Patient experiences of NHS digital booking systems in Haringey

November 2025

healthwatch
Haringey

Contents

Executive summary

The COVID-19 pandemic coincided with a growing drive to shift health services and psychological support towards the online realm. Where previously you could visit the GP in person and book an appointment, now patients are told to call at 8am, or signposted to an online booking system to get an appointment. The promise and expectation were that this would be an efficient and quick approach.

However, the pace of these developments, during a period of public fear and cynicism, led to a digital divide, resulting in an increase in health inequalities. The most impacted included people living with a learning disability, older people and non-English speaking community groups.

Age also led to a digital divide, with older people often finding it difficult to use the online systems to book an appointment or order a repeat prescription. With an ageing population, many people are being locked out of accessing their GP.

In this report we look at digital booking systems and the experiences of some people of using them in Haringey.

Key research insights

- Many Haringey residents have struggled to access local services online as they have found using digital booking systems difficult and experienced online platforms not working.

- Some patients have found the online booking process tedious and stopped using a digital booking system to get an appointment.

- Younger people have experience of using digital technology, so may find digital booking systems easier and more straightforward to use.

- There were some patients who said that they found digital systems to be efficient. But they also mentioned that this is significantly more accessible for some patients than others.

- From the people we interviewed we found that there were many who felt that in-person care was needed when using the digital booking system to make the service user feel supported when booking an appointment online.

- Some service users were happy with improvements made to Haringey GP practices as their experiences of booking an appointment by telephone and in-person were significantly better.

Research methods

Interviews
The lead researcher conducted a total of five semi-structured interviews with seldom heard patients living in Haringey. We contacted residents who had previously liaised with our Information and Signposting team to take part in the interviews. They were contacted by our lead researcher by email and provided with a project overview, including the purpose and why their participation would be valuable. The interview was conducted on a convenient date, and each participant received a gift voucher of £20 - £25 .

Surveys
We also conducted surveys asking people at GP surgeries across Haringey about their experiences booking appointments online.

- The lead researcher liaised with GP practice managers at several local practices and in some instances, we attended in-person and completed surveys at the practice.
- We liaised with the Haringey GP Federation Digital Inclusion Team to extend our survey reach.
- We collected 69 survey responses between 21 March and 9 June 2025.
- Patients of 24 Haringey practices took part in the survey.
- Eight patients took part in the survey from both Charlton House Medical Centre and Staunton Group Practice. We also collected seven responses from Welbourne Health Centre and St Ann's Road Surgery.

Headline recommendations

- Co-designed platforms
- Patient engagement
- Regular monitoring of functionality
- Greater inclusivity and accessibility
- Ability to provide service user feedback
- Improved patient consultation on changes
- Spreading greater awareness about digital inclusion sessions among local people

Our full recommendations can be found on page 31 of this report.

Background

In the few years prior to the COVID-19 pandemic we saw a slow uptake of people using digital and online booking systems. People accessing health services online, was lower than commercial and other public sectors (O'Neil, 2019). The pandemic helped to accelerate digital roll-out within the UK healthcare sector.

The role of the digital environment, and what has become known as the 'digital divide', and associated 'digital poverty', must also be considered (Maceviciute and Wilson, 2018; Bach, Wolfson and Crowell, 2018; Acquavita et al., 2019).

The digital divide is a result of the variable access to technology and resources of the digital age. Hence, different people have different levels of access to, and competency with, the digital environment (Hilbert, 2011; Maceviciute and Wilson, 2018).

Bachmann and Hertweck (2023) have discussed how there is unequal access to digital technologies and how access to digital devices within a home is associated with higher digital skills competency.

Our previous findings on online digital booking access

Between November 2021 and January 2022, we completed a 'Haringey GP Stocktake - How easy is it to get in touch with your GP?' report, where we reviewed all 40 GP practices in Haringey. We looked at their website, phone lines and systems. This review was based on our previous work on GP services and the work of other local Healthwatch from 2020.

