Bringing Care Online

People's experiences of Digital Services in health and care

A Healthwatch Kent and Healthwatch Medway Report

March 2026

In partnership with

EK360
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Mental Health Voice

INSIGHTS AT EK360

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Contents

About Us

Healthwatch Kent and Healthwatch Medway are your local independent champions for health and social care. Our aim is to improve services by ensuring local voices are heard – we want to hear about health and social care experiences so to influence positive change for communities across Kent. We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers, to make sure your experiences improve health and care services for everyone. It is really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Your feedback is helping to improve people's lives, so if you need advice or are ready to tell your story, we're here to listen.

Context

This report discusses the feedback we have received from individuals accessing digital services for their healthcare. This includes digital booking systems, such as ANIMA and eConsult, as well online appointments and digital care such as virtual wards.

One of the three major shifts presented in the 2025 NHS Ten Year Plan is the move from Analogue to Digital. As part of this NHS England are establishing a new digital NHS Trust, to be called the NHS Online Trust. The NHS Online Trust will be a nationwide digital care provider, beginning with a small number of planned treatment areas with the goal to expand further.

As part of the process of developing the NHS Online Trust, Healthwatches have been asked to contribute to a consultation on the establishment of the Trust. Healthwatch Kent and Healthwatch Medway have pooled consumer feedback from across all its activities, that relate to digital systems within health and social care.

This data was gathered in three ways:

- A literature review of previously published research from across the organisation, that mentioned people's digital experiences. This resulted in **3** reports being identified and included.
- A Vox pop style survey across an engagement platform.
- A data set generated by searching the generic Experience feedback databank using search terms related to digital elements of health and social care. This resulted in **249** peoples feedback creating a data set.

Data from these three methodologies was thematically reviewed and identified 4 themes:

- Issues with digital systems. (**96** mentions within generated data set).
- Care delivered digitally (**70** mentions within generated data set).
- Acceptance of digital services (1 report, 1 vox pop sample, and **47** mentions within generated data set).
- Digital barriers (2 reports and **36** mentions within generated data set).

The findings of this desktop research have been shared with the development team behind the NHS Online Trust.

Methodology

This research has utilised three different approaches to review existing experience feedback data for the period 2023 to 2025. No new engagement was undertaken to inform this report.

Method 1. Literature review

Over the last few years, a number of reports have mentioned peoples feedback of digital elements of their health and social care experience. An internal literature review identified 3 key report to include.

1. A 2024 Healthwatch Kent project looking at the implementation of the ANIMA system in Tunbridge Wells Primary Care Network (PCN) in West Kent. The Digital Front Door Project, ANIMA, Healthwatch Kent, 2024

2. An EK360 2023 report on health inequalities within Dartford' Dartford Health Inequalities, EK360, 2023

3. A survey of 98 Medway residents completed by Healthwatch Medway. Digital barriers, Healthwatch Medway 2024, unpublished

Method 2. Vox pop survey on engagement platform

A quickfire poll conducted in January 2026 by Voices Connect at EK360 asked whether individuals would prefer an online appointment with a shorter wait time or an in person appointment with a longer wait time.

Method 3. Generating a data set from generic feedback databank

Healthwatch engages with people throughout the year and captures feedback of their experience. The feedback was gathered in a variety of locations and under differing methodologies. This includes a mixture of in person locations such as hospital waiting rooms, healthcare environments, peer support groups, community groups and street engagement. Some feedback within this data set was gathered through digital means using an online webform, by email, or by telephone through the Healthwatch Kent and Medway Signposting, Information and Research (SIR) Line. Feedback gathered through telephone or digital means were reliant on individuals reaching out themselves or completing a webform independently on our website.

In person engagement was not targeted to be representative of the population of Kent and Medway, though some efforts were made to speak to groups and individuals that face greater barriers to care than others. This includes those from ethnic minority backgrounds, those on low income and those with disabilities.

All experience feedbacks are stored in a centralised data bank. Using some search terms, we were able to extract data related to digital aspects of health and social care to create a unique data set for the research. Issues mentioned within this generic data set reflected the digital systems that individuals have accessed. They range from

digital booking systems, such as eConsult and ANIMA, virtual wards, video appointments and the NHS App.

