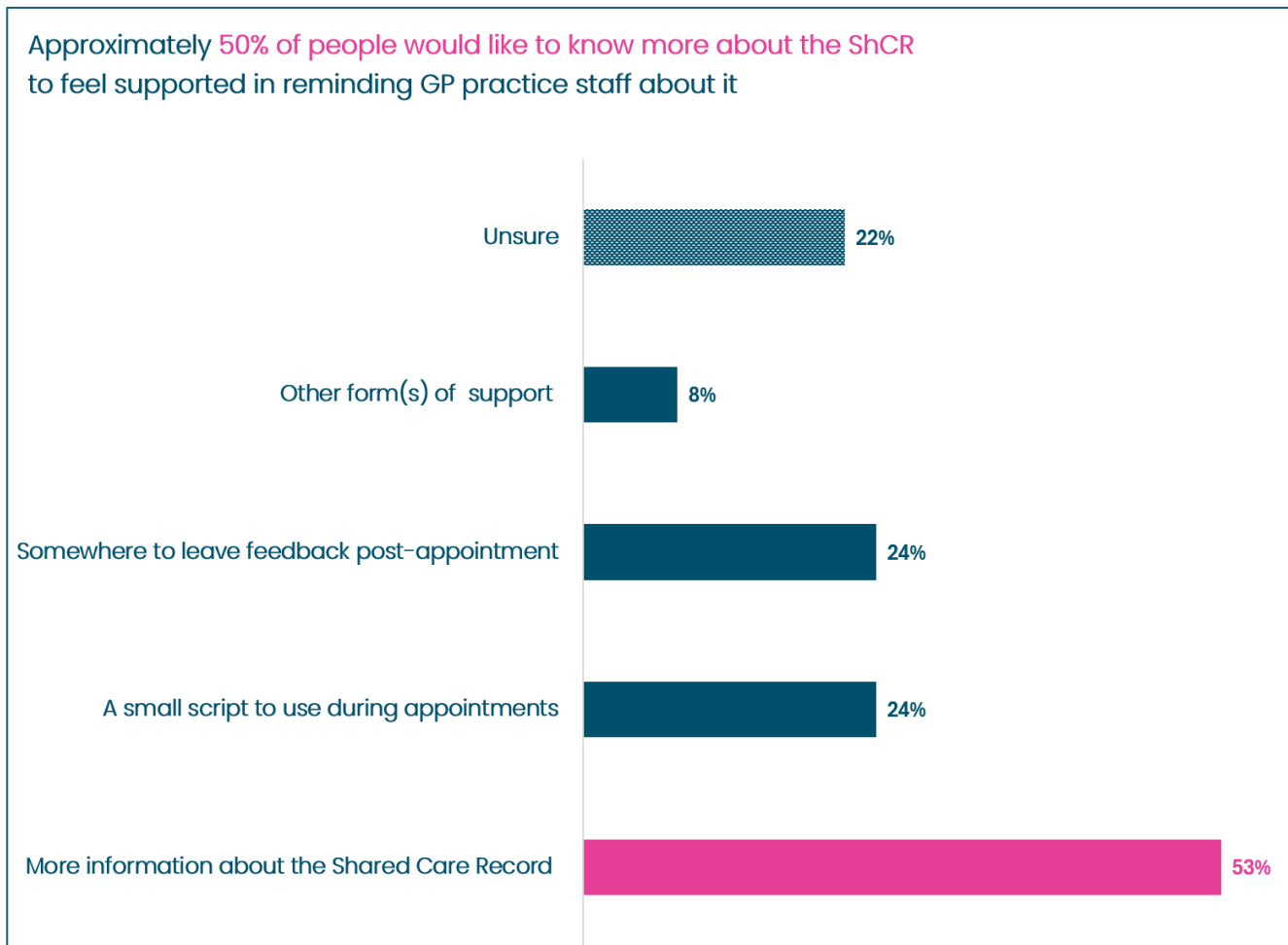
Figure 35. Percentage responses to the question: what support or resource would you need to take the step of reminding GP practice staff about the Shared Care Record?

Bringing our findings together, it becomes clear that while many people view the Shared Care Record as a valuable tool to reduce repetition and enhance joined-up care, low awareness, inconsistent use and concerns about data privacy and governance remain significant concerns. Encouragingly, most patients told us that they were willing to prompt clinicians to consult the ShCR - but only if they feel informed and empowered to do so. Clear and visible communication, as well as greater transparency around how the Shared Care Record is used are essential to build public trust and support.

What this means

Our research set out to understand how people in Norfolk and Waveney engage with digital health tools, specifically the NHS App and the Shared Care Record (ShCR). We focused on young people aged 16–30 and older adults aged 65 and over - groups with the lowest NHS App registration rates in the region - and explored staff and patient perspectives on the ShCR. The study examined how these tools are perceived and used, the barriers people face, and what might encourage greater uptake and engagement.

Overall, our findings show that while the NHS App and the ShCR are delivering clear and meaningful benefits to a growing number of users, their potential to transform access to care, and become a central part of healthcare management, is not yet fully realised. Barriers such as low awareness, inconsistent functionality, accessibility challenges, and limited user support continue to limit impact.

Among young people 16–30, active use of the NHS App was limited by the perception that it is not intended for them. Many saw the app as a tool for older adults or those with long-term conditions, while they tend to engage with healthcare less often and focus more on wellbeing and prevention than treatment. This points to a disconnect between the NHS App's focus on illness management and the more holistic way many young people approach health. To boost uptake, the NHS App could offer more features aligned with their interests – such as mental health, sexual health and healthy lifestyle content.

In contrast, people aged 65+ had a greater need to access core NHS App features like managing prescriptions and viewing test results, due to their more frequent and complex health needs. However, low digital knowledge and confidence were key barriers, with many in this age group finding upskilling overwhelming. Concerns about data security, limited access to devices, and difficulties with NHS App registration and navigation - often worsened by age-related limitations - undermined trust and independence, leaving many reliant on family and friends for support. To improve engagement, the NHS App should be clearly positioned as a complement rather than a

replacement to the human contact older people value. Jargon-free paper guides along with face-to-face support from trusted healthcare professionals and community networks, can build confidence and encourage greater use of the NHS App among people 65 and over.

An unsatisfactory user experience was found to hinder sustained NHS App use among both young people aged 16–30 and older adults aged 65 and over. Across both groups, users reported frustration with the registration, interface design and navigation. The overreliance on dense text and formal branding, and a lack of engaging imagery and clear navigation tools made the app visually fatiguing and confusing to use for some - particularly those with cognitive or sensory impairments. Younger users described the app as outdated compared to the other platforms they are accustomed to. Additionally, inconsistent access to key services such as appointment booking - due to variable integration with GP practices - undermined trust. Collectively, these issues made the NHS App feel either irrelevant or unnecessarily complex. To address these concerns, it is essential that all GP practices consistently enable the full range of NHS App functions. In addition, the registration process should be streamlined, accessibility and navigation improved, and personalised features introduced that reflect users' diverse needs and life stages.

