

NHS Online Trust

Healthwatch Haringey consultation response

March 2026

In 2025, Healthwatch Haringey undertook a deep-dive research project exploring 'Patient experiences of NHS digital booking systems in Haringey'. We asked people locally about their experiences with digital health services, including using the NHS app and booking appointments online within Haringey.

For this we collected a total of 74 responses, 69 being from surveys and 5 being from semi-structured interviews.

The findings from this project, and our other engagements locally are incredibly useful to providing feedback on the development of the NHS Online.

1. What insight(s) can you share on people's use of digital health services, such as signing up to and using the NHS App, using online referral tracking tools, booking appointments online or giving feedback virtually, in your local area?

Within Haringey, many residents struggle with digital access within healthcare settings. We have heard this locally from multiple groups including the Haringey Over 50s Forum and OldAloneUK. This was also further emphasised by the Coffee & Computers initiative that was set up to offer residents digital training and support services in the borough which is unfortunately no longer available.

Additionally with the diverse number of languages spoken in Haringey, digital health services have created some barriers for patients for whom English is a second language. From our project focused on Latin American communities in Haringey, we heard that the questions needed to be filled out on the NHS App are all in English, and that for those who are self-translating the questions – the app times out before they are able to write a response in English.

Booking appointments with an app

We asked how often people used an app for GP appointments. 50% of people had never used an app to book for GP appointments. Of the 33 who had used an app, 10 said they used the NHS App, or NHS, and two used Patient Access. The only other three apps mentioned were Econsult, Evergreen and Patches.

21% rarely used an app to book GP appointments. 16% always or usually used an app. The data points to the conclusion that some GPs may not enable booking with an app, which could partially account for the low numbers of patients using this method.

Booking other medical appointments with an app

We asked about other medical appointments. 26% of people we interviewed always, usually, or sometimes booked other medical appointments with an app, whereas 52% of respondents never booked using an app and 22% rarely did so.

The low use of apps for booking appointments may reflect the lack of availability for this method of booking for some types of appointments.

How easy was it to book appointments with an app?

There was a fairly even response from the people who answered this question, with 10% finding the booking process very easy and another 10% finding it very difficult to book using an app. Another 10% found the process neither easy nor difficult, 16% found it somewhat difficult, whilst a further 6% found it difficult. This suggested there is a role for more user-friendly interfaces, better functionality and support.

Struggling to use digital booking systems, and lack of choice

One interviewee mentioned that although they understood why online booking has been brought in by GP surgeries, that this has been rolled out without adequately assessing cases in which online booking may not be suitable for everyone:

- "I understand their frustration, and that they want to go to Dr IQ and booking appointments through there. One, digital is not always working for me, does that make sense? For a variety of reasons. Sometimes the internet is down, sometimes top-up hasn't been done, or for whatever reason. So, you call, but when you call it's not a smooth thing. I don't understand why we all must call at eight o'clock."

Many other patients have struggled with digital health services:

- "Well, online, I have found it difficult. They did say book online, but the problem being when I've booked online, it's either a telephone appointment and it could be six months, six weeks in the future and you

can hardly ever get a face-to-face appointment. This is even the case now in December 2024.”

- “I would do it, but at my GP, you can phone up for a same-day appointment before 9 o'clock which I think's good. You can go in and book an appointment, or you can do it online. You have got the three ways to do it. A lot of people say as it's 'for a doctor's appointment, or at the hospital, you have got to do it online'. Well, that's not the same at my doctor's practice. For me, that cuts a lot of people off. There's the blind who can't do it. I'm totally against that it needs to be done online. It would be alright for me, but my nephew is registered as blind, so a smartphone's no good for him”
- “When you call for an appointment, 'oh, there is nothing, call back tomorrow morning'. When you call the next morning, there is nothing. So, I just get fed up, 'what is the point of calling?'. I sometimes go over to the counter at Boots or Superdrug, and they will say 'you need to buy this' and that's what I do.”
- “E-consult is quite complicated. It's a long form and sometimes when you're filling it in, it just erases everything, and you need to start back again.”

