Patient views and experiences of digital health tools

Year 5 report

June 2026

Contents

Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: enquiries@healthwatchnorfolk.co.uk | Telephone: 0808 168 9669

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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

Project objectives and methodology

Healthwatch Norfolk was commissioned by the Norfolk and Waveney Integrated Care Board (now NHS Norfolk and Suffolk ICB) to undertake the fifth year of a programme of research exploring how people in the region experience and view digital health tools.

This year's project focused on people's engagement with the NHS App, alongside attitudes towards wider digital transformation, including the introduction of the Electronic Patient Record (EPR), the proposed Single Patient Record (SPR), and the use of artificial intelligence (AI) and patient-generated health data in care delivery. It also aimed to develop a better understanding of barriers and support needs affecting digital engagement among groups at greater risk of digital exclusion.

A mixed-methods approach was used, combining quantitative and qualitative research. A public survey, completed by 343 respondents, explored awareness and perceptions of the EPR, alongside barriers to and drivers of uptake and sustained engagement with the NHS App, and views on future digital health technologies. Four focus groups involving 21 participants, including disabled people, those experiencing financial hardship, and people with English as an Additional Language (EAL), provided deeper insight into the experiences of groups at greater risk of digital exclusion.

Key findings

There was broad public support for the introduction of the EPR, with people in our research widely recognising its potential to improve clinician access to patient information, strengthen coordination between departments and hospitals, support safer and faster clinical decision-making, and reduce reliance on patients having to remember and repeat complex medical histories. However, people told us they had concerns about system reliability, data security and privacy, the accuracy and completeness of records, organisational preparedness, and the potential impact of EPR use on patient–clinician interaction.

Confidence in the EPR was conditional rather than universal. People emphasised that trust would depend not only on technical delivery, but also on sustained public communication throughout system rollout, transparent governance arrangements, and real-world evidence demonstrating benefits in practice.

Baseline awareness of the NHS App was relatively high, although use remained selective and concentrated around a small number of core functions. The NHS App was commonly valued for providing convenient access to GP health records and test results, ordering prescriptions and viewing referral information. However, use is not yet fully embedded into routine healthcare behaviours, with many people continuing to prefer phone or face-to-face contact with their GP practice.

Barriers to NHS App uptake and sustained use were diverse and often interconnected. People described complex registration and identity verification processes, login difficulties, and challenges locating features. System-level issues also contributed, including multiple digital access routes into services and variation in how NHS App functions are enabled across GP practices, resulting in a fragmented and inconsistent user experience.

Disabled people, those experiencing financial hardship, and people with EAL described additional barriers relating to digital confidence, accessibility and usability. Challenges included remembering credentials, navigating visually dense layouts and multi-step processes, understanding medical terminology, and concerns about session duration and stability. Language barriers and the limited availability of integrated accessibility features often compounded these challenges, increasing cognitive burden and reducing people's ability to use digital services independently.

Engagement with the NHS App was therefore shaped by a simple but critical dynamic: the balance between perceived effort and perceived value. Where the effort required - whether technical, cognitive or linguistic - exceeded the perceived benefit, people were more likely to disengage or revert to non-digital routes of access to healthcare.

Findings indicate cautious acceptance of the growing digitalisation of healthcare, rather than strong resistance. Support was highest for practical, patient-facing

improvements, particularly those that enhance existing care pathways, improve visibility of health information, and enable greater patient involvement in managing their own health. The proposed Single Patient Record was viewed positively in this context. Attitudes towards more advanced digital tools, including artificial intelligence and wearable data integration, were more guarded, particularly where systems were perceived as highly automated, experimental, or reducing clinician involvement and oversight in care delivery.

Concerns about digital transformation centred on data security, governance and trust, alongside system reliability and organisational readiness. Participants also highlighted the importance of preserving human interaction in care and raised concerns about digital exclusion, particularly inequalities linked to the cost of connectivity, digital skills, disability and language barriers.

Recommendations

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

- **Prioritise usability, accessibility, and consistency in digital services**

Digital tools must deliver clear, practical value that outweighs the effort required to use them if they are to be widely adopted and used effectively.

- **Embed inclusion and accessibility in all aspects of digital transformation**

Digital healthcare should be inclusive by design, reducing rather than reinforcing existing inequalities.

- **Maintain patient choice and protect person-centred care**

Digital healthcare should expand, rather than restrict, access to services and information while preserving the relational aspects of care.

- **Build trust through transparency and accountability**

Public confidence depends not only on robust governance and clear accountability, but also on how clearly these arrangements are communicated, understood, and experienced in practice.

Further detail on how these recommendations can be implemented is provided in the *Recommendations* chapter of this report..

Why we looked at this

Project background

The NHS Long Term Plan set out ambitions to give every child the best start in life, deliver world-class care for major health conditions, and support people to live healthier, more independent lives for longer. Central to achieving these ambitions was the development of more person-centred models of care, increased patient choice, and greater use of digital technologies to improve how people access services and manage their health (NHS England, 2019).

Further to this, the Government's *Fit for the Future: 10 Year Health Plan for England* (2025) outlines a vision for a health and care system that is increasingly integrated, preventative and digitally enabled. A central theme of the plan is the shift from analogue to digital, with digital transformation positioned as a key enabler of more efficient services and improved patient experiences and outcomes (UK Government, 2025).

At a local level, Integrated Care Systems (ICSs) are responsible for implementing these national priorities. In Norfolk and Waveney, a major digital transformation programme is underway, with key objectives outlined in the *Digital Transformation Strategic Plan and Roadmap* (Norfolk and Waveney ICS, 2023). This programme includes expanding the NHS App, implementing interoperable real-time digital health records across services, and developing the use of emerging technologies such as artificial intelligence (AI) and patient-generated data to support care delivery.

However, the success of digital transformation depends on digital tools being accessible, trusted and responsive to the needs of those expected to use them. Understanding public views and experiences is therefore essential to ensure that digital innovation improves care without widening existing health and digital inequalities (Pham, 2025).

Recognising the importance of public involvement in shaping digital transformation, the former NHS Norfolk and Waveney Integrated Care Board (ICB), now part of NHS Norfolk and Suffolk ICB, commissioned Healthwatch Norfolk in 2021 to deliver a programme of public engagement to understand how people use digital health tools across the region, including early work on awareness and use of the NHS App.

Following completion of the initial phase, the programme was extended for a further three years to deepen understanding of the experiences and perspectives of both healthcare professionals and the public, including groups at greater risk of digital exclusion. Reports from Years 1–4 of the programme are available on the Healthwatch Norfolk website (https://healthwatchnorfolk.co.uk/?s=digital+tools).

Year 5 project objectives

The primary objective in Year 5 was to explore how people across Norfolk and Waveney engage with the NHS App, alongside their hopes and concerns regarding planned developments. This included the introduction of the Electronic Patient Record (EPR), the proposed Single Patient Record (SPR), and the use of artificial intelligence (AI) and patient-generated data from wearables and health-monitoring devices in care delivery.

The project aimed to identify opportunities to increase digital engagement, inform service design, improve user experience, and strengthen communications to support public preparedness for upcoming changes.

A further objective was to develop a more detailed understanding of NHS App awareness, usage, and the barriers and facilitators influencing uptake and sustained engagement among people who may be at greater risk of digital exclusion. These groups included:

- Disabled people and those living with sensory, physical, cognitive, learning or neurodevelopmental impairments or conditions
- People experiencing financial hardship
- People with English as an Additional Language (EAL)

Insights gathered through focus groups provided depth and context to the general public survey findings, helping to explain how digital tools are experienced in practice and the factors shaping access and adoption.

Digital tools, technologies and digital exclusion

NHS App

The NHS App was launched nationally in January 2019 to support people to take a more active role in managing their own health and care. It provides a digital access point to a range of NHS services and information. Core features include booking and managing GP appointments, ordering repeat prescriptions, viewing parts of GP health records and test results, accessing trusted health information, and locating local health services (NHS England, 2026a).

Since its launch, the NHS App has continued to evolve in response to user feedback and wider policy developments. For example, a redesigned home page was recently introduced to make it easier for users to find key features and information (NHS England, 2026b).

The NHS App is expected to play an increasingly important role in future healthcare delivery. The *10 Year Health Plan for England* (2025) positions it as the "*digital front door*" to the NHS and outlines a vision in which everyone has access to a virtual assistant, described as a *"doctor in their pocket"*, capable of providing 24/7 health advice and guidance. Proposed developments include AI-enabled health advice and triage, greater patient choice and control over healthcare pathways, integrated health records, and access to data from wearables and remote monitoring devices (UK Government, 2025).

Use of the NHS App has grown significantly, with 41.3 million registrations recorded by April 2026. However, only 14.9 million users are active monthly, indicating that initial uptake does not always translate into regular or sustained use (NHS England, 2026c).

Engagement varies across population groups. Lower uptake has been observed among people living in more deprived areas, older adults, individuals with complex health needs, and some ethnic minority communities, particularly where language barriers exist (Sukriti et al., 2023).

Without appropriate support and inclusive design, the NHS App could reinforce existing health and digital inequalities (Reidy *et al.*, 2025).

Digital health records

Digital health records are delivered through interconnected systems that support the storage, access, and sharing of patient information across health and care services.

Shared Care Records (ShCR), introduced as part of the *Data Saves Lives* paper (UK Government, 2022), enable authorised frontline staff to access a consolidated, read-only view of patient information from across health and care settings within a region (NHS England, 2023a).

Electronic Patient Records (EPR) are organisation-level systems used to document patient care, manage day-to-day healthcare activities and support clinical decision-making. In Norfolk and Waveney, the EPR is intended to replace paper records and legacy digital platforms across the three acute hospital trusts (NHS Norfolk and Suffolk ICB, 2026). Although initially planned for March 2026, implementation has been delayed to Spring 2027 (Sollof, 2026).

Looking ahead, the proposed Single Patient Record (SPR) aims to create a unified, secure and nationally accessible patient record incorporating data from across services, including patient-generated data. This would support safer, more coordinated, and more personalised care (Department of Health and Social Care, 2026). The SPR is expected to link with the NHS App by 2028 to give patients greater visibility of their health information (NHS England, 2026d).

While digital health records offer benefits such as improved communication with clinicians, and better self-management (Tapuria *et al.,* 2021; Hagström, 2022), concerns remain. Data security and privacy are key barriers, alongside issues relating to digital

literacy, awareness, and perceived value (Papoutsi, 2015; Greenhalgh, 2008). These issues are particularly relevant for groups already at risk of digital exclusion (Adams *et al.*, 2024; Diffin *et al.*, 2019).

Artificial intelligence in healthcare

The NHS is expanding the role of artificial intelligence (AI), with aspirations to become a leading AI-enabled healthcare system (UK Government, 2025). AI has potential applications across diagnosis, risk prediction and care management, with benefits including improved efficiency and reduced administrative burden (Regulatory Horizons Council, 2022).

However, public attitudes towards AI use in healthcare remain cautious. Concerns include accuracy, safety, accountability and regulation, alongside a strong preference for human oversight (Fritsch *et al.*, 2022; Kuhne, 2025). Issues of bias are also widely recognised, particularly where datasets do not reflect diverse populations (Celi *et al.*, 2022).

These findings highlight the importance of trust, transparency, and appropriate safeguards in ensuring that AI is implemented in a way that is safe and equitable to the public.

Digital exclusion

Digital exclusion is closely linked to socioeconomic disadvantage and rurality. People on lower incomes often face barriers to accessing devices and reliable connectivity. They may also have lower levels of digital confidence (Good Things Foundation, 2024a; Richardson et al., 2023). In rural areas, patchy broadband coverage and infrastructure limitations further contribute to digital inequality (Norfolk County Council, 2021). Together, these factors can make it more difficult for people living in underserved areas to use digital health tools and navigate care (Good Things Foundation, 2024a; Barker et al., 2025).

People with disabilities and long-term health conditions can encounter additional barriers when accessing digital health services. Those with sensory impairments may

find it challenging to navigate online platforms without access to appropriate assistive technologies. People with cognitive impairments, learning disabilities and neurodevelopmental conditions may struggle with complex interfaces and rely on support to use digital systems (Ko et al., 2025; Pettersson et al., 2023). Practical issues such as online forms timing out, or difficulties in explaining needs, can create stress and limit access to care (Sense, 2024). These challenges are often compounded by wider access issues, including limited access to devices and connectivity and lower levels of digital skills (Kamerade et al., 2025).

Language barriers can also affect how people engage with digital health services. Around one million people in the UK are not able to speak English well or at all, and this group is more likely to experience poorer health outcomes (NHS England, 2025). Many digital services are primarily designed for English-speaking users, meaning some people must rely on family members or informal support to interpret information, which can reduce independence and confidentiality. In some cases, the removal of non-digital access routes has led some people to delay access or disengage from healthcare services altogether (Islam et al., 2024). This highlights the importance of involving culturally and linguistically diverse communities in the development of digital health technologies to ensure they are accessible and responsive to user needs (Whitehead et al., 2023).

Demographic and socioeconomic factors that influence engagement with digital healthcare are also present in Norfolk and Waveney. Around 165,000 people live in some of the most deprived areas in England, including parts of Norwich, Great Yarmouth, Thetford and King's Lynn, as well as coastal and rural communities (Norfolk County Council, 2025). Disability is also a key factor, with around one in five people in the region living with a long-term condition or disability that affects daily activities. Language can also affect access, with around 5% of the population not speaking English as their main language, and of these, one in five unable to speak English well or at all (ONS, 2021).

Taken together, this evidence highlights the importance of access to devices and connectivity, digital skills, usability and accessibility, and the support available to people. These domains, identified in the NHS Inclusive Digital Healthcare Framework, emphasise the need for a coordinated, system-wide approach to improving digital inclusion (NHS England, 2023b; Good Things Foundation, 2024b).

How we did this

The primary objective of the project was to explore how people in Norfolk and Waveney engage with the NHS App, alongside their attitudes towards wider digital innovations in healthcare, including shared digital records (the Electronic Patient Record and the Single Patient Record), artificial intelligence, and the use of patient-generated data from wearables. This objective was addressed through a survey of the general public.

A further objective was to develop a more detailed understanding of experiences of the NHS App and views on emerging technologies among population groups at greater risk of digital exclusion. These groups included disabled people and those living with sensory, physical, cognitive, learning, or neurodevelopmental impairments or conditions; people experiencing financial hardship; and people for whom English is an Additional Language (EAL). This objective was addressed through focus groups.

General public survey

The survey explored the following key themes:

- Public awareness, perceptions and confidence in the Electronic Patient Record (EPR)
- NHS App awareness and perceived benefits
- Barriers to, and drivers of uptake and ongoing engagement with the NHS App
- Hopes and concerns relating to future digital health tools and technologies

The questionnaire included a combination of multiple-choice, closed-ended, and open-ended questions. To maximise accessibility for people with varying levels of digital confidence, the survey was available online and in paper format. The online version was hosted on SmartSurvey. An Easy Read version was available on request, and respondents also had the option to complete the survey by telephone with support from Healthwatch Norfolk staff.

The survey was promoted via GP websites, the Healthwatch Norfolk website, and social media platforms. Hard copies were distributed through Healthwatch Norfolk's regular community engagement activities, with additional outreach undertaken at Wymondham Leisure Centre.

The survey opened in the week commencing 2nd March 2026 and closed on 14th April 2026. We received 343 responses.

Quantitative and free text data were 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. Findings are detailed in the *What we found out* section of this report.

A copy of the survey questionnaire, and a demographic profile of respondents, are included in the annex of this report.

Focus groups

Participants were recruited through Healthwatch Norfolk's existing relationships with local community organisations, including:

- The Feed, which promotes positive and lasting change within disadvantaged communities
- About with Friends, which supports people with learning disabilities to live the lives they choose
- The Build, which provides social, leisure and learning opportunities for disabled people
- GYROS, which supports culturally and linguistically diverse communities

The focus groups were conducted in January and February 2026. In total, qualitative feedback was gathered from 21 participants, including 7 disabled people, 6 people experiencing financial hardship, and 8 people for whom English was not their first language. The latter group included Lithuanian-, Latvian-, Russian-, and Portuguese-speaking participants. Interpreters supported the

focus groups where required, ensuring participants were able to take part in discussions in their preferred language.

During the focus groups, participants discussed:

- Digital skills and confidence
- Experiences of healthcare services
- Awareness, use and perceived benefits of the NHS App
- Barriers to engagement and support needs
- Views on future digital health tools and technologies

Discussions were transcribed using an artificial intelligence-powered service provided by Rev.com and analysed using Framework Analysis, a matrix-based method for organising and interpreting qualitative data. The analysis was informed by the Unified Theory of Acceptance and Use of Technology (UTAUT), which suggests that technology adoption is shaped by four key factors: performance expectancy, effort expectancy, social influence, and facilitating conditions (Venkatesh *et al.,* 2003).

Findings are detailed in the *What we found out* section of this report.

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 survey and focus groups was voluntary and based on self-selection. As respondents were not randomly sampled, the findings cannot be generalised to all Norfolk residents or all users of digital health tools.

Although efforts were made to engage a diverse sample, the demographic profile of survey respondents does not fully reflect the local population (Norfolk County Council, 2024). Compared to Norfolk population data, there was an overrepresentation of women (65%) and people aged 65 and over (62%).

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 skilled individuals, skewing results toward people who are more confident engaging with digital health services.

Nevertheless, the project provides valuable insights into the experiences, views, and priorities of a broad range of participants and highlights key considerations for improving digital health access and engagement.

What we found out

Public awareness, perceptions and confidence in the Electronic Patient Record (EPR)

Healthwatch Norfolk undertook a public engagement survey to understand levels of awareness and understanding of the EPR, perceived benefits and concerns, and the factors most likely to influence public trust, confidence and acceptance of the system. The following sections provide insight into public views and expectations of the EPR, alongside key considerations for implementation planning, communication and trust-building during system rollout.

Public awareness of the Electronic Patient Record

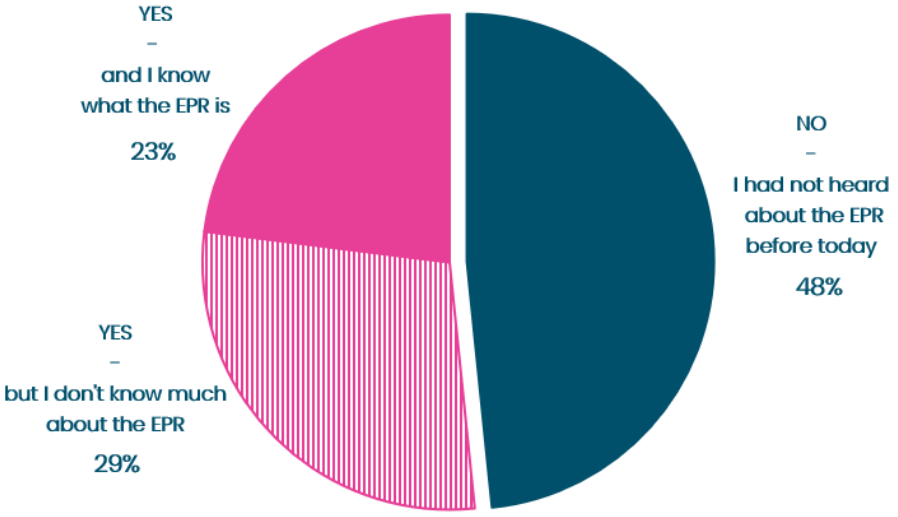


Figure 1. Percentage responses to the question: Before today, had you heard that Norfolk & Waveney hospitals are introducing a new electronic patient record (EPR) system?

Prior to completing the survey, awareness of the new Electronic Patient Record (EPR) was mixed (Figure 1). Nearly half of respondents who answered this question (48% - 164) reported being unaware of the EPR. A further 29% (97) indicated that they knew the system was being introduced but had limited understanding of its purpose and

functionality, while 23% (78) stated that they were already familiar with the EPR and understood its intended role.

There is therefore a **clear need for strengthened and targeted public communication and engagement activity to improve awareness and understanding of the EPR, including clearer explanations of how the system will operate and the potential benefits it may bring for both clinicians and patients.**

Perceived benefits of the Electronic Patient Record

The Norfolk & Waveney Electronic Patient Record (EPR) was widely expected by respondents to deliver substantial improvements across hospital care delivery (Figure 2).

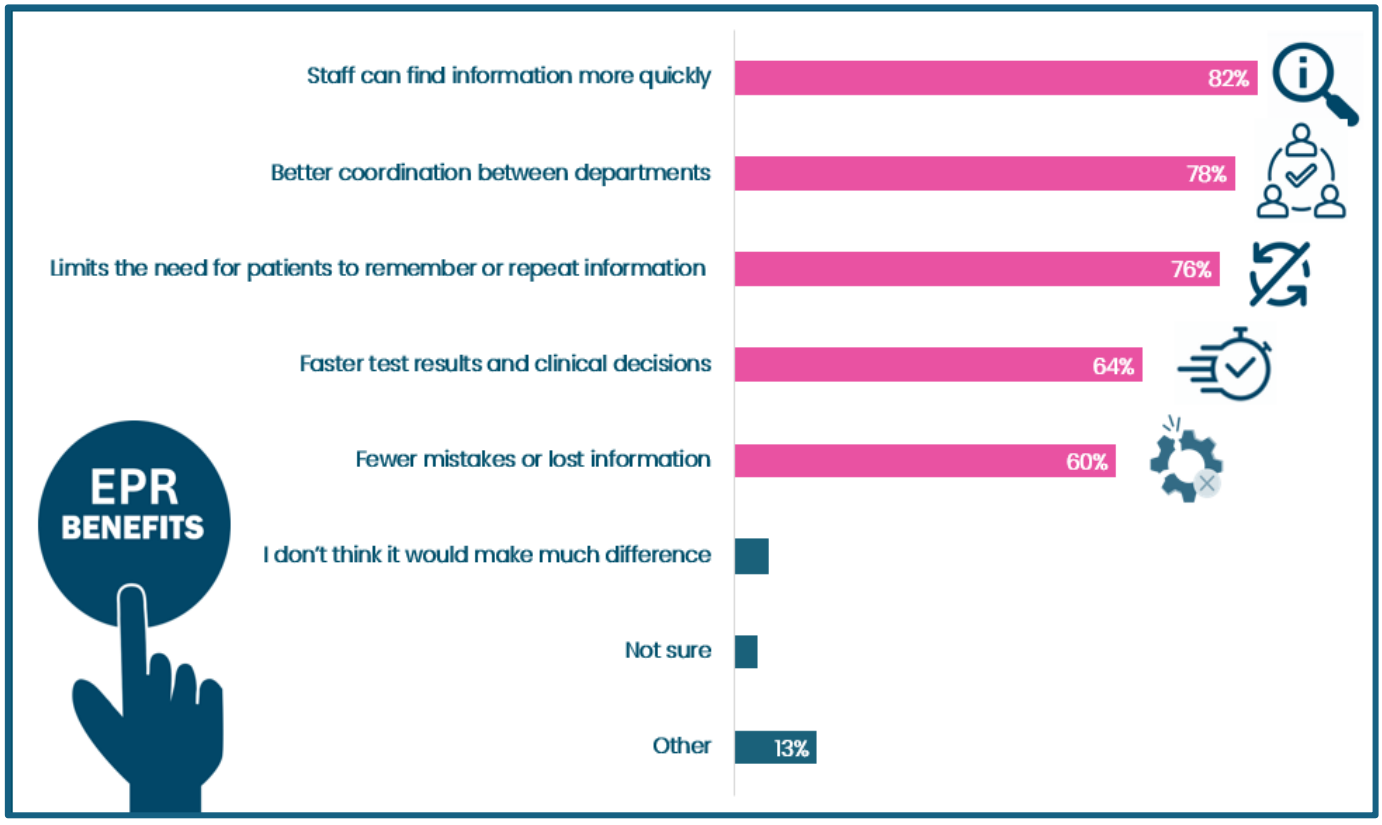


Figure 2. Percentage responses to the question: If hospitals use a single digital record instead of paper notes, what benefits (if any) do you think this could have for patients?

As shown in Figure 2, **the most frequently identified benefit was improved access to patient information**, with 82%(278) of respondents believing that the EPR would enable healthcare staff to access records more quickly and efficiently. Participants described current reliance on paper records as outdated and administratively burdensome. One respondent noted that they were *"always shocked when visiting hospital"* that staff still relied on *"masses of old papers in tatty old files*." Another explained that staff *"would not have to lug around great books of notes on trolleys before each clinic"*. In contrast, the EPR was seen as enabling clinicians to search for *"key words or phrases to get the info they want quickly,"* potentially **streamlining clinical workflows and reducing administrative burden**. This shift was perceived as allowing more time to be dedicated to direct patient care.

Improved coordination between departments and hospitals was also strongly anticipated, with 78% (255) of survey participants identifying this as a key benefit. They highlighted the **potential for more seamless and timely information sharing across services**, particularly in complex hospital environments where patients move between departments, wards, outpatient clinics, and specialist teams. Comments such as *"better and faster information sharing across departments and hospitals"* and *"I think this should improve coordination"* reflect expectations of improved continuity and integration of care.

Linked to this improved connectivity, respondents also identified expected benefits in **clinical timeliness and diagnostic efficiency**. Around two thirds of respondents (64%, 217) anticipated faster and more holistic assessments, including quicker access to test results, more timely clinical decisions and fewer delays in treatment because critical information would be immediately available. One respondent explained *"Hopefully [clinicians will be able to establish] if some symptoms are ones off or all point to an underlining illness,"* highlighting expectations that improved access to comprehensive patient histories will support more accurate clinical interpretation and earlier diagnosis.

Patient safety was another key perceived benefit, with 60% (203) of respondents **expecting the EPR to reduce mistakes or instances of lost information.**

The EPR was seen to reduce clinical risk by ensuring that critical information is immediately available to clinicians, thereby reducing the likelihood of errors such as prescribing contraindicated medications, repeating unnecessary investigations or relying on incomplete or incorrect patient recall during consultations. A respondent expressed particularly strong confidence in the safety benefits, with one stating that the EPR would *"eliminate negligence."*

A further commonly identified benefit related to reducing reliance on patient recall. More than three quarters of respondents (76%, 258) believed that the EPR could support more equitable access to care by ensuring that healthcare professionals have direct access to accurate medical information, rather than relying on patients to recall complex health histories during consultations.

Respondents emphasised that patients and their advocates would no longer need to act as *"walking and talking medical records,"* reducing the burden of remembering and retelling detailed health information. One participant noted, *"I wouldn't have to try and remember information about my healthcare,"* while another stated, *"I would [not have to be] relying on a failing memory."* This potential benefit was highlighted most strongly in relation to older adults, who often *"can't remember, especially names of medicines",* but could also support people living with learning disabilities or cognitive impairments, as well as patients with English as an additional language or those experiencing acute illness or delirium.