Findings

Findings of the literature review:

- o A **36%** increase in the number of people within the Tunbridge Wells PCN accessing same day appointments once ANIMA had been in place for 3 months. (The Digital Front Door Project, ANIMA, Healthwatch Kent, 2024).
- o **47%** of the people we spoke to in Tunbridge Wells PCN, had a positive experience with ANIMA, and **33%** had a poor experience. (The Digital Front Door Project, ANIMA, Healthwatch Kent, 2024).
- o Over a third of d/Deaf individuals in Dartford mentioned digital barriers having an impact on their day-to-day life. (Dartford Health Inequalities, EK360, 2023).
- o A fifth of homeless individuals in Dartford mentioned digital barriers having an impact on their day-to-day life. (Dartford Health Inequalities, EK360, 2023).
- o When asked about difficulties accessing community assets, the proportion of the d/Deaf cohort in Dartford, that mentioned digital barriers, increased to over half of the surveyed individuals. (Dartford Health Inequalities, EK360, 2023).
- o **24%** (23) individuals in Medway reported experiencing some struggles with using the internet (Digital barriers, Healthwatch Medway 2024, unpublished).
- o **8%** (8) of people in Medway said they don't use or rarely use the internet. (Digital barriers, Healthwatch Medway 2024, unpublished).

Findings from the Vox pop survey:

A quickfire poll conducted in January 2026 by Voices Connect at EK360 asked whether individuals would prefer an online appointment with a shorter wait time or an in-person appointment with a longer wait time.

Of the 97 responses received, **41%** answered that they would prefer an online appointment with a shorter wait, with **40%** opting for a longer wait time for a face-to-face appointment. The remaining 19% answered that they don't know.

Findings from the review of generic data:

We were able to generate a dataset of **249** pieces of feedback that mention accessing care using a digital component over the time period of 2023 till end of 2025.

The most frequently mentioned areas of digital experience were

- o **41%** (102 mentions) about aspects of eConsult
- o **19%** (47 mentions) about aspects of the NHS app
- o **20%** (49 mentions) about aspects of video calls, including MSTeams and Zoom
- o **21%** (6 mentions) about ANIMA
- o **4%** (11 mentions) of elements of virtual care and virtual wards
- o **2%** (5 mentions) about experience of Pharmacy2U

Given that this feedback has been unsolicited it is interesting to note the changing patterns in feedback over the time period.

How topics mentioned have changed over the time period
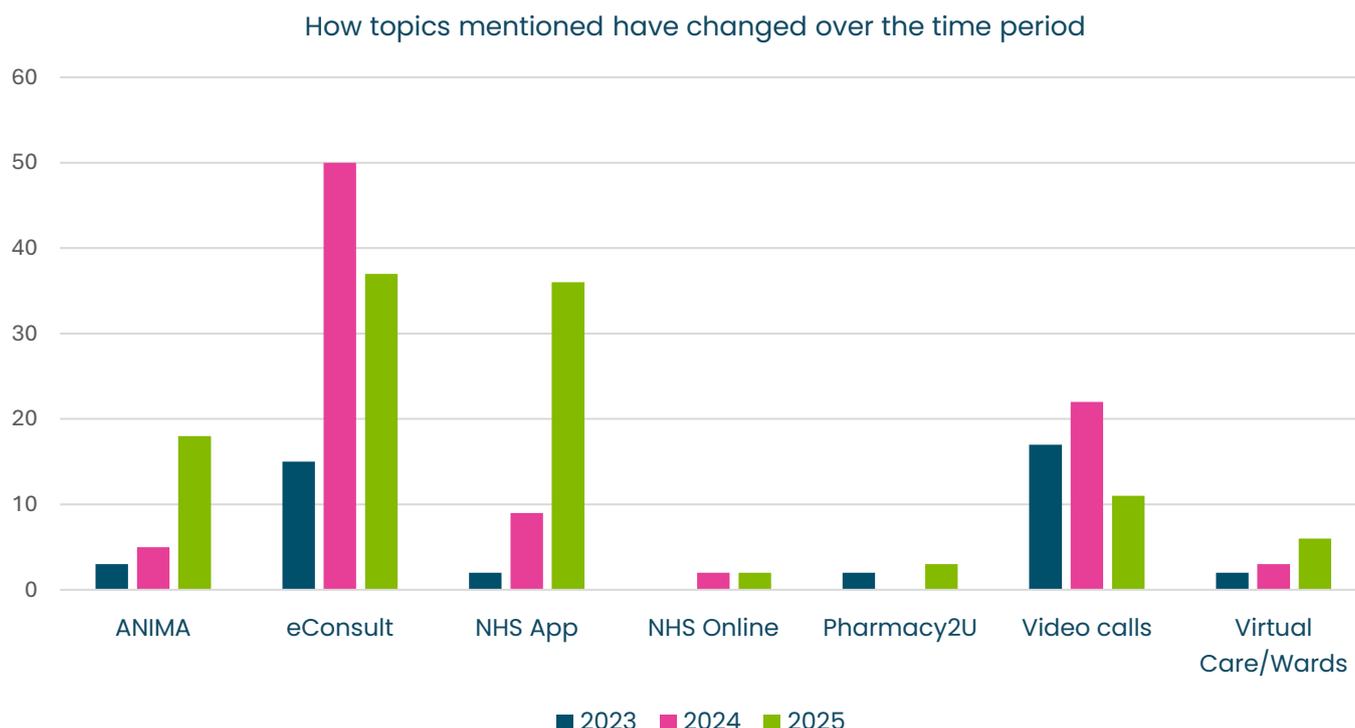
When looking at the topics mentioned within this data set and cross cutting it by gender and ethnicity, there are no significant differences in frequency of issues raised around the top 4 topics, eConsult, the NHS app, aspects of video calls, and ANIMA.