Local people giving up on digital booking

Some people admitted that they had completely given up on even trying to come to terms with booking appointments digitally.

- “I can't even do that [book on the website or app], so I don't do that. I just, basically, try and call.”

Therefore, some patients within Haringey have felt excluded from being able to book digitally. We can see that while practices have used digital developments to streamline how administrative teams book appointments, they have neglected to show patients how to use these new digital systems.

Most patients have been expected to simply figure it out on their own, as can be seen from the below person's experience:

- “I tried once [booking online], so I said, 'let me download the app', Dr something, I've forgot. I really tried, 'Dr ID' something like that, I tried to install it on my phone but there were so many questions there. I would answer as I went through them but then nothing would happen at the end. I didn't get any feedback, so after so many attempts I just delete[d] it. I was later told, and during the first few months of last year, that I 'do not need to call the surgery because you have [the] app'! I said, 'I don't have the app, I deleted the app, it didn't work and was not helpful at

all'. It was completely useless; I didn't achieve anything and the way they ask you question[s] lead you to a different direction to what I wanted."

In this case, we can see that the person made efforts to download the Dr IQ app but that it did not work, and they were not able to give feedback on its delivery. We can see that they were told to not call the surgery as they have the app, which would only further exclude them from receiving necessary services.

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

Digital Inclusion and Education Services:

- "I got an email, saying that there was going to be a new a service setup in the Marcus Garvey Library, regarding digital inclusion and education. I'm not very good with smartphones and the internet. So, I came along and I saw [.....] and he has been helpful, setting up the app for me and I have been using the app ever since. Because my memory isn't good, when you can look online, it helps me with the dates and things."
- "I think I'm still learning it and I'm gaining in confidence every time. Previously I didn't have the app, but now I have it. On the app, I am more confident to make an appointment, repeat my prescription, and contact my GP as well. I'm quite happy because it gives you a lot of information about yourself, so you don't have to go and ask people. The app is there, you open it and you see."

Patient choice

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

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

Would anything make it easier for you to use an app to book an appointment?

Many of the answers to this question either pointed to the need for improvements in functionality, or people expressed approval for training, information or support.

As mentioned, we learnt that some GP practices restrict the types of appointments that can be booked using an app, or in some cases, they do not allow appointment bookings. Some patients also experienced complexity in the booking system which they wanted to be removed. For example, the number of questions asked before they could book an appointment.

Another group of patients emphasised their need for support, information and training to enable them to use an app effectively. This included, support in their first language, disabled access, better information and formal lessons in IT.

Requests for support

- "Maybe some seminars or digital lessons."
- "Being taught about it."
- "More support, and language access in my language."
- "If I had more support. I often just go to the GP practice up the road if anything."
- "Navigation. My sight is currently not good. I have cataracts. So I misread words. I can't see words. I miss sentences and jump to the next line."
- "Better explanation."

Benefits and opportunities

5. From your knowledge of local patient experiences, what do you see as the main benefits of the Online NHS Trust for patients in your local area? In your response, please identify where these benefits may differ for different cohorts (for example, considering characteristics, geography, digital literacy).

Younger people may find it easier to navigate digital booking systems

One of the main insights from across our interviews was that younger people may find it far easier to work their way through digital applications and booking platforms in comparison to older people

- "It's quite straightforward, very user-friendly. However, I feel that for the older patients they might struggle with that as a lot of the elderly they're not really tech-savvy when it comes to booking appointments online. But I'm quite handy with computers and online, so it's quite easy for me. There are always appointments as well, which is a good thing."

With younger people, they may find it easier to navigate digital booking systems than older patients. We can see there is a clear difference in the experiences of service users. This could be due to several factors and a

person's ability to be digitally literate could change at any point based upon the circumstances. Alturkistani et al. (2023) also found that people from minority ethnic groups and people over 85 were less likely to use online appointment booking systems compared with white people and younger age groups.