Both 16–30-year-olds and people aged 65 and over saw low awareness as a major barrier to adopting the NHS App. In our research, over 70% of participants across both age groups reported that not knowing the app existed, or being unclear about what it was for and how it could benefit users, was the main reason their peers were not using it. This knowledge gap was largely linked to limited and poorly targeted promotion outside of healthcare settings. People stressed the need for posters and flyers to be clearer, easier to read, and more widely distributed in everyday public spaces familiar to each age group. Younger people suggested live demonstrations in schools and colleges, as well as social media campaigns featuring video testimonials from peers who had found the NHS App helpful. Older adults preferred more traditional promotion through local radio, newspapers and TV. Across both groups, there was a strong sense that clear messaging about the personal and practical benefits of the NHS App - backed by trusted endorsements from healthcare professionals – would make a big difference. Tailoring promotional efforts to each audience's preferences and habits could play a key role in raising awareness and encouraging wider use of the NHS App.

Turning to the Shared Care Record (ShCR), while GP practice staff recognise its potential to improve clinical decision-making and strengthen coordination with other health and social care providers, its full value in primary care is yet to be realised. Although 55% of healthcare professionals who had used the ShCR reported overall satisfaction, nearly 40% expressed reservations, pointing to mixed experiences and uncertainty about its effectiveness. A lack of awareness and limited training undermined staff confidence, while technical barriers and inconsistent data sharing – often linked to poor system integration - further reduced trust in the system. To embed the ShCR more fully into routine practice, continued investment in visible leadership endorsement, role-specific onboarding and improved system interoperability is essential.

Public awareness of the Shared Care Record (ShCR) remains low. Although many GP practices report informing patients about it, around 70% of people in our study said they had not heard of the ShCR. Once introduced to the concept, people welcomed its potential to reduce the burden of repeating medical histories during appointments and support more joined-up care. However, concerns about data privacy, consent, and access controls were common. Without more visible patient-facing communication, including reassurance about safeguards and control over personal information, trust in the ShCR is likely to remain fragile.

In summary, while both the NHS App and the Shared Care Record hold significant potential to improve patients' experience of healthcare, neither tool is yet delivering fully on that promise. For different reasons, people encounter persistent barriers to awareness, access and trust. Addressing these challenges will require clearer and more visible communication, user-centred design, targeted support and stronger system integration. Only then can these digital tools become embedded in everyday practice and truly enhance how people navigate and receive care.

We acknowledge that our study involved self-selecting participants. While it offers valuable insights into the experiences of people in Norfolk and Waveney, it mainly engaged digitally active individuals and may not fully represent people most at risk of digital exclusion- such as those with limited skills, marginalised groups, or those from underserved areas. These groups warrant further research and targeted outreach.

Recommendations

Raise awareness of the NHS App through familiar and trusted channels

Promoting the NHS App requires a targeted approach that aligns with how each age group prefers to consume information, using messaging that resonates with their values and communication styles. Our findings suggest a number of actions that could be taken to achieve this:

- **Emphasise the personal and practical benefits of using the NHS App** in promotional materials to create more persuasive and relatable messaging.

- **Leverage professional endorsement** to foster trust and normalise app use. Encourage GP practices to recommend the NHS App during consultations; send onboarding invitations to young people turning 16; and promote the app through printed take-home materials, personalised texts, and practice websites.

- **Implement school and university outreach:** Partner with educational institutions to deliver tailored presentations and live demonstrations, as well as integrate the NHS App into health education programmes.

- **Expand promotional reach beyond traditional healthcare settings** by widely distributing posters, flyers and guides in high-footfall communal spaces where young and older people live, study, work, and socialise.

- **Use age-appropriate, multimedia campaigns** to ensure accessibility and relevance. For 16–30-year-olds, focus on popular digital platforms like Instagram, TikTok and YouTube with short, benefit-led and authentic video testimonials from young users. For adults 65+, prioritise traditional media such as local TV and radio, and newspapers, complemented by printed materials with large fonts, high-contrast colours, plain language, and local phone numbers for support.

Optimise the user experience of the NHS App to drive engagement

Providing a more integrated, user-friendly and personalised user experience was identified by both young people 16-30 and older adults 65+ as a key driver for sustained use of the NHs App. Therefore, we recommend the following strategies to progress toward this outcome:

- **Ensure consistent integration of the NHS App across all Norfolk and Waveney GP practices**. Improving the reliability of access to core features - especially appointment booking - will create a more predictable user experience and reduce frustration.

- **Streamline the registration process** - especially two-factor authentication - to make sign-up quicker and easier while maintaining strong security safeguards.

- **Modernise the NHS App design for improved usability. implement targeted updates to create a more visually engaging, intuitive, and accessible experience**. Reduce visual clutter and use plain language for easy scanning. Enhance navigation with clear signposting and intuitive elements like tabs, dropdown menus, and a search bar. Prioritise compatibility with assistive technologies to support users with sensory or physical impairments.

- **Provide a personalised, age-specific experience** that empowers users to manage their health holistically. Include relevant content, lifestyle and health tracking tools, personalised reminders (e.g., for appointments or medication), and signposting to self-help resources and support organisations.

Provide support adapted to the needs and preferences of older people

Practical, accessible, and personalised support is essential to increase NHS App uptake and continued use among adults aged 65 and over. To meet their diverse needs, we propose the following:

- **Provide clear, jargon-free printed guides** with step-by-step instructions and screenshots. These materials help users - especially those with limited digital

confidence or sensory, physical, or cognitive impairments - to upskill independently at their own pace.

- **Make real-time human support more visible and accessible** - such as in-person support desks and telephone helplines - to offer immediate reassurance and technical assistance when people need it most.

- **Expand and raise awareness of existing face-to-face support** – this could mean one-to-one, small group or drop-in sessions - in trusted settings such as GP practices and libraries. These sessions should be held regularly, delivered by trained staff, volunteers or digital ambassadors. Promotion should focus on offline channels such as posters, flyers, and word of mouth to reach those less likely to be online.

- **Grow peer-led support networks** by collaborating with charities, churches, and community groups to offer empathetic guidance from people of a similar age, reducing fear of judgment and building confidence.

Develop primary care staff competence and confidence in the Shared Care Record

Increasing the effective use of the Shared Care Record (ShCR) across primary care depends on staff understanding and trust in the system. To ensure the ShCR is embedded as a routine and valued part of practice, we suggest the following actions:

- **Deliver practical, role-specific mandatory training by embedding the ShCR into staff induction and ongoing CPD, ensuring it is recognised as a core skill.** Use a blended approach to enhance engagement, combining live seminars, hands-on demonstrations, scenario-based learning and quick-reference guides. Strengthen peer-led learning by identifying ShCR champions within practices to offer informal guidance and model effective use.