When we look at the top four topics we can see some differences in sentiment according to age. There is a natural bias to negative sentiment inherent in how the data has been gathered which needs to be considered.

Sentiment attributed to feedback about eConsult by Age

Positive sentiment ■ Mixed Sentiment ■ Negative Sentiment
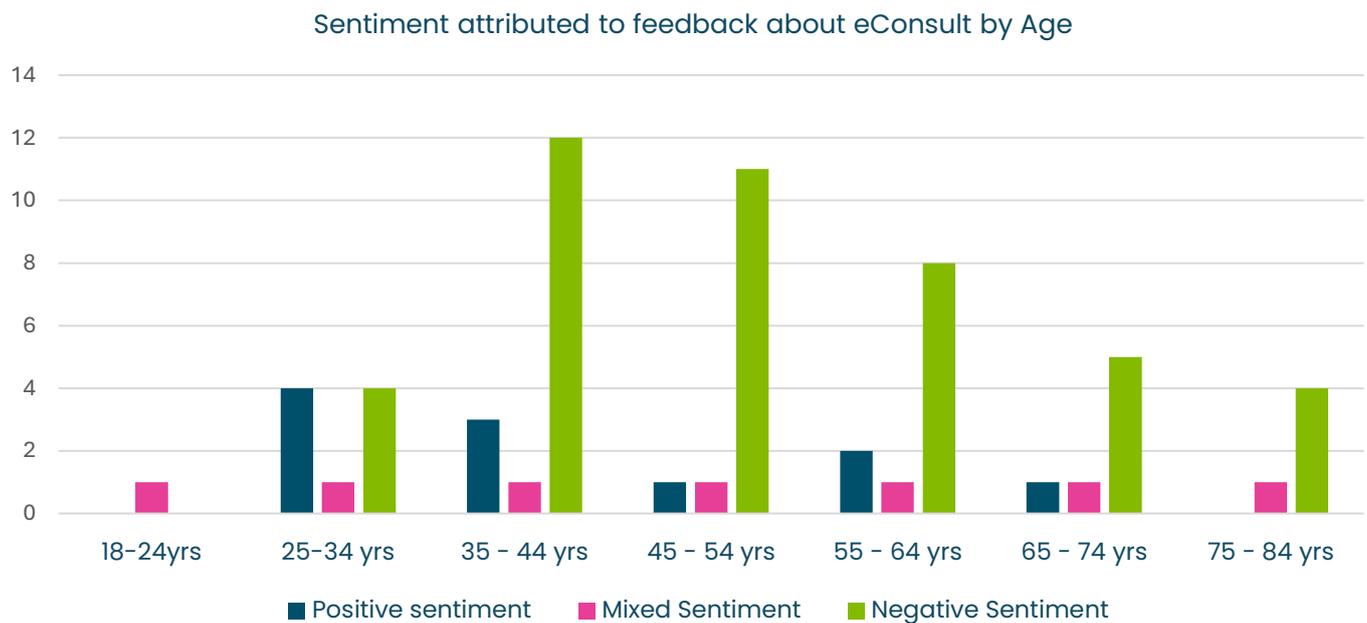
Levels of negative feedback about eConsult are highest in working age adults 35–64 years, while experiences are reported as more positive in the under 35 years.