Digital booking as efficient

Some of the people that we spoke to found digital booking to be quite efficient and straightforward. For example:

- "There's a website called SwiftQueue and that's an online system for anyone that wants to book a specific blood test. Your doctor requests the bloodwork but the patient has to book-in on this website and then go to get the blood test done. Normally, that's quite good. If there's no space at the closest GP, they will send you to North Middlesex Hospital, where sometimes the wait there is long. I believe they will sometimes send you to St Ann's or Evergreen, which is just outside of Haringey in the borough of Enfield. I've only ever used the online booking for a blood test, not for booking an appointment to see the doctor."
- "The app isn't too bad, but I would say there are only certain types of people who are going to get along with that app, you know. I have a teaching degree, and I've worked in schools a little bit, so people who would be maybe used to offices and working on the phone. I think the general layman might find it hard to manoeuvre the Dr IQ. I'm not sure, maybe I'm being a bit patronising? But that's just my own personal view."
- "Wait times are excellent, there are no issues in trying to get through. Sometimes you do find that the receptionist sometimes relays the information to the doctor for the call back. This leads to the information sometimes not adding up and not getting portrayed correctly to the doctor. But other than that, things are quite smooth regarding the callback and trying to get appointments booked."

Risks and concerns

6. What are the key areas of concerns for local Healthwatch organisations about the offer of elective care through the Online NHS Trust and how should they be mitigated?

The challenges to using an app to book appointments

Our survey discovered three main challenges or barriers to using an app to book appointments. For many people, the greatest challenge was that the app did not allow them to book appointments, or these opportunities were restricted.

People also mentioned that appointments were not available on the app, or that if available, there was restricted availability.

Barrier 1: The app's poor functionality, or the patient's poor internet connection

- "Logging in is very cumbersome; you need to be able to access email or SMS at the same time as the app; a mobile screen is too small to navigate the options and menus. Some apps have awful user experience, and you cannot perform tasks you need to change and not cancel, like an appointment"
- "To get an earlier appointment you have to scan each time"
- "A slow network. If it was in Turkish it would be easier for me."
- "The App is not as accessible as it should be."
- "The NHS App says it cannot book any appointments at my GP and that you need to call the surgery"
- "There are no appointments available!"
- "If you don't try to book very early in the morning, the app reaches its capacity. This means trying again the next morning. The app and surgery reaches capacity sometimes at 11am."
- "Sometimes the app won't let you book."

Barrier 2: The need for support to use the app or to develop better IT skills

- "I am not very computer literate, and it takes me a while working through the screens."
- "it's confusing for me. My son helps me. I find it difficult to open links."
- "With my age, I'm over 60, I didn't grow up with technology. I'm not IT knowledgeable."
- "My challenge is gaining the confidence to try. My IT skills are not so good."
- "You must be computer literate to use it. I think people who are either blind or partially sights would have problems using it."

Barrier 3: It is just easier to speak to someone in person

- "Downloading is a hassle. It's easier to call."
- "I'd rather speak to a person. I need time to learn how to use it."
- "I find it easier to call and book before 9am as they say."
- "It's quite hard work. Every time. Personally, I prefer talking to a person. And I am an automation specialist software engineer."

Our concerns:

- Demands of the Patient:
 - o The predominant use of digital health services instead of in-person ones places requirements on the patient to:
 - Have access to a safe and secure internet connection
 - Have access to a digital device; including ability to charge/maintain said device
 - Be able to speak and understand English to be able to book an appointment
 - Have a good level of digital literacy
 - Use a screen to access health services
 - Not have a choice whether they would like to speak to someone in-person instead

In relation to question 4 - *What communication is needed to help patients and clinicians understand their new choice?* -

- Where is the patient choice to opt-out of digital health services?
- Are digital health services improving or worsening healthcare inequalities?