A small number of respondents incorrectly assumed that the EPR would provide direct patient access to full hospital records. For example, one respondent stated that, with the EPR, it would become *"easier for patients to access and read their full records",* while another added that *"patient access to EPR means incorrect information could be corrected."* These comments appear to reflect broader expectations around transparency, information accuracy, and opportunities for patients to identify and correct errors within their records. **This misconception may need to be addressed through future communications activity** to ensure public understanding of the EPR's functionality and to manage expectations appropriately.

While respondents widely recognised the potential benefits of the EPR, a notable number of comments also highlighted concerns about the system and its implementation, which are explored in the following section.

Concerns about hospitals using the Electronic Patient Record

When asked how confident they would feel about hospitals using the Electronic Patient Record (EPR) as part of their care, **60% of respondents expressed an overall positive level of confidence in the system (Figure 3)**. Of these, 47% (160) reported feeling quite confident, while a further 13% (46) described themselves as very confident.

The data implies that many respondents recognised the potential benefits of the EPR and felt reassured by the proposed move towards more integrated digital records within hospital care.

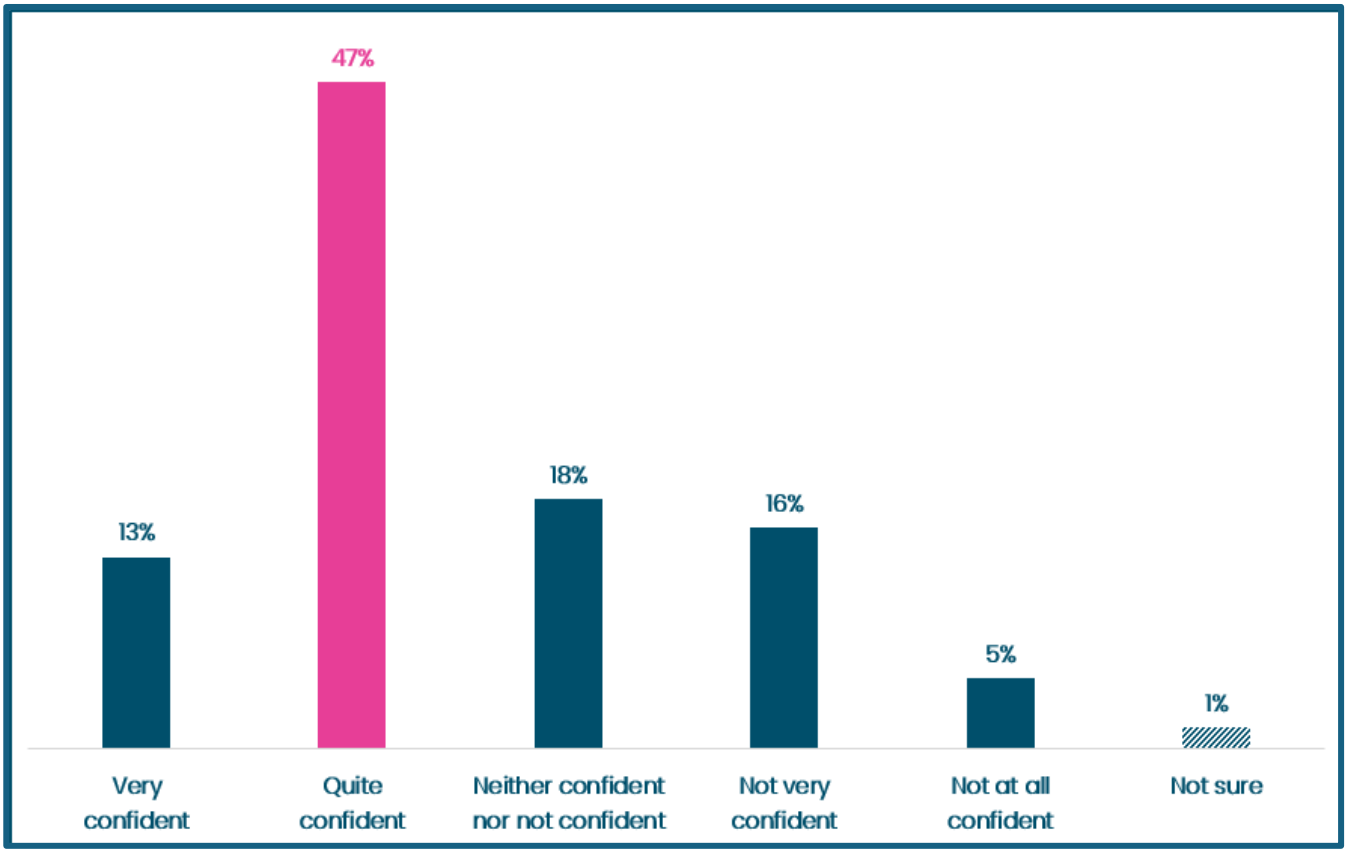


Figure 3. Percentage responses to the question: Overall, how confident would you feel about hospitals using a fully electronic patient record for your care?

However, confidence was not universal. Just under one fifth of survey participants (18%, 60) expressed more ambivalent views, while a similar proportion (21%, 70) reported a lack of confidence in the system.

Together, these findings indicate that, although perceptions of the EPR were generally positive, **a substantial minority of respondents held reservations or uncertainties about the reliability of the EPR and implementation readiness.**

Concerns regarding EPR reliability, data security, and information integrity

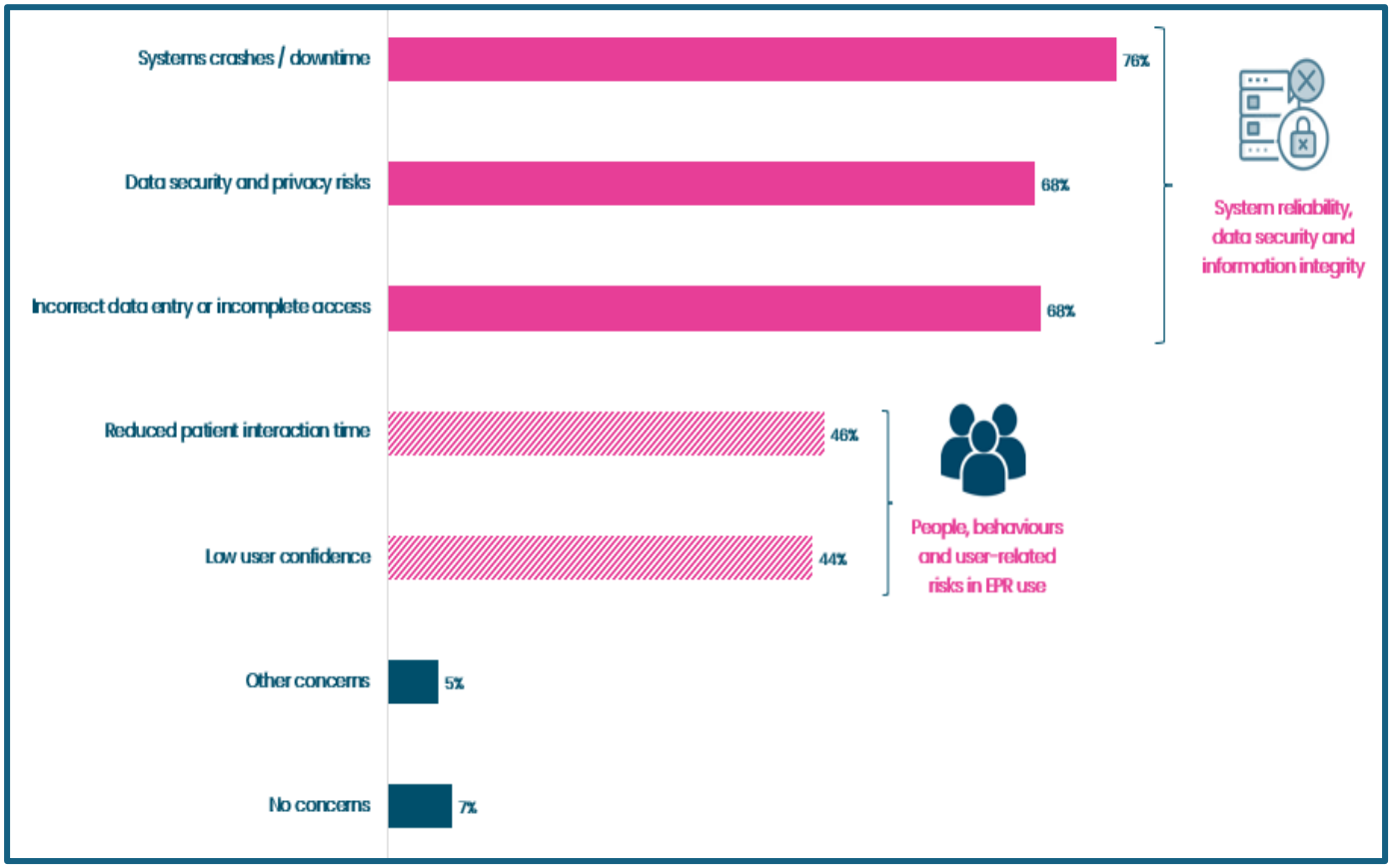
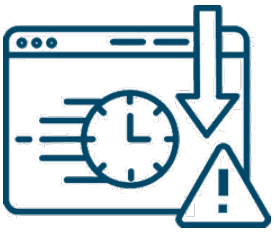


Figure 4. Percentage responses to the question: What concerns, if any, would you have about hospitals using a fully electronic patient record?

When asked about potential concerns regarding hospitals using a fully electronic patient record (EPR), the most frequently identified issue was system crashes or downtime (76%, 259), followed by data security and privacy risks (68%, 230) and the possibility of incorrect data entry or incomplete access to patient information (68%, 232) (Figure 4).

Taken together, these responses reveal significant public **apprehensions relating to system reliability, cyber security, and the integrity of clinical information, as well as the potential impact of technical failures on patient care.**



Respondents were concerned not only about minor technical problems, but also about the **possibility of system-wide failures or extended outages disrupting clinical care**. Respondents highlighted anxieties regarding slow or unreliable EPR performance, particularly where delays in updating records could prevent healthcare professionals from accessing current, real-time information, potentially affecting clinical decisions:

> *[I am concerned about the EPR] system not updating quick enough.*

> *Digital records make for a worse experience for patients as there are so many outages.*

> *At least with paper notes staff do not have to wait for the system to come back online before being able to access them.*

Survey participants also emphasised the **importance of robust backup and recovery arrangements to safeguard information, prevent data loss and ensure continuity of care during system downtime:**

> *[What if] the new system is implemented and fails completely to work?*

> *Such a system would need to be fully and regularly backed up at a remote location.*

Some participants questioned whether hospitals currently have adequate contingency arrangements in place, including sufficient manual backup processes and the ability to restore records rapidly during outages. As one participant noted:

> *There needs to be some kind of fail safe... If the system crashes medical staff need to be able to bring up a recently backed up version.*

Similarly, another respondent expressed doubt about organisational preparedness, stating:

> *I am not convinced that hospitals will have manual backup systems and capacity to restore information to the electronic record if the electronic system goes down.*

Another major concern related to **data security and privacy, in particular the potential misuse or secondary use of patient information.** These concerns were often compounded by the perceived reliance on external companies to process NHS data particularly Palantir Technologies, a US-based data analytics company.

Many respondents expressed worries that **healthcare data could be used for political, commercial, or administrative purposes beyond direct patient care**. This included concerns about profit-driven motivations and the adequacy of safeguards protecting patient information:

> *[A worry is the] dependence on outside suppliers such as Palantir, whose interests are profit and exploitation rather than concern for patients and the NHS. What protection will there be against this?*

> *[I am concerned about the] sharing of data with large corporations who may monetise the information.*

Several respondents also raised questions regarding data sovereignty and international transfer with several comments highlighting **concerns about records being sent, stored or accessed outside the UK, particularly in the USA or China**. These concerns reflected broader anxieties about who controls sensitive health information and how data may be protected if accessed outside the UK:

> *I do not want any sensitive personal data rendered liable to export or access to/from outside the UK or EU.*

> *[I am anxious about] data being migrated outside of the NHS. and used by other companies especially in the USA or China.*

A third and strongly recurring concern related to system security, reliability, and trust in digital infrastructure. Respondents frequently worried about the **risk of both accidental and malicious loss of records**, alongside perceived vulnerabilities of the EPR to **cyber threats** such as hacking and ransomware. Some questioned whether data could ever be fully protected from loss or degradation:

> *I do not accept that systems are secure nor safe to the extent that data cannot be lost or degraded.*

> *[I am concerned about] records being deleted, either accidentally or maliciously.*

These perceived vulnerabilities were often underpinned by **wider scepticism regarding the robustness of government digital systems**. Some respondents suggested that cyberattacks were an inevitable risk, regardless of assurances regarding security:

> *Like all Government digital systems this will be prone to hacking no matter how many assurances are made that it is secure.*

> *[My concern is that the EPR will] not being maintained and [thus become] accessible to hackers and ransomware.*

Some respondents framed their concerns within a wider context of historical experience and institutional trust. **References to previous large-scale digital failures** highlighted a belief that national IT programmes carry inherent risk and may not deliver intended outcomes:

> *The history of NHS electronic records has been a disaster (e.g. Scottish HIS [Hospital Information System] in the 1990's). I suspect this will cost a great deal of money for a poor outcome.*

> *What protection will there be against a repeat of the Post Office scandal?*

Another key concern is that is that important **clinical information may be difficult to retrieve, lost or omitted during transitions between systems.**

Respondents expressed uncertainties about how historical data from legacy paper records and fragmented digital systems would be preserved and integrated, raising **fears that important medical information could be lost, excluded or become inaccessible once systems are replaced**. One participant questioned, *"What will happen to the historic information in the systems that are being replaced? How will staff access that? What about all the data from other systems?"*, while another highlighted concerns about *"lack of integration from multiple systems, meaning information [could be] lost or sent to the wrong place."* This was reinforced by worries that detailed clinical notes might not transfer in full, with one respondent noting, *"My notes are copious and I am sure that chunks would be missed out during transfer."* Overall, these concerns underscore the importance of robust data migration and interoperability during system implementation.

Concerns regarding people, behaviours and user-related risks

Survey participants also identified issues relating to people, behaviours, and user-related risks in EPR use, particularly reduced patient interaction time (46%, 155) and low user confidence (44%, 151) (Figure 4).

Just under half of respondents suggested that **the EPR may shift clinician focus away from patients, reducing meaningful interpersonal interaction.**

Increased reliance on digital systems was seen as a factor that could reduce attentiveness during consultations and weaken the patient–clinician relationship:

> *It would only benefit patients if the clinicians are allocated time to read the information.*

> *[My concern is] staff not listening. Don't avoid the human contact, Digital [systems] cause big frustrations.*

A contrasting perspective acknowledged the importance of electronic records but stressed that **the EPR should support, rather than compete with, clinical attention during appointments.** Respondents explained that administrative tasks should not take place during consultations, as this may detract from direct patient engagement. Instead, **documentation should be completed outside of appointment time to preserve interaction quality**. One respondent observed that *"Healthcare professionals can read up on a patient's notes prior to seeing [them] in person so that full consideration is given at the appointment to the individual"*, and that *"notes must not be written up whilst the patient is being seen but, [instead], time [should be] allocated to updating the electronic records post appointment."*

Another concern relates to the continued reliance on accurate data entry by staff, with respondents highlighting that **human error, including copying mistakes from existing records, may result in incorrect or misleading information.** Several respondents emphasised that the reliability of the system is fundamentally dependent on the accuracy of input:

> The system will only be as good as the person inputting the info.

> *A single digital record is only as good as the information added to it. There is still a human element which can go wrong!*

> *Any benefits in using this system are entirely dependent upon the efficiency of staff entering information correctly. Human error could be life threatening where checks are not made.*

In addition to general data entry errors, survey participants also highlighted risks associated with copying existing records, which may potentially lead to the **repetition of inaccuracies across the care pathway**:

> *[I am concerned about] incorrect information just [being] replicated.*

> *Incorrect coding and misdiagnosed being perpetuated.*

> *If staff record the wrong information this may be propagated in future appointments.*

Respondents also suggested that the EPR may encourage over-summarisation or incomplete recording of following consultations, potentially **reducing the clarity and richness of clinical information and leading to an incomplete understanding of the patient's condition across teams**. This concern was closely linked to the need for records to accurately reflect the patient's own account, rather than being filtered or reshaped by structured templates or automated tools within the EPR:

> *I don't believe it will help as it is dependent upon accurate and complete input of information.*

> *I have had experience of information being recorded so succinctly [that] it has failed to capture fully the symptoms, and so the full problem is not understood by other departments.*

> *What the patient actually says being [recorded in the EPR], not as written from the perspective of the clinician.*

Finally, **a last concern relates to staff training and digital competence**, with respondents emphasising that the successful adoption and **effective use of the EPR is highly dependent on comprehensive training across all levels of staff.**

There was a perception that the system may present usability challenges and that insufficient training or variability in digital skills could therefore undermine its safe and effective use. As one survey participant noted, *"It depends on all staff at all levels being digitally competent,"* while others highlighted the need for training to be both thorough and consistent, stating that *"training is key"*, and *"staff training must be rigorous"*. In addition, participants emphasised that training should not only focus on technical navigation of the system but also on safe clinical use, including ensuring that staff verify and interpret patient records accurately before consultations, as one respondent highlighted: *"Staff need to be trained to read the notes before speaking to a patient. Also make sure they are the correct notes for the patient they are dealing with."*

Improving confidence in hospital use of the EPR

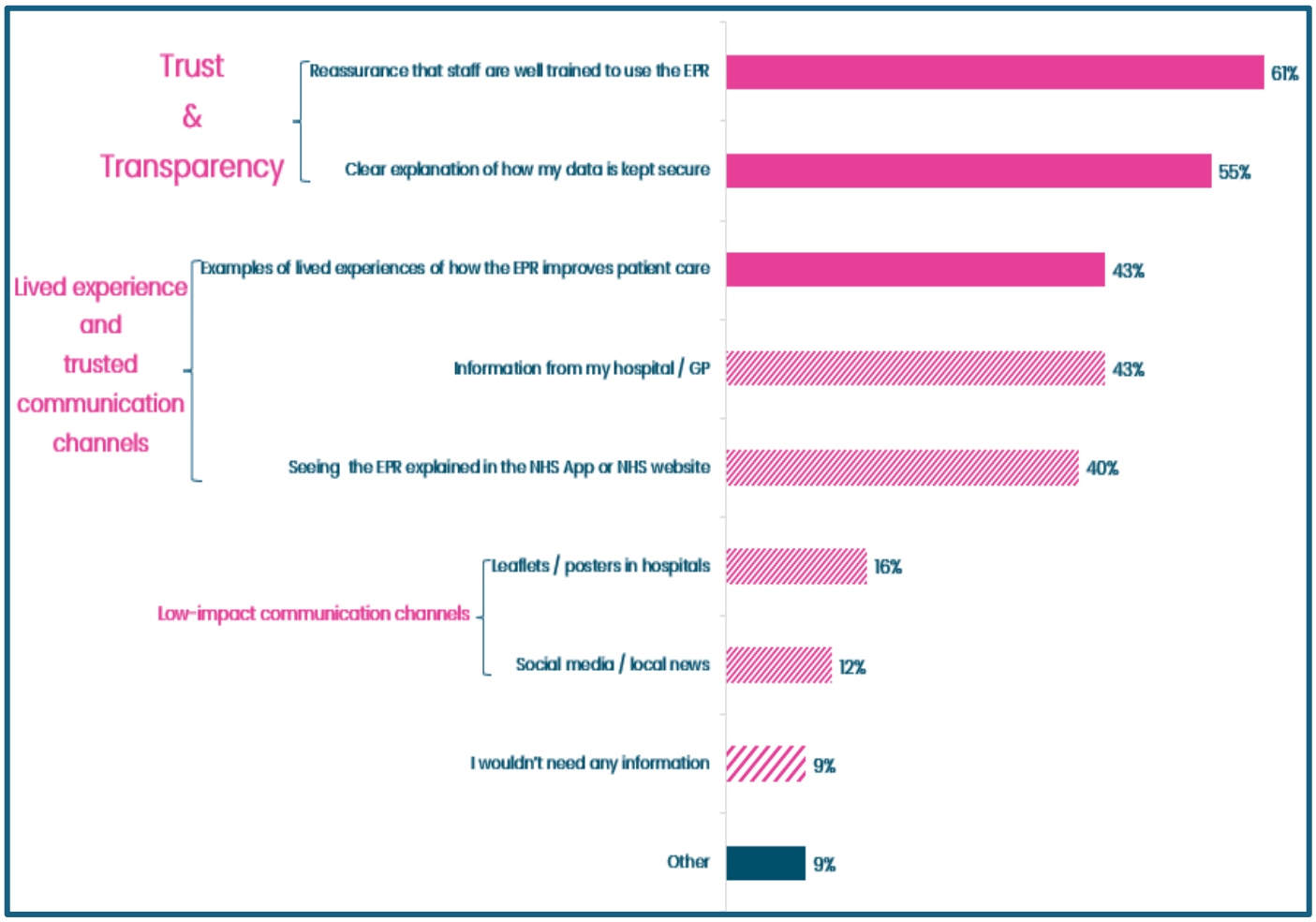


Figure 5. Percentage responses to the question: What would help you feel confident about hospitals using the EPR?

Trust and transparency

Approximately three in five respondents (61%, 208) identified staff training and transparency around competency as key factors in improving confidence in the use of the EPR (Figure 5). There was a clear view that structured training programmes are essential to ensure staff can use the system effectively and safely, alongside greater openness about staff readiness and capability:

> *[I would feel more confident about hospitals using the EPR with] training programmes on usage for staff.*

> *It would be prudent to publish staff training attainment.*

Just over half of survey participants (55%, 188) also indicated that clear and detailed explanations of how data is stored, managed and secured would improve their confidence in the EPR. Responses suggest that **trust needs to be built through substantive and transparent accounts of data governance, rather than simplified or superficial reassurance:**

Please not a dumb idiot explanation.

I don't want reassurance and explanation without substance.

Participants also expressed a desire for **greater clarity around data flows, system integration, and interoperability**, particularly how the EPR connects with legacy systems. This included requests for visual explanations of system architecture and migration processes:

I'd like to see that there is a plan to migrate legacy data from retired systems to some sort of central store so it can be easily accessed from the new EPR.

[I would like to see] clear diagrams of how data moves between systems and [know] how [the EPR] is kept safe and who has access to it.

Linked to this, respondents emphasised the **need for robust safeguards and clear accountability mechanisms to ensure data security**. Some expressed a preference for highly explicit assurances, including enforceable consequences in the event of breaches:.

Clear policies on data security and management that are communicated and tested for adverse events.

Complete confidence in the programme knowing it could not be hacked, have trojans, worms or other attacks upon it. The system would need to be bullet proof for me.

This reflects a broader expectation for visible, auditable governance rather than reliance on trust-based assurances alone. **In this context, some respondents also highlighted the importance of independent oversight and publicly available evidence of system performance:**

> *[I would like to see] a clear, secure and transparent monitoring process by an independent provider.*

> *There needs to be independent oversight but I do trust hospitals to do the right thing.*

> *Publication of an independent comprehensive review of the system, including implementation plans and operational processes and procedures.*

A survey participant emphasised their desire for **strong accountability and enforceable consequences** in the event of data breaches, including financial penalties:

> *The hospital guaranteeing a sum of £1Million per patient per data breach paid within one week of the breach.*

Beyond understanding system processes, respondents also conveyed a desire for *"easy and transparent visibility of [their] own records"*. **Transparency was therefore not limited to information provision alone, but extended to active patient visibility, verification, and involvement in maintaining data accuracy of records**:

> *[I would like] access to hospital records in the same way I have access to my GP records.*

> *Clear process of being able to review, challenge and correct factual errors.*

Respondents also emphasised the **importance of patients retaining control over how their data is used and shared**. In particular, they stressed the need for explicit consent for any use beyond direct patient care, especially in relation to sharing information with third-party organisations or the use of data for artificial intelligence applications:

I want to know that my info will only be used in my own interest, or other purposes that I consent to.

I want to know that it will not be shared with commercial or drug companies [nor] used to train AI without my explicit consent.

EPR endorsement through lived experience and trusted communication

Around two in five respondents (43%, 145) indicated that their confidence in the EPR would improve if they were provided with **convincing examples of lived experience demonstrating how the system has benefitted patient care in practice** (Figure 5). These responses suggest that many participants valued evidence grounded in real-world experience rather than abstract explanations or reassurance alone:

Proof is in the pudding.
[I want to hear about] lived experiences of how well [the EPR] works in practice.

[I would welcome] feedback from patients' real experiences.

A few respondents also suggested that **confidence would be shaped primarily by their own direct experiences of using the system**, with functionality and reliability viewed as key indicators of success:

My own user experience will be the main way I judge whether or not feel confident in the system.
I don't need endless explanations, I just want a problem free experience.

So much in the NHS just isn't fit for purpose. I wouldn't want this to be another one of those. [I would have more confidence in the system] once it is implemented and working.

Credibility was also seen as closely linked not only to the content of communication but to the channels through which information is delivered. In this context, formal NHS-led digital platforms, such as the NHS App or NHS website, were viewed as the most appropriate and trustworthy routes for sharing information about the EPR by 40% (136) of respondents. By contrast, other communication channels, including printed materials (e.g. leaflets and posters), social media, and local news outlets, were perceived as less influential in shaping perceptions.

Electronic Patient Record – Summary of insights

Overall, survey responses indicate **broad public support for the introduction of the Electronic Patient Record (EPR).**

Respondents widely recognised the potential benefits of the system, particularly improved clinician access to patient information, better coordination between departments and hospitals to support safer and faster clinical decision-making, more joined-up care, and reduced reliance on patient recall.

However, **confidence in the EPR was conditional rather than universal.** While most respondents expressed some level of confidence in the system, a substantial minority reported concerns relating to system crashes and downtime, **cybersecurity and data privacy, incorrect or incomplete patient information, and the risk of information being lost during migration from existing systems**. Survey participants also raised broader concerns about **organisational preparedness, staff digital competence, and the potential impact of digital systems on patient–clinician interaction**.

Confidence in the EPR was closely linked to perceptions of **transparency, accountability, and implementation readiness.** Respondents emphasised the

importance of clear explanations of data governance and system safeguards, independent oversight, robust staff training, and real-world evidence demonstrating benefits in practice. There was also strong support for patients having greater visibility of their own records and more control over how their information is shared and used.