Within our review, we selected three key areas where each of the GP practices could improve to better their service delivery and to sustain good practice:

• Phone calls, systems and appointments

• Recorded messages

• Websites

Recommendations from previous research

For each of the key areas we made the following recommendations:

Phone calls, systems and appointments

Long waiting times
Practices with long waiting times to answer phones to review ways of working and systems, with a view to bringing these waiting times down.

Dropped calls
Practices with dropped calls to follow this up.

Queuing systems
Practices who do not have a queuing system to introduce one, letting patients know where they are in the queue.

Future appointments
Practices to offer patients future appointments, that can be made throughout the day; avoid asking patients to call in at 8am every day. Not everyone can call at 8am and some people never get an appointment when they call, so need to call again. day after day.

Recorded messages

Human recorded messages
Use human recorded messages as they are easier to understand.

Language
Use user-friendly plain English in recorded messages, avoiding technical terms and complicated words. Haringey has a diverse population, with English as a second language, and varying education levels for many people.

Length of recorded messages
Practices with recorded messages over 1 minute to review them with a view to making them shorter.

Recommendations from previous research continued

Websites

User friendly
Ensure your website is accessible, intuitive, user-friendly and in plain English.

Search function
Include a search function on your website.

Other methods of contacting the practice
Offer patients alternative methods of contacting the practice if they can't get through on the phone e.g. provide an email or allow patients to visit the reception in person.

Out of hours
Carry information regarding the Haringey out of hours and the 111 services.

COVID-19 advice
Display current COVID-19 advice.

Feedback and complaints
Have information on how patients can provide feedback and make a complaint.

Interpreting
Provide information on interpreting services.

Translation
Include a translation function on your website.

Disability information
Provide information for disabled people e.g. wheelchair access, BSL.

Safe Surgeries
Sign up to Safe Surgeries. Display the Safe Surgeries banner.

It is important that we continue this work by asking seldom-heard patients about their experiences with digital booking systems. Hearing directly from service users is a different approach than that which we applied back in 2021/22. We have found this direct engagement approach helpful, as it provides us with greater insight and understanding of different patient experiences of their GP practice.

During the COVID-19 pandemic, where many Haringey patients were left with limited access to GP services, digital access became a necessity in an incredibly short time. Many patients were unable to access services equally via these systems. This led to the inclusivity and accessibility of GP practices' digital booking systems coming under scrutiny.

In 2024, although many patients had reverted to in-person consultations and bookings, we saw a number of patients preferred online consultations and using digital booking systems. This is why we need to ensure that digital booking systems are as inclusive and accessible as possible.

Healthcare and the digital space

A key part of modern socio-economic inclusion is access to the internet, often regarded as a simple step for many young people and metropolitan university-educated individuals. However, this is not as straightforward for people living with learning difficulties, on low-incomes, minority communities, those who speak non-English languages and older people.

Jarvis et al. (2024: 576) note that there is a need to avoid increasing health disparities due to a digital divide via increasing funding around digital skills among those most at risk, ensuring that any new digital tools are designed in consideration of the needs of these groups.

This is sometimes referred to as 'digital literacy', yet this term may regard those who may struggle with the online realm as being somehow 'illiterate'. Fletcher et al. (2022) noted that there may also be difficulties for healthcare professionals to form rapport and relationships with service-users and patients as it is harder for patients to read the subtleties of non-verbal communication, such as body language and tone of voice (2022: 115). Practitioners may also experience difficulties in taking up digitisation and other tech shifts.

The promise of the digital shift

Digital tools are being increasingly used to improve patient access to clinical information. It has been suggested that this will give patients more control over their conditions and increase their understanding. For instance, for people with multiple long-term conditions (MLTCs) there have been increased use of digital tools and technologies to support them in their management. Digital solutions can also be utilised to support older people living with MLTCs.