Our concluding thoughts:

There have been rising changes to how we adopt and use digital technologies within Haringey. We must consider the ways in which this has affected our local communities. In Haringey, many people who have needed to access health and social care services have struggled with digital booking systems for various reasons. This includes from the app not working properly and not understanding how it works.

Service users of GP practices in Haringey have had mixed experiences of digital booking systems. Those who experience challenges with the digital environment may also struggle with employment opportunities. They may also experience increased alienation and social isolation. These are significant factors which can have stark impacts on health outcomes and the wellbeing of different members of our diverse local community.

Overuse of digital platforms can have negative effects on stress levels, eye health, or sleep as a result worsening other conditions. People who take longer to book appointments digitally whether that be due to a lack of digital literacy, or using a slow running device, will be more exposed to the potential negative side effects of digital. It is clear the type of device which someone uses may be

dictated by their socio-economic status, in particular people from lower socio-economic backgrounds.

Other social factors may also worsen the digital divide. For example, overcrowded housing conditions mean less opportunity for privacy during phone calls or online consultations. Indeed, conditions of overcrowded housing can also mean that the patient may not have easy access to strong Wi-Fi connection. Therefore, these communities may be more likely to see their GP face-to-face, so that they are able to speak to someone easily and with adequate privacy. It is important that patients are given options for the different type of appointments available to them.

Patients who were able to speak with staff either in-person, or over the phone, expressed greater satisfaction. Whilst some people did find digital booking services to be efficient, they mentioned that in some cases, others would struggle to use the same services. This is why digital inclusion must include increasing access and upskilling people to improve outcomes. Service providers must account for those patients who may choose not to use digital services and would prefer to be seen in person.

With our digital usage and application within Haringey constantly changing, we need to consider the ways in which this has affected our local communities. In Haringey, many people who need access to health and social care services have struggled with digital booking systems for various reasons. This includes the app not working properly and not understanding how it works.

Service users of Haringey GP practices have had mixed experiences of digital booking systems. Those who experience challenges with the digital environment may also struggle with employment opportunities. They may also experience increased alienation and social isolation. These are significant factors which can have stark effects on health outcomes and the wellbeing of different members of our diverse local community.

Overuse of digital platforms can have negative effects on stress levels, eye health, or sleep and can therefore worsen other conditions. Those who take longer to book appointments digitally, whether that be due to a lack of digital literacy, or having a slow running device, will be more exposed to the potential negative side effects of digital. Since the type of device used may also be dictated by their socio-economic position, people from lower socioeconomic backgrounds are more likely to be affected.

Other social factors may also worsen the digital divide, such as overcrowded housing conditions which means less opportunity for privacy during phone or online consultations. Overcrowded housing can also mean that the patient may not have easy access to a strong Wi-Fi connection. This means that these communities may be more likely to opt for an in-person appointment, so that they can speak to their GP easily and with adequate privacy. It is important

that patients are given options for the type of appointment that meets their needs.

Patients who were able to speak with staff either in-person or over the phone expressed greater satisfaction. Some people did find digital booking services to be efficient but also mentioned that in some cases, people would struggle to use the same services. This is why digital inclusion must include increasing access and upskilling people to improving outcomes. Service providers must account for patients who may choose not to use digital services and prefer to go in person.

Patient experience and feedback

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

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

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

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

Service user feedback on digital booking systems revealed to us that there are significant gaps in services for vulnerable people living in Haringey. With digital usage increasing in both personal and professional environments, it is important that people feel empowered to use digital systems confidently. However, it is also necessary that a wide range of options remain available for all our local community groups.

Co-designed platforms

Local people who utilise online digital booking systems need to be more involved in the development of these platforms. This will help to mitigate any unintended outcomes of digital booking systems. This includes algorithmic biases and inequitable testing, all of which may serve to increase barriers to people accessing digital booking systems. Additionally, this will allow for patients to be more actively involved in helping to guide service providers with how the digital booking system could be improved to reduce inequalities.