In combination, participant accounts suggest that **successful implementation of the EPR will depend not only on technical delivery, but also on sustained public communication via NHS trusted channels, visible governance arrangements, and maintaining trust throughout system rollout**.

Experiences of the NHS App

The second part of our survey focused on understanding public experiences of the NHS App. The following sections provide insight into awareness, uptake, and adoption; the health services and information people access on the platform; the perceived benefits of using the application; as well as barriers to onboarding and ongoing engagement.

Survey findings are complemented by insights from a series of focus groups conducted with people who may be at greater risk of digital exclusion. These included disabled people and people living with sensory, physical, cognitive, learning or neurodevelopmental impairments or conditions; people experiencing financial hardship; and people with English as an Additional Language (EAL). These discussions provide additional context to the survey findings, helping to explain how digital tools are experienced in practice and the factors shaping their use.

Uptake and adoption of the NHS App

Awareness and use of the NHS App were relatively high among the 340 respondents who completed the survey (Figure 6), although this is likely **influenced by self-selection bias**, as those who chose to participate may already have an interest in digital health or be more digitally engaged.

Seventy per cent (70%, 237) reported using the NHS App occasionally or regularly. Around 30% (94) were aware of the platform but had not yet registered, successfully accessed, or actively used it. Only a small minority of respondents (3%, 9) reported being unaware of the NHS App.

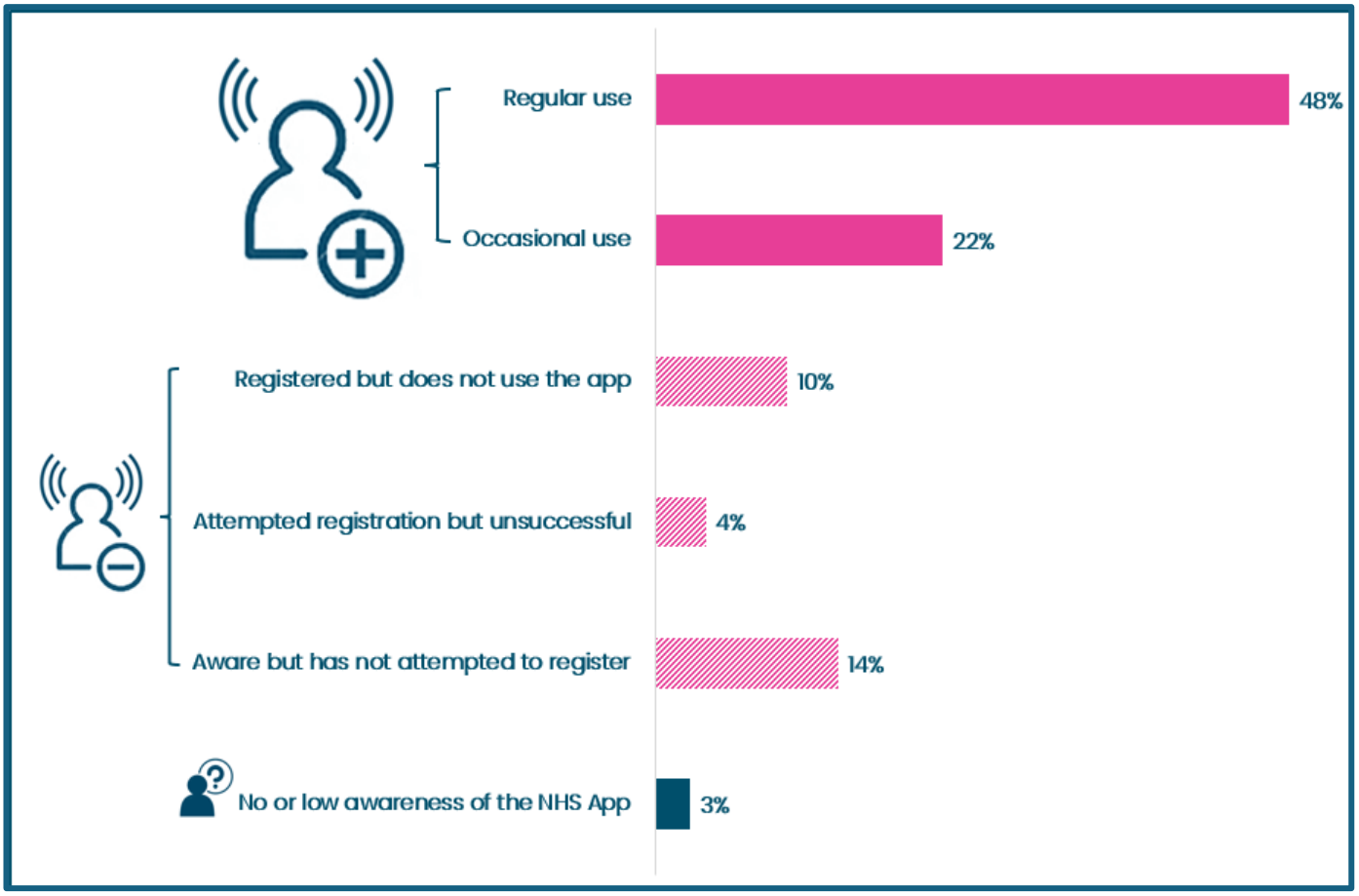


Figure 6. Percentage responses to the question: Which statement best describes you and the NHS App?

Taken together, responses demonstrate **relatively high baseline awareness and engagement with digital health services among respondents. However, they also highlight a meaningful minority who are either not yet active users or remain unfamiliar with the NHS App,** suggesting ongoing opportunities for targeted awareness-raising, onboarding support and wider activities to promote digital inclusion.

Awareness, uptake and adoption of the NHS App

What people at greater risk of digital exclusion told us:

➢ Awareness does not equate to understanding and meaningful engagement

Across all groups, there was **a consistent disconnect between knowing that the NHS App exists, understanding its functionality, and confidence in using it in practice.**

In some cases, **awareness was absent altogether, particularly among people experiencing financial hardship**, where some reported: *"I didn't even know it existed"* and *"I haven't been on it before today."* **Among people with severe learning disabilities who relied on support workers to access the NHS App, awareness was often superficial** and largely limited to recognition of its name or branding. **In contrast, people with other disabilities and neurodevelopmental conditions** reported more consistent engagement with healthcare services and greater direct interaction with digital systems, and therefore **demonstrated a higher level of functional understanding of the NHS App. For people with English as an Additional Language (EAL), awareness was often partial and linked to a narrow perception of the NHS App's role** – primarily a tool for viewing medical records rather than its full range of capabilities. As one participant explained: *"[I use it] just for notes, medication or any appointments that I've got coming up, mainly that."*

➢ Technical usability and accessibility challenges are consistent across all groups

While awareness and understanding shape initial engagement, participants highlighted that **using the app in practice presents additional challenges. Issues related to onboarding, access, navigation and accessibility were consistently reported across all groups.** These are explored further in the section on barriers to uptake and sustained engagement with the NHS App.

➢ Time, effort and confidence strongly influence adoption decisions

Across all focus groups, **time, effort and confidence emerged as key factors influencing uptake and ongoing use of the NHS App.**

Participants consistently described a gap between expectations and reality: **while the app was assumed to be straightforward to use, it was often experienced as more complex and time-consuming than anticipated.** One participant described the app as requiring too much effort to complete even basic tasks: *"It's time consuming, it takes ages."* Another highlighted low tolerance for delay, explaining that *"if it takes longer than five minutes then [they] just give up."*

Participants experiencing financial hardship frequently reported not feeling *"technical enough"* and highlighted workflow issues, poor discoverability, and system fragmentation as key barriers.

Tasks such as booking appointments were described as confusing, particularly where users were redirected to external websites. This led to disengagement and abandonment from some: *"I've got [the NHS App] on my phone but it's so difficult. I've never been able to use it"*, or *"[the NHS App] was a pain in the neck, I just gave up and deleted it. I couldn't find my way around it."*

Neurodivergent participants, and those living with physical, sensory or cognitive impairments emphasised how visual layout, multi-step processes, and lack of integrated accessibility features increased cognitive burden and reduced confidence in independent use.

One participant with a learning disability explained that navigating the NHS App was simply *"too hard for [them] to do it on [their] own"* while another added that "[The NHS] *really need to update the App [so] it is accessible for everyone".* For some people, reliance on external assistive tools further increased effort and complexity. As one participant observed, *"Some apps now have accessibility tools inbuilt. They should have done that with the NHS App in the first place. I don't understand why they didn't.".*

Participants in the EAL group reported language-related barriers and described reliance on family members, informal support networks, or external translation tools to navigate and interpret information on the NHS App.

One participant told us that "[they] *need[ed] to use Google Translate to understand more."* Others in the group said that *"the reason [they] don't use*

[the NHS App] is because the few times that [they] have tried, they had to ask [their] daughter to translate [although they would] prefer not to have to ask anyone" or that *"English language is difficult to understand and it's not easy to need someone to check after [them]."*

➢ Users frequently revert to non-digital alternatives to access healthcare services

For many focus group participants, **the NHS App was not currently intuitive or independently usable. This resulted in inconsistent engagement** with the platform and, in some cases, a **preference for traditional access routes to healthcare services.** One participant shared that they feel it is *"much easier to call rather than use digital methods".* Another added that *"a mile walk to the surgery is fine, not as stressful [as engaging with the NHS App], and it's exercise!"*

Overall, engagement with the NHS App is determined by a simple but critical dynamic: the balance between perceived effort and perceived value. Across all groups, when effort - whether technical, cognitive, or linguistic - exceeds the perceived benefit, users disengage or revert to alternative, non-digital routes of access to healthcare.

Access to health services and information on the NHS App

Approximately one quarter (24%, 80) of respondents who answered the question on NHS App engagement reported that they **had not used the application in the six months prior to completing the survey**. While this may indicate **limited sustained engagement with the NHS App** for a proportion of users, **it may also reflect a lack of recent need** to access healthcare services during this period.

Figure 7 shows that, among respondents who had been active on the NHS App within this same six-month period, **the most common use was viewing GP health records and test results** (82%, 206). A large proportion also accessed the NHS App to **view and order prescriptions** (69%, 175), as well as to **manage hospital appointments and referrals** (54%, 136).

Less frequently, respondents reported **managing GP appointments** via the NHS App (23%, 59) or **browsing health and medicine information** (21%, 52). Only a small minority reported using the application to access healthcare services on behalf of dependants, or to consult NHS 111 for urgent care advice.

The uneven distribution of feature use may indicate that, although patients engage with the NHS App for convenient access to health information and prescriptions, its **wider functionality has not yet been fully embedded into patients' routine healthcare behaviours**.

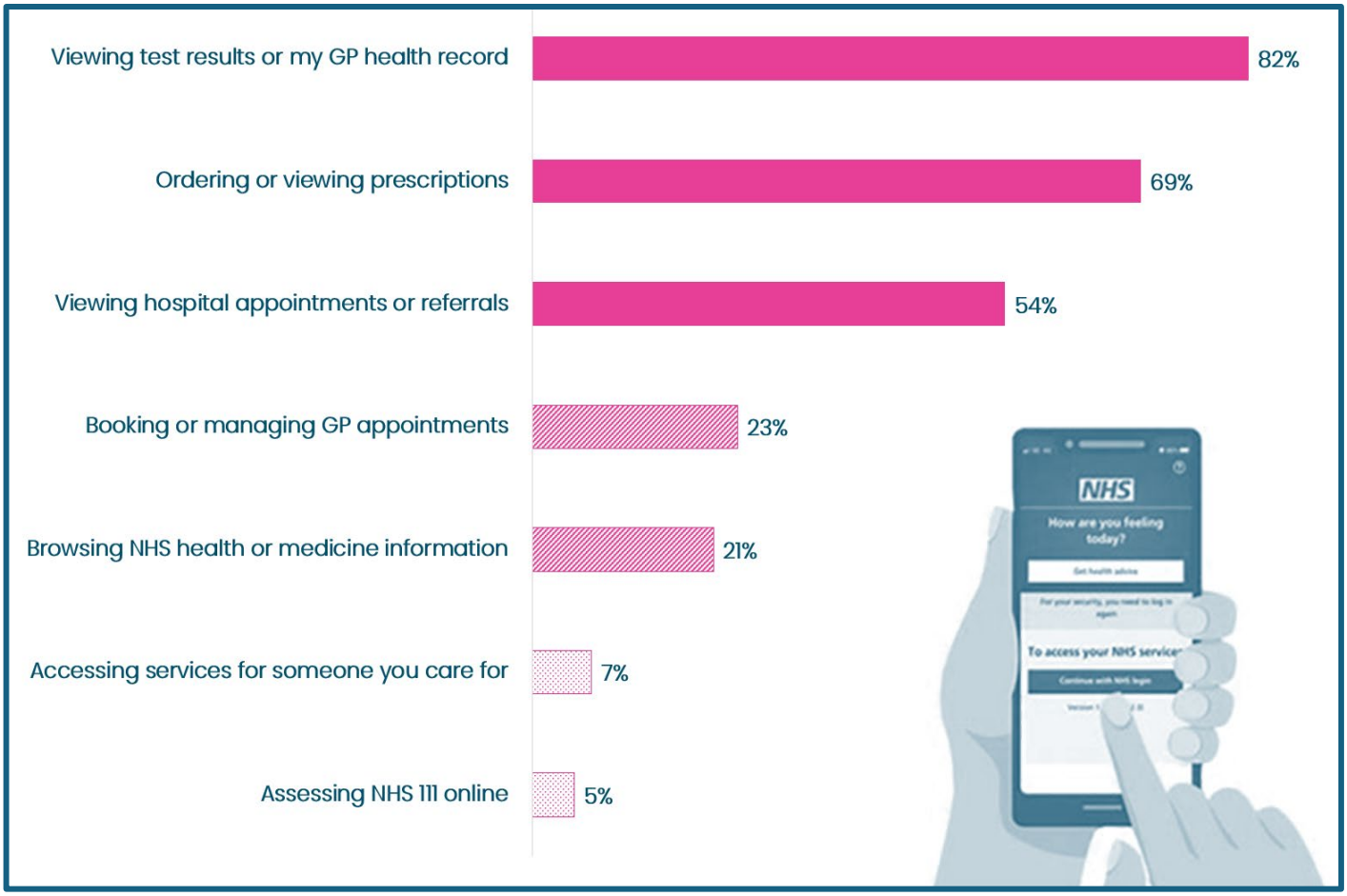


Figure 7. Percentage responses to the question: Which of these services have you used on the NHS App in the last six months? (Tick all that apply)

Benefits of using the NHS App

Overall, most respondents reported positive perceptions of the NHS App, although 9% (29) of participants indicated that they do not use the application, and a further 16% (52) expressed that they do not currently perceive benefits from engaging with the App (Figure 8). This suggests that while the NHS App is generally well received among active users, **there remains a notable minority of registered users for whom the app may not currently meet the needs or expectations**. This highlights the **ongoing need to address barriers to engagement and ensure the NHS App delivers value across a wide range of user needs.**

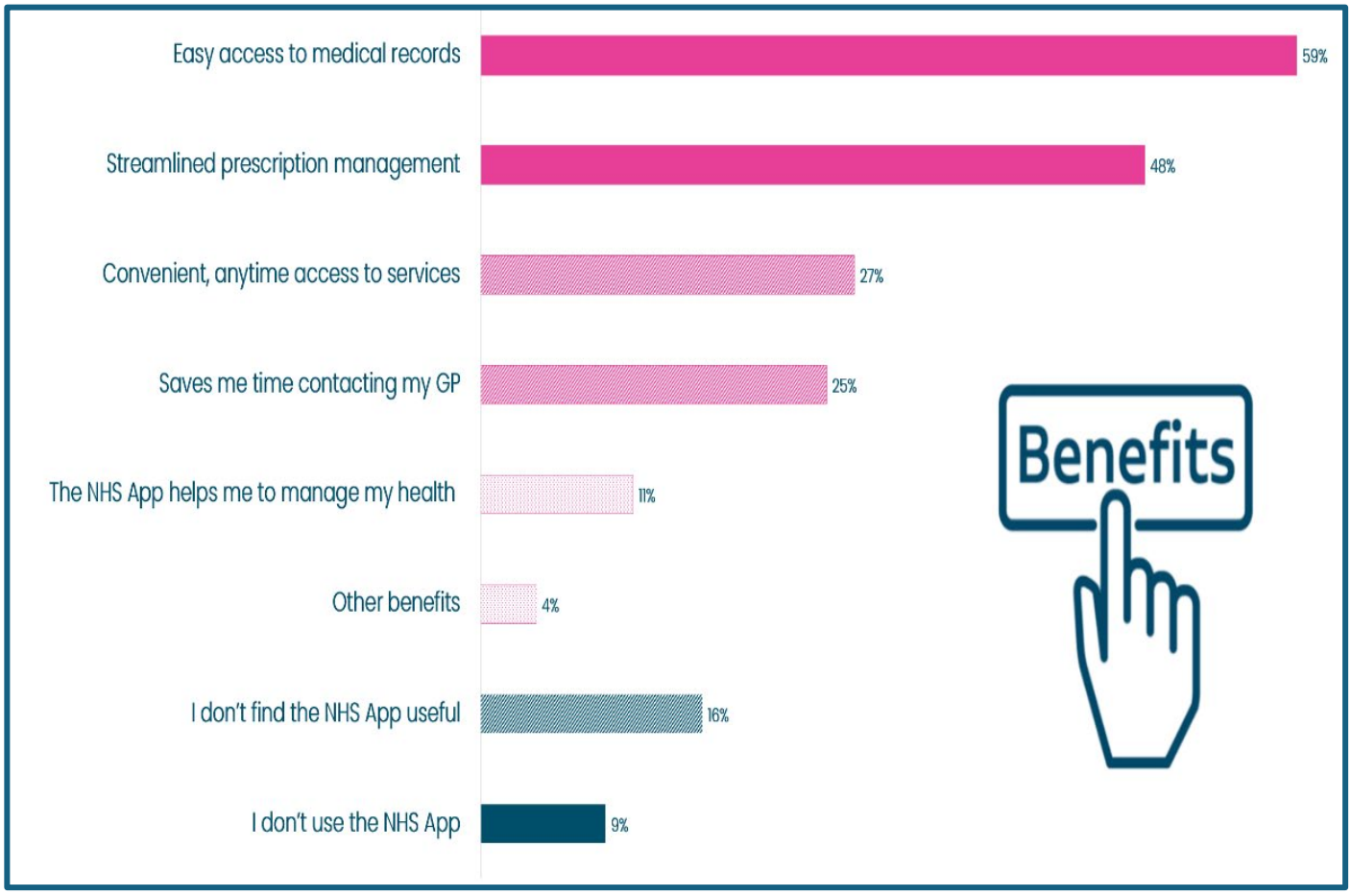


Figure 8. Percentage responses to the question: What do you find most useful about the NHS App? (Select up to three benefits).

Among users, **the most commonly cited benefit was improved access to health records**. As shown in Figure 8, nearly 60% (190) of respondents identified easy access to GP appointment notes, test results and other medical documents as a key advantage.

In addition, 48% (152) highlighted **streamlined prescription management as a major benefit**, indicating that the app is particularly valued for supporting routine interactions with healthcare services.

Approximately one quarter of respondents (27%, 87) identified round-the-clock access to services as an important benefit. The ability to access information and manage care at any time, particularly outside of standard working hours, was seen as a **significant improvement on traditional communication methods.** This flexibility was described as enabling **greater autonomy** and **supporting users to manage their health and wellbeing more effectively**, while reducing reliance on telephone contact or in-person visits.

Convenience was further enhanced through automated notifications or reminders for appointments, referrals and prescriptions. As one participant noted: *"I appreciate the ability to [receive] reminders of appointments."* While primarily intended to improve system efficiency through reduced non-attendance, these prompts are likely to be contributing to improved continuity of care by helping users stay informed, organised, and engaged with their healthcare pathways.

Beyond convenience and efficiency, one respondent highlighted **the NHS App as a means of reducing barriers to accessing care**. One respondent shared that they *"find it difficult to explain why [they] want to see a doctor."*
Although no further explanation was provided, this could reflect a broader theme that **the NHS App may offer an alternative route into care for people who may find direct communication with services challenging**. This could be particularly beneficial for neurodivergent individuals, those experiencing mental health difficulties, and people for whom English is not a first language. The NHS App may therefore play an important role in supporting more inclusive access to healthcare services.

Finally, two respondents commented on wider system-level benefits. One suggested that the NHS App was perceived as helping *"medical authorities reduce time in administration"*, reflecting a view that the NHS App streamlines administrative processes and reduces workload

within healthcare services. Another described a sense of shared responsibility, stating: *"It helps me help the NHS. The more we see ourselves in partnership with the NHS the better for everyone concerned",* **framing the app as enabling a two-way, mutually beneficial partnership between patients and healthcare services.**

Altogether these insights suggest that the NHS App is valued primarily as a practical and convenient tool for accessing medical records, managing routine healthcare interactions, and supporting greater flexibility in how people engage with services. However, **perceived value varied considerably between users, and the app was often viewed as complementing, rather than replacing existing forms of healthcare access**.

Benefits of using the NHS App

What people at greater risk of digital exclusion told us:

As reflected in the public survey findings, participants across all focus groups **valued the NHS App for the convenience it offers and for improving access to health information**, particularly in relation to medical records and prescriptions. However, there was a shared recognition that these **benefits are shaped by individual circumstances, personal needs and the level of support required to use the App confidently**.

Participants experiencing financial hardship expressed very positive views of the NHS App. They frequently emphasised its efficiency and **capacity to support self-management**, alongside a strong sense of increased **autonomy and control over their healthcare**. One participant enthused that they *"can see all [of their] past medical records, can order tablets and make an appointment with [their] doctor without staying on the phone [at] number 30 in the line."* Another described how the NHS App supported the ongoing management of a long-term condition: *"I'm [monitoring my] blood pressure. I get a reminder on the NHS App to do a reading every morning at nine o'clock [and every evening] at six. It goes directly to my [health record]. I can look right back at all the readings and the tablets that I've had [for my blood pressure] over time. I think it is a good thing."*

Participants with English as an Additional Language (EAL) were generally positive about the **potential of the NHS App to reduce communication and administrative barriers** that non-native English speakers may experience when accessing healthcare services.

They particularly valued **the ability to view health information and test results directly, rather than needing to contact their GP practice for updates or clarification**. One person noted relief at not having to *"chase up a doctor."* Another reflected that, with the NHS App, they *"may not need to go to GP [or spend time] at home [calling on their] mobile, [which is] very nice."*

Several participants, whose lives span more than one country also highlighted how **ready access to their digital health records could support continuity of care when healthcare was needed outside the UK**. One person explained that *"[They are] originally from Lithuania so if [they] go [there and need to] have some treatment, [they] can show [their health record]. It's a good thing."* Another recounted losing their medication while travelling in Latvia and using information held within the NHS App to obtain a replacement prescription from a local doctor: *" I went to my doctor in Latvia and [they] could see my medication [on the NHS App] and [prescribe it] again. It was absolutely helpful."*

People with learning disabilities were generally positive about the potential benefits of the NHS App. However, these benefits were **described in aspirational terms rather than reflecting routine use as many continued to rely on family members, carers or support workers to access digital services on their behalf**.

Participants living with sensory or physical impairment, and neurodevelopmental conditions, reported direct benefits from using the NHS App. In particular, **they valued not having to rely on telephone calls or face-to-face interactions, which some found difficult or stressful.** As one participant observed: *"Handy that [your health record] is on the App though*

because then you haven't got to ring somebody. You can just go on and check, which is really good."

Although **the option to leave feedback after appointments was appreciated**, this benefit was not experienced uniformly. One participant described **routinely providing feedback through the NHS App but feeling that their concerns were not acted upon**: *"Every time you have an appointment, you get sent [a request] on the NHS App [to leave] feedback about your GP practice. [I do it] every time I see a doctor, I write all these things down [that I am not happy about], but it doesn't get listened to."* This **reinforced disabled people's sense that their needs are not consistently prioritised or adequately met by healthcare services**, reflecting wider experiences beyond the digital interface. As one participant put it: *"They don't listen to me very well, they might go on about something at high speed, and they are not clued up about [some] disabilities. They don't treat you with respect, [more] like [you're] wasting their time. I get frustrated."*

Overall, these findings suggest that the NHS App can help reduce some of the barriers to healthcare access experienced by people facing financial hardship, those with English as an Additional Language, and disabled people. However, digital tools alone cannot address all of the factors that shape access and inclusion. **Realising the full benefits of digital healthcare depends not only on accessible and usable technology, but also on healthcare services being responsive to diverse communication, language and support needs.**

Barriers to uptake and ongoing engagement with the NHS App

While 33% (110) of respondents indicated that nothing stops them from using the NHS App more often than they already do (Figure 9), two thirds of survey participants identified one or more factors that may limit uptake and ongoing engagement. This section explores reported barriers to use of the NHS App, which span technical usability issues, digital exclusion and accessibility challenges, variation in GP practice implementation, differences in user awareness and preferences, and concerns relating to trust and data security. Together, these findings indicate that engagement with the NHS App is shaped by a combination of individual, organisational, and system-level factors that influence how, when, and whether the app is used as part of routine healthcare access.