In 2018, the European Commission expressed that "digital solutions for health and care can increase the well-being of millions of citizens and radically change the way health and care services are delivered to patients, if designed purposefully and implemented in a cost-effective way".

Discussion on digital booking systems

Analytics tools can be used to track online bookings and appointments. Murphy et al. (2020) have highlighted that there have been projects where online booking systems are utilised for pharmacy services. A study by Bartlett et al. (2018), also by Dr Doctor (2020), revealed that the use of digital, patient-facing appointment booking systems reduced the appointment 'did-not-attend' rate by 17.2% and 8.5% respectively. Missing appointments is said to waste considerable resources and time in the NHS.

There is some evidence to suggest that when it is easier for patients to view and change their appointment slots, this increases the likelihood that they will attend. Patients benefit as they can get the access to the healthcare they need.

Yet despite the widespread expectation to utilise digital tools to change modes of communication and access to information to benefit patients and health systems (Jarvis et al., 2024: 576), there are still substantial problems in the accessibility of such digital tools. Barassi (2020: 55) stated:

"In both the UK and the US, therefore, over the last decade or so, governmental strategies and incentives for the datafication and digitization of the health sector that have left little choice to families but to comply."

Barassi, 2020

The digital triage process is quite cumbersome and involves a lengthy process of questions which is very frustrating for older people and may lead to some people totally opting out.

There is some anecdotal evidence that digital tools and interventions can support individual-level or system-level improvements.

What we heard: Interview findings

In this section, the key themes we heard will be highlighted and discussed.

Key insights and themes from interviews

After the interviews these were the main themes which emerged from the people we interviewed:

Theme 1: Struggling to use digital booking systems

Theme 2: Local people giving up on digital booking

Theme 3: Younger people may find it easier to navigate digital booking systems

Theme 4: Digital booking as efficient

Theme 5: More person-centred care is needed

Theme 6: Perspectives on improvements made

Theme 1: Struggling to use digital booking systems

Some of the people we spoke to highlighted why they struggle with booking appointments online, for instance:

"I struggled booking online, but then I got the app, the 'Dr IQ', I found that a little easier to manoeuvre than ringing in and waiting for ages for someone to answer the phone. That was very irritating. You'd ring, ring and ring and no one would answer."

Interview with LL, 22 May 2024

Another person 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."

Interview with FF, 22 May 2024

This indicates that there are digital differences, which also need to be addressed and considered when rolling out online platforms. Additionally, another person discussed the difficulty that they have had when trying to book over the telephone:

"I try and call, then when you try and call you find you're twentieth in the queue. I think the last time I called I was literally number 1, and I must have waited about ten minutes! Imagine, you're 1 in the queue and you're waiting for ten minutes! That's not really good, is it?"

Interview with ZZ, 22 May 2024

When reception staff were actively encouraging and advising patients to book online, a person informed us:

"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."

Interview with FB, 10 December 2024

However, this person did find digital inclusion sessions run by the Haringey GP Federation useful:

"I got an email, saying that there was going to be a new a service set-up 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."

Interview with FB, 10 December 2024

Another person revealed about booking online that:

"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."

Interview with TY, 10 December 2024

A person mentioned:

"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."

Interview with QS, 10 December 2024

Whilst telephone systems have been easier for patients to navigate than other digital systems, we heard that some local people have still struggled to receive an adequate service this way. The same person noted that she found support from the digital inclusion sessions:

"Since I started using digital, I find it very useful. I said, 'I didn't know about this', you know. So, as soon as I tap in to request my repeat prescription it did it in just one or two days. I find it very easy."

Interview with QS, 10 December 2024

Another person said:

"We did have a few issues, especially during COVID time but after that it's been very good. During COVID we didn't have an appointment, we didn't talk to you on the phone, you couldn't explain what's happening with you and there was no face-to-face appointment at all. 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."