- **Address technical and integration barriers** by ensuring the ShCR is accessible on all commonly used browsers and prioritise real-time integration with other data management systems, enabling seamless information sharing across health and

social care providers. Transparently communicate system limitations to manage staff expectations during ongoing improvements.

Develop patient awareness and confidence in the Shared Care Record

- Address the low public awareness of the Shared Care Record by **adopting a targeted, multi-channel promotional strategy similar to that recommended for the NHS App**. Communications should be delivered through familiar, trusted channels to maximise reach, with a focus on emphasising the personal benefits of the ShCR - such as reducing the need to repeat medical history and enabling more joined-up care.

- **Build trust through transparent consent and governance processes**: Clearly and prominently communicate opt-out options and data governance, so patients understand who can access the ShCR, under what circumstances, and how that access is monitored.

- **Encourage patient empowerment and clinician accountability** by increasing visibility of the ShCR at the point of care - for example, through brief explainers in appointment letters, texts, and GP practice receptions. Support patients with simple conversation prompts and offer the option to give post-appointment feedback for those less comfortable speaking up.

Response from the Norfolk and Waveney ICB

We extend our heartfelt thanks to Healthwatch for their exemplary work on the NHS App and Shared Care Record initiatives. The findings demonstrate the impressive engagement of the public with these digital tools and underline their growing awareness of how technology can facilitate healthcare access and communication.

Healthwatch's extensive reach, which spans various forums and community groups, has yielded invaluable feedback. This feedback, both insightful and thorough, will play a vital role in shaping future strategies for public engagement. The research and analysis carried out have pinpointed areas for improvement—ranging from straightforward adjustments to more nuanced enhancements—ensuring that these digital tools better serve both citizens and NHS staff.

As the NHS increasingly embraces the transition from analogue to digital systems, the NHS App is poised to become the primary channel for delivering results and communications. It is essential that these tools uphold values synonymous with the NHS: they must be usable, accessible, and reliable. By refining these digital offerings, the NHS can continue to meet the evolving needs of the public while maintaining high standards of care.

It is worth emphasizing the importance of ongoing collaboration with organisations like Healthwatch. Their ability to tap into a wide demographic ensures that the tools developed are not only technologically robust but also aligned with the diverse needs of the population. This partnership could also pave the way for innovative outreach campaigns aimed at bridging the digital divide, ensuring that every citizen—regardless of their technical proficiency—has access to the best possible healthcare solutions.

In conclusion, the NHS's commitment to transitioning into a digital future must go hand in hand with feedback-driven improvements. The Healthwatch initiative stands as a shining example of how collective efforts can enhance healthcare delivery, and we look forward to seeing these insights transform the user experience for both the public and NHS professionals.

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Appendix

USE AND EXPERIENCE OF THE NHS APP AMONG PEOPLE 16-30 YEARS OLD

This survey is open to anyone aged**16-30 living in Norfolk**.
We welcome feedback from **both users and non-users of the NHS App**.

The survey will take approximately 10 minutes to complete.

Survey closing date: **Sunday 2nd March 2025.**

Respondents who complete the survey in full will be entered into a draw, which will take place in the first week of March. **Five lucky winners will each receive a £50 Amazon voucher.**

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure that they are heard by the people in charge.

What is this survey about?

The **NHS App** is a free digital application developed by the NHS to give patients simple and secure access to a range of health services and information through their electronic devices.

Although the NHS App is proving popular with people, some age groups use the app more than others. Healthwatch Norfolk is currently working with NHS Norfolk and Waveney (NWICB) to **understand what could be done to boost the uptake of the NHS app among young people 16-30 years old.**

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous. The survey results will be used to make recommendations to NWICB on how to boost the uptake of the NHS App, as part of a project report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: www.healthwatchnorfolk.co.uk

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Healthwatch Norfolk produces fortnightly newsletters about health and social care in Norfolk.

If you'd like to receive this newsletter please leave your email here:

Please note that questions marked with an asterisk (*) require responses.

1. **Please tick <u>all three boxes</u> to confirm your suitability for this survey. ***

☒ I have read and understood the above statement.

☒ I am between16 and 30 years old.

☒ I live in Norfolk.

<u>SECTION 1</u>: YOUR ACCESS TO HEALTHCARE

The picture can't be displayed.

2. **Which healthcare services have you accessed <u>in the last twelve months</u>? ***
Please tick all that apply to you.

☐ **Primary care services**

☐ GP surgery services
(Appointment(s) with doctor, nurse, physio, counsellor, dietician, …)

☐ Pharmacy services
(Medication or advice on minor health problems)

☐ NHS 111 – Non emergency helpline

☐ Walk-in centre(s)

☐ **Secondary care services**

☐ Hospital inpatient stay(s)

☐ Outpatient appointment(s) with consultant(s)/specialist(s)

☐ Diagnostic testing (blood tests, X-ray, MRI, ECG, endoscopy,…)

☐ **Emergency services**

☐ Accident & Emergency (A&E) department(s)

☐ Other urgent treatment centre(s)

☐ Ambulance services

☐ NHS 111 for urgent care

☐ **Dental services**

☐ **Sexual health services** (contraception, STI testing and treatment)

☐ **Maternity and children health services**

☐ **Mental health services**

☐ **Rehabilitation services**

☐ **Vision and hearing services**

☐ **Other**

(<u>Please specify</u>: _____)

3. **How have you booked medical appointments at your GP practice <u>in the last twelve months</u>?**

Please tick all that apply. *

	Never	Rarely	Sometimes	Frequently	Always
By **visiting** the GP practice	☐	☐	☐	☐	☐
By **calling** the GP practice	☐	☐	☐	☐	☐
Via the **NHS 111 service**	☐	☐	☐	☐	☐
Via the **NHS App**	☐	☐	☐	☐	☐
Via the **GP practice website**	☐	☐	☐	☐	☐
Via another **online platform** (eConsult, Patchs, …)	☐	☐	☐	☐	☐
A parent or someone else has booked my appointment(s) for me	☐	☐	☐	☐	☐

☐ I have not attended any medical appointment at my GP practice in the last twelve months

☐ I prefer not to say

4. **How have you ordered any repeat prescription(s) <u>in the last twelve months</u>? ***
   Please tick all that apply.

	Never	Rarely	Sometimes	Frequently	Always
By **visiting** the GP practice	☐	☐	☐	☐	☐
By **calling** the GP practice	☐	☐	☐	☐	☐
By **sending a prescription request** to the GP practice	☐	☐	☐	☐	☐
Via the **NHS App**	☐	☐	☐	☐	☐
Via the **GP practice website**	☐	☐	☐	☐	☐
Via a **pharmacy's repeat prescription ordering service**	☐	☐	☐	☐	☐
A parent or someone else has organised my repeat prescriptions(s) for me	☐	☐	☐	☐	☐

☐ I have not had any repeat prescription in the last twelve months

☐ I prefer not to say

SECTION 2: YOUR USE AND EXPERIENCE OF THE NHS APP

5. **Please select the statement which applies to you best. ***

- [ ] **I don't know what the NHS App is**

- [ ] I know about the NHS App but **I don't want to sign up to it**

- [ ] **I haven't got round to signing up to the NHS App yet**

- [ ] I would like to sign up to the NHS App but **I have not managed to complete the registration process**

- [ ] I have signed up to the NHS App but **I haven't been able to use it** since

- [ ] I can access the NHS App but **I don't really use it**

- [ ] **I use the NHS App**

- [ ] **I am not sure if I have signed up** to the NHS App or not

If you haven't registered for the NHS App then please jump to question 15 in section 3.