Patient engagement

We need to encourage more groups of people in our local community to utilise digital booking systems and other new digital technologies around health inequalities. Whilst there are large communities of ethnic diversity within Haringey, they have not been equally accounted for, with a major gap in service delivery to these vulnerable groups. We recommend increased patient engagement to offer seldom heard communities practical support with digital

booking systems, so that they are more accessible, flexible and equitable. Patients who speak some of the predominant non-English languages in Haringey, such as Somali, Turkish, Spanish, Polish, Portuguese and Arabic, must be able to access the digital booking platforms in these languages.

Regular monitoring of functionality

Our insights highlighted a key issue that patients had been facing with digital booking systems in Haringey. Whilst some people were digital literate, they faced problems with the app or website not working, or telephone calls not being picked up. An additional barrier was that functionality was patchy, with some GP practices not enabling digital appointment booking, or restricting the hours when people can make an appointment using an app. We recommend that the use of digital booking systems must be regularly monitored, to ensure that these platforms work effectively for service users and if there are technical issues, that these are fixed as soon as possible.

Greater inclusivity and accessibility

Patients need to have the ability to access services through booking systems, whether these are digital or not. However, some patients were faced with negative attitudes from staff if they didn't speak English, or if they wanted to book in-person. This is discriminatory and cannot be accepted. Service users should be able to book in-person without having to justify this to the service provider. Depending on the context, any person could find themselves in need of in-person service whether it be via booking or consultation. Therefore, these options must remain widely available to ensure greater inclusivity and accessibility.

Ability to provide service user feedback

Within our interviews, we found that many patients were unable to give much specific feedback on the digital booking systems that they were using at their local practice in Haringey. This indicates that there may be a gap in GP practices not understanding their patient experiences. Having service-user feedback about digital platforms would help them improve their GP services. This feedback could also help GP practices understand which of their patients struggle with digital platforms.

Improved patient consultation on changes

Some patients were very positive about recent improvements that have been made to practices. We can see that telephone and in-person services have been increasingly accessible and effective. However, some patients felt that they had not received adequate notice or consultation on changes in the practice that had been made. Patients need to be consulted sufficiently about digital booking systems, how each of the digital platforms work and how to use them when they are needed. Additionally, if a practice reduces in-person bookings due to the adoption of more digital services, patients need to be consulted about this and asked about their preferences as a service user.

Spreading greater awareness about digital inclusion sessions among local people

Some of the people we interviewed highlighted that more local people would benefit from digital inclusion sessions if they were made more aware of them. There is still a long way to go to provide more digital inclusion sessions. Patients could benefit from more well-publicised sessions within community centres and other locations.

Final question

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

More person-centred care is needed

From our informal conversations with patients, we found more of a person-centred approach to care is needed. This includes the patient having the ability to speak directly with someone and receive effective guidance within the service.

One person recalled a sense of nostalgia when referring to the relationships they were able to have with the service provider before digital booking systems became more prevalent:

- ““Every time you visit, people get to know you and you build that relationship. When you have a high staff turnover, front of desk, as well as doctors, then they are taken away, and you have to start from scratch. Before, I knew all the receptionists by name. All of them are gone. As I have severe health issues, when I used to call them up they would know me and would say they would cascade it and try to book me in for the next available appointment.”

As this person noted, the quality of the service that they had received had declined because of changes to the administrative team and wider use of digital booking. It is important that efforts are made to rebuild community trust and that patients are sufficiently made aware of administrative changes.

Appendix A: Who we surveyed:

- 48 of the 69 people we surveyed were aged 55 or over.
- 39% of people indicated that English was not their first language.
- 36% of people said their religion was "Christian", 14% were Muslim, 12% preferred not to say and the remainder of people interviewed were Atheist (7%) or active in other religions.
- 22% of people indicated they were disabled.
- 61% of the people completing the survey identified as female.
- Of the 67 people answering the question on sexual orientation, 49 people identified as heterosexual or straight, one person identified as bisexual, 14 people preferred not to say, and three people opted for the "other" category.