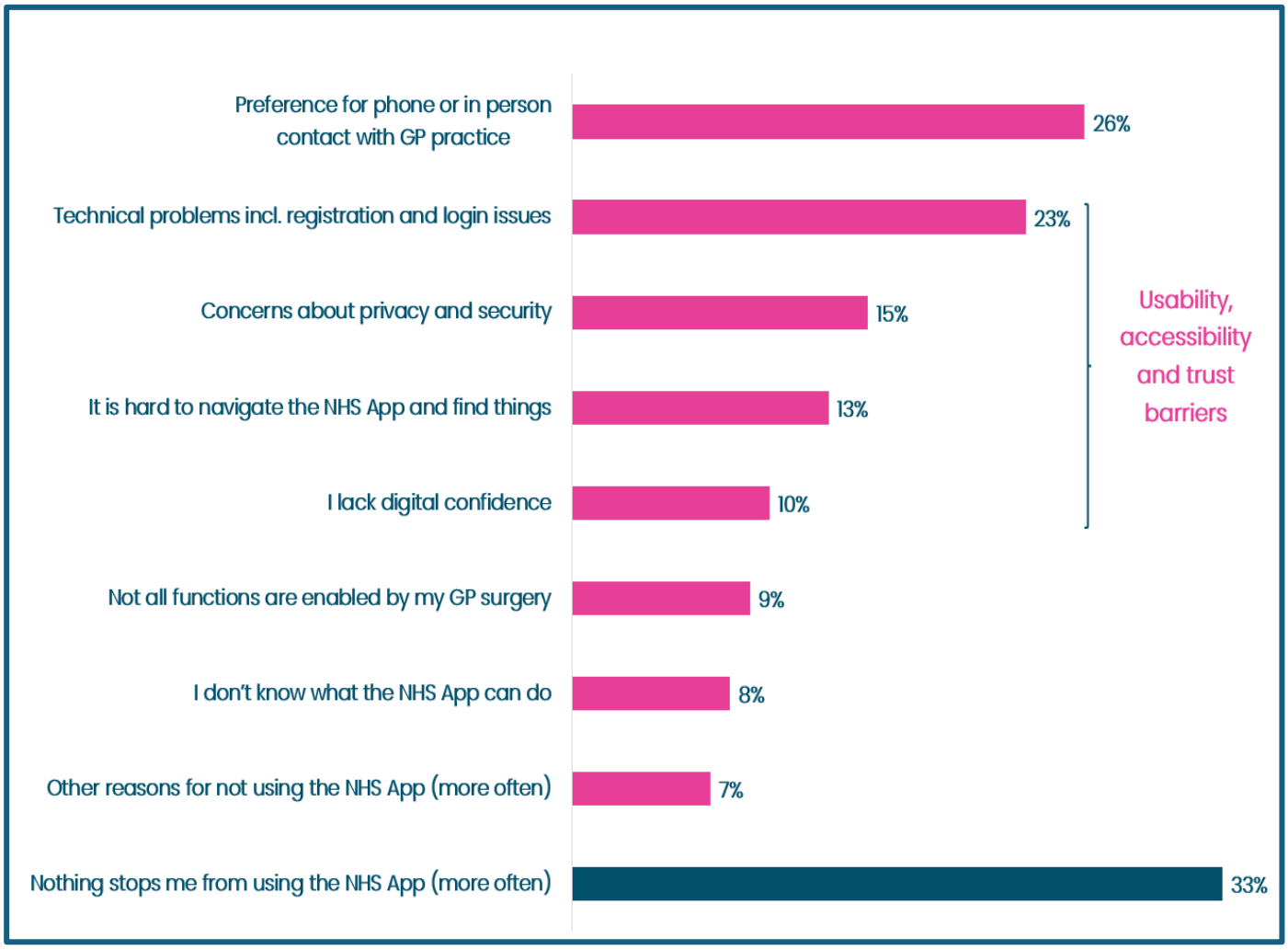


Figure 9. Percentage responses to the question: What stops you, or might stop you, from using the NHS App more often? (Select up to three)

Preference for phone or in-person access to healthcare

Approximately one in four respondents (26%, 88) indicated that a **preference for phone or in-person contact with their GP practice is a key reason for not engaging with the NHS App more frequently.** This preference does not necessarily reflect issues with access or ability, but rather a tendency to rely on familiar, established and trusted routes to seek support.

For some respondents, **direct human interaction provides reassurance, emotional comfort, and a sense of being truly heard and understood**, qualities that digital services may not fully replicate, and which can make app-based interactions feel more impersonal or transactional by comparison. As one survey participant noted:

> *Nothing stops me [from using the NHS App] but I would prefer a phone call.*

Another reflected a broader concern about the limits of digital care, stating that:

> *Technology is a useful support network but should not replace qualified professionals. Not developing relationships with us does not breed confidence.*

For these respondents, **digital channels were often viewed as complementary rather than substitutive,** with traditional forms of communication continuing to play an important role in building confidence and maintaining therapeutic relationships. This highlights the **importance of ensuring that digital transformation is implemented alongside, rather than in place of, accessible human routes into care**, particularly for people who place high value on continuity and personal interaction.

These insights are consistent with previous evidence from the Healthwatch Norfolk Digital Tools report (Year 4), which also identified a preference for phone and in-person access to GP services. While the current sample is skewed towards older respondents, similar preferences were also reported among younger participants aged 16–30 in our

earlier research, suggesting that **the continued importance of human contact in healthcare may extend across age groups**.

In addition to the relational aspect of care, some respondents pointed to **practical limitations in meeting everyday needs** as a reason for preferring face-to-face or phone contact with their GP practice. For these people, certain functions within the app were perceived as cumbersome, inefficient, or less reliable than speaking directly with practice staff. Tasks such as arranging multiple appointments were described as time-consuming and frustrating, particularly when compared to speaking with **a receptionist, who could manage requests more quickly and accurately**. This was seen as reducing the burden on patients while also increasing confidence that appointments had been booked correctly. As one participant explained:

> *[Booking multiple appointments on the NHS App] is very time consuming and annoying. It is much better to book face to face with a receptionist and get it right the first time.*

These findings suggest that **preferences for non-digital routes are shaped not only by habit or personal preference, but also by perceptions of efficiency, convenience, and reliability**. This highlights the importance of ensuring that digital services are designed around everyday patient needs, particularly for more complex or nuanced interactions.

Preference for phone or in-person access to healthcare

What people at greater risk of digital exclusion told us:

While focus group participants generally valued the NHS App for accessing health information, **preferences were more mixed** when it came to interacting with healthcare services. Consistent with the public survey findings, many participants told us that they **continue to value telephone and face-to-face routes into care**, particularly when arranging appointments or discussing health concerns.

Participants experiencing financial hardship generally viewed the NHS App positively and valued its convenience for accessing information and managing aspects of their healthcare. However, **several became frustrated when attempting to book appointments through the NHS App**.

For some, appointment-booking functionality was simply not available through their GP surgery. Others found the process confusing and less straightforward than anticipated, expecting to be able to simply select an available date and time. **These experiences often led participants to turn to more familiar methods of contact**. As one participant explained: *"I have tried to book an appointment. I thought you would just go into the NHS App and select the day that you wanted. [But no], I'm just going around in circles. This is ridiculous I won't be doing that again. I would rather call."*

Importantly, some participants noted that **GP practices increasingly use callback systems,** removing the need to remain in long phone queues and making telephone access a more attractive option than it had been previously. As one participant commented: *"I do like that they will call you back"*. The availability of callback systems reduces one of the main inconveniences traditionally associated with telephone access. As a result, **the perceived advantages of using a digital route were diminished, with some participants viewing telephone contact as a practical, reliable and relatively low-effort alternative.**

Participants with English as an Additional Language (EAL) were likely to emphasise the value of direct human interaction when accessing healthcare services.

Speaking face-to-face with reception staff or healthcare professionals was seen as clearer and more effective than either telephone or digital communication, particularly when trying to explain symptoms, resolve issues or ask questions. One participant commented: *"By phone, you can tell nothing. To speak with some person [at] the reception [desk], it's better. It's the best option I think to see people. It's my experience."*
Another highlighted the **reassurance provided by being able to access language support when needed**: *"If you're not understanding something, just say, sorry, I'm not confident with English because I'm not English speaking. And the [receptionist] can book a translator."*

Experiences among disabled participants were more varied. Participants with learning disabilities generally felt able to manage telephone or face-to-face communication with their GP practice but reported needing support from others to manage digital interactions.

In contrast, **participants with communication-related challenges, viewed written digital communication as more accessible than telephone contact**. As one participant explained: *"[I would] rather message than talk on my phone to be honest."* For this reason, another person expressed frustration that direct messaging with their GP practice via the NHS App was not yet available locally: *"We still haven't got that flexibility to actually speak to the GP directly in this part of England."*

Taken together, these findings suggest that **the key issue is not whether digital or traditional routes are preferable, but that people value having a choice in how they access healthcare services.** Preferences varied according to individual circumstances, digital confidence, communication needs, and the nature of the task undertaken. While digital tools can improve access to

health information and routine services, they are not experienced as a universal replacement for traditional routes into care. **Maintaining multiple access channels, including digital, telephone and face-to-face options, is therefore likely to be important for ensuring healthcare services remain accessible, inclusive and responsive to the diverse needs of local communities.**

Technical usability, accessibility and trust barriers

Technical usability, accessibility and trust barriers were identified as limiting factors affecting uptake and sustained engagement with the NHS App (Figure 9) by a notable minority of respondents who described difficulties relating to the onboarding and login processes, navigation, and ongoing usability. These barriers were often experienced alongside broader issues related to low digital confidence, accessibility challenges and trust issues.

NHS App registration and login difficulties were identified as a key barrier to NHS App use, reported by 23% (78) of respondents (Figure 10).

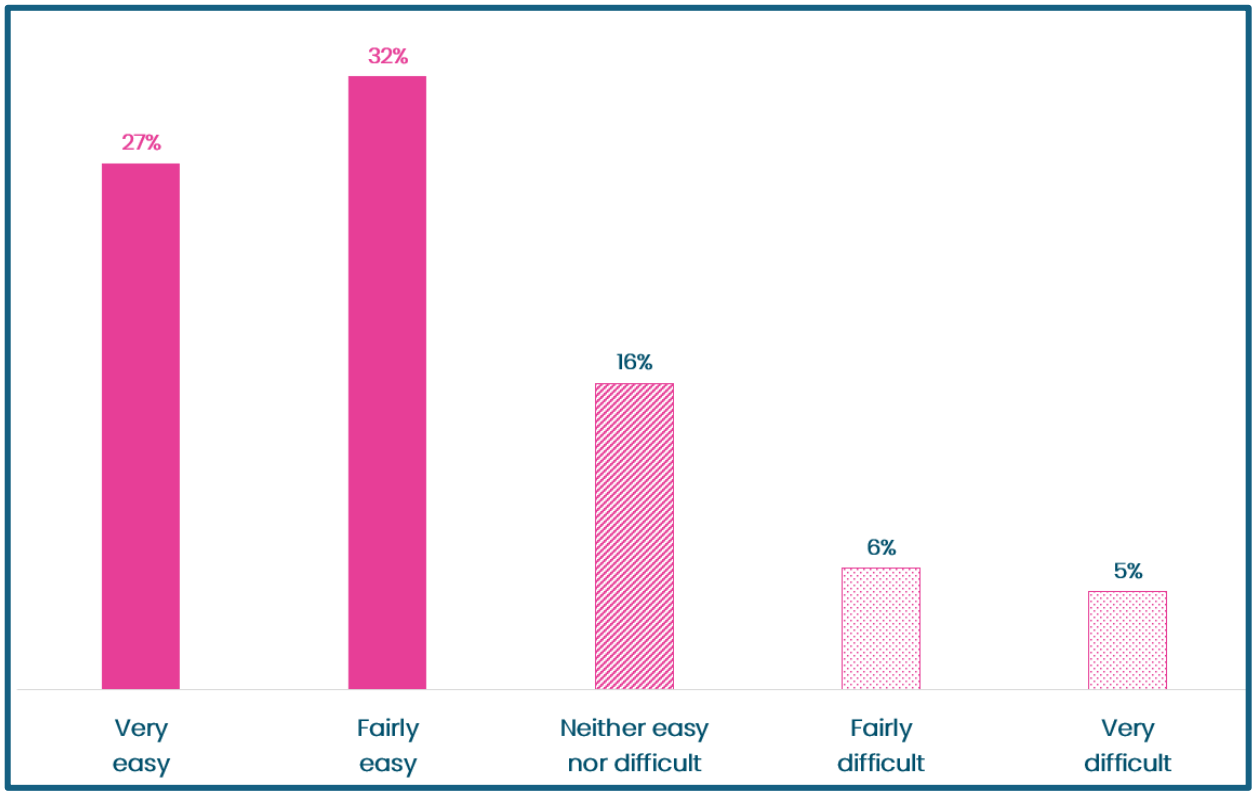


Figure 10. Percentage responses to the question: If you have tried to register for the NHS App, how did you find the registration process?

Figure 10 shows that while just under 60% (197) of registered NHS App users who completed the survey described the registration process as fairly or very easy, **a substantial proportion of respondents experienced challenges**: 16% (53) indicated neutral or mixed experiences, while a further 11% (38) reported that the process was difficult.

Some respondents appeared to assume that, due to its name, the NHS App is primarily or exclusively accessed via a smartphone, suggesting potential uncertainty about alternative access routes. This misunderstanding, combined with **practical difficulties related to installing the app, as well as navigating the required two-factor authentication process**, may contribute to barriers at the point of registration and initial access. Respondents described these barriers in terms of both technical difficulty and exclusion from digital systems. Qualitative responses reflect these challenges:

> *I have found it difficult to make the app recognise my electronic device.*

> *I am unable to install it.*

> *I have never been able to access it, don't know how to do it!*

These accounts point to **wider challenges around digital confidence and skills, particularly among some older respondents**, where limited lifelong exposure to digital technologies shapes both ability and willingness to engage with app-based services. This is reflected in concerns about having to use digital platforms despite low confidence or interest, as well as a perception that such requirements may exclude or disadvantage certain groups:

> *I am 70 and was not brought up with computers. [I] don't see why I should have to [use the NHS App] for the convenience of other people.*

> *We are being forced to do this [but] I don't want to use apps. So many old people can't do it.*

The registration process assumes a baseline level of digital literacy and requires users to complete a series of sequential steps that may be perceived as complex or burdensome.

For people with limited experience of digital platforms or low confidence in using online services, this **multi-stage registration process may act as a deterrent to completion.**

In practical terms, registration typically begins with downloading the NHS App or alternatively accessing NHS services via a web browser on a computer or tablet. Users are then required to create an NHS login by providing basic personal and security information, including an email address, mobile phone number, and one-time verification codes. The final stage involves a more detailed identity verification, requiring users to submit GP registration details, upload photographic identification (such as a passport or driving licence) and, in some cases, complete facial recognition or video verification.

However, challenges do not appear to end at registration. Even among those who had successfully completed the onboarding process, the subsequent **login experience was frequently described as repetitive and burdensome**.

Respondents explained that they were repeatedly required to enter NHS login credentials (username and password), with additional biometric verification or security codes sometimes sent via email or SMS to confirm identity. This was perceived as a barrier to routine use. Two respondents described this friction at the point of access:

> *[I have to] log in with my username and password each time, sometimes with [an additional authentication step involving] security numbers as well!*

> *Having to sign in every time is [stopping me from using the NHS App more frequently].*

Password management was also identified as a specific difficulty, particularly where users were required to remember multiple credentials. One user commented, *"I'm rubbish with passwords,"* suggesting that frequent authentication requirements may

create additional barriers for users with lower digital confidence or cognitive difficulties managing multiple login credentials.

In response to these difficulties, some respondents suggested that a *"Remember Me"* function would reduce the need for repeated authentication and improve ease of use. It is also notable that many users may be unaware that, where enabled on their device, biometric authentication (such as fingerprint or facial recognition) can be used to streamline login and reduce reliance on manual password entry.

Registration and login processes

What people at greater risk of digital exclusion told us:

Participants experiencing financial hardship provided the **most detailed accounts of registration and login difficulties, closely aligning with survey findings** on registration complexity, the burden of repeated authentication requirements, and low digital confidence.

Registration was frequently described as overly complex and time-consuming. One participant observed that *"It needs to be easier [to] register to the NHS App to get people interested. I am only interested now that mine is all set-up and running."* **Participants reported frustration with setting up security details**, including locating their NHS number where required, uploading photo ID , and delays in verification: *"The worst part of it is [finding] your NHS number. It's [only] fine if you've got a hospital letter or a doctor's letter"*, and *"it's currently taking longer than usual to verify and complete registration. You expect it to be verified instantly, like everything else is."*

Login was also a major source of frustration: *"When you're actually [trying to log in], it's not straightforward. Okay. It's difficult."* Participants described difficulties **remembering credentials** or navigating between screens within short time windows to **retrieve security codes**: *"How are you supposed to remember [your] password? See, I forget [mine], so I can't get in and then [they] send me some silly code somewhere that you only get for so many*

seconds. And I think, well, how do I get out of this screen to access the code?"

These challenges were frequently framed as a **mismatch between what people expect of modern platforms and the perceived complexity of NHS App:** *"You see, every other app is really easy to get onto, but they seem to have made it difficult [with the NHS App], unreasonably difficult. If I was at home, [feeling] ill, [registering] would be the last thing I'd want. I'd get really frustrated and I'd think stuff it and I'd delete the App."*

The emotional impact of these barriers was particularly prominent in this group. **A pattern of self-deprecation** emerged, where participants attributed difficulties to their own perceived inadequacy rather than to system design: *"We try our best, don't we? But we're not all high tech"* or *"I have a smartphone but I don't know about the operator."* Others described **a sense of overwhelm characterised by stress and disengagement** from the process. One participant shared that they *"panic. [They are] so stressed, [they] can't believe. So no use to [them] whatsoever. Forget it!"*

Participants in the learning disabilities group had little direct experience of onboarding themselves. Consequently, discussions centred mostly on anticipated barriers following a demonstration of the NHS App. **Participants perceived the registration and login processes as *"really confusing"* and *"quite challenging",*** and commonly **anticipated needing support** from family members, carers or support workers to access the NHS App independently.

Participants living with sensory, physical or cognitive impairments, and neurodevelopmental conditions, described registration and login barriers related to accessibility and cognitive load rather than simple inconvenience. Security measures requiring the **creation and recall of strong passwords** were sometimes problematic. As one participant observed: *"I have got a password but I don't know what it is. You have to use capitals, numbers, signs, and all sorts. [It takes up] the whole screen, [doesn't] it?"* Password-related

difficulties could create barriers to access when biometric authentication options, such as Face ID, were not available.

Participants also described **anxiety related to entering personal details within authentication-related forms**. What is typically seen as a routine data-entry task can become high-risk and cognitively demanding depending on a person's functional needs. There was **concern that small errors when inputting information could lead to additional identity checks, account restrictions, or temporary loss of access, creating a perception that accuracy was essential.** This contributed to a sense of pressure when completing tasks. As one participant explained: *"It's so important to make sure your details are correct because I had problems when I accidentally put in my telephone [number] incorrect[ly]. I got a snotty message and they put [my] whole NHS account on hold until they could [verify] my identity."* **When errors are framed as consequential, this may lead to increased reliance on others to check information on digital forms, or deter use of the NHS App altogether**.

Among participants with English as an additional language (EAL), **barriers were less about the onboarding process itself and more closely linked to language, comprehension, and confidence**. **Many participants relied on family members or community organisations to support setup and use of the NHS App**, indicating the importance of assisted digital access. As one support worker from Great Yarmouth Refugee Outreach and Support (GYROS) explained: *"This participant is actually trying to use [the NHS App] at the moment. It was actually set up here for her and she's coming to basically learn how to use it."*

One overarching finding is that **the registration and login processes create different barriers for different groups**. Although security and verification measures are designed to protect users, participants experienced them variously as **a source of frustration, accessibility challenges, or language-related barriers**. Despite these differences, a **consistent cross-cutting theme was the need for supported access**, whether through informal assistance from family and carers or formal support from community organisations.

Navigating the NHS App was identified as a further barrier to adoption and sustained engagement by 13% of survey participants, reinforcing wider concerns regarding clarity and ease (Figure 9).

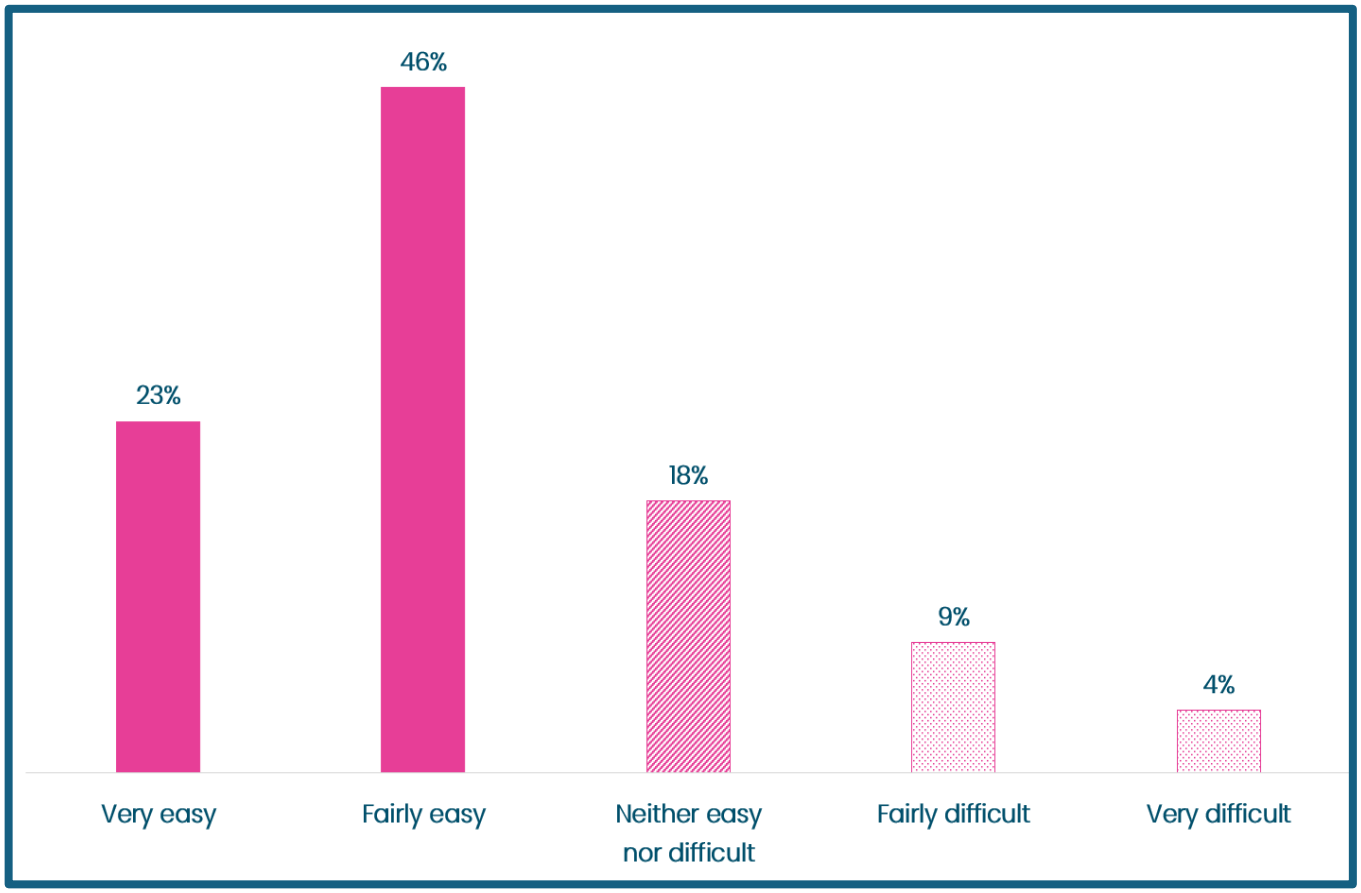


Figure 11. Percentage responses to the question: How easy is it to find what you are looking for in the NHS App?

Figure 11 shows that, among the 265 respondents who use the NHS App and answered this question, just under 70% (183) reported that it was fairly or very easy to find the information or services they were looking for. **Nevertheless, navigation difficulties remained apparent for a substantial minority of users**. Eighteen per cent (48) described the experience as neither easy nor difficult, while 13% (34) shared that navigating the app was fairly or very difficult. One respondent summarised this issue succinctly:

> *It's not an easy app to navigate.*

While the majority of users are able to engage successfully, **aspects of the NHS App's layout, organisation, and navigation may not be sufficiently intuitive or accessible for all**

users. Difficulties understanding how the app is structured and locating information contributed to frustration and reduced ease of use for some participants.

This was compounded by **reports of information overload and difficulty distinguishing between relevant and less relevant notifications**. One participant stated:

> *Lots of unnecessary stuff recorded on the record, so many notifications you end up ignoring them, or missing important ones amongst the rubbish.*

Others highlighted **issues relating to reliability and completeness of information available through the NHS App,** noting that *"the NHS App is buggy", "half [of] the time, [it] is not working properly"* and that *"Information is incomplete."* In some instances, **missing expected content directly reduced confidence in the reliability and usefulness of the NHS App.** Two respondents explained:

> *The app is only as good as the information held in it. If patient information is not updated then it is meaningless. Currently it is still necessary to phone to find out information.*

> *I was looking for test results but they weren't there so [I have] already lost a bit of confidence in [the NHS App].*

When considered together, participant accounts indicate that usability issues are not limited to initial access but extend across the full user journey.

A further set of barriers relates to digital exclusion and accessibility, including the costs associated with connectivity and maintaining suitable electronic devices, alongside language barriers and difficulties experienced by disabled people, or those living with cognitive conditions, neurodivergence and sensory impairments.

For some respondents experiencing financial insecurity **affordability emerged as a key barrier to NHS App use with some people unable to access smartphones, tablets or computers, or using older hardware that is no longer compatible with current**

applications. They pointed to the ongoing financial pressures associated with the expectation to upgrade devices in line with evolving technical requirements. Two respondents described the strain of the financial burden:

> *I have an ancient desktop which does not interact with the modern set up. I can't keep up with the technical requirements [and] I don't want to constantly upgrade.*

> *I do not want the NHS app. Unless the NHS want to pay for a phone upgrade for me, I won't be downloading [it].*

Affordability also extends to connectivity and the broader cost of being online: the ongoing cost of mobile data or broadband can restrict use. This can lead to forms of "rationing" behaviour, whereby people go online only when necessary or avoid downloading additional applications:

> *My phone can't handle more apps.*

> *[What if [the] Wi-Fi goes down, or I cannot afford it?*

Alongside financial barriers, **respondents described a range of accessibility challenges affecting disabled users and those with cognitive, sensory, or physical impairments.** While the NHS App is designed to work with device-level accessibility settings and tools - such as speech recognition software, screen readers, as well as options to magnify text or change fonts and contrast levels - respondents reported that practical barriers remain.

People with learning disabilities, cognitive and neurodivergent conditions may experience specific challenges related to memory, attention, or navigating visually cluttered interfaces, as well as multi-step processes. In these cases, the issue is often not "access" in a technical sense but **usability and cognitive burden**. As one respondent simply noted:

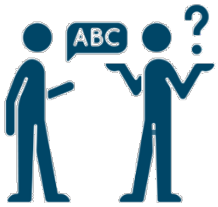
> *I have dementia and find accessing information online difficult.*

Similarly, **physical impairments affecting hand mobility and dexterity can make navigating touchscreens difficult** and frustrating. Small buttons, scrolling, and typing requirements may be particularly challenging for people with conditions affecting grip, movement, or fine motor control:

> *Disability and poverty are the main reasons I struggle with the tech. I have arthritis and Dupuytren's [contracture] in both hands. Using a mobile phone is next to impossible. I hate my mobile! HATE IT! HATE IT!*

Some partially sighted respondents highlighted difficulties with readability, including *"[It] can be hard to read on my phone"* and *"[I have] poor eyesight."* More detailed accounts emphasised the cumulative impact of visual impairment and interface design, with one person explaining that *"[they] need two pairs of specs to navigate the tiny text, and if [they] increase text size, the screen makes no sense as you can't follow a blasted sentence."*

These comments also suggest that a further barrier to effective use of digital health tools is **limited awareness of accessibility features already available on personal devices.** While smartphones, tablets, and computers include a range of built-in tools designed to support users with disabilities, sensory impairments, or cognitive needs, these are not always well known or routinely used. As a result, **some people may experience avoidable difficulties navigating the NHS App, not because appropriate support is unavailable, but because they are unaware that such tools exist or how to enable them.** This suggests that alongside app-level accessibility, there is also a need for clearer signposting and confidence-building around device-based accessibility features to support more inclusive digital engagement.