6. **How <u>easy</u> was it to register for the NHS App? ***

- [ ] It was very simple

- [ ] It was fairly simple

- [ ] It was neither simple nor difficult

- [ ] It was fairly difficult

- [ ] It was very difficult

7. **How <u>inconvenient</u> was it to register for the NHS App? ***

- [ ] Completely

- [ ] A lot

- [ ] Somewhat

- [ ] A little

- [ ] Not at all

8. **If any, what specific aspects of the registration process felt like an inconvenience? Please pick all that apply.**

☒ The registration process was **time-consuming**

☒ There were **too many steps** to follow

☒ Having to create and/or sign in with an **NHS account**

☒ I did not own or have easy access to the necessary documents (passport or driving license) to **verify my identity**

☒ Completing the two factor authentication (2FA) / **identity verification steps**

☒ Other

Please write here any comments you may have about the registration process:

For users of the NHS App

9. **How satisfied are you with the <u>visual appeal</u> of the NHS app?
(Think about visual elements such as colours, font, layouts, menus and icons.)**

☒ Very satisfied

☒ Fairly satisfied

☒ Neither satisfied nor dissatisfied

☒ Fairly dissatisfied

☒ Very dissatisfied

Please write here any comments you may have about the visual design of the app:

10. **How easy is it to <u>navigate</u> the NHS App?**

(Think about how easy it is to find health services and information on the app.)

☒   It is very simple

☒   It is fairly simple

☒   It is neither simple nor difficult

☒   It is fairly difficult

☒   It is very difficult

Please write here any comments you may have about the app navigation:

11. **How satisfied are you with your <u>overall experience</u> using the NHS App?***

☒   Very satisfied

☒   Fairly satisfied

☒   Neither satisfied nor dissatisfied

☒   Fairly dissatisfied

☒   Very dissatisfied

12. **If anything, what could improve your overall experience of using the NHS App? * Please pick up to <u>three options</u>.**

☒ Easier **login / registration processes**

☒ A **more visually appealing** interface design

☒ The addition of **navigation tools** (such as a search bar, tabs, concise drop-down menus and visual markers) to **enhance usability**

☒ **Personalised navigation options** based on preferences and frequently visited features

☒ Personal **reminders and push notifications** for medical appointments and medication taking/ordering

☒ Social and **community engagement features**

☒ Access to health and lifestyle **tracking tools**

☒ My GP practice allowing **appointment booking on the app**

☒ Access to services and guidance prioritising **wellbeing and preventative care** over treatment

Please share here any other suggestions to improve the app's user experience:

13. **Which services have you accessed on the NHS App <u>in the last twelve months</u>? ***
 Please tick all that apply.

- ☒ I have booked and/or managed **GP surgery appointments**

- ☒ I have viewed and/or managed **hospital referrals and appointments**

- ☒ I have viewed and/or ordered **prescriptions**

- ☒ I have viewed my **GP health record**

- ☒ I have viewed my **test results**

- ☒ I have booked or managed **vaccination** appointments

- ☒ I have used **NHS 111 online** to check if I needed urgent medical help

- ☒ I have browsed NHS **health or medicines information**

- ☒ I have looked for **NHS services near me**
  (Examples: urgent care, mental health, sexual health, NHS sight tests, …)

- ☒ I have recorded my decisions about **organ donation** and/or about how the NHS uses my **health data**

- ☒ I have accessed **health services for someone else** (family members or other people you care for)

- ☒ I have not used the NHS App in the last year

- ☒ I prefer not to say

14. **How do you personally benefit from using the NHS App?**
    Please pick up to three benefits.

☒ I can access health services and information at my **convenience 24/7**

☒ I spend **less time on phone calls or visits** to the GP surgery or pharmacy

☒ I feel **less anxious or embarrassed** accessing health services online

☒ I feel empowered **to manage my health and wellbeing better**

☒ **My communication** with my GP practice **has improved**

☒ I have access to a lot of **trustworthy health information** in one place

☒ Other. <u>Please specify</u>: _____

<u>SECTION 3</u>: BARRIERS TO AND INCENTIVES FOR ADOPTING THE APP

<u>For all survey respondents</u>

15. **What do you think is STOPPING you or other people 16-30 from using the NHS App? Please pick what you believe are the <u>3 main reasons</u>. ***

☒ The perception that the **NHS App is aimed at older people** and those with disabilities or chronic health conditions

☒ **People 16-30 are generally healthy** and do not often need to access healthcare services

☒ Having little or **no awareness of the NHS App** and the services it provides

☒ The **registration process** feels like an unnecessary hassle, especially for users with minimal health needs

☒ **A dislike for the interface design and navigation** of the NHS App

☒ Some of the publicised **NHS App services**, for instance appointments booking, are **not supported by all GP surgeries**

☒ Lack of **features relevant to young people's** health interests and needs

☒ **Accessibility barriers**
(cognitive overload for people with SEN, complex health terminology, …)

☒ Struggling with the **cost of electronic devices and Internet services**

☒ Having concerns over **data privacy, security and misuse**

16. **What do you think would ENCOURAGE you or other people 16-30 to use the NHS App? * Please pick what you believe the <u>3 most motivating incentives</u> could be.**

☐ Having greater **awareness of the NHS App** and the services it provides

☐ **Endorsement** of the NHS App by GP practice staff

☐ All **GP surgeries authorising** the same NHS App services for their patients

☐ **Simplifying the registration process,** particularly the ID verification steps

☐ A more **modern, streamlined and intuitive app interface**

☐ **A customised experience** integrating **youth relevant features and tools** (<u>Examples</u>: health tracking tools, personal reminders and push notifications for appointments and medication, community features, …)

☐ The NHS App developing **services tailored to the needs of younger people** (<u>Examples</u>: fitness and nutrition advice, mental health support, emergency contraception and sexual health, maternity and parenting guidance, …)

☐ Improved **access to digital support**

☐ Receiving reassurance about **data privacy and security**

18. **What form(s) of support would suit your needs and preferences best if you needed help registering or navigating the NHS App?**
Please pick <u>up to 3</u> forms of support.