Sentiment attributed to NHS App feedback by Age
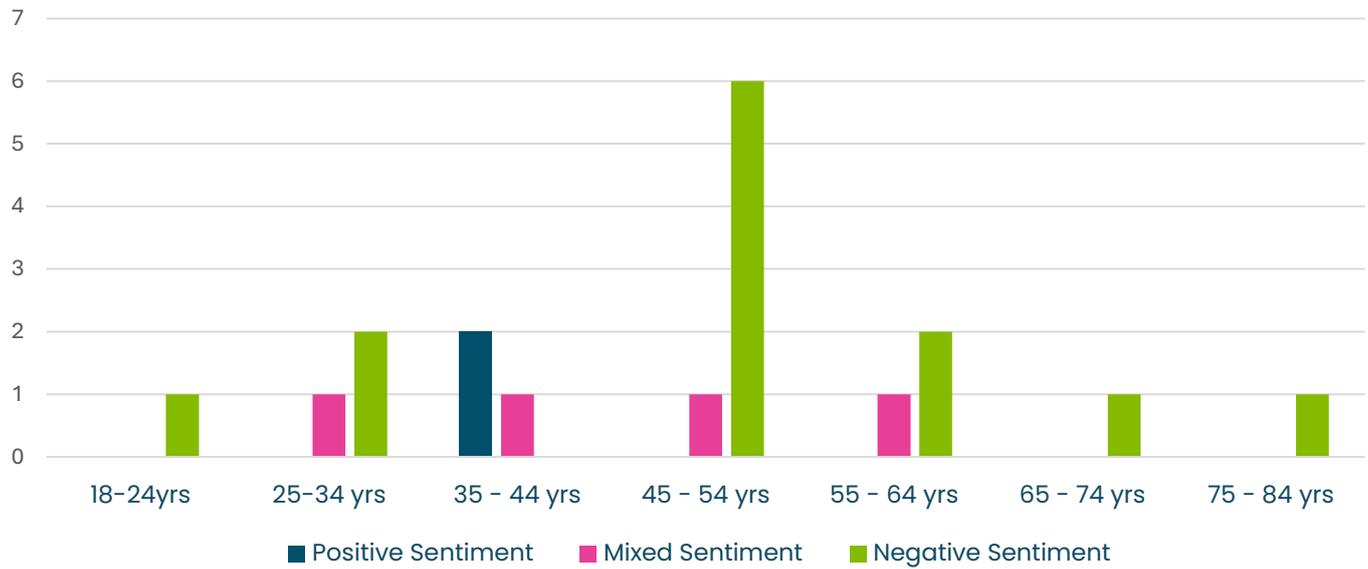
Those aged 34-44years were the only age group not to report negative experiences around the NHS app. Proportion of negative feedback was greatest in those aged 45-54years.

Sentiment attributed to Video calling by Age
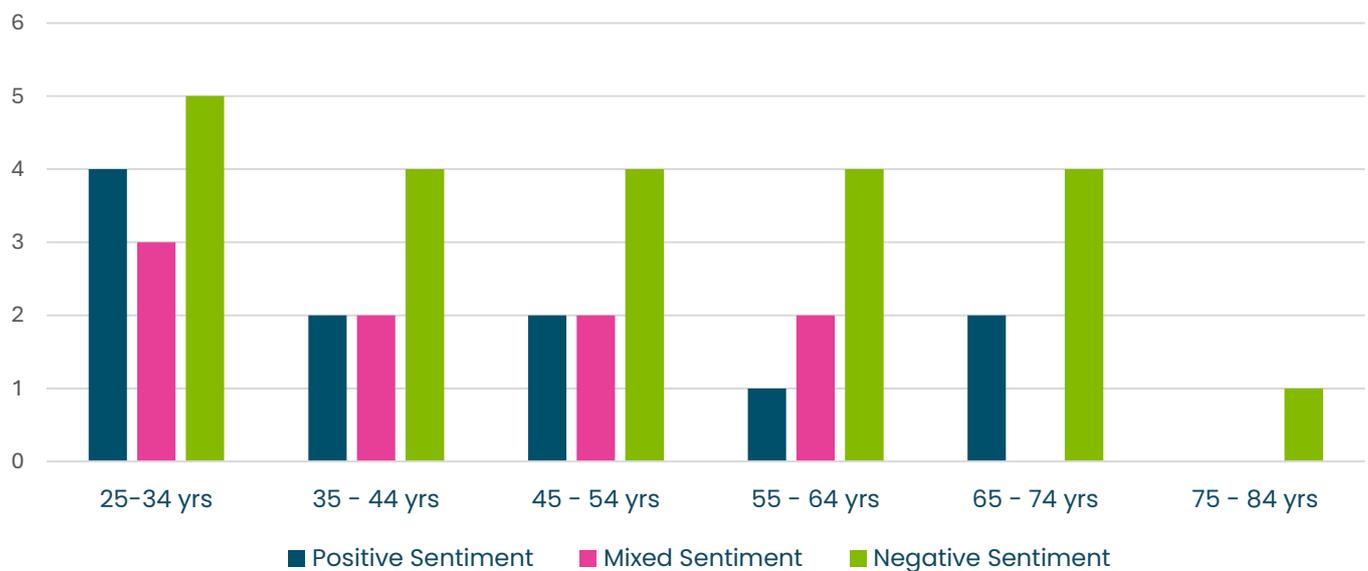
The difference between levels of positive and negative experience in use of video calling are greatest in those aged 55 to 64 years.