Language and literacy-related barriers were also reported as affecting accessibility, and therefore, engagement with the NHS App.

One participant referred to the *"limited capability of the app [with text] in English only,"* highlighting the potential for exclusion where people with English as an Additional Language (EAL) may experience **difficulties navigating and understanding health**

information presented only in English. This may limit meaningful and independent engagement with digital healthcare services.

Separate concerns were also raised regarding health and medical literacy, particularly the **complexity of clinical terminology presented through the NHS App, most notably abbreviations and codes contained within test results and clinical notes**. One respondent stated, *"I can't understand the codes for results,"* while another commented that *"the information is not patient friendly."* In some cases, this lack of clarity was described as anxiety-inducing, particularly where medical information was accessed without sufficient explanation or context:

> *Understanding the information!! Very technical…*
> *For medically trained staff only, not for the lay person to understand.*
> *It can be quite alarming to discover you have a medical condition you were not aware of because you didn't understand the test results. And if you do not understand how can [you] manage [your] own health successfully?*

A further barrier relates to trust in data security and privacy. Some respondents expressed concerns about **potential misuse of personal information or third-party access to NHS data**. In some cases, distrust was triggered by perceived immediate negative consequences following registration, with one respondent reporting:

> *I signed up and within 30 mins, I had two withheld numbers contact my phone…*
> *I immediately deleted the app and will never use it again.*

Others articulated **broader concerns regarding data governance and the involvement of external suppliers in managing health information**, including *"concern over confidentiality and use of NHS records by such as Palantir [Technologies] who are not trustworthy,"* alongside anxieties about data being accessed, processed, or transferred outside secure jurisdictions. More generally, respondents questioned the robustness of system security and safeguards, with one stating:

> *I use [the NHS App] reluctantly as I am not convinced*
> *the overall system will be secure enough to ensure it is not hacked.*

Usability and accessibility

What people at greater risk of digital exclusion told us:

Participants experiencing financial hardship highlighted affordability-related barriers to digital exclusion, including reliance on lower-specification devices, ongoing costs of maintaining suitable hardware, and the expense of reliable internet connectivity.

Some participants described being **unable to install the NHS App due to device limitations**. One explained that *"the NHS App [no longer] supports older devices, so [when] people can't afford [to upgrade] then they can't really use it"*, while another noted, *"I can't fit [the NHS App] on my phone. Well, I just tried downloading it and my phone wants me to delete everything else."* In addition, for some, **limited or unreliable internet access further constrained use of digital services in practice**.

Alongside these practical barriers, participants frequently described **difficulties navigating the NHS App**. Many reported **struggling to understand how the app was organised**: *"I couldn't find my way around it. Do you know what I mean? It seemed quite complex"*. As a result, users often found it difficult to locate key functions. One participant reflected, *"It keeps telling me I've got messages, but I don't know where you find them"* while another asked, *"[It says about contacting 111 online] but where is it? I can't find it."* In many cases, participants reported **relying on trial and error rather than intuitive navigation**, indicating limited system discoverability: *"I stumbled across [the appointment booking option] by accident. How did I find it? Was it in health records?"*

Some participants were **quick to attribute their difficulties to a lack of digital confidence**: *"I'm not technical to know how to get from one screen to the next"* and *"God, I'm a dinosaur aren't I?"* However, another noted that even more tech-savvy users face similar challenges, *"I spoke to someone young[and] fairly up on technology, they said that it was quite complex and*

confusing to use. They didn't find it user friendly", suggesting that some navigation issues may stem from design and workflow rather than digital literacy alone.

Participants in this group also highlighted **inconsistencies in functionality between GP practices**. While many had expected a national NHS service to offer a uniform experience, they found that the features available through the NHS App varied depending on their registered practice. One participant observed: *"I couldn't go onto my medical history, which was what I wanted to look at. People aren't all able to do the same things [on the NHS App]. [It] should be the same [for all users] because it's National Health, isn't it? So that's a bad thing to report back, isn't it?"* **Where expected functions were unavailable, this often led to frustration, disappointment, and a reduced sense of trust in the system:** *"I'm trying to find out how to book an appointment. 'Cannot book GP appointments online'. Well, that's totally useless having [the NHS App if] we're not all singing from the same hymn sheet, isn't it?"* The variation made it difficult for users to develop clear expectations about what the app could do and undermined confidence in its reliability.

Although the NHS App broadly conforms with modern accessibility standards, particularly in relation to visual design and compatibility with device-based assistive technologies, participants with learning disabilities, neurodevelopmental conditions, and sensory or cognitive impairments, were often critical of the platform. **Many felt that the needs of disabled users had not been sufficiently considered in the design of the NHS App's interface and navigation, resulting in barriers that negatively affected usability.**

Participants highlighted a range of accessibility concerns relating to the visual presentation of information**. Small text was a particular issue for users with visual impairments who reported that limited options for adjusting readability** made information more difficult to access.

As one participant explained, *"Because I'm blind in my left eye and the writing is small, it's hard to read what the information is on there. [If text was] bigger, I could see it better."* **Several participants also described the interface as overly text-heavy, with crowded screens requiring significant cognitive effort to process.** One participant suggested that *"pictures, just not more information, [would] make it easier for people."* Clearer layouts, improved readability, and greater use of visual signposting could help reduce cognitive load and support comprehension for a wider range of users.

The most significant usability concerns raised by disabled and neurodivergent participants related to information architecture and navigation, which many described as unintuitive and unnecessarily complex. Participants reported that user journeys often involved multiple decision points, while unclear labels and busy menus spread across several screens made it **difficult to maintain orientation within the NHS App.** Many reported having to search through multiple sections before locating the information or service they needed. **Poor wayfinding increases cognitive effort and can contribute to decision fatigue**. One participant expressed frustration at repeatedly navigating to the wrong section and suggested that the NHS App could be organised more simply: *"I think people just get frustrated with going to the wrong bit again and again"* and*"I think it would make things more accessible for everyone if [the NHS App] was laid out [in an] easier way, maybe [if functionality was] spread over two different sections rather than five."*

Participants in this group also reported **difficulties understanding health information** within the NHS App, particularly when viewing test results. One participant explained that *"sometimes it's hard to process all that information on the NHS App in a sense that sits down with you. The confusion that you get [with] test results makes you have quite bad anxiety."* **Challenges interpreting medical terminology and test results contributed to confusion and increased health-related anxiety.** Users may benefit from clearer explanations, and additional contextual information to **understanding and informed action.**

Finally, because completing tasks on the NHS App was often time-consuming for this group, particularly those with learning disabilities or cognitive

impairments, **participants raised concerns about session duration and stability.** The NHS App uses inactivity-based session timeouts, but users were unsure how long they could spend completing tasks before being logged out. This **limited their ability to engage with the platform at a comfortable pace and created concern about losing entered information or progress**. One participant explained, *"And you don't know when you're on the App [if] you are going to be timed out. You could be typing and then the App could crash or something and you've lost it."* **App instability, including crashes during use, further disrupted task completion for some.** Another participant recalled, *"Last year when I was trying to book a flu jab, I went to book an appointment at a certain place and then it just crashed. Obviously then you've lost that appointment, you've got to then sign back in [and start the booking] again. It's very frustrating."* In these instances, users were often required to **restart processes and re-enter information, increasing effort, frustration and potentially discouraging continued use.**

For focus group participants with English as an Additional Language (EAL), **barriers to sustained engagement with the NHS App overlapped considerably with those reported by participants experiencing financial hardship and those living with impairments or disabilities**. In particular, participants with EAL highlighted the cognitive effort associated with understanding complex written information, challenges in navigating the application, and inconsistencies in functionality between GP practices, which collectively reduced the usability of, and confidence in using, the NHS App independently.

Participants highlighted difficulties processing text-heavy information within the NHS App, reporting the need to repeatedly check content to ensure they had understood it correctly. One participant explained: *"I'm talking about information, what's given [on the NHS App]. I think it's not just for immigrants, it's for English people too, because [we don't] understand sometimes what is in the start of this small text and what is the finish of this small text. You have to think, double check all the time."* **Difficulties with navigation and discoverability,** particularly when first using the NHS App, were also reported.

An interpreter attending the focus group related that a participant had *"just said she hasn't really done it before, so she just doesn't really know where to go and stuff."*

These usability issues were further compounded by language barriers. *As one participant stated: "So the reason [we] don't use [the NHS App] more is because we've got language issues."* Where users relied on translation tools or informal support, understanding appeared to improve, but independent use of the app was reduced*: "When I copy [information from the NHS App] and [get] it translated, I understand more."* These findings suggest that **the current design of the NHS App may not adequately support some users with limited English proficiency**. This may highlight **opportunities to improve accessibility through the use of simpler language, multilingual content, and integrated translation features.**

The EAL group also raised concerns about inconsistency in functionality between GP practices. One participant noted: *"If you know someone who can see everything they want to see [on the NHS App but] you're limited, it can be incredibly frustrating."* These inconsistencies appeared to undermine expectations of a consistent healthcare service and contributed to frustration about differences in access to functions and information available through the NHS App.

In addition, participants described **fragmentation across multiple digital platforms during their care journey**. One participant described using three different systems to access healthcare services: *"the GP [website], the NHS App and [another after being] referred to physiotherapy. This is a lot of personal data that I'm giving out to different [systems] and I don't know where this is all going. Who is running [them]? Where is this data going?"* This experience suggested that using multiple digital tools **increased administrative burden and appeared to raise concerns about transparency, accountability, and the security of personal data**.

Across all three groups, participants reported issues relating to consistency of functionality across GP practices and system integration across digital care pathways. More prominent were their **difficulties navigating the NHS App, locating key features, and understanding information presented within it. However, the underlying causes varied**. For participants experiencing financial hardship, barriers were more

closely associated with digital skills and confidence. For disabled participants, challenges were primarily linked to accessibility barriers within the interface and the cognitive effort required to process and navigate information. For participants with EAL, language barriers were the dominant concern.

A common theme across all three groups was a reduced ability to use the NHS App independently, with some participants relying on additional support - including human assistance and accessibility or translation tools - to engage with the platform. Together, these findings suggest that improving usability alone may not be sufficient to reduce inequalities in access to digital healthcare services. A broader response **addressing accessibility, language support, and wider digital inclusion may therefore also be required.**

Variation in GP practice enablement of NHS App functions

Although variation in GP practice enablement of NHS App functions was not initially included in the survey questionnaire as a factor potentially contributing to lower use of the NHS App, it was raised by approximately 10% (30) of respondents. This suggests that uptake and adoption of the NHS App are not only shaped by individual communication preferences, digital capability and accessibility, but also by **differences in how GP practices enable and support core NHS App functions.**

Respondents frequently reported **uneven access to key features depending on their registered practice.** One participant noted:

> *[There is] no consistency between surgeries [and I] cannot access all the [NHS App] features based on the surgery I am registered at.*

Similarly, another stated that their *"GP surgery is not signed up for all the functions yet."* **A particular area of frustration related to appointment booking,** with users highlighting limited or absent functionality, including: *"No integration with my GP surgery which is a big shame"* and *"My GP Practice does not have appointments available to book via the app, other than for annual flu jabs."* This inconsistency extended beyond appointments, with some users also reporting **restricted access to medical records** such as notes, test

results, letters and medication lists, contributing to a variable and fragmented user experience across different GP practices.

For some respondents, this resulted in **a clear mismatch between expectations of a standardised national digital service and the reality of local implementation differences**. In practical terms, the unavailability of some functions on the NHS App limited the perceived usefulness of the platform in everyday healthcare management. One respondent admitted reverting to non-digital access routes to healthcare services as a result:

> *I find that my NHS app does NOT show all my medication and frankly it is easier to go down to the dispensary and talk to the staff.*

Lack of awareness and understanding of the NHS App functionality

A less frequently reported barrier to engagement with the NHS App was **limited awareness and understanding of its functionality**, with a small proportion of respondents (8%, 28) indicating that they were not fully aware of its capabilities or of how the NHS App might support or improve their interaction with health services. This is reflected in comments such as, *"I don't know what the app can do in its entirety"* and *"I need more information to know what can be done on the app,"* suggesting that some users may not engage simply because they are unclear about what the app can offer and its potential benefits to users, rather than due to direct usability or accessibility issues. However, this is likely to be an underestimate of the overall extent of limited understanding, as some users may overestimate their knowledge of the app's functionality and therefore not identify awareness as a barrier.

Other barrier: competing digital platforms and fragmented access routes

A small proportion of respondents (7%, 22) selected "other barriers," within which a recurring theme was **the use of multiple competing digital platforms to access GP services.** However, respondents' accounts may suggest a wider pattern of fragmented digital access routes across primary care, shaped by **both GP practice-level configuration decisions and individual user preferences for alternative digital tools.**

Some respondents reported being directed towards alternative platforms by their GP practice, for example:

> *My surgery advises ordering repeat prescriptions through the Airmid App.*

Others described selecting other systems based on perceived usability or functionality:

> *I find the Airmid App easier to use than the NHS App [and it] gives me more information.*

> *I prefer the ease-of-use of SystmOnline.*

> *I use my GPs website for most things so I rarely use the NHS App.*

Alongside user preference, respondents also described the practical impact of operating across multiple systems. One participant noted:

> *Fed up [with my] surgery. I need to use 3 online systems. One system would make more sense.*

While the NHS App is often positioned as a single digital 'front door' to NHS services, respondents' accounts indicate that in practice access is sometimes distributed across multiple platforms and entry points. **This fragmentation may reduce the perceived consistency and coherence of the NHS App as a unified point of access for managing healthcare needs and may limit its perceived role as the primary interface for digital engagement with GP services.**

Summary – Barriers to uptake and ongoing engagement with the NHS App

Overall, the findings demonstrate that barriers to uptake and ongoing engagement with the NHS App are varied and often interrelated. While many respondents described the NHS App positively and reported few or no difficulties using it, others expressed a preference for in-person contact with their GP practice. Respondents also described challenges linked to digital confidence, accessibility, usability, and trust. Importantly, barriers were not solely associated with individual capability or willingness to engage

digitally, but also with wider organisational and system-level factors, including fragmented digital access routes to healthcare services and variation in how NHS App functions are enabled across GP practices. The following section explores drivers that may influence greater use of the NHs App.

Drivers of NHS App adoption

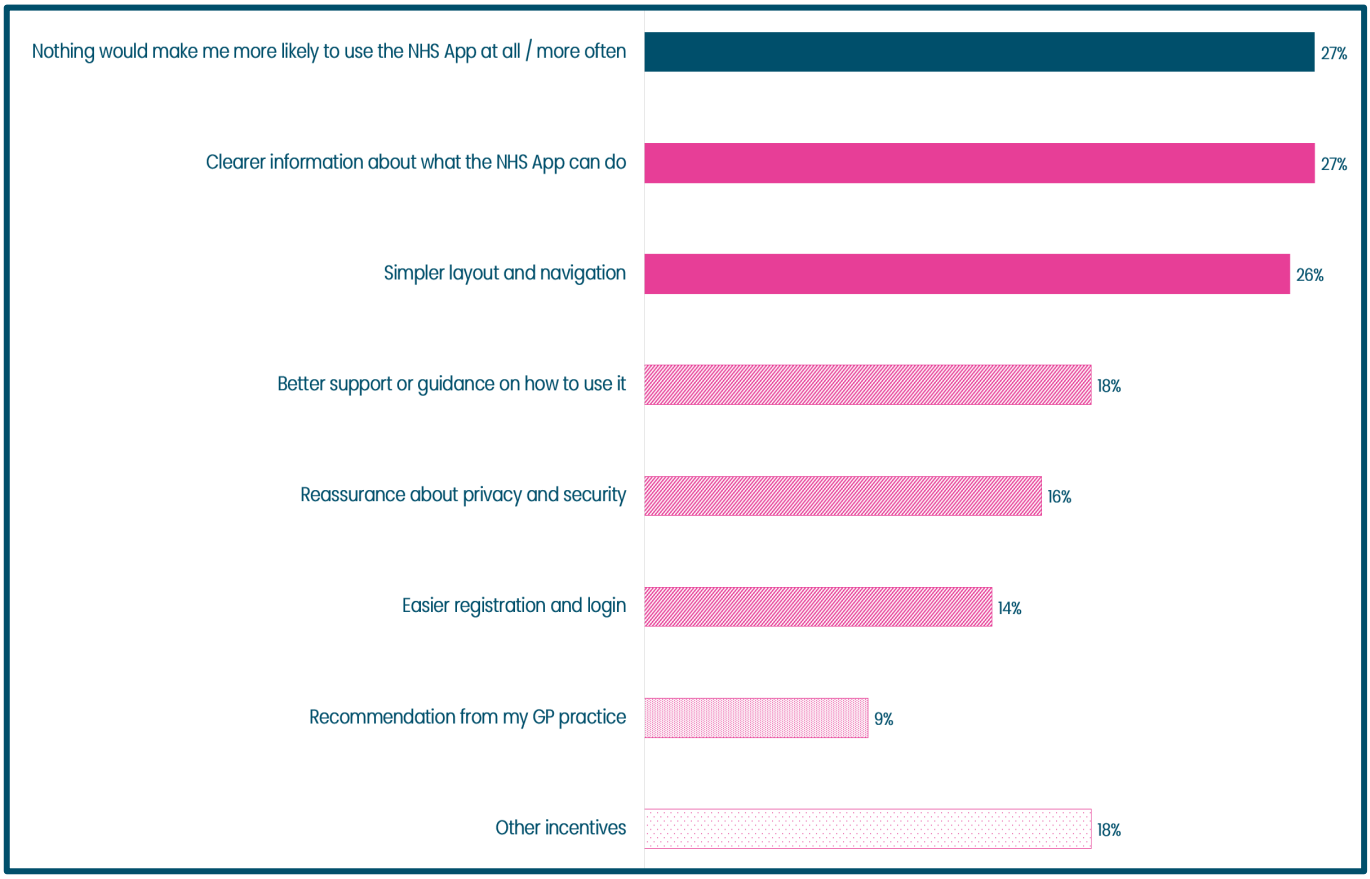


Figure 12. Percentage responses to the question: What would make you more likely to use the NHS App regularly? (Select up to three)

A significant proportion of **respondents (27%, 87) indicated that nothing would make them more likely to use the NHS App more frequently than they already do** (Figure 12). This represents an important baseline finding, suggesting that, for these respondents, engagement is either aligned with current needs or not perceived to be influenced by additional incentives. This is reflected in comments such as *"I will continue to use it. Very happy with the App,"* and *"I already use [the NHS App] for the features I can access,"* indicating that **for some users engagement is already stable and defined by existing functionality.**

The remaining potential drivers of increased engagement cluster around a limited number of interrelated domains, primarily relating to usability, GP practice enablement, system integration, trust, and the clarity and usefulness of clinical information which can be found on the NHS App.

System awareness, usability and user support

The two most frequently cited drivers of increased engagement related to better awareness of NHS App functionality and improved system usability.

Gaining greater clarity about what the NHS App can do, and how it may benefit users, was identified as a key driver of engagement by over a quarter of respondents (27%, 87). Although participants did not provide qualitative comments relating specifically to awareness within this survey, previous Healthwatch Norfolk research on digital tools similarly highlighted limited public understanding of the NHS App, including uncertainty around its purpose, functionality, and potential benefits to users. Earlier findings also suggested that promotional materials and awareness-raising activities may not currently be sufficiently visible outside healthcare settings, nor consistently tailored in ways that are accessible, relatable, and relevant to different audiences. (Patient and professional experiences of using digital tools in primary care Year Four report - Healthwatch Norfolk).

In relation to usability, **approximately one in four respondents (26%, 84) identified the need for a clearer and more accessible interface, alongside more intuitive navigation, as factors that could encourage more regular use of the NHS App. A further 14% (45) emphasised easier registration and login processes as enabling factors**, including clearer information about access routes and device compatibility: *"[I would like] confirmation that [the NHS App] is available on desktop computers."*

Qualitative responses suggest that **usability is closely linked to digital confidence and accessibility**, particularly among older users or those with lower levels of digital literacy:

> *Not everyone can use technology. Make it easier for people to use.*

We are being blocked by thoughtless, bad design. [The NHS app] was designed by the young, for the young. This is unacceptable and ageist.

Alongside design and navigation issues, **18% (59) of respondents emphasised the importance of better support and guidance when using the NHS App.**

I am not very good at digital things so more assistance would be helpful.

NHS England provides official step-by-step onboarding guides, alongside explanations of core functions and troubleshooting. These are primarily hosted online (Help with using the NHS App - NHS) and many are available in printable formats that can be used by GP practices and other NHS organisations. However, the visibility, consistency, and accessibility of these resources may vary across settings.

In Norfolk and Waveney, practical face-to-face support for using the NHS App is also available through a mix of NHS, local authority, and voluntary and community sector digital inclusion programmes (Local support to get online - Norfolk & Suffolk ICB).

Despite the availability of both national and local support initiatives, evidence suggests that awareness of these services may be limited and that they are not always proactively accessed. Some respondents *requested "better efforts with troubleshooting,"* particularly immediate in-person support when difficulties arise, reflecting concerns that *"not everyone can use technology. [We] need a human being."* One participant shared that *"[they keep] muddling through,"* and another explained that they have to rely on informal or proxy assistance to engage with the NHS App:

Someone else using it for me [would make me more likely to engage with the NHS App more regularly].

Others described relying on support within primary care settings **to troubleshoot common issues and get support with setup and access**. However, staff are not always able to resolve technical issues:

Staff need to be better trained.
I have asked 4 times now for them to allow me to see my health record, brought ID in twice and still can't view it.
Reception [staff] can't figure out how to enable this.

Taken together, these findings indicate that **engagement with the NHS App is shaped by a combination of awareness, usability, and support-related factors**. Friction is evident across the full user journey, from initial understanding of functionality through to onboarding, authentication, navigation, and ongoing use. **This suggests that improving engagement may depend not only on interface design, but also on strengthening clarity of purpose and ensuring appropriate support mechanisms are in place, visible and effectively communicated for users** with varying levels of digital confidence.

It is worth noting that the NHS App underwent a substantial redesign rollout beginning in March 2026, shortly after our survey closed. Informed by user research and accessibility testing, the redesign aims to improve usability through a simplified home screen prioritising commonly used services such as prescriptions, appointments, and test results; simpler navigation structured around three main sections (Home, Messages and Profile); improved categorisation of health information and services; enhanced accessibility features; and greater visibility of support and help functions. However, it is not yet clear whether these changes will result in meaningful improvements to public engagement or overall user experience. This may warrant further exploration over time.

Trust, legitimacy and GP practice endorsement

Sixteen per cent (53) of respondents identified **reassurance around data privacy and security as a factor that would encourage more consistent use of the NHS App,** indicating that trust remains an important foundation for engagement with digital health services. For some respondents, this trust requirement was expressed in very explicit terms, particularly in relation to who owns and is responsible for patient data, as well as to how their personal information is handled, who can access it, and what it is used for:

[I would like] guarantees that my data will only be used for my own and NHS purposes.

[I need] guarantees that the app is UK or EU owned and not run from the US.

These comments suggest that **Trust in the NHS App is therefore shaped not only by confidence in digital systems themselves, but also by perceptions of control, ownership, and accountability**.

In addition, 9% (29) reported that **recommendation or endorsement from their GP practice would increase their likelihood of using the app more frequently**. This indicates that uptake is influenced not only by awareness or functionality, but also by relational trust in healthcare professionals and local services.

Overall, the data suggests that **GP practices play an important role in shaping how patients perceive the NHS App and whether they feel confident using it**. As the most familiar and trusted point of contact within the NHS, primary care services may help reassure patients by explaining the purpose of the app and reinforcing its legitimacy and safety through endorsement. This reflects wider views from previous Healthwatch Norfolk research on digital tools, which similarly highlighted the role of GP practices in supporting patient confidence and engagement with digital healthcare services.

Functional expansion and system integration

Among the 18% (58) of survey participants who selected "other incentives" in response to what would make them more likely to use the NHS App regularly a recurring theme was the **need for more consistent integration between the NHS App and GP practices, which respondents identified as a driver of increased engagement.** Respondents suggested that variability in available functions across GP practices reduces the usefulness of the app in everyday healthcare management. These responses reflect expectations that the NHS App should provide a more consistent and coherent digital access point for NHS services.

I don't believe my surgery has switched on all functions so I can only use what is there.

More capability, what [the NHS App] can do [is] quite restrictive.

Standardisation of access to key functions - particularly appointment booking - was seen as an important enabler of more regular use. Where this functionality was not available through GP practices, respondents indicated that their engagement with the app was limited:

[I would like to be] able to book appointments, but my surgery is not yet linked up for that.

[I would engage with the NHS App more] If my GP surgery opened their appointment system.

Another theme in the qualitative feedback was a **preference for a more unified and coherent way of accessing health information and GP services**, rather than functionality being distributed across multiple digital tools alongside the NHS App, such as Airmid or SystmOnline. As one participant notes, *"It should all be in one place and up to date."* **This was particularly evident in relation to health records, where respondents emphasised the importance of consolidation and the need for information to be current, accurate and complete**:

I have to use several systems (Airmid, SystmOnline and NHS App), none of which seem to speak to each other!

Information being recorded properly [on the NHS App] and consolidation of all health records from the different systems.

Some respondents suggested extending integration of digital health records beyond primary care to include information from hospital-based systems:

I would like to see my hospital record available on the [NHS] App.

Hospital inpatient tests and results [available on the NHS App].

This aligns with ongoing national developments: NHS England is currently working towards the creation of a **Single Patient Record (SPR)**, a joined-up digital record for every patient in England. The SPR is intended to bring together health information from across care settings into a single, secure and accessible record. Subject to delivery timelines, NHS England anticipates that patients will begin accessing elements of their SPR via the NHS App from around 2028 onwards.

Collectively, these findings suggest that greater consistency in functionality across GP practices, alongside more integrated access to health records within a single digital interface, would be a key driver of increased NHS App adoption and sustained user engagement

Ease of understanding clinical information

A smaller subset of respondents **identified easier-to-understand clinical information as a factor that would support greater use of the NHS App**, particularly in relation to clinical terminology and the clarity of test results.