☐ **Online written instructions**, help and FAQ sections

☐ **Online walk through videos, tutorials** and/or **classes**

☐ **Online forums**

☐ **Phone helplines** and/or helpdesk

☐ Presentations and/or **demonstrations in schools, colleges and universities**

☐ **In-person, group support** at GP surgery / in community settings

☐ **In-person, one-to-one support** at GP surgery / in community settings

☐ Step-by-step **paper guides**

☐ Other – <u>Please specify</u>: [   ]

18. **What would be the best way(s) for healthcare professionals to recommend the NHS App to young people 16-30? ***
Please pick <u>up to 3</u> options.

- [ ] GP surgeries could send formal **written communication** (letter or email) about the NHS App to **young patients nearing their 16th birthday, inviting them to register**

- [ ] NHS staff could provide **health education workshops** and **NHS App demonstrations in educational settings** (schools, colleges and universities)

- [ ] Use of **audio messages** raising the profile of the NHS App whilst patients are **on hold in phone queues,** waiting to speak to a receptionist

- [ ] Clinicians (doctors, nurses, …) and pharmacists could personally recommend the NHS App to patients **during consultations**

- [ ] Healthcare professionals could share **posts and videos** about the benefits of using the NHS App **on social media** and other **digital platforms**

- [ ] Distribution of **posters and flyers** in youth-oriented spaces such as sports and social clubs, entertainment venues, shopping centres, …

- [ ] Other

Please write here any other suggestions or comments you may have about the professional endorsement of the NHS App:

SECTION 4: YOUR DEMOGRAPHIC INFORMATION

In this next section we will be asking you some optional questions about yourself.

Remember: all your answers are strictly confidential and the survey is anonymous.

19. What is the first half of your postcode? (Example: NR18)

20. How old are you?
- ☒ 16-18 years old
- ☒ 19-22 years old
- ☒ 23-25 years old
- ☒ 26-28 years old
- ☒ 29-30 years old

21. What is your gender?
- ☒ Man
- ☒ Woman
- ☒ Non-binary
- ☒ Genderfluid
- ☒ Questioning
- ☒ Prefer not to say
- ☒ Prefer to self-describe:

22. What is your ethnic group?

Arab:

- ☒ Arab

Asian / Asian British:

- ☒ Bangladeshi

- ☒ Chinese

- ☒ Indian

- ☒ Pakistani

- ☒ Any other Asian / Asian British background

Black / Black British:

- ☒ African

- ☒ Caribbean

- ☒ Any other Black / Black British background

Mixed / Multiple ethnic groups:

- ☒ Asian and White

- ☒ Black African and White

- ☒ Black Caribbean and White

- ☒ Any other Mixed / Multiple ethnic groups background

White:

- ☒ British / English / Northern Irish / Scottish / Welsh

- ☒ Irish

- ☒ Gypsy, Traveller or Irish Traveller

- ☒ Roma

- ☒ Any other White background

Other:

☐ Any other Ethnic Group

☐ Prefer not to say

If other, please specify: _____

23. Please select what applies to you:

☐ I am a carer

☐ I have a long term health condition

☐ I have a physical impairment

☐ I have a sensory impairment

☐ I have a learning disability or difficulties

☐ I have a mental health condition

☐ None of the above

☐ I prefer not to say

20. What is your current employment status?

☐ Student 16-18 in further education (Sixth Form, College, Apprenticeship)

☐ Student 18+ in further, adult education or vocational training

☐ Student 18+ in higher education (University)

☐ Unemployed

☐ Part-time employment

☐ Full-time employment

21. Where did you hear about this survey?

☐ GP website

- ☒ Healthwatch Norfolk Event
- ☒ Healthwatch Norfolk Newsletter
- ☒ Healthwatch Norfolk Website
- ☒ News (website / radio / local newspaper)
- ☒ Search Engine (e.g. Google)
- ☒ Social Media (e.g. Facebook / Instagram / Twitter)
- ☒ Through school, college, university
- ☒ Through work
- ☒ Through a friend or co-worker
- ☒ YouTube
- ☒ Other (please specify):

Thank you for completing this survey!

If you would like to enter our prize draw for a chance to **win one of five £50 Amazon vouchers**, please **leave your email address** here:

USE AND EXPERIENCE OF THE NHS APP AMONG PEOPLE 65 YEARS OLD AND OLDER

This survey is aimed at people **65 years old or older** living in Norfolk.

Survey closing date: Sunday 15th December 2024.

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure that they are heard by the people in charge.

What is this survey about?

The **NHS App** is a free digital application developed by the NHS to give patients simple and secure access to a range of health services and information through their electronic devices.

Although the NHS App is proving popular with people, some age groups use the app more than others. Healthwatch Norfolk is currently working with NHS Norfolk and Waveney (NWICB) to **understand the digital know-how** of people 65 years old and older, **and what could be done to boost their uptake of the NHS app.**

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.
All responses will be anonymous. The survey results will be used to make recommendations to NWICB on how to boost the uptake of the NHS App, as part of a project report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

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If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Healthwatch Norfolk produces fortnightly newsletters about health and social care in Norfolk.

If you'd like to receive this newsletter please leave your email here:

Please note that questions marked with an asterisk (*) require responses.

17. **Please tick <u>both boxes</u> to confirm your suitability for this survey. ***

☒   I have read and understood the above statement.

☒   I am 65 years old or older and I live in Norfolk.

SECTION 1: YOUR DIGITAL KNOW-HOW AND CONFIDENCE

18. Which of the following devices do you own or have regular access to? *
Please tick all that apply.

- [ ] Landline / house phone
- [ ] Basic mobile phone (for calling and texting only)
- [ ] Smartphone (with a touch screen)
- [ ] Tablet (iPad or similar)
- [ ] Computer (laptop or desktop)
- [ ] None of the above
- [ ] I prefer not to say

19. Overall, how confident are you as an Internet user? *

- [ ] Very confident
- [ ] Quite confident
- [ ] Neither confident nor not confident
- [ ] Not very confident
- [ ] Not at all confident
- [ ] I prefer not to say / I don't know

20. SOLVING PROBLEMS AND BEING SAFE ONLINE
Which of these actions can you do?

Please tick all that apply.