Sentiment attributed to ANIMA by Age

Feedback around ANIMA is predominantly negative. This is in contrast to the reported sentiment identified within the literature review.

29% (73) of the experience data we gathered into this data set, was from people who identified as having a disability.
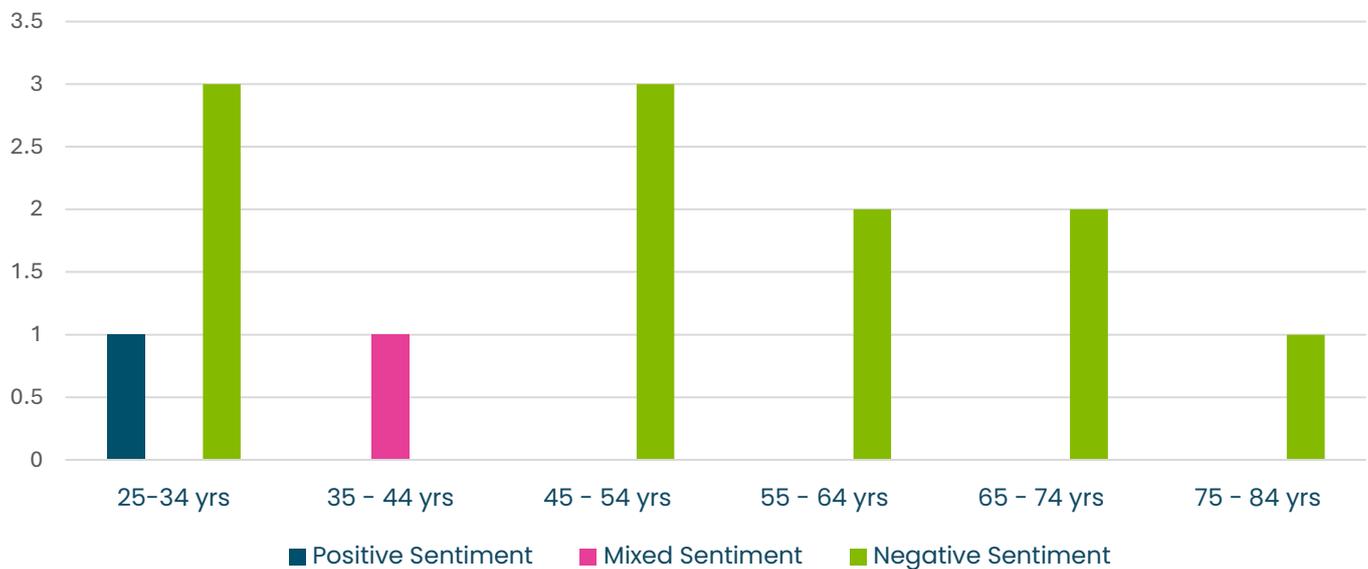
When we explored the proportion of feedback in the top 4 topics by numbers of people who identified as having a disability, we found that there was a disproportionate level of people with disabilities (**63%**) talking about challenges with video calling platforms (31 out of 49).

Experience feedback around digital aspects of health and social care has been heard from all areas of Kent and Medway. When exploring the volumes of feedback heard about aspects of digital healthcare, there is a disproportionate volume of feedback from areas across Kent and Medway with highest indices of deprivation.