Respondents described difficulties understanding clinical language and expressed a preference for information to be presented in patient-friendly formats that support understanding of results:

Test results [need to be] presented in a format that the lay person can understand.

When I get my test results, they are hard to understand.
It needs to say normal, nearly normal, keep under review etc.

These responses suggest that improving the clarity and accessibility of clinical information may support greater engagement with the NHS App. Presenting test results and medical information in clearer, more patient-friendly formats may help reduce anxiety and uncertainty, while increasing users' confidence in understanding and using health information to support self-management and informed engagement with care.

Drivers of sustained engagement with the NHS App

What people at greater risk of digital exclusion told us:

Survey findings identified usability, the clarity of health information, greater system integration, and support as key drivers of NHS App engagement. Focus group participants largely reinforced these themes, **consistently describing a desire for an NHS App that reduces complexity rather than adding to it**. Across all groups, participants emphasised the **importance of a service that is easier to understand, easier to navigate, more inclusive of different access needs, and better integrated with the wider healthcare system**. The discussions also provided additional insight into the features and service improvements that participants believed would encourage greater and more sustained use of the NHS App among people at greater risk of digital exclusion.

Across all groups, participants expressed a desire for the NHS App to provide a simpler, more personalised, and more accessible user experience. They wanted **clearer layouts, more intuitive navigation, and greater flexibility in how information is presented and inputted in order to reduce cognitive effort and support independent use.**

Participants with visual, physical, or cognitive impairments highlighted the importance of built-in accessibility features, including adjustable display settings, screen readers, and speech-to-text functionality. One participant noted the value of having *"a narration option [with adjustable] reading speed [to suit] different [needs]"*, while another explained that *"when you speak to it, that writes it. Without having that on [my] phone, I won't be able to input information."* **Participants with English as an Additional Language (EAL) similarly identified a need for language support and multiple ways of accessing information**, including language-switching options, audio explanations and visual guidance. As one participant with EAL suggested, *"It would be nice to have audio support and maybe a visual assistant to explain some information."*

Together, these findings suggest that participants view accessibility as a key enabler of sustained NHS App use, but also reveal some tension in expectations:

while many wanted accessibility features embedded within the platform rather than relying on external support, others emphasised the importance of a lighter, less resource-intensive app that could run effectively on older devices.

Participants frequently identified clear and understandable health information as an important driver of continued engagement with the NHS App. Rather than simply providing access to medical records and test results, users expected the app to help them understand and interpret the information presented. Consistent with survey findings relating to the clarity of clinical information, participants across all groups expressed frustration with clinical terminology, abbreviations, and codes. Instead, they described the **value of information being presented in plain language and accompanied by explanations that provide context, meaning, and clearer guidance on any actions they may need to take.**

A common expectation across groups was that the NHS App should provide straightforward, standardised access to core healthcare functions, regardless of where people receive care. Participants frequently identified **prescription management, routine appointment booking, and communication with healthcare professionals as priorities, and viewed access to these functions as a key reason to use the NHS App regularly.** Participants highlighted the convenience of being able to complete these tasks digitally, particularly where existing routes of access were time-consuming or difficult to use.

Several participants identified enhanced prescription management as a priority. One participant suggested that automatic reminders for repeat prescriptions would be beneficial, explaining that they would *"like a reminder when [they've] got to reorder again because sometimes [they] forget."* The ability to book appointments directly through the NHS App was a common expectation. One participant shared that *"if we could book an appointment through the NHS App itself, that would be pretty helpful instead of having to call [the GP practice] or go to their website."* Participants also highlighted the value of direct messaging options on the NHS App: *"I wish there was an option you [could] send messages to the GP practice and speak to your consultant on there."*

Beyond consistency across GP practices, participants also described **greater integration of healthcare services as an important factor in encouraging ongoing use of the NHS App. Many wanted the app to function as a single point of access to GP services,** reducing the need to navigate multiple apps, websites, and booking systems during a single care journey. One participant summarised this view by stating: *"Being all in one place would probably be better."* Participants felt that a more integrated experience would improve convenience and make digital healthcare easier to manage.

Finally, **participants viewed both informal and organisational support as an important enabler of digital inclusion**. Across all groups, examples were given of relying on family members, community organisations, or healthcare staff for assistance. One participant described relying on her daughter and grandchildren for support: "*Obviously, I'm not a Wizkid. [when it goes] wrong then I need my daughter or the kids. I always say, if you're stuck, you need to find a child", while* another described opening the NHS App and phoning a family member *"to talk me through it."* Others visited local support organisations "to be *able to use [the NHS App] for [themselves]",* or their GP practice to receive assistance with specific technical issues. One participant explained, *"I couldn't go onto medical history. I took my phone in to the receptionist [and] it's all working now."* Alongside improvements to the NHS App itself, **access to guidance, training, and trusted sources of assistance may help more people engage confidently with digital healthcare services.**

Taken together, these findings suggest that sustained engagement with the NHS App is driven not only by the availability of digital services, but by how easy those services are to access, understand, and use independently. Participants consistently emphasised the importance of reducing complexity, supporting different access needs, and providing a more joined-up user experience. For people at greater risk of digital exclusion, these factors appeared central to building confidence in the NHS App and encouraging ongoing use over time.

Public experiences of the NHS App – Summary of insights

Awareness and use of the NHS App were relatively high among survey respondents, with most participants reporting at least occasional engagement with the platform. The NHS App was primarily valued as **a convenient tool for supporting routine interactions with healthcare services,** particularly accessing health records and managing prescriptions. Respondents especially valued improved access to health information and the flexibility to engage with services outside normal working hours.

However, **engagement with the NHS App was often selective and uneven rather than fully embedded into routine healthcare behaviours. Many respondents viewed the NHS App as complementing, rather than replacing, traditional routes into care**, with preferences for phone and face-to-face contact remaining important where reassurance, continuity, or more complex healthcare needs were involved.

Barriers to NHS App uptake and sustained use were numerous, diverse, and frequently interconnected. While some respondents experienced few difficulties, others described **challenges relating to accessibility, usability, and trust**. Importantly, barriers were not solely linked to individual capability or willingness to engage digitally, but also to wider **organisational and system-level factors, including fragmented digital access routes and variation in how NHS App functions are enabled across GP practices**.

While engagement with the NHS App appeared stabilised within existing patterns of use for some respondents, others identified specific changes that would enhance their experience. These were largely framed as **improvements to usability, functionality and support rather than fundamentally new motivations for use. The prominence of GP practice endorsement and integration further suggests that primary care plays an important role in shaping trust, confidence**, and ongoing engagement with digital healthcare services.

Attitudes towards the future of digital health tools

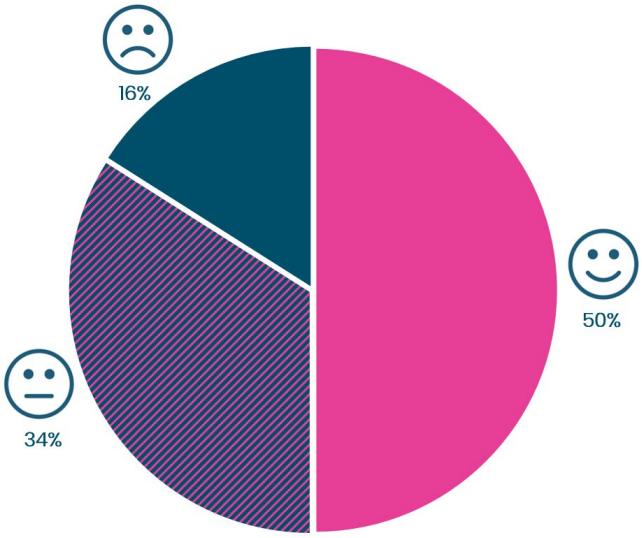


Figure 13. Percentage responses to the question: Are you happy about your healthcare becoming more digital?

The NHS 10 Year Health Plan for England sets out a strategic shift towards a fully digitally enabled NHS, with the NHS App positioned as a central access point for services and health information. This includes the development of a UK Single Patient Record (SPR), intended to bring together an individual's health data - including full medical history, genomics, and data from wearables - into a secure, unified record to support more coordinated and personalised care. The Plan also outlines wider adoption of digital technologies, including the use of artificial intelligence (AI) to support diagnosis and administrative efficiency.

The final section of the survey explored respondents' views on the increasing digitalisation of healthcare services. To provide greater context to the survey findings, insights are also drawn from focus groups involving people who may be at greater risk of digital exclusion, including disabled people, people experiencing financial hardship, and people with English as an Additional Language (EAL).

Responses were mixed among the 335 survey participants who answered the question regarding how happy they felt about healthcare becoming more digital (Figure 13). Half of respondents (168) indicated that they were in favour of this

shift. A further 34% (114) reported uncertainty, while a smaller proportion (16%, 53) were not supportive of this direction of change.

While overall sentiment was broadly positive, a notable proportion of respondents expressed ambivalence, suggesting more cautious or conditional attitudes towards the continued transformation from analogue to digitally enabled healthcare.

The following sections explore participants' perspectives in greater detail, focusing on proposed future NHS App features, attitudes towards AI in healthcare, and concerns regarding emerging digital health technologies.

Views on future NHS App features

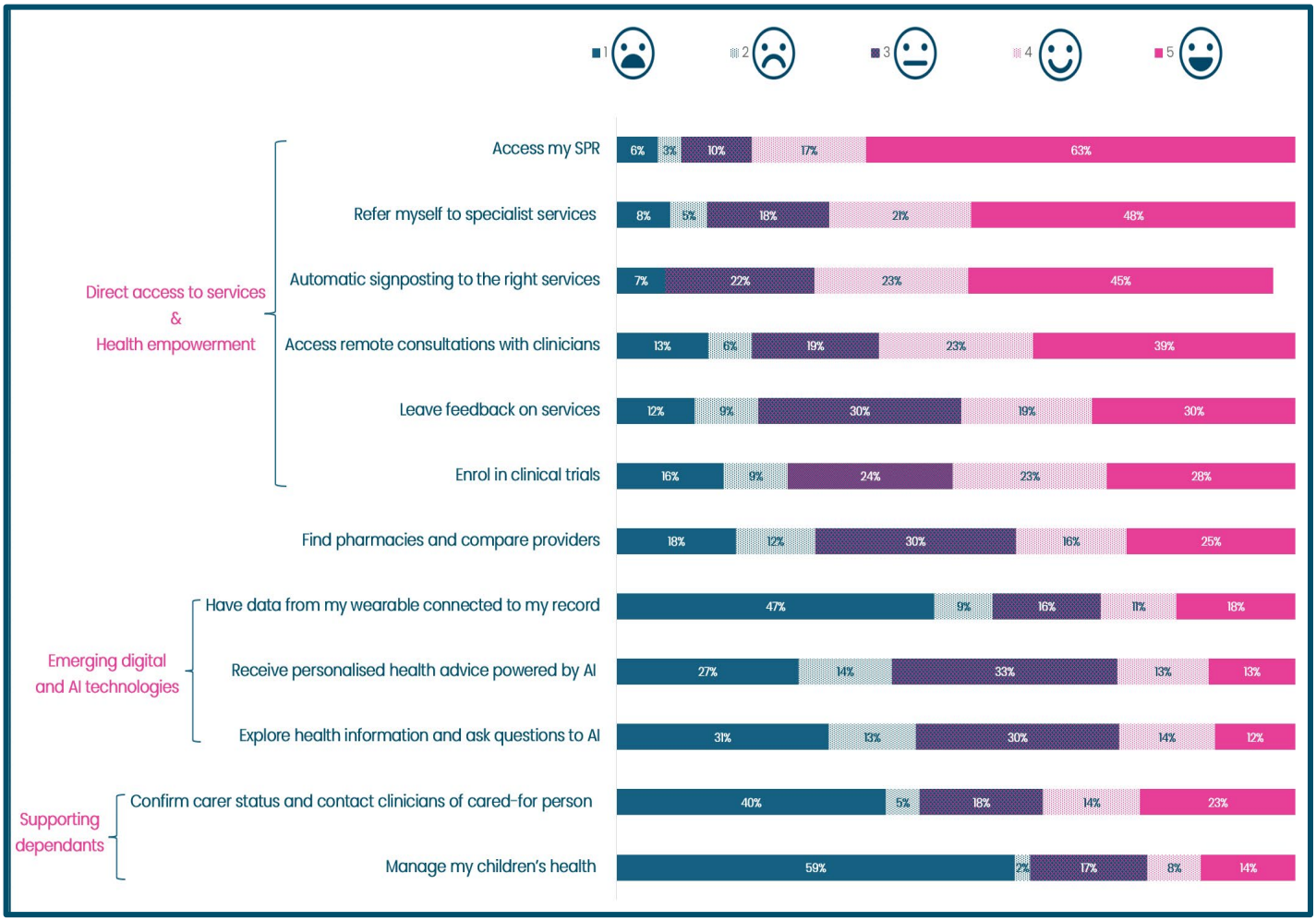


Figure 14. Percentage responses to the question: Please rate how useful the following services would be if they were incorporated into the NHS app. (1 = not useful at all, 3= somewhat useful, 5= extremely useful)

Survey participants were asked to rate the usefulness of a range of proposed future functionality within the NHS App on a five-point scale ranging from 1 (not useful at all) to 5 (very useful) (Figure 14). These proposals were drawn from the NHS 10 Year Health Plan for England, reflecting the ambition for the NHS App to function as a "*digital front door*" to NHS services and, in some circumstances, a "*doctor in your pocket*."

Overall, **respondents were most supportive of features designed to help people to manage their own health and care, particularly where this involved improving access to services and enhancing visibility of personal health information**. In contrast, more **cautious responses were evident regarding proposals involving the use of wearable-derived data or where AI was positioned as directly advising patients or taking on roles usually carried out by healthcare professionals.**

This pattern suggests greater acceptance of digital tools perceived to offer clear and direct patient benefit, particularly where they strengthen **patient control and streamline existing care pathways.**

Access to a Single Patient Record (SPR) through the NHS App received the highest level of support, with 80% (261) of respondents providing positive ratings (scores of 4 and 5 combined). This aligns with broader themes identified in the report, particularly the importance placed on information sharing between services for continuity of care, and patient access to personal health information.

Similarly, **strong support was observed for features designed to improve navigation of the healthcare system**. The ability to self-refer directly to specialist services was rated positively by 69% (226) of respondents, while 68% (224) provided a positive rating for automatic signposting to the most appropriate healthcare services. This suggests **a preference for features that simplify access to care.**

Remote consultations with clinicians were also viewed positively, with 62% (200) of survey participants reporting favourable ratings. Again, this may indicate

relatively strong acceptance of digital care models that offer increased convenience and flexibility.

Moderate levels of support were observed for features extending patient engagement beyond core service access. The ability to enrol in clinical trials was rated positively by 51% (160), while 49% (158) supported the option to leave feedback on services. Comparing providers received positive ratings from 41% (131). This shows cautious but meaningful support for features extending beyond direct access to care.

In contrast, **more sceptical views were expressed regarding AI-enabled features**. Approximately 40% of respondents indicated that AI-generated personalised health advice or interaction with an AI interface would not be useful, while around one quarter expressed positive views (Figure 14).

This feedback reveals **greater caution towards digital tools perceived to replace rather than support professional expertise or care**. This may reflect concerns around trust, reliability and safety of automated health information systems, alongside the continued importance placed on maintaining human-centred care within increasingly digital healthcare environments.

One of the least supported proposals related to integrating data from wearable devices, such as smartwatches, into NHS systems. Over half of respondents (56%, 174) said that this would not be useful.

Support for features relating to managing dependants - such as confirming carer status, contacting clinicians on behalf of a cared-for person, or managing a child's health through the NHS App - **was comparatively low.** However, this is likely influenced by the demographic profile of respondents:
Only 15% (39) identified as carers, while the majority of participants (82%, 260) were aged 55 and over, a group less likely to have dependent children living at home. As such, **lower levels of perceived relevance may therefore reflect limited personal applicability rather than active opposition.**

Collectively, the findings show a mix of support and caution regarding the continued development of the NHS App. **The strongest acceptance was seen for functionality perceived to support existing healthcare processes and deliver clear and demonstrable patient benefit,** particularly simplified access to care, improved coordination and communication between services, and enhanced patient control over health information. By contrast, **more guarded views were evident for features perceived as experimental, highly automated, or potentially reducing human involvement in care delivery.**

Participant perspectives further suggest that acceptance of AI within healthcare may depend less on the presence of AI itself, and more on how its role is positioned within care delivery. **Respondents appeared more receptive towards AI-enabled functionality operating in supportive or background roles, while expressing greater caution towards explicitly AI-led interaction, interpretation, or advice.**

Acceptance of AI in healthcare

Survey participants were asked to rate a range of AI-enabled healthcare features on a five-point scale from 1 (not useful at all) to 5 (extremely useful) (Figure 15). These reflect ambitions outlined in the NHS 10 Year Health Plan for England (2025), which positions AI as a key enabler of improved diagnostic capability, personalised care, and system efficiency.

Overall, responses indicate a clear pattern of conditional acceptance. Consistent with insights reported in relation to future functionality within the NHS App, respondents showed greater support for AI applications that support clinicians and enhance communication with patients, with progressively lower levels of endorsement as AI systems become more autonomous.

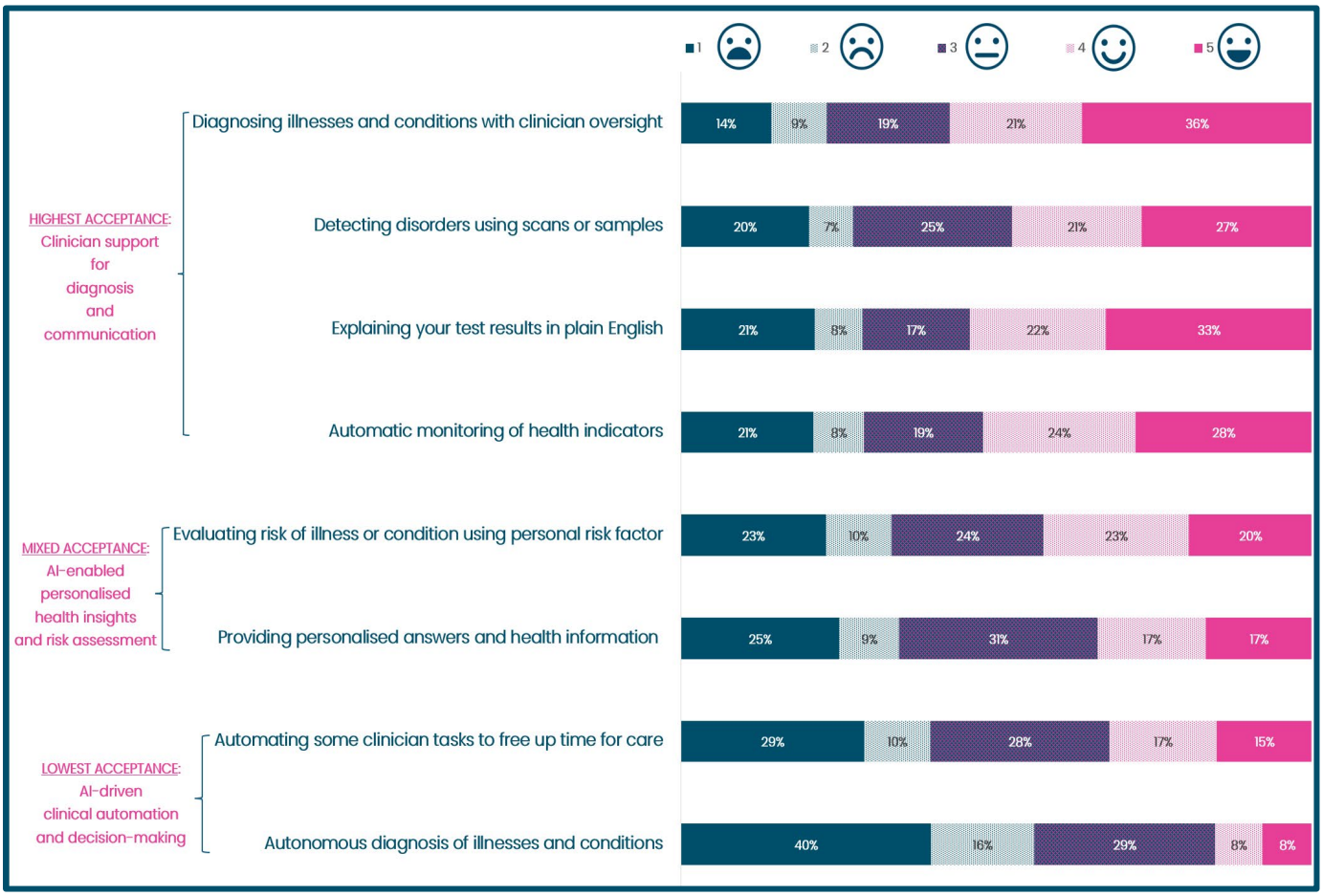


Figure 15. Percentage responses to the question: Please rate how happy you would be for AI to be involved in the following, related to your healthcare. (1 = not useful at all, 3= somewhat useful, 5= extremely useful)

The highest levels of support were observed for AI applications embedded within care led by healthcare professionals. AI systems **supporting diagnosis with clinician oversight** received the strongest endorsement, with 57% (189) of respondents selecting positive ratings (4–5). Similarly, AI use to monitor health indicators such as heart rate or glucose levels (52%, 171), and to detect irregularities in scans and samples (48%, 157), was also relatively well supported. **This suggests acceptance of AI as a tool that supports decision-making, particularly in situations where professional clinical judgement remains central. Strong support was also observed for AI tools that improve patient understanding of health information.** For example, 55% (179) of respondents rated positively the use of AI to explain test results in plain language, indicating clear value placed on improved accessibility and communication.

More **mixed views were given regarding AI used to assess likelihood of illness or conditions based on personal risk factors (43%, 139), or provide personalised health advice and information (34%, 111).**

AI tools designed to automate aspects of clinician workload to improve efficiency attracted relatively limited positive ratings (32%, 104). The lowest level of support by a substantial margin was recorded for fully autonomous AI diagnosis. Only 16% of respondents rated this function positively (4–5), while 56% (178) selected the lowest two categories (1–2). This indicates **clear resistance to AI systems operating without oversight** and **reinforces the importance of clinicians remaining accountable for decisions**. Overall, responses indicate stronger acceptance of AI as a supporting tool within healthcare delivery, rather than for autonomous applications.

Perceived benefits of future digital health tools

What people at greater risk of digital exclusion told us:

Participants across all groups were generally positive about the role that future digital health technologies could play in healthcare. Shared health records, wearable devices, and artificial intelligence (AI) were viewed as having the potential to reduce barriers to accessing healthcare, improve communication, and support more joined-up care.

Consistent with survey findings, the most widely supported future development was the introduction of shared health records. Participants felt that records shared across primary and secondary care could **improve communication between services and continuity of care, support more informed clinical decision-making, and reduce the need to repeatedly explain their medical history.** As one participant explained, *"It's definitely helpful to have different doctors in different places know the same information."* Another commented, "*You won't have to keep telling the doctors the same thing all the time. They could just look it up themselves."*

While support was widespread, participants highlighted different benefits. Participants with English as an Additional Language (EAL) felt shared records could **reduce communication barriers**, while disabled and neurodivergent participants emphasised the importance of clinicians having **a fuller understanding of their health history, disabilities, and support needs.**

The integration of health information from wearable devices and home monitoring equipment, such as smartwatches and blood pressure monitors, **was viewed more positively by focus group participants than by survey respondents** from the wider public. Participants welcomed the automatic sharing of information such as blood pressure readings, heart rate data, sleep patterns, and other health indicators with healthcare professionals. These technologies were seen as **supporting proactive monitoring and providing clinicians with a more complete picture of a person's health between appointments.** One participant living with a heart condition explained that continuous monitoring could help clinicians identify patterns in health data, **making earlier diagnosis and intervention more likely:** *"It [would be] very good to have that information to send to your consultant if you have a heart condition like mine. [They] could see fluctuations [in your] heart rate, blood pressure and O2 [levels] day to day. [Then you would be more] likely to get a diagnosis and, because they could see your heart patterns monthly, [it would] hopefully stop other health conditions like heart attacks [from] happening."*

Understanding of AI varied considerably between groups. **Participants with learning disabilities generally had limited familiarity with the technology**, while other groups identified a range of potential benefits.

Neurodivergent participants and those with communication and cognition challenges believed that **AI-generated summaries of appointments or test results could reduce reliance on memory, improve understanding and help patients become more involved in decisions about their care.** As one participant explained, *"Having that AI summary is important [for people] with autism and dyslexia as GPs [sometimes talk at] 150 miles per hour and you might not [be able to take] everything in. Summarisation breaks it down so you can remember when you go back to the GP."*

Participants experiencing financial hardship highlighted **AI's potential to reduce administrative workload and errors in information-processing tasks**, while acknowledging that the technology remains under development and is not infallible.

As one participant observed, *"AI is going to get better and better. It's advancing at rates of knots. There would be more errors in the human than there would be in the AI."*

Participants with English as an Additional Language (EAL) were more likely to focus on how **AI could improve access to healthcare**. Some suggested that AI could act as **an initial point of contact and triage, helping people to describe their health concerns and identify appropriate services** before directed them to a healthcare professional. One participant explained: *"I think if you want to go see a doctor, first AI [can] check what symptoms you have and then a person [can write a] prescription."*

Overall, the **focus group findings broadly reinforced patterns observed in the survey.** Both datasets showed **strongest support for digital tools that simplify access to information and services, facilitate communication, and enhance continuity of care, while supporting rather than replacing healthcare professionals**. Participants at greater risk of digital exclusion were often able to identify specific ways in which emerging technologies could address barriers they experience when accessing healthcare, suggesting that **acceptance is closely linked to whether technologies are perceived as accessible, relevant, and responsive to individual needs**.

Concerns about the digital transformation of healthcare services

Respondents were asked to describe any concerns they may have about their healthcare becoming more digital. Some expressed broadly positive views about the need for modernisation:

> *No concerns, it needs a good shake up anyway.*

> *It's the future, and we really do need to modernise and improve. I don't see any real problem, only benefits for patients and healthcare professionals.*

However, analysis of 223 free-text responses identified several interconnected themes relating to public concerns about the growing digitalisation of healthcare services and the use of AI in healthcare delivery. While some respondents supported the principle of digital transformation, many expressed reservations about its implementation in practice. These concerns clustered around four key areas cybersecurity, data privacy and digital governance; NHS infrastructure, resilience and implementation capacity; loss of human interaction and relational care; and digital exclusion and accessibility. These themes are explored in further detail in sections that follow.