- ☐ I can use the help sections or chat facilities of websites to seek support or solve problems

- ☐ I can find out how to do something by using a tutorial video such as those found on YouTube

- ☐ I can create strong passwords and keep them safe

- ☐ I can set my privacy settings to control what I share online

- ☐ I can spot suspicious links in emails, websites and social media messages

- ☐ None of the above

- ☐ I prefer not to say

21. COMMUNICATING ONLINE
Which of these actions can you do?
Please tick all that apply.

- ☐ I can communicate using **email**

- ☐ I can communicate using **messaging apps**
  (Examples: WhatsApp, Facebook Messenger, Snapchat, …)

- ☐ I can communicate using **video messaging tools**
  (Examples: WhatsApp, Zoom, Skype, Microsoft Teams, …)

- ☐ I can view/post messages, photos or videos on **social media**
  (Examples: WhatsApp, Facebook, Instagram, …)

- ☐ None of the above

- ☐ I prefer not to say

22. HANDLING INFORMATION AND TRANSACTIONS
Which of these actions can you do? Please tick all that apply.

☐ I can **search the Internet** to find information

☐ I can **scan a QR code** to access online information

☐ I can **download forms and documents** from websites or apps

☐ I can access **entertainment** content such as films, TV shows, music or podcasts
(<u>Examples</u>: via YouTube, Netflix, Amazon Prime Video, Spotify)

☐ I can manage my bank account and conduct financial transactions online **(online banking)**

☐ I can buy goods or services online **(online shopping)**
(<u>Examples</u>: via Amazon, eBay, Tesco Online, M&S, Airbnb,…)

☐ I can access **public services online**

Please tick all that you have <u>used in the last six months</u>:

☐ Government services - GOV.UK
(passport application, driving license renewal, …)

☐ Department for Work and Pensions - DWP
(state pensions and welfare benefits, …)

☐ HM Revenue and Customs – HMRC
(tax returns, paying taxes, …)

☐ Local council services
(housing benefits, council tax, waste management, roads and transport, libraries, registration services, …)

☐ Health and care services
(for health information, appointments, test results, …)

☐ Education services
(for school resources, student loans, …)

☐ None of the above

☐ I prefer not to say

23. **How do you feel about people being expected to access more and more public services online, including healthcare? ***

☒ Very positive

☒ Fairly positive

☒ Neither positive nor negative

☒ Fairly negative

☒ Very negative

☒ I prefer not to say

24. If you answered either *fairly* or *very negative* to question 7:
Can you please explain why? Tick all the reasons which apply.

☒ I prefer in-person communication and/or paper-based processes

☒ It is too much effort to change my ways

☒ I don't have the necessary digital skills or confidence

☒ I have concerns over data privacy, security and misuse

☒ I don't own a suitable device for using complex online forms or navigating websites

☒ I don't have a reliable Internet connection where I live

☒ Online public services are not user-friendly for people with language barriers, sensory or cognitive impairments or disabilities

☒ Other reason(s) – Please specify:

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☒ I prefer not to say

SECTION 2: YOUR ACCESS TO HEALTHCARE

25. How have you booked medical appointments at your GP practice <u>in the last year</u>? Please tick all that apply. *

	Never	Rarely	Sometimes	Frequently	Always
By **visiting** the GP practice	☐	☐	☐	☐	☐
By **calling** the GP practice	☐	☐	☐	☐	☐
Via the **NHS 111 service**	☐	☐	☐	☐	☐
Via the **NHS App or website**	☐	☐	☐	☐	☐
Via the **GP practice website**	☐	☐	☐	☐	☐
Via another **online platform** (eConsult, Patchs, …)	☐	☐	☐	☐	☐

☐ I have not arranged any medical appointment at my GP practice in the last year

☐ I prefer not to say

26. How have you ordered your repeat prescription(s) <u>in the last year</u>? * Please tick all that apply.

☐ By visiting the GP practice

☐ By calling the GP practice

☐ By sending a letter with a prescription request to my GP practice

☐ Via the NHS App or website

☐ Via the GP practice website

☐ Via a pharmacy's repeat prescription ordering service

☐ I have not had any repeat prescription in the last year

☐ I prefer not to say

SECTION 3: PEOPLE 65+ AND THE NHS APP

27. Please select the statement which applies to you best. *

☒   I don't know what the NHS App is

☒   I know about the NHS App but I don't want to sign up to it

☒   I haven't got round to signing up to the NHS App yet

☒   I would like to sign up to the NHS App but I have not managed to complete the registration process

☒   I have signed up to the NHS App but I haven't been able to use it since

☒   I can access the NHS App but I don't really use it

☒   I use the NHS App

☒   I am not sure if I have signed up to the NHS App or not

28. If you have signed up to the NHS App:
How did you find the overall registration process?

☒   It was very simple

☒   It was fairly simple

☒   It was neither simple nor difficult

☒   It was fairly difficult

☒   It was very difficult

29. For users of the NHS App:
How do you find using the NHS App?

☒   It is very simple

☒   It is fairly simple

☒   It is neither simple nor difficult

☒   It is fairly difficult

☒   It is very difficult

30. For users of the NHS App *
Which services have you accessed in the last six months? Please tick all that apply.

☒ I have booked and/or managed **GP surgery appointments**

☒ I have viewed and/or managed **hospital referrals and appointments**

☒ I have viewed and/or ordered **prescriptions**

☒ I have viewed my **GP health record**

☒ I have viewed my **test results**

☒ I have booked or managed **flu or Covid-19 vaccination** appointments

☒ I have used **NHS 111 online** to check if I needed urgent medical help

☒ I have browsed NHS **health or medicines information**

☒ I have looked for **NHS services near me**
(Examples: urgent care, mental health, sexual health, NHS sight tests, …)

☒ I have recorded my decisions about **organ donation** and/or about how the NHS uses my **health data**

☒ I have accessed **health services for someone else** (family members or other people you care for)

☒ I have not used the NHS App in the last six months

☒ I prefer not to say

31. <u>For users of the NHS App</u>
How do you benefit from using the NHS App? Please tick <u>up to three</u> benefits. *

☒ I can access health services easily and conveniently anytime and from anywhere

☒ I save time and/or money by not having to travel as often to my GP surgery or pharmacy

☒ The NHS App saves me phone and waiting time to access health services

☒ I feel empowered to manage my health and wellbeing better

☒ My communication with my GP practice has improved

☒ I think the NHS App reduces the risk of my data being breached

☒ Other. <u>Please specify</u>:

32. **For all survey participants**
    What do you think is STOPPING people 65 and older from using the NHS App?
    Please pick what you believe are the 3 main reasons. *

    ☒ Having a **preference for in-person access** to their GP practice

    ☒ Having little or **no awareness of the NHS App** and the services it provides

    ☒ Being hindered by **health barriers**
    (Examples: vision or hearing loss, reduced hand dexterity, declining cognitive ability, mental and physical illnesses, disabilities, …)

    ☒ Struggling with the **cost of electronic devices and Internet services**

    ☒ Not having access to **a secure and reliable Internet connection**

    ☒ Lacking **digital know-how and confidence**

    ☒ Not having **sufficient access to suitable technical support**

    ☒ Depending on other for technical support makes them **feel bad**

    ☒ Having concerns over **data privacy, security and misuse**

33. **What do you think would ENCOURAGE people 65 and older to use the NHS App?**
   **Please pick what you believe the 3 most motivating incentives could be. ***

☐ Receiving reassurance that **the NHS App will not replace personal contact**

☐ Having greater **awareness of the NHS App** and the services it provides

☐ Having a better **understanding of the benefits of using the NHS App**

☐ The NHS App developing **services tailored to the needs of older people** (Examples: medication reminders, emergency support, healthy aging tips, end-of-life planning resources, …)

☐ The NHS App and communication about it being **more inclusive of all users** (Examples: with easily accessible content, assistive technology, use of images and videos for support, …)