Interview with BX, 10 December 2024

The same person continued:

> "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."
>
> **Interview with BX, 10 December 2024**

When asked about what they had learnt in the digital inclusion sessions run by the Haringey GP Federation, she said:

> "Mainly the NHS app, how to view my own medical records, booking my appointment and checking, reading my messages. A lot of things which I didn't know previously."
>
> **Interview with BX, 10 December 2024**

Theme 2: Local people giving up on digital booking

As a result of the above and other barriers, 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."
>
> **Interview with ZZ, 22May 2024**

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.

Interview with WW, 22 May 2024

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.

We identified that people are not happy when it comes to accessing the digital realm. When the person asked her neighbours and friends in the area if they would consider digital inclusion sessions for themselves, she said:

"They say, nah, people will think I'm daft'. I say 'everyone's gotta learn somehow'."

Interview with TY, 10 December 2024

Another person said:

"My neighbour and I had a chat. I told her about digital, as she doesn't understand it. I said I met this nice lady at Welbourne and that's how I signed up for it. I just had a word with her on that level."

Interview with QS, 10 December 2024

Another person noted that some people she had spoken to in Haringey were considering exploring digital inclusion sessions to help them navigate the digital space:

"I have actually mentioned it to other people, and they said that they would look into it and book an appointment."

Interview with FB, 10 December 2024

Theme 3: 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."

Interview with AR, 9 May 2024

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.

Theme 4: 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."
>
> **Interview with AR, 9 May 2024**

While another person noted:

> "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 are 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."
>
> **Interview with LL, 22 May 2024**

We can see that both these two people have found the digital booking systems available via the website to be satisfactory. They both acknowledged that digital systems have the potential to be difficult due to available booking slots being online and different individual digitally literacy, but their own experiences of using these systems have been positive.

One person noted the improvements made to the digital telephone booking system:

"The second thing also is that the system was changed. I didn't need to wait for that second to start to call, and then go through to an answer machine, waiting for 40 minutes in a queue to be told 'you are fifteenth or fourteenth in the queue'. There was the possibility to press 1 to be called back, which I was happy to do. I would press 1 and somebody would actually call me back! At the beginning of last year, they would say 'yeah, yeah we will call you back', and then they didn't."

Interview with WW, 22 May 2024

This was echoed further by another person when stating:

"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 call-back and trying to get appointments booked."

Interview with AR, 9 May 2024

With this, it seems that the telephone booking system has been very successful for some patients. As you can still speak with someone, this approach could be seen as more appropriate for vulnerable patients than using apps and website booking systems.

Theme 5: 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 compared the service received at a practice to the service that you might expect to receive at a local shop:

"It's definitely a nicer place than before, but I don't think the services have improved. People have improved in part. Let me give you an example. Take Sainsbury's, they have customer service, don't they? Then you have your local newsagent on the corner. If the newsagent is rude, he's just rude. Five years later, his son has taken over. The son is very polite, he's very nice, but the son has less items in the store."

Interview with RR, 22 May 2024

Here the person indicated that while staff interactions with patients at the practice may have improved, this has not necessarily translated to a direct improvement in services. Another participant mentioned hostile behaviour towards a vulnerable patient:

"I noticed that there was an elderly Turkish man, who only seemed to speak Turkish, who was in the waiting room and was getting very agitated. They had to come out and speak to him sternly. But I said 'well, why don't you have somebody on hand who speaks Turkish?' A nurse who I met informed me that most of the people in that surgery are Turkish. So then why don't they have somebody who speaks Turkish?!"

Interview with LL, 22 May 2024

It is clear from the above comment, that the patient who the person was referring to had been treated in a discriminatory way. The patient did not receive adequate translation into Turkish, which is a language predominant within Haringey.

He was also spoken to "sternly" by staff when it was clear to others at the practice that he was an elderly man who was getting increasingly "agitated". Therefore, there needs to be an increased effort to treat all members of Haringey's diverse community with compassion, respect and greater understanding through the provision of translation services.