Cybersecurity, privacy and trust in digital governance

Data security and privacy was the most prominent concern in respondents' accounts, with a strong emphasis on potential data misuse, secondary use, and broader distrust in digital governance.

Respondents expressed **limited confidence in the ability of NHS or government systems to adequately protect highly sensitive information from cyberattacks.** Cybersecurity risks, including hacking, data theft and ransomware, were frequently described as inevitable rather than hypothetical, with some participants suggesting that no digital system can be fully secure:

> *I have zero confidence that [NHS digital systems] are safe from cyber hacks. Why would you expect [them] to be more secure than any other Government computer system?*

> *My biggest concern is safety and security of information which can be leaked, hacked, or used maliciously.*

People viewed health data as deeply personal, difficult to fully anonymise and, once exposed, impossible to contain, with potentially irreversible consequences:

> *Once a breach occurs, the genie is out of the bottle and the data can end up anywhere.*

Alongside these external threats, respondents also reported that extensive data sharing across healthcare services may increase the likelihood of unnecessary or unauthorised access to sensitive information. Some participants signalled that standards of professionalism may vary and that some staff may open records without a legitimate purpose. This reflected **anxieties not only about the technical safeguards underpinning highly integrated systems, but also about human behaviour and organisational practice:**

> *There is higher risk of people viewing your notes when there is no purpose [it] Some people are nosy, and others lack professionalism.*

More broadly, **respondents questioned whether these risks could be managed safely and transparently**. References to previous large-scale system failures and public scandals were used to express doubts about institutional competence, accountability, and the reliability of official assurances regarding data security. As one respondent noted, *"Failures are catastrophic and prone to cover ups."* Participants emphasised the **importance of strong safeguards, transparency, role-based access controls, and robust, up-to-date security infrastructure.**

Concerns about data security and privacy also extended to the storage, processing, and governance of health data by external organisations. While sometimes framed in cybersecurity terms, mistrust was more often rooted in perceptions that multinational technology firms operate with insufficient transparency or accountability, particularly where they are thought to be associated with surveillance activities, defence contracting, or international governmental partnerships. In these cases, **objections extended beyond data protection alone to wider questions about corporate intent and the ethical use of patient data:**

> *My only concern would be what companies would do with my data. It would make me uncomfortable to think that my data might help them to train the AI model [of] a company that is, for example, engaging in mass surveillance, manipulating elections, or working on autonomous military AI.*

Across responses, another major concern related to the **potential for sensitive patient data to be repurposed beyond its original clinical function and commercially exploited**. People felt this would go against NHS values and the expectation that health data should be managed in the public interest:

> *I have concerns about using technology from large corporations who may monetise the data they harvest.*

> *Making money from patient data is unacceptable to me. This is wrong.*

Several survey participants also reported **unease with patient data being stored, processed, or accessed outside the UK, or governed under non-UK jurisdictions**. This reflected anxieties about national oversight, legal protections, and whether UK patients retain meaningful control once data is handled internationally:

> *The NHS is a British institution. I would not like foreign companies or governments to have any access to information that they can use in a different fashion to which it is intended.*

NHS digital infrastructure, resilience, and implementation capacity

Concerns about the current NHS digital infrastructure contributed to some respondents expressing uncertainty about the feasibility, safety and effectiveness of further digital transformation.

Several participants drew on previous unsatisfactory experiences with NHS IT systems to suggest that existing digital infrastructure may not yet be functioning effectively enough to support greater reliance on digital technologies. This contributed to some respondents questioning whether new initiatives would deliver meaningful improvements in access to services and care coordination. For these participants, concerns centred on the possibility that, unless existing challenges are addressed, greater dependence on digital systems could compound rather than resolve current issues.

> *I have concerns that the NHS will be building from something that already doesn't work and it's all going to go horribly wrong.*

My personal experience is that you cannot get the present system working properly, so what makes you think that a new system will be any better?

Respondents also raised concerns about system resilience and overreliance on digital infrastructure, particularly the potential impact of technical failures on healthcare delivery when systems become unavailable. This translated into strong support for robust contingency planning and the maintenance of non-digital fallback alternatives:

[I am concerned about what happens] when things go wrong or the systems do not respond as expected, be it [following] power failure, server failure, update failure, system design, coding, failure of the internet.

There is a great risk of over reliance on IT systems when they are vulnerable to failures. There must be adequate non-digital back-ups.

Participants expressed **uncertainty about whether NHS systems can reliably transfer, merge and reconcile patient information across different platforms**. Concerns focused on fragmented records and the potential for duplication, loss, or identity mismatches during system transitions, reflecting wider concerns about interoperability between systems and organisations.

I would be concerned about records being lost or misplaced. I simply don't have the confidence in the current system being able to 'combine' my past records.

I am aware of the difficulties of reconciling data.

Respondents also worried that **incorrect information could be manually entered into records, transferred inaccurately between systems, or become embedded across interconnected platforms in ways that are difficult to identify or correct**. They emphasised that errors in digital records could directly affect diagnostics, prescribing, and continuity of care, particularly where staff are working under pressure or have limited training:

[My concern is] information being incorrectly entered by untrained people under too much pressure and therefore treatment [or] medication being adversely affected.

[I am concerned about] the competence of those within the NHS to use [the systems], the veracity and validation of the data entered.

Alongside concerns about technical reliability, r**espondents expressed uncertainty about whether the NHS has sufficient capacity to implement digital transformation effectively**. Their comments focused on perceived gaps in staff training and access to appropriate equipment, as well as inconsistent or poorly managed deployment practices. In some cases, these issues were linked by respondents to broader organisational factors, suggesting a view that implementation may be constrained by varying levels of preparedness on the ground.

Insufficient supporting systems and staff training. Laziness seeping into certain areas.

Having worked in the NHS, many of the computer systems are not reliable, the hardware is not reliable.

Underlying many of these concerns was a desire for greater transparency and patient agency in the monitoring of digital records. Some respondents felt that patients may have limited ability to verify, challenge, or correct inaccurate information once it has entered interconnected systems, raising the possibility that errors could persist unnoticed and become more difficult to resolve over time:

I would expect being able to view my full digital records in the way I can see my GP notes. [I have] some concern about [their] accuracy [as] there are already errors in my written records.

I am concerned that [I might] not to be able to correct the data if corrupt.

Perceived limitations and risks associated with AI use in healthcare

A small number of respondents adopted a cautiously open but undecided stance regarding the role of AI in healthcare. While they acknowledged the potential benefits associated with AI-enabled functionality, they also felt **it was too early to assess overall value, safety or long-term implications in practice:**

> *Not convinced that AI will offer an enhanced patient experience in general. Time will tell.*

> *The jury is still out on AI for* me.
> I see the advantages but *it's early days and we will all learn along the way.*

However, a larger proportion of survey participants expressed reservations regarding the maturity, reliability, and safety of AI systems, particularly in relation to their use in clinical decision-making and patient care. **They questioned whether AI-enabled technologies are currently sufficiently developed, accurate, or context-aware to support safe and effective healthcare delivery**.

Many respondents raised concerns regarding the potential for inaccurate, misleading, or biased outputs generated through AI systems. They were sceptical that AI could interpret nuance, complexity, or atypical presentations in the same way as experienced healthcare professionals. As a result, they highlighted the risks relating to **misdiagnosis, inappropriate treatment recommendations, or other adverse consequences arising from errors in AI-generated advice or assessment**.
One respondent explained:

> *I am a little sceptical about AI. As yet, it is not reliable or infallible. When it comes to my health it needs to be 100% accurate.*

Two other participants commented:

> *AI is inherently unreliable as yet. It mostly relies on Large Language Models that can lead to bias or even factual errors.*

I would be apprehensive about AI taking on some [clinical] tasks. Could it be trusted to deliver a correct result?

Across responses, there was a **strong and recurring expectation that AI should function primarily as a decision-support tool for healthcare professionals, rather than replacing professional judgement, clinical responsibility, or direct patient care.** Many respondents emphasised the importance of maintaining meaningful human involvement in diagnosis, treatment planning, and clinical decision-making:

I am apprehensive about the use of unsupervised AI tools. At no stage should diagnosis or treatment be made without clinical oversight.

It is important that there should be quite a high level of human checking and monitoring of patient results and advice produced by AI. It is, after all, known to sometimes produce false and damaging answers.

I am concerned about the accuracy of AI and the potential for misdiagnosis. There is no substitute for a face-to-face with a clinician.

Several participants also raised concerns that **increasing reliance on AI technologies could gradually weaken professional autonomy, clinical thinking or judgement among healthcare staff over time**. In some responses, AI was perceived as creating a risk that clinicians may become overly dependent on automated recommendations or computer-generated outputs, with implications for clinical confidence and skill retention:

I'm concerned that AI will become the lazy Dr's crutches.

People continually say the computer said that so it must be correct.

If AI takes over what doctors see as menial tasks, they will lose those skills and when systems are down, they won't be able to do things they should.

While AI was not rejected outright, findings suggest that public acceptance of its use in healthcare remains cautious and conditional. While respondents often recognised the

potential for AI to support efficiency, administration, and aspects of clinical practice, many also expressed worries regarding reliability, bias, accountability, overreliance, and the potential erosion of human clinical judgement. Overall, participants appeared most acceptant of models in which AI functions as support to healthcare professionals, rather than replacing human oversight, professional expertise, or relational care.

Loss of human interaction, empathy, and relational care

The potential loss of human interaction and relational care emerged as a consistent theme among responses. Many survey participants emphasised **that healthcare is fundamentally relational rather than transactional**. They frequently emphasised the importance of empathy, reassurance, and continuity within care, qualities they felt technology may struggle to replicate fully:

> *Healthcare is about relationships between people.*

> *Nothing beats the personal touch or attention of a nurse or doctor.*

Many respondents were apprehensive **that increasing reliance on digital systems could further distance patients from healthcare professionals**, particularly within already pressured primary care services. Automated systems, digital triage pathways, and AI-enabled processes were perceived by some as reducing opportunities for conversation, reassurance, and meaningful interpersonal interaction between patients and clinicians:

> *The more digital things become, the less human they are.*

> *Personal interaction and communication remain paramount in care and support of scared and unwell patients.*

Participants frequently described healthcare as involving complexity, professional judgement, and human understanding that could not always be adequately captured through structured online forms, symptom checkers, or automated decision-making systems. **In particular, respondents highlighted concerns that digital systems may**

struggle to accommodate nuance, uncertainty, or the contextual factors that often shape clinical assessment and patient experience.

The **importance of face-to-face interaction in supporting holistic assessment** emerged as a recurring theme within the comments. Participants described how **healthcare professionals often rely on non-verbal communication, behavioural cues, and contextual understanding when assessing patients**, identifying issues that may not be captured through symptom checkers, digital monitoring systems, or structured online forms. Two participants explained:

> *Nothing can replace a human clinician seeing a patient as a whole being.*

> *My GP may occasionally comment that I look or sound tense, or that I appear flushed or pale or even that I have a rash on my back. These are things I would not have entered into a digital monitoring system.*

Some respondents also felt that **increasing digitalisation could contribute to patients feeling processed rather than cared for, resulting in more standardised or impersonal experiences of healthcare**. Apprehensions were raised about systems being overly rigid, protocol-driven or dependent on predefined categories and "tick-box" approaches to assessment. Many felt this could result in individual circumstances being overlooked, complex health experiences being reduced to standardised inputs, and atypical or unusual presentations being missed:

> *We have moved too far away from being cared for, to being diagnosed and then left to get on with it.*

> *Not everything can be dealt with by tick boxes. People will be fitted into categories of care that may be completely inappropriate.*

Overall, people in our research felt that increasing reliance on technology may risk weakening the relational, holistic, and compassionate dimensions of care that they saw as fundamental to safe and effective healthcare. There was a strong and recurring

view that digital systems should support, rather than replace, meaningful human interaction within healthcare services.

Digital exclusion and accessibility barriers

Finally, respondents frequently highlighted the challenges posed by digital exclusion and accessibility barriers when discussing the digital transformation of healthcare services.

Many shared frustration that healthcare systems appear increasingly designed around assumptions of universal digital access, despite significant variation in people's circumstances, resources, confidence and abilities.

Importantly, **digital exclusion was framed as a direct barrier to accessing healthcare itself:** respondents were afraid that people who struggle to engage with digital systems may delay seeking support, experience worsening inequalities in care, or become excluded from accessing healthcare services altogether:

> *"Those of us who are digitally ignorant will be left out of decisions regarding our healthcare."*

> *"Remember those that are digitally excluded. These are among the most vulnerable already."*

Several responses conveyed a **strong emotional dimension to digital exclusion**, particularly in relation to fear of judgement, embarrassment, and self-stigma associated with struggling to use digital health tools:

> *"Many people struggle with technology & could feel stressed [about being] left behind."*

> *"If you struggle [with digital health tools], you run the risk of feeling you are a nuisance, being labelled anxious and not seek care."*

A number of respondents highlighted more **practical barriers relating to lack of or limited access to suitable devices, internet connectivity, or reliable digital infrastructure, particularly in rural areas**:

I Don't have a smartphone.

I don't have Internet facilities.

I am in a rural area and connecting to Internet or the Wifi can be problem.

Affordability emerged as a particularly significant concern. Respondents described the financial pressures associated with owning and maintaining suitable devices, such as smartphones, tablets, or computers, **alongside the ongoing costs of broadband and mobile data.** Some participants also shared their frustration at what they perceived as an increasing expectation that patients should personally absorb the financial burden of accessing digital healthcare services:

We have no choice in using digital technology which may not be affordable. Those not in the benefit system will receive no financial support for this.

My pension is not 'wasted' on lifestyle but I can't afford to keep up with tech.

Alongside financial barriers, respondents frequently highlighted **the risk of exclusion among people with lower levels of digital confidence or skills**, particularly when they may not know where to access support when difficulties arise:

[I have concerns for people] not having the required equipment [or] the required skills.

My elderly mother is not able to use computers or digital channels to access health care.

My concern is about those who cannot use IT. Also not knowing where to go to access help.

Importantly, respondents described digital exclusion as extending beyond lack of access to devices or internet connectivity alone. **Concerns also related to the accessibility and usability of digital systems for older people, disabled people, and individuals living with physical, sensory, cognitive, or learning impairments**:

> *I have concerns that some people such as the elderly or disabled people may be disadvantaged.*

> *[I am concerned about] people with learning difficulties having to use [digital] systems.*

Several survey participants described difficulties associated with reduced dexterity, visual impairment, memory problems, and navigating complex or inaccessible digital interfaces. In some cases, they expressed annoyance that digital healthcare systems were perceived as operating through standardised, "one-size-fits-all" designs without sufficient consideration of accessibility needs or inclusive design principles.
As respondent explained:

> *We are not thick and incapable.*
> *we have issues that app designers are clueless about:*
> *poverty, age and disabilities.*

> *I hate the NHS App and I hate that I am expected to use it like everyone else when I cannot.*

Others shared personal experiences of struggling to engage with digital tools:

> *My dexterity is becoming more limited.*

> *Lots of things are too small to read on my phone.*

> *I have dementia and find some online platforms difficult to navigate.*

Another recurring concern in the qualitative feedback was the perception that non-digital routes into healthcare may gradually diminish as services become increasingly digital-first. Many respondents stressed the **importance of maintaining accessible**

alternatives, including telephone and face-to-face access, to avoid exacerbating existing inequalities and excluding individuals unable or unwilling to engage digitally:

> *My wife has no phone [and] she doesn't know how to use a computer. There should be a phone service for people like her.*

> *I find it difficult to fill in an [online] form to explain how I'm feeling and I would much prefer to speak to a person.*

Altogether, these insights suggest that public concerns about digital exclusion are shaped not only by access to technology itself, but also by wider issues relating to affordability, digital confidence, accessibility, usability, and the continued availability of non-digital routes into care. **There was a strong and recurring view among respondents that increasing digitalisation should not come at the expense of equitable, inclusive and person-centred access to healthcare.**

Concerns about future digital health tools

What people at greater risk of digital exclusion told us:

Concerns about future digital health tools - including AI, shared health records, and wearable technologies - were consistently raised across all focus groups, reinforcing survey findings. **Trust emerged as a central issue shaping acceptance, with participants emphasising that future health technologies should be designed to complement, rather than replace, human clinical care, alongside expectations of strong data privacy and security safeguards.**

Many participants reported **limited understanding of how AI works and often conflated it with general internet searches**, such as Google, reflecting uncertainty about how outputs are generated and how reliable they are. As one participant explained: *"I don't know if I'd fully trust it, to be honest. When you go on Google and you put in your symptoms, you find out that you could have symptoms that are not actually [relevant to your] condition."*

In this context, **participants questioned the provenance and quality of evidence underpinning AI outputs**, highlighting the need for robust governance and transparency. As one participant noted, "They need to audit what information is correct and what is not. They need to make sure they're locked down what AI has access to and what sources it has." These concerns fuelled **fears that symptoms could be misinterpreted or serious conditions missed.**

As a result, **participants expected AI to operate under clear human oversight, with clinicians retaining responsibility for diagnosis and decision-making**: *"I think [clinicians] should use AI as a tool but the diagnosis still needs to be from them."* Relational and observational aspects of care - including physical examination, contextual understanding, and clinical judgement - were viewed as essential and difficult to replicate digitally, reinforcing **a preference for face-to-face interaction where clinically appropriate**: *"If you're in pain, the doctor can see it on your face, can't they?"*

Concerns about privacy and control over sensitive health information were also widespread. Participants perceived that data could extend beyond direct clinical care to statutory public sector organisations such as the police or social services, which was a key source of unease. As one participant stated, *"I don't think the police should have [access to your digital health record],"* while another noted, *"I don't think people trust social services,"* **reflecting low confidence in non-clinical use of health data**. **Concerns also extended to data breaches and secondary use beyond direct care**, drawing on both personal experience and wider awareness of cybersecurity risks: *"There has been cases in the past [where] security hasn't been very good and hospital record systems have been hacked. Your private information could be leaked to third party companies."*

Participants also expressed discomfort with more pervasive forms of digital monitoring. **Concerns about AI extended beyond accuracy to include unease about sharing personal information with automated systems**: *"I'm getting worried if I give all the information to them [AI] because I don't give information to everybody else about me."* **Wearable technologies were similarly viewed by some as intrusive and an encroachment on *"personal space,"*** reflecting broader concerns around privacy and surveillance. Across all technologies, there was a

consistent expectation that digital health tools must include clear safeguards, strict limits on access, and reassurance that sensitive data remains under patient control and within appropriate clinical oversight.

Attitudes towards the future of digital health tools - Summary of insights

Survey responses showed **cautious acceptance for the growing digitalisation of healthcare rather than strong endorsement or resistance**. While many respondents recognised potential benefits, support was often conditional and shaped by how digital technologies were implemented.

- **Acceptance was highest for practical, patient-facing improvements, particularly features that enhance existing care pathways and enable greater patient involvement in managing their own health**. The Single Patient Record (SPR) accessed via the NHS App received the strongest support, especially for improving the visibility of personal health information, alongside features that help patients navigate and access services more easily, as well as self-refer where appropriate.

- **Attitudes towards AI and more advanced digital tools were increasingly cautious where technologies were perceived as experimental, highly automated, or reducing clinician involvement in care delivery**. This included wearable-derived data integration, as well as AI-enabled tools positioned as directly advising patients or undertaking functions typically carried out by healthcare professionals. Across responses, there was a consistent pattern of higher acceptance where AI supported clinicians and enhanced communication with patients. In contrast, **support declined as systems moved towards greater autonomy, reinforcing the expectation that clinical judgement and human oversight should remain central to care.**

- **People in our research expressed a range of misgivings about the digital transformation of healthcare**. The most prominent concerns related to **data security, governance and trust**, including fears of cyberattacks, misuse and commercial exploitation of NHS data. Concerns were also raised about **NHS infrastructure, implementation capacity and readiness**, including system reliability, interoperability, and the risk of failures or errors affecting patient care. In addition, people in our research highlighted the importance of **human interaction**, worrying that digital-first approaches could reduce relational care, holistic assessment and continuity. Finally, **digital exclusion, usability and accessibility barriers** were emphasised, with concerns about inequalities linked to the cost of connectivity, digital skills and confidence, and disability, alongside calls for continued non-digital routes into care to ensure equitable access.

What this means

Digital adoption is driven by perceived value, not innovation

Healthwatch Norfolk's research insights suggest that public support for digital healthcare is driven less by enthusiasm for technological innovation itself and more by whether digital tools deliver value that outweighs the effort required to use them. People identified a range of benefits associated with the Electronic Patient Record (EPR), the NHS App and emerging technologies, including a Single Patient Record (SPR) and the use of artificial intelligence in healthcare. Digital tools were valued for their potential to reduce the need for the patient to remember and repeat their medical history, simplify access to information and services, enhance continuity of care and encourage self-management. However, this support was reduced where digital tools were perceived or experienced as time-consuming and difficult to navigate, and when people encountered fragmented digital access routes or inconsistencies in system implementation across healthcare settings.

Overall, people assessed digital healthcare through a pragmatic judgement of value rather than technological capability. Support was strongest when digital tools strengthened existing care processes and delivered tangible and clear improvements to patient experience. Conversely, digital tools were viewed less favourably when the effort required to use them outweighed perceived benefits, leading some people to disengage or revert to non-digital routes of accessing healthcare.

These findings indicate that sustaining public support for digital healthcare depends on ensuring that benefits are clearly realised in practice and that barriers to engagement are minimised. Future digital developments should therefore prioritise usability and accessibility, and consistency of implementation. Communication should be framed around demonstrating clear patient benefits, grounded on evidence from lived experiences.

Digital transformation risks reinforcing access inequalities

The benefits of digital healthcare may not be experienced equally across the population. Our research identified a range of barriers affecting uptake of and sustained engagement with the NHS App, particularly among groups at greater risk of digital exclusion, including people with lower digital confidence, those experiencing financial hardship, disabled and neurodivergent individuals, and people with additional language needs, including those with English as an Additional Language (EAL). Participants described challenges with registration and login processes, app navigation, and understanding medical terminology. These difficulties were often compounded by language barriers for users with limited English proficiency. A reduced ability to use the NHS App independently, and increased reliance on informal and organisational support, created a significant emotional impact. Many participants expressed feelings of self-doubt, frustration, and overwhelm, which in some cases led to disengagement from digital services.

This suggests that digital healthcare may not be equally accessible to all patients, and that barriers extend beyond technical usability alone. Confidence, language, affordability and the availability of appropriate support all influenced people's ability and willingness to engage with digital tools. As healthcare becomes increasingly digital, there is a risk that existing inequalities in access may be reinforced if these factors are not adequately addressed.

These findings highlight the importance of inclusion and accessibility to be embedded from the outset in the design and implementation of digital tools, including improving usability, strengthening language support, and providing appropriate user assistance. They also reinforce the importance of maintaining multiple routes into care to ensure that digital transformation improves access to services rather than widens existing inequalities for those less able to engage digitally.

Choice and relational care are non-negotiable expectations

Public acceptance of digital transformation in healthcare is shaped by two closely interrelated expectations: maintaining patient choice across access routes and preserving person-centred, clinician-led care.

Findings indicate that the key issue was not whether digital or traditional routes are preferable, but the importance of having genuine choice in how people access healthcare services. While digital tools were recognised for improving access to health information, they were generally viewed as complementary rather than a replacement for human routes into care. In-person and telephone contact were valued for the emotional support they provide and the sense of being heard and understood. Concerns were also raised that increasing reliance on new technologies - including the use of the EPR in secondary care or AI functioning as an autonomous diagnostic tool - could shift clinician focus away from patients and limit opportunities to capture nuance, context and physical cues that are critical to clinical assessment.

This implies that digital healthcare is evaluated not only in terms of access, but also in relation to the relational quality of care. While digital tools are valued when they enhance convenience and accessibility, reduced opportunities for human interaction may affect patient experience, confidence, and trust in clinical assessment. Increasing reliance on digital systems therefore carries a risk of making care feel more transactional and less personalised, with potential implications for both patient satisfaction and outcomes.

This emphasises the importance of implementing digital transformation in ways that expand rather than restrict access options, ensuring that telephone and face-to-face routes remain available, and that digital tools are designed in ways that support rather than displace clinician–patient interaction and professional judgement.

Trust depends on governance visibility and accountability

Transparent governance and clear accountability are key determinants of public trust in digital tools, and shape perceptions of whether the digital transformation of healthcare can be delivered safely and reliably.

Findings highlight widespread concern about system reliability, cybersecurity, and the integrity of clinical information. People in our research highlighted the potential for system failures and outages to disrupt care, alongside uncertainty about whether adequate backup and recovery arrangements are in place. Data security and privacy concerns were particularly prominent, including fears about misuse or secondary use of patient information, and unease about records being stored or processed outside the UK. People also expressed scepticism about the robustness of NHS digital infrastructure, questioning whether systems can reliably transfer, merge, and maintain accurate information across interconnected platforms. These issues extended to organisational readiness, including staff training, safeguards and oversight mechanisms. Further concerns were raised regarding the use of artificial intelligence, particularly in relation to the quality of evidence underpinning decisions, as well as broader questions about accountability where AI is involved in clinical decision-making.

This suggests that public attitudes towards digital healthcare are shaped by broader uncertainty about whether systems can be relied upon to function safely, securely, and consistently in practice, and whether there are clear lines of responsibility when things go wrong. Trust in digital transformation is therefore influenced by how clearly systems are governed; how transparently decisions, processes, and responsibilities are communicated; and the extent to which patients can understand and engage with how their information is used.

As digital technologies become increasingly embedded within healthcare delivery, securing sustained public confidence will depend not only on making governance and accountability arrangements transparent and understandable, but also on enabling people to have greater visibility of and control over how their information is managed.

Recommendations

The following recommendations reflect consistent themes identified across Healthwatch Norfolk research, highlighting areas where further action is needed to ensure digital transformation delivers meaningful improvements for all.

1. Prioritise usability, accessibility, and consistency in digital services

Digital tools must deliver clear, practical value that outweighs the effort required to use them if they are to be widely adopted and used effectively.

- **Continue to develop the NHS App around user needs**, simplifying registration and login processes, improving navigation, and using clear, accessible language to reduce barriers to engagement

- **Improve system-level consistency** by ensuring core NHS App functions are enabled across GP practices, and progressing the NHS App towards a single, reliable point of access for managing healthcare needs, reducing reliance on multiple platforms

- **Embed patient and public involvement throughout digital service development at a local level where appropriate**, including co-design, user testing, and ongoing improvement. Prioritise engagement with groups at greater risk of digital exclusion to ensure their lived experiences inform service development and help reduce inequalities

- **Strengthen communication** by demonstrating real-world, practical examples of how digital tools - such as the NHS App and the EPR - improve patient experience and support existing care processes. This should prioritise trusted NHS channels, including the NHS website, NHS App, and GP surgeries, complemented by offline

promotion in community settings and targeted social media outreach to engage younger groups

2. Embed inclusion and accessibility in all aspects of digital transformation

Digital healthcare services should be inclusive by default, reducing rather than reinforcing existing inequalities.