☐ **Simplifying the registration process** and/or **the navigation** of the NHS App

☐ Having greater **access to support** adapted to the needs and preferences of older people

☐ Receiving reassurance about **data privacy and security**

☐ **Endorsement** of the NHS App by GP practice staff

SECTION 4: ACCESS TO TECHNICAL SUPPORT WHEN NEEDING HELP TO REGISTER TO OR USE THE NHS APP

34. **What form(s) of support would suit your needs and preferences best?**
Please tick up to 3 forms of support. *

☐ **Online written instructions**, help and FAQ sections

☐ **Online video tutorials** and/or **classes**

☐ **Online forums**

☐ Phone **helplines** and/or **helpdesk**

☐ **In-person, small group** support sessions

☐ **In-person, one-to-one** support sessions

☐ Step-by-step **paper guides**

☐ Other – Please specify: [_____]

35. **From whom would you prefer to receive support?**
Please tick up to 3 sources of support. *

☒ The NHS / my GP surgery

☒ Local libraries

☒ Community centres

☒ Charity organisations

☒ Church groups

☒ Sports and social clubs

☒ Peer support groups

☒ Friends and/or family

☒ Other – <u>Please specify</u>: [   ]

SECTION 5: YOUR VIEWS ON PROMOTIONAL MATERIALS

36. Now look at <u>poster A and poster B which you can find at the end of this survey</u>.
These two posters are advertising the <u>repeat prescription service</u> available on the NHS App. Which do you prefer with regards to …

	I prefer poster A	I prefer poster B	No preference
The appeal of **visuals / images**	☒	☒	☒
The colour contrast between text and background	☒	☒	☒
The size and font of the text	☒	☒	☒
The clarity of the information about the service and benefit(s) to patients	☒	☒	☒
The information provided for **accessing support**	☒	☒	☒
Overall preference	☒	☒	☒

Please write here comments you may have about <u>the poster you prefer overall</u>:

[   ]

37. Now look at <u>poster C and poster D which you can find at the end of this survey</u>. These two posters are advertising <u>some of the services available</u> on the NHS App. Which do you prefer with regards to …

	I prefer poster C	I prefer poster D	No preference
The appeal of **visuals / images**	☐	☐	☐
The colour contrast between text and background	☐	☐	☐
The size and font of the text	☐	☐	☐
The clarity of the information about the services	☐	☐	☐
The information provided for **accessing support**	☐	☐	☐
Overall preference	☐	☐	☐

Please write here comments you may have about <u>the poster you prefer overall</u>:

SECTION 6: YOUR DEMOGRAPHIC INFORMATION

In this next section we will be asking you some optional questions about yourself. <u>Remember</u>: all your answers are strictly confidential and the survey is anonymous.

38. What is the first half of your postcode? (Example: NR18)

<div style="border:1px solid #5bc2e7; width:480px; height:80px;"></div>

24. How old are you?

☒ 65-70 years old

☒ 71-75 years old

☒ 76-80 years old

☒ 81-85 years old

☒ 86-90 years old

☒ 91+ years old

25. What is your gender?

☒ Man

☒ Woman

☒ Non-binary

☒ Genderfluid

☒ Questioning

☒ Prefer not to say

☒ Prefer to self-describe:

<div style="border:1px solid #5bc2e7; width:1000px; height:80px;"></div>

26. What is your ethnic group?

Arab:

☒ Arab

Asian / Asian British:

☒ Bangladeshi

☒ Chinese

☒ Indian

☒ Pakistani

- ☒ Any other Asian / Asian British background

Black / Black British:

- ☒ African

- ☒ Caribbean

- ☒ Any other Black / Black British background

Mixed / Multiple ethnic groups:

- ☒ Asian and White

- ☒ Black African and White

- ☒ Black Caribbean and White

- ☒ Any other Mixed / Multiple ethnic groups background

White:

- ☒ British / English / Northern Irish / Scottish / Welsh

- ☒ Irish

- ☒ Gypsy, Traveller or Irish Traveller

- ☒ Roma

- ☒ Any other White background

Other:

- ☒ Any other Ethnic Group

- ☒ Prefer not to say

If other, please specify: _____

27. Please select what applies to you:

- ☒ I am a carer
- ☒ I have a long term health condition
- ☒ I have a physical impairment

☒ I have a sensory impairment

☒ I have a learning disability or difficulties

☒ I have a mental health condition

☒ None of the above

☒ I prefer not to say

28. Where did you hear about this survey?

☒ GP website

☒ Healthwatch Norfolk Event

☒ Healthwatch Norfolk Newsletter

☒ Healthwatch Norfolk Website

☒ News (website / radio / local newspaper)

☒ Search Engine (e.g. Google)

☒ Social Media (e.g. Facebook / Instagram / Twitter)

☒ Through a friend or co-worker

☒ YouTube

☒ Other (please specify):

```
[                                                    ]
```

Thank you for completing this survey.

POSTER A

NHS App

POSTER B

Order repeat
prescriptions
on the NHS App

POSTER C

POSTER D

On the NHS App you can:

- Order repeat prescriptions
- Book appointments

STAFF EXPERIENCE OF THE SHARED CARED RECORD IN PRIMARY CARE SETTINGS

This survey is aimed at healthcare professionals who are involved in direct patient care in primary care settings.

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure that they are heard by the people in charge.

What is this survey about?

The Norfolk and Waveney Shared Care Record (ShCR) was launched in February 2024. It aims to improve the coordination and quality of patient care by enabling healthcare professionals across different settings to access comprehensive and up-to-date patient information securely.

Healthwatch Norfolk is currently working with the Norfolk and Waveney Integrated Care Board (NWICB) to evaluate primary care staff experience of using the ShCR. Hearing directly from healthcare professionals will allow the Norfolk and Waveney ICB to gain a better understanding of their experiences in relation to the intended benefits.

The survey will take approximately 10 minutes to complete.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

Survey closing date: Monday 2nd September 2024.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous. The survey results will be used to make recommendations to NWICB as part of a project report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: www.healthwatchnorfolk.co.uk

Please note that questions marked with an asterisk (*) require responses.

1. Please tick to confirm *

☒ I have read and understood the above statement

2. Healthwatch Norfolk produce quarterly newsletters about health and social care in Norfolk.

If you'd like to receive this newsletter please leave your email here:

YOUR PROFESSIONAL BACKGROUND

3. **Please provide the first half of the GP Practice Postcode where you currently work**.

If you are a locum or regularly work at more than one GP practice, please provide the first half of the Practice Postcodes you spend the majority of your time.

4. **What is your professional role within the GP Practice? ***

☒ General Practitioner (GP)

☒ Physician Associate

☒ Nurse Practitioner

☒ Practice Nurse

☒ Paramedic

☒ Clinical Pharmacist

☒ Allied Health Professional

☒ Mental Health Practitioner

☒ Other (please specify): _____

5. **How many years have you been in practice?**
☒ 0-5 years

☒ 6-10 years

☒ 11-15 years

☐   16-20 years

☐   21+ years

6. **Do you feel that you have received adequate training on how to access and use the Shared Care Record?**

☐   Strongly agree

☐   Agree

☐   Neither agree nor disagree

☐   Disagree

☐   Strongly disagree

☐   I don't know / I prefer not to say

Please write here any comments you have about the training you have received on the Shared Care Record:

YOUR USE OF THE SHARED CARE RECORD

7. **In which professional context(s) have you personally used the Share Care Record in the last three months?**

   Please select all that apply:

- Initial consultation with new patient
- Routine and follow-up consultations
- Chronic disease management
- Preventative care, screenings and routine check-ups
- Health education and lifestyle counselling
- Referral to specialists
- Follow-up care / post-hospital discharge
- Care plan coordination
- Patient request to review medical history or seek second opinion
- Other context(s). Please specify:

8. **How often have you accessed the Share Care Record in the last three months?**

- Several times a day
- A few times a day
- Every day
- Almost every day
- Weekly
- Monthly
- Rarely
- Never

YOUR PROFESSIONAL EXPERIENCE OF USING THE SHARED CARE RECORD (IN RELATION TO THE INTENDED BENEFITS)

9. **Do you feel that the Shared Care Record has enabled you to make faster and better clinical decisions?**
- Strongly agree

- ☒ Agree

- ☒ Neither agree nor disagree

- ☒ Disagree

- ☒ Strongly disagree

- ☒ Not relevant to my role

10. **Do you feel that the Shared Care Record has contributed to the delivery of safer prescribing practices?**

- ☒ Strongly agree

- ☒ Agree

- ☒ Neither agree nor disagree

- ☒ Disagree

- ☒ Strongly disagree

- ☒ Not relevant to my role

11. **Do you feel that the Shared Care Record has improved patient care coordination with other health and social care providers?**

- ☒ Strongly agree

- ☒ Agree

- ☒ Neither agree nor disagree

- ☒ Disagree

- ☒ Strongly disagree

- ☒ Not relevant to my role

12. **Do you feel that the Shared Care Record has enabled you to better take into consideration the needs and wishes of your patients?**

- ☒ Strongly agree

- ☒ Agree

- ☒ Neither agree nor disagree

☒ Disagree

☒ Strongly disagree

☒ Not relevant to my role

13. **Do you feel that the streamlining of workflows through the Shared Care Record has allowed you to spend more time on direct patient care?**

☒ Strongly agree

☒ Agree

☒ Neither agree nor disagree

☒ Disagree

☒ Strongly disagree

☒ Not relevant to my role

HEALTHCARE STAFF SATISFACTION

14. **Overall, how satisfied are you with the Shared Care Record?**

☒ Very satisfied

☒ Satisfied

☒ Neither satisfied nor dissatisfied

☒ Dissatisfied

☒ Very dissatisfied

15. **Thinking about the issues and limitations you may have encountered whilst using the Shared Care Record, what specific improvements or features would enhance your experience?**

COMMUNICATION TO PATIENTS ABOUT THE SHARED CARE RECORD

16. **Does the GP surgery where you work inform patients about the Shared Care Record?**

☐ <u>Yes</u>, it does / it has informed patients

☐ <u>No</u>, it doesn't / it hasn't

☐ I don't know

☐ I prefer not to say

17. **If <u>yes</u>, how does the GP surgery where you work inform patients about the Shared Care Record? Please tick all that apply.**

☐ Posters and/or leaflets

☐ On the GP practice's website

☐ Letters to patients and/or newsletters

☐ Text messages to patients

☐ Via the NHS App

☐ Other (Please specify:

☐ I don't know / I prefer not to say

DEMOGRAPHICS

In this next section we will be asking you some optional questions about yourself. <u>Remember</u>: all your answers are strictly confidential and the survey is anonymous.

- **How old are you?**

☐ 18-25 years old

☒ 26-35 years old

☒ 36-45 years old

☒ 46-55 years old

☒ 56-65 years old

- **What is your gender?**

☒ Man

☒ Woman

☒ Non-binary

☒ Genderfluid

☒ Questioning

☒ Prefer not to say

☒ Prefer to self-describe:

[ ]

- **What is your sexuality?**
  If you feel that the boxes do not provide a suitable option, please write how you would describe your sexual orientation in the text box below.

☒ Bisexual

☒ Gay or Lesbian

☒ Heterosexual or Straight

☒ Pansexual

☒ Prefer not to say

☒ Prefer to self-describe:

[ ]

- **What is your ethnic group?**

Arab:

☒ Arab

Asian / Asian British:

☒ Bangladeshi

☒ Chinese

☒ Indian

☐ Pakistani

☒ Any other Asian / Asian British background

Black / Black British:

☒ African

☒ Caribbean

☒ Any other Black / Black British background

Mixed / Multiple ethnic groups:

☒ Asian and White

☒ Black African and White

☒ Black Caribbean and White

☒ Any other Mixed / Multiple ethnic groups background

White:

☒ British / English / Northern Irish / Scottish / Welsh

☒ Irish

☒ Gypsy, Traveller or Irish Traveller

☒ Roma

☒ Any other White background

Other:

☒ Any other Ethnic Group

☒ Prefer not to say

If other, please specify: _____

- **Where did you hear about this survey?**

☐ Healthwatch Norfolk Event

☐ Healthwatch Norfolk Website

☐ Social Media (E.g.: Facebook / Instagram / X)

☐ Communication from Norfolk and Waveney ICB

☐ Communication from Practice Manager or PPG

☐ Through a friend or co-worker

☐ Other (please specify): _____

Thank you for taking the time to complete this survey.

Are GP practice staff using your Shared Care Record when treating you?

The Shared Care Record is a way to bring together your most up-to-date health and care records from different organisations such as doctors surgeries, local hospitals and emergency services.

Your Shared Care Record may include information about your treatments and medications, allergies, test results, referrals, outpatient hospital appointments and inpatient stays.

Key benefits of medical staff using your Shared Care Record are:

- You do not need to remember information about your care,
- You don't have to keep repeating yourself during appointments.

Q1 - Were you aware of the Norfolk and Waveney Shared Care Record and its purpose before today?

☒ Yes

☒ No

☒ Unsure

Q2 – Were you asked to repeat medical information such as test results, treatments, medications or referrals during today's appointment?

☒ Yes

☒ No

☒ Unsure

Q3 – Would you be willing to remind practice staff of the Shared Care Record if they asked you to repeat your medical information again?

☒ Yes

☒ No

☒ Unsure

Q4 – If no/unsure, what support or resource would you need to take that step? Tick all that apply.

☒ (More) information about the Share Care Record to raise own awareness

☒ A small script to read out or hand over to healthcare staff during an appointment

☒ A dedicated physical or digital space to leave feedback for healthcare staff after an appointment

☒ Other – please specify:
_____

☒ Unsure

Thank you!

healthwotch
Norfolk