Another 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."
>
> **Interview with RR, 22 May 2024**

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.

Theme 6: Perspectives on improvements made

One of our key findings has been that many of the people we interviewed had noticed substantial positive changes that have taken place within Haringey's GP practices.

One person noted:

"I moved into Haringey two years ago, and to be honest I've had a pleasant experience with my local GP. Nine times out of ten, what I would do is call the GP, they will pass my details over to a doctor and the doctor will most of the time call back on the same day. If it's an emergency, then within a couple of hours. So, it's quite straightforward when trying to get appointments booked."

Interview with AR, 9 May 2024

The below person discussed with us how the recent changes at their local practice have made it easier to book appointments than before:

"I went to Whittington Hospital a few times, and then later in the year I came back to the surgery and I was surprised, because the change was so obvious. There was a huge difference at the end of last year, compared to the beginning. The new people there were nice, and some were really nice, like the people taking the calls in the morning. I could manage every time to get an appointment. So, from the end of 2023 to the beginning of this year, every time I would call I would get an answer, get a doctor, get information, make an appointment, or whatever was needed."

Interview with WW, 22 May 2024

For the above person, this seems to be quite a remarkable change that had a positive effect on their ability to get an appointment "every time". This appears to be through early telephone booking.

In the following passage however, another person mentioned that while things improved, it had become harder for them to see a GP:

"However, things improved since then. And I noticed there were different people put in place. Some of the people seemed to go, that were there before. So, I mean, let's say it took about two or three years for that to be sorted out. In 2019 I felt fairly comfortable with my treatment. The only thing that I noticed was that it became harder to see a GP, and I think most people in most surgeries would say that's the case."

Interview with WW, 22 May 2024

Here, we can see that this person is commenting on the current difficulties that patients have faced nationwide to get GP appointments. This person later continues to discuss the positive and kind behaviour that they have noticed from staff which they are very happy with:

"Most recently I noticed that people are very polite. I'm happy with the receptionists greeting me and I noticed that they now have a security guy there who greets you and helps you if you need any help. I think that's a very good idea. They've also requested from me personally any information that I might give to improve the services."

Interview with LL, dated 22 May 2024

As we can see, this person was not only given a helpful person-centred approach to service delivery but was also invited to give personal feedback on how to improve the services.

What we heard: survey findings

Who we surveyed

- 48 of the 69 people we interviewed were aged 55 or over.

- 39% of people interviewed 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.

What we found

Booking GP 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 E-consult, 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.

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.

"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."

Survey responses, 2025

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 name."

" A slow network. If it was in Turkish it would be easier for me."

"The App is not as accessible as it should be."

Survey responses, 2025

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 mustbe computer literate to use it. I think people who are either blind or partially sighted would have problems using it."

Survey responses 2025

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

Often those less familiar with using an app found it easier to call and speak to a person. Even those with IT skills opted for this.

"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."

"No barriers. I'm open to it. But 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."

Survey responses, 2025

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 improvements in functionality

"If it would be possible to view a table containing all Doctors and PA's then you either go to an earlier name, or to the name which had seen you earlier."

"The app is not user friendly for senior citizens. It should be simplified with less questions."

"If I can get an appointment on the day that I make the booking, then it will be easier for me to use it."

"Yes. The GP practice should have a timetable to book appointments."
"I don't understand the need for all these verification codes. The security checks in place make no sense to me at all."

"Would be great for booking with your GP, instead of hanging on the phone hoping for one of those "lottery" appointments."

"Of course. If it was possible to book online appointments using Patient Access, which was the service of choice chosen by the practice when online appointments were first introduced."

"I can use the app, but this service of booking appointments is not available at my surgery."

Survey responses, 2025

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"

Survey responses, 2025

Conclusion

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 socio-economic 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.

Recommendations

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.

1. 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.

2. 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.

3. 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.

4. 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.

4. 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.

5. 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.

6. 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.

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