Feedback about **eConsult,** that specified a person's district, clustered around Thanet (22 mentions), Ashford (18 mentions) and Medway (13 mentions). The average across the other areas was 2.8 mentions.
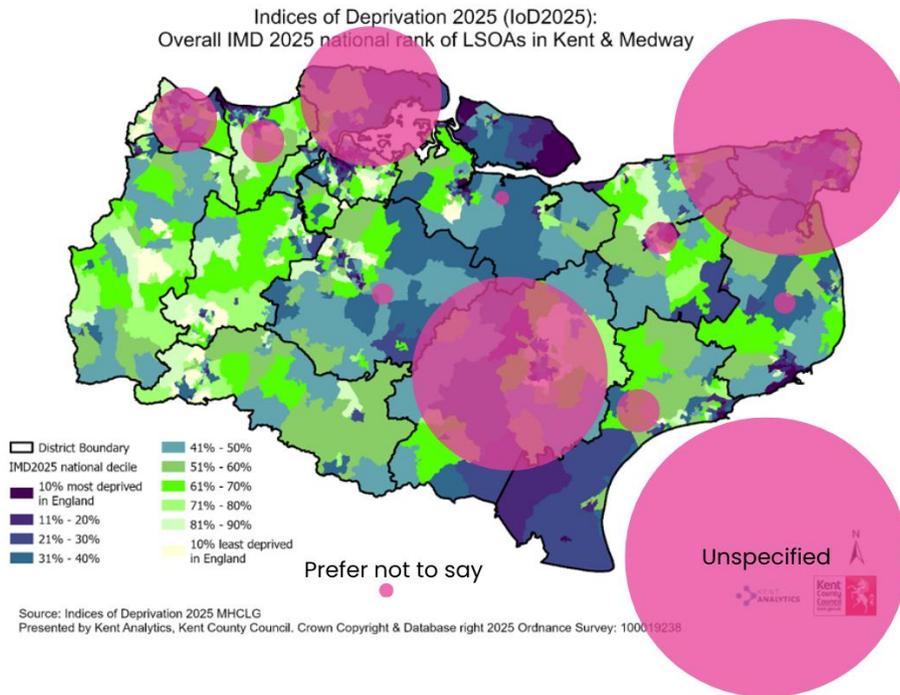
Map 1. Volume of eConsult feedback by LSOA

Feedback about **the NHS App,** that specified a person's district, showed clusters of comments from Dartford (6 mentions) Medway (6 mentions) and Thanet (5 mentions). The average across the other areas was 2.1 mentions.
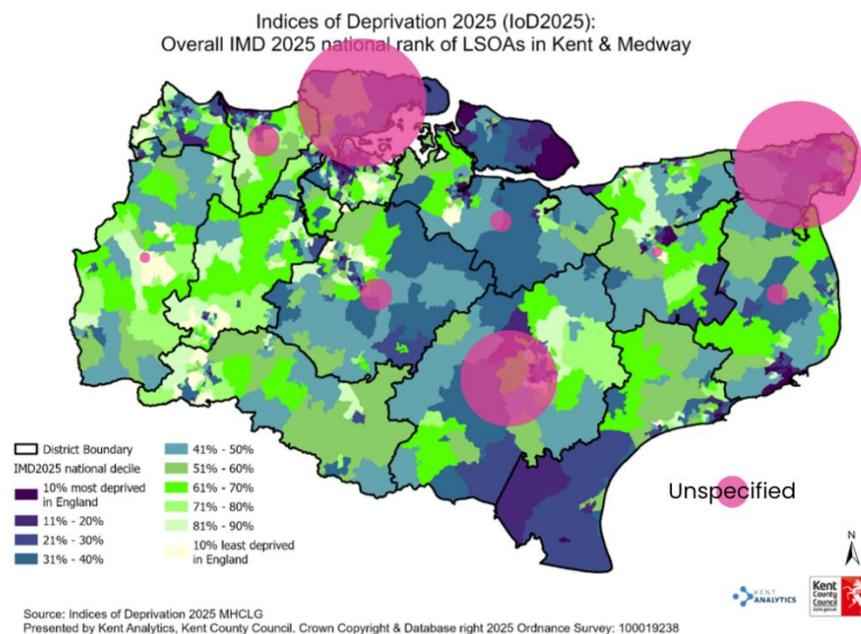
Map 2. Volume of NHS App feedback by LSOA

The volume of feedback about use of **video calling platforms** was distributed in Thanet and Medway between them having 50% of the mentions (12 in each area). These areas have wards with some of the highest indicies of deprivation in Kent and Medway. The average across the other 8 areas was 2.75 mentions.