- **Ensure digital tools are accessible for a wide range of users** by designing interfaces that support different levels of digital literacy and cognitive need, enabling independent and confident use. This should include simplifying or minimising multi-step processes, reducing text-heavy content, and increasing the use of visual elements to guide navigation

- **Ensure the NHS App supports accessibility** by improving compatibility with device-based tools or integrating accessible features within the app itself

- **Provide and clearly promote support for using digital tools** through NHS services, GP practices, libraries, and community organisations to reduce reliance on informal support. Support should be tailored to specific barriers and available in a range of formats, including face-to-face, telephone, online, and jargon-free written or visual guidance, to meet people's needs and preferences

- **Strengthen language and communication support** within the NHS App by ensuring content is clear, easy to understand, and accessible to a wide range of users. This should include the availability of translated materials where appropriate, alongside improving the clarity of health information, such as reducing jargon, explaining abbreviations, and presenting test results in a more user-friendly way

- **Use data to identify and address inequalities** by monitoring uptake and experience across different population groups and using this insight to inform targeted service improvements

3. Maintain patient choice across access routes and protect person-centred care

Digital healthcare should expand, rather than restrict, access to services and information while preserving the relational aspects of care

- **Maintain multiple routes into care** by ensuring digital access is implemented alongside existing telephone and face-to-face options, preserving patient choice and meeting diverse needs

- **Protect meaningful clinician–patient interaction** by ensuring digital systems and workflows minimise administrative burden and support focused, person-centred consultations. This should include providing clinicians with sufficient time to review and update records without impacting the quality of consultations

- **Frame communication about digital tools**, including artificial intelligence, to emphasise their role in supporting rather than replacing clinical practice, maintaining professional judgement, accountability, and direct patient care

- **Continue to use patient experience to monitor the impact of digital transformation on trust and the perceived quality of care**, taking action where relational aspects of care are diminished

4. Build trust through transparency and accountability

Public confidence depends not only on robust governance and clear accountability, but also on how clearly these arrangements are communicated, understood, and experienced in practice.

- **Provide clear, accessible information on how patient data is collected, stored, shared, and processed across health systems**, including where data is held and the safeguards in place to protect it from misuse or inappropriate secondary use

- **Improve public understanding of how patient information moves between services and systems**, and how data quality and integration are maintained to support safe and accurate clinical care

- **Strengthen public confidence in the reliability of digital systems by explaining how they manage risks**, including backup plans and how care continues during outages

- **Be transparent about the use of artificial intelligence** by clearly explaining where and how AI is used to support clinical decision-making. This should include publishing a clear set of local principles for AI use to address public concerns about clinician oversight and build trust

- **Support patient visibility and control of their data** by enabling access to health records, providing clear explanations of how information is used and who can access it, and allowing individuals to understand and manage their data sharing preferences where appropriate

Digital tools have significant potential to improve access to healthcare and enhance patient experience, but their success depends on how well they meet people's needs in practice.

These recommendations highlight the need for digital tools to be usable, inclusive, trustworthy, and supportive of person-centred care if digital transformation is to deliver meaningful and equitable improvements in access, experience, and quality of care.

Response from the Norfolk and Suffolk Integrated Care Board

I wanted to take a moment to thank Valerie personally for the tremendous amount of work that has clearly gone into this piece of research. The report is comprehensive, thoughtful and exceptionally well written, and provides a rich insight into how local people feel about the digital transformation taking place across health and care services.

What stands out most is the balanced nature of the findings. The report captures both the opportunities and concerns associated with digital healthcare, whilst ensuring that the voices of people who are at greater risk of digital exclusion are heard clearly and authentically. The focus group work in particular adds valuable depth and context to the survey findings.

The report provides reassurance that people can see the potential benefits of initiatives such as the NHS App, Electronic Patient Records and future shared records, while also giving us very clear messages about the importance of accessibility, inclusion, trust, communication and maintaining choice. These are all themes that will help shape our future plans and priorities.

Thank you once again for your professionalism, expertise and ongoing commitment to ensuring that the views of local people remain at the heart of service development. We very much value the partnership we have with Healthwatch and the constructive challenge and insight that your work consistently bring.

Anne Heath
Associate Director of Digital

References

Adams, C., Harrison, R., Merchant, A. (2024). Experiences of using electronic medical records among patients from ethnic minority backgrounds: A rapid review. *Patient Experience Journal, 11*(3), 157-170. https://pxjournal.org/journal/vol11/iss3/18/

Barker, R. D., Gökmen, R., Porter-Smith, A., *et al.* (2025). Unlocking digital Health: Inequalities in the adoption of a Patient Portal. medRxiv. https://doi.org/10.1101/2025.06.28.25330473

Celi, L. A., Cellini, J., Charpignon, M.-L. (2022). Sources of bias in artificial intelligence that perpetuate healthcare disparities: A global review. *PLOS Digital Health, 1*(3), 1-19. https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0000022

Diffin, J. B., Byrne, B., Kerr, *et al.* (2019). The usefulness and acceptability of a personal health record to children and young people living with a complex health condition: A realist review of the literature. *Child: care, health and development, 45*(3), 313-332. https://onlinelibrary.wiley.com/doi/full/10.1111/cch.12652?msockid=319fcaf98b3b641b320cdc8b8ab2659a

Fritsch, S. J., Blankenheim, A., Bickenbach, J., *et al.* (2022). Attitudes and perception of artificial intelligence in healthcare: A cross-sectional survey among patients. *Digital Health, 8*(8), 1-16. https://journals.sagepub.com/doi/10.1177/20552076221116772

Good Things Foundation 2024 (a). Digital inclusion and health - Summary of key statistics https://www.goodthingsfoundation.org/discover/digital-inclusion-insights/digital-inclusion-insights-2024/digital-inclusion-and-health#:~:text=Groups%20who%20face%20barriers%20to,digital%20inclusion

Good Things Foundations 2024 (b). Health Inequalities and mitigating risks of digital exclusion in health systems, 2nd edition. Good Things Foundation and VCSE Health and Wellbeing Alliance. https://www.goodthingsfoundation.org/policy-and-research/research-and-evidence/research-2024/health-inequalities-digital-exclusion

Hagström, J. B. (2022). Views, Use, and Experiences of Web-Based Access to Pediatric. *Journal of medical internet research, 24*(11), 1-20. https://www.researchgate.net/publication/364742456_Views_Use_and_Experiences_of_Web-Based_Access_to_Pediatric_Electronic_Health_Records_for_Children_Adolescents_and_Parents_Scoping_Review

Islam, F., Bailey, S., & Netto, G. (2024). Digitalised primary care in the UK: A qualitative study of the experiences of minoritised ethnic communities. *British Journal of General Practice*, *74*(749), e823–e831. https://doi.org/10.3399/BJGP.2024.0308

Kamerade, D., Clarke, A., Goodall, C., Parker, C., Vasilica, C., & Yuen, J. (2025). Digital exclusion of disabled adults from voluntary (and paid) work. ESRC Centre for Digital Futures at Work. https://digit-research.org/insights/digital-exclusion-of-disabled-adults-from-voluntary-and-paid-work-2/

Ko, M., Azzopardi, M., Loizou, C., Logeswaran, A., Ng, B., Pacho, A., & Chong, Y. J. (2025). Telehealth and people with disabilities in the United Kingdom: A scoping review. Frontiers in Public Health, 13. https://doi.org/10.3389/fpubh.2025.1504318

Kuhne, S. J. (2025). Attitudes toward AI usage in patient health care: Evidence from a population survey vignette experiment. *Journal of Medical Internet Research, 27*(1), 1-15. https://www.jmir.org/2025/1/e70179

NHS England. (2019). *The NHS Long Term Plan.* https://sw.leadershipacademy.nhs.uk/wp-content/uploads/sites/33/2022/07/nhs-long-term-plan-version-1.2.pdf

NHS England. (2023a). *Shared Care Records.* https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/shared-care-records/

NHS England (2023b). Inclusive digital healthcare: a framework for NHS action on digital inclusion. https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/

NHS England (2025). NHS England Improvement framework: Community language translation and interpreting services. https://www.england.nhs.uk/long-read/improvement-framework-community-language-translation-and-interpreting-services/

NHS England. (2026a). *NHS App features*. https://digital.nhs.uk/services/nhs-app/nhs-app-features

NHS England. (2026b). *New look NHS App: What has changed*. https://digital.nhs.uk/services/nhs-app/resources/new-look-nhs-app-what-is-changing

NHS England. (2026c). *NHS App management information.* https://digital.nhs.uk/data-and-information/publications/statistical/nhs-app-statistics/april-2026

NHS England. (2026d). *Single Patient Record - Your health at your fingertips.* https://www.england.nhs.uk/digitaltechnology/the-single-patient-record/

NHS Norfolk and Suffolk Integrated Care Board. (2026). *Electronic Patient Record (Norfolk and Waveney).* https://www.norfolkandsuffolk.icb.nhs.uk/health/rights/information-records/electronic-patient-record-norfolk-and-waveney/

NHS Norfolk and Waveney Integrated Care System (ICS). (2023). *Digital transformation strategic plan and roadmap.* https://improvinglivesnw.org.uk/~documents/ics-publications-1/digital/full-digital-transformation-strategic-plan-and-roadmap

Norfolk County Council (2021). Norfolk's Digital Inclusion Strategy. https://www.norfolk.gov.uk/article/38926/Introduction

Norfolk County Council. (2024). Norfolk Insights. *Population estimates and demographic breakdowns*. https://www.norfolkinsight.org.uk/population/

Norfolk County Council. (2025). Norfolk Insights. *Deprivation Report for Norfolk.* https://www.norfolkinsight.org.uk/population/deprivation/

Office for National Statistics. (2021). *Language, England and Wales: Census 2021*. https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/bulletins/languageenglandandwales/census2021

Pettersson, J. S., Wulf, F., & Olander, E. (2023). *Accessibility barriers in digital health services: A population-based study of people with and without impairments in Sweden. Disability and Health Journal*. https://link.springer.com/article/10.1186/s12889-023-15094-z

Pham, T. (2025). Ethical and legal considerations in healthcare AI: innovation and policy for safe and fair use. *Royal Society Open Science, 12*(1), 1-24. https://royalsocietypublishing.org/rsos/article/12/5/241873/235732/Ethical-and-legal-considerations-in-healthcare-AI

Regulatory Horizons Council. (2022). *The regulation of artificial intelligence as a medical device*. Department for Business, Energy & Industrial Strategy. https://www.gov.uk/government/publications/the-regulation-of-artificial-intelligence-as-a-medical-device

Reidy, C., Papoutsi, C., KC, S., *et al.* (2025). *Qualitative evaluation of the implementation and national roll-out of the NHS App in England. BMC Medicine, 23* (20) https://doi.org/10.1186/s12916-024-03842-w

Richardson, R., Holmes, H., & Burgess, G. (2023). Digital exclusion and the cost of living crisis. *Cambridge Centre for Housing and Planning Research and Places for People*. https://www.placesforpeople.co.uk/media/iwankg34/digital-exclusion-and-the-cost-of-living-crisis-final-v2.pdf

Sense (2024). Potential and Possibility 2024: Addressing digital exclusion. *Sense*. https://www.sense.org.uk/about-us/research/potential-and-possibility-research/potential-and-possibility-2024-addressing-digital-exclusion/

Sollof, J. (2026). *Norfolk and Waveney delays EPR to 'take extra time to get it right'*. Digital Health. https://www.digitalhealth.net/2026/01/norfolk-and-waveney-delays-epr-to-take-extra-time-to-get-it-right/

Sukriti, K. C., Tewolde, S., Laverty, A.A., *et al.* (2023). Uptake and adoption of the NHS App in England: An observational study. *British Journal of General Practice, 73*(737), e932–e940. https://bjgp.org/content/73/737/e932

Tapuria, A., Porat, T., Kalra, D., *et al.* (2021). Impact of petient access to their electronic health record: systematic review. *Informatics for Health and Social Care, 46*(2), 194-206. https://www.tandfonline.com/doi/full/10.1080/17538157.2021.1879810

UK Government. (2022). *Data saves lives: Reshaping health and social care with data.* https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data/data-saves-lives-reshaping-health-and-social-care-with-data

UK Government (2025). Fit for the future: 10 Year Health Plan for England https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf

Venkatesh, V., Morris, M. G., Davis, G. B., & Davis, F. D. (2003). User acceptance of information technology: Toward a unified view. *MIS Quarterly, 27*(3), 425–478. https://www.researchgate.net/publication/220259897_User_Acceptance_of_Information_Technology_Toward_a_Unified_View

Whitehead, L., Talevski, J., Fatehi, F., & Beauchamp, A. (2023). *Barriers to and facilitators of digital health among culturally and linguistically diverse populations: A qualitative systematic review. Journal of Medical Internet Research, 25*, e42719. https://doi.org/10.2196/42719

Appendix

Demographic profile of survey respondents

The survey was completed by 343 respondents living in Norfolk and Waveney. Among the people who provided demographic information, the profile was as follows:

- Gender:
  - 65% (217) were female
  - 32% (107) were male
  - 3% (11) identified as genderfluid, were questioning or preferred not to say

- Age:
  - 2% (5) were aged 15-24
  - 2% (7) were aged 25-34
  - 3% (10) were aged 35-44
  - 10% (32) were aged 45-54
  - 21% (66) were aged 55-64
  - 32% (102) were aged 65-74
  - 27% (86) were aged 75-84
  - 2% (6) were aged 85+

- Ethnicity:
  - 92% (308) identified as White British
  - 4% (13) were from other White backgrounds
  - 4% (13) identified as other ethnicities or preferred not to say

- Health:
  - 70% (185) reported a long-term health condition
  - 22% (57) reported a physical impairment
  - 10% (27) reported a sensory impairment
  - 13% (35) reported a mental health condition

- 2% (4) reported a learning disability or difficulty
- 15% (39) identified as carers

➢ Employment status:
- 4% (15) were unemployed
- 2% (6) were in unpaid or voluntary roles
- 28% (94) were in paid employment
- 64% (214) were retired
- 1% (5) reported another employment status

➢ Financial situation:
- 17% (54) had enough for essentials with a lot left over
- 42% (137) had enough for essentials with some left over
- 20% (64) had enough for essentials only
- 2% (6) did not have enough for essentials
- 20% (65) preferred not to say

➢ Geographical spread of responses:

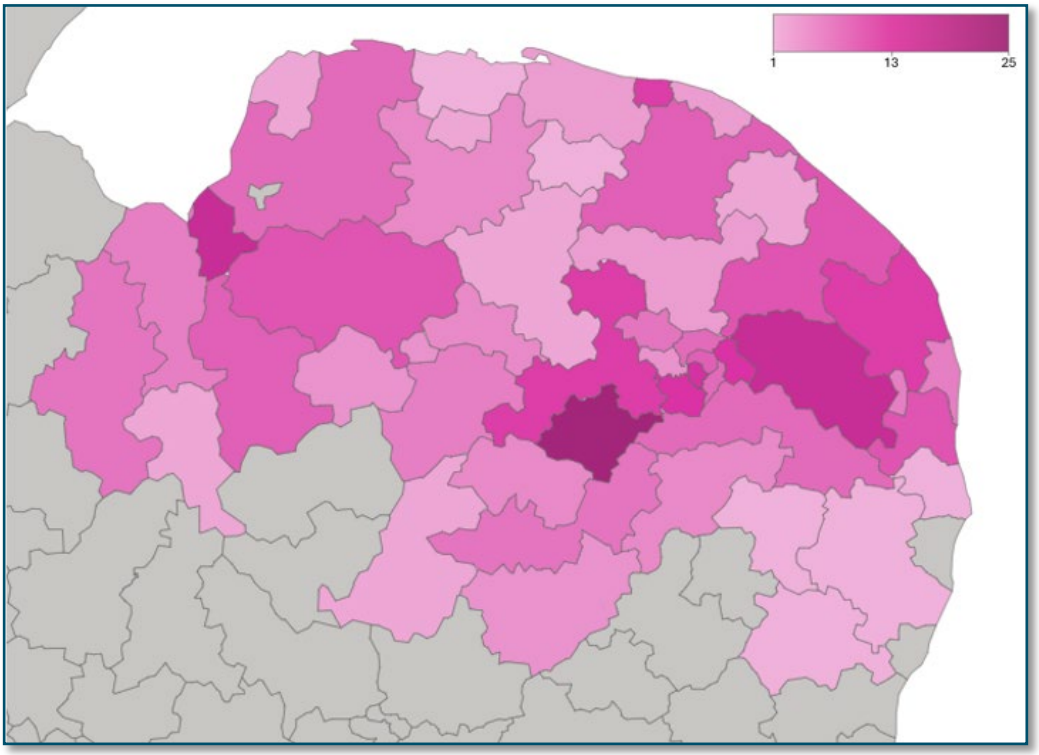


Figure 16. Map illustrating the geographical distribution of survey responses from across Norfolk and Waveney.

Digital Tools in the NHS in Norfolk and Waveney - Survey

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

What is this survey about?
Healthwatch Norfolk is currently working with Norfolk and Waveney Integrated Care Board (NWICB) to understand people's attitudes to the use of digital tools in healthcare. This survey is designed to gather your thoughts and opinions about how the NHS uses technologies and plans to use technologies in the future. We refer to these technologies as 'digital tools'. The survey should take around 10-15 minutes to complete, and is split into four sections:

- **Electronic Patient Records**: exploring your awareness, understanding, and opinions on electronic patient records
- **The NHS app:** Exploring your awareness, understanding, and opinions on the NHS app
- **The future of digital tools:** Gaining your opinions on the Government's plans to digitalise the NHS
- **Who you are**: information about you

You do not have to answer every question, but please answer as many questions as you can to help us understand your views on this topic.
Your views will be anonymous (nobody will know what you said), and everybody's views will be put together and fed back to NWICB to help them to plan how digital tools will be used in Norfolk and Waveney.

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 people's experiences can be improved, 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.

Survey closing date: 14th April 2026

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

Please tick both boxes to confirm your suitability for this survey *

☐ I have read and understood the above statement

☐ I live in Norfolk

Section one: Electronic Patient Records

An electronic patient record (EPR) is a secure digital system used in hospitals to record information about a person's care. This includes things like hospital appointments, admissions, test results, observations, treatment plans and discharge information.

In Norfolk & Waveney, a new EPR is being introduced across the three acute hospitals. Instead of paper notes and multiple separate computer systems, staff will use one shared hospital record. This means information is less likely to be lost, is easier for hospital staff to find, and is more consistent across departments.

For patients, this should mean they don't need to repeat the same information to different members of staff while they are in hospital, and their care can be better coordinated during their stay. It is planned that, in the future, GP surgeries will also be able to access patients' EPR.

1. Before today, had you heard that Norfolk & Waveney hospitals are introducing a new electronic patient record (EPR) system?

☐ Yes, and I know what it is
☐ Yes, but I don't know much about it
☐ No, I had not heard about this
☐ Don't know

2. If hospitals use a single digital record instead of paper notes, what benefits (if any) do you think this could have for patients?

- ☐ Staff can find information more quickly
- ☐ I wouldn't need to repeat the same information to different staff
- ☐ Fewer mistakes or lost information
- ☐ Faster test results / decisions
- ☐ Better coordination between departments
- ☐ I don't think it would make much difference
- ☐ Not sure
- ☐ Other (please specify):

3. What concerns, if any, would you have about hospitals using a fully electronic patient record?

- ☐ Data security / privacy
- ☐ Systems crashing or not working
- ☐ Staff spending more time on computers than with patients
- ☐ Information being entered incorrectly
- ☐ Less confident staff struggling to use it
- ☐ I have no concerns
- ☐ Not sure
- ☐ Other (please specify):

4. Overall, how confident would you feel about hospitals using an electronic patient record for your care?

- ☐ Very confident
- ☐ Quite confident
- ☐ Neither confident nor worried
- ☐ Not very confident
- ☐ Not at all confident
- ☐ Not sure

5. What would help you feel confident about hospitals using this system?

- ☐ Clear explanation of how my data is kept secure
- ☐ Reassurance that staff are well trained
- ☐ Examples of how it improves patient care
- ☐ Information from my hospital / GP
- ☐ Seeing it explained in the NHS App or NHS website
- ☐ Leaflets / posters in hospitals
- ☐ Social media / local news
- ☐ I wouldn't need any information
- ☐ Other (please specify):

Section two: The NHS App

1. Which statement best describes you and the NHS App?

- ☐ I don't know what the NHS App is
- ☐ I know about it but have never signed up
- ☐ I started registering but didn't complete it
- ☐ I have signed up but rarely use it
- ☐ I use it occasionally
- ☐ I use it regularly

2. If you have tried to register for the NHS App, how did you find the registration process?

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ I have not tried to register

3. Which of these have you used on the NHS App in the last 6 months?

(Tick all that apply)

☐ Booking or managing GP appointments
☐ Ordering or viewing prescriptions
☐ Viewing test results or your GP record
☐ Viewing hospital appointments or referrals
☐ NHS 111 online
☐ Health information
☐ Accessing services for someone you care for
☐ I have not used the app in the last 6 months

4. How easy do you find it to find what you are looking for in the NHS App?

☐ Very easy
☐ Fairly easy
☐ Neither easy nor difficult
☐ Fairly difficult
☐ Very difficult
☐ Not sure / don't use it

5. What do you find most useful about the NHS App?
(Select up to three)

☐ Saves me time contacting my GP
☐ Easy access to prescriptions
☐ Easy access to test results / records
☐ Convenience of doing things anytime
☐ Helps me manage my health
☐ I don't find it useful
☐ Other (please specify):

6. What stops you, or might stop you, from using the NHS App more often?

(Select up to three)

- ☐ Prefer to contact services by phone or in person
- ☐ Don't know what the app can do
- ☐ Registration process is difficult
- ☐ Hard to navigate or find things
- ☐ Concerns about privacy or security
- ☐ Lack of digital confidence
- ☐ Technical problems / login issues
- ☐ Nothing stops me
- ☐ Other (please specify):

7. What would make you more likely to use the NHS App regularly?

(Select up to three)

- ☐ Clearer information about what it can do
- ☐ Simpler layout and navigation
- ☐ Easier registration and login
- ☐ Reassurance about privacy and security
- ☐ Recommendation from my GP practice
- ☐ Better support or guidance on how to use it
- ☐ Nothing would make me more likely to use it
- ☐ Other (please specify):

Section three: The future of digital tools

The government's NHS Long Term Plan includes making the best possible use of new digital tools, including artificial intelligence (AI), to improve health and care services.

AI is already being used safely in parts of the NHS. For example, it helps doctors and radiologists interpret medical images, and supports other diagnostic tasks where it has been well tested and proven to work. These uses are governed carefully to protect patient safety and privacy.
In most other areas today, AI in the NHS is being used to support back-office or administrative tasks, such as helping direct phone calls to the right service or clinician. These tools are designed to free up time for clinicians so they can spend more time with patients.

Importantly, any use of AI in health and care always involves trained people overseeing decisions. AI is not used to make decisions on its own. A qualified health or care professional is always involved in reviewing information and making clinical decisions.

The questions in this section ask how you feel about these types of digital tools and other future developments.

1. Are you happy about your healthcare becoming more digital?

☐ Yes
☐ Neutral
☐ No

2. Please rate how useful the following services would be if they were incorporated into the NHS app.
(Please tick)

1 = Not useful at all, 3= Somewhat useful, 5= Extremely useful

*The Single Patient Record (SPR) will combine important health information – such as test results, hospital letters, and summaries from GP and hospital care – into a single, easy-to-access record.

	1	2	3	4	5
People being automatically signposted to the right service					
Receive personalised health advice powered by artificial intelligence					
Refer yourself to specialist services					
Access remote consultations with clinicians					
Enrol in clinical trials					
Access my single patient record *					
Explore health information and ask questions to an artificial intelligence					
Find pharmacies and compare providers					
Leave feedback on services					
Have data from my wearable (e.g. smartwatch) connected to my record					
Manage my children's health					
Verify my status as a carer and communicate with clinicians involved in their care					

3. **Please rate how happy you would be for artificial intelligence to be involved in the following, related to your healthcare.**
(Please tick)

1 = Not useful at all, 3= Somewhat useful, 5= Extremely useful

	1	2	3	4	5
Detect disorders using scans or samples					
Diagnosing illnesses and conditions overseen by a healthcare professional					
Answer your questions and provide you with tailored information about your health					
Take over some clinician's tasks so they are free to do more important jobs					
Explain test results to you in plain English					
Evaluate your risk of an illness or condition based on your personal risk factors					
Automatically monitor aspects of your health *(for example, glucose levels, heart rate)*					

4. **Do you have any concerns about your healthcare becoming more digital?**
(Please write below)

Section four: Who you are (demographics)

In this next section we will be asking you some questions about yourself and your life. **All these questions are optional.**

Why we ask these questions
According to research, there are certain groups of people who are more at risk of being excluded from accessing digital tools within healthcare. We therefore ask questions about you to explore how different groups of people around Norfolk are impacted by digital tools in healthcare. Nobody can trace who you are from this information, but only complete questions you are comfortable with.

1. Please select what applies to you:

☐ I am a carer
☐ I have a physical impairment
☐ I have a long-term health condition
☐ I have a sensory impairment
☐ I have a learning disability
☐ I have a mental health condition
☐ Prefer not to say

2. 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:

3. How old are you?

4. What is the first half of your postcode? (e.g. NR18)

5. What is your gender?

☐ Man
☐ Woman
☐ Non-binary
☐ Genderfluid
☐ Questioning
☐ Prefer not to say
☐ Prefer to self-describe:

6. What is your employment status?

- ☐ Unemployed
- ☐ Employed
- ☐ Self-employed
- ☐ Retired
- ☐ Other:

7. Which of the following best describes your current financial situation?

- ☐ I have more than enough money for basic necessities and a lot spare that I can save or spend on extras or leisure
- ☐ I have more than enough money for basic necessities and a little spare that I can save or spend on extras or leisure
- ☐ I have just enough money for basic necessities and little else
- ☐ I don't have enough money for basic necessities and sometimes or often run out of money
- ☐ Prefer not to say
- ☐ Not known

8. 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):

healthwatch Norfolk

Healthwatch
Wymondham
Norfolk
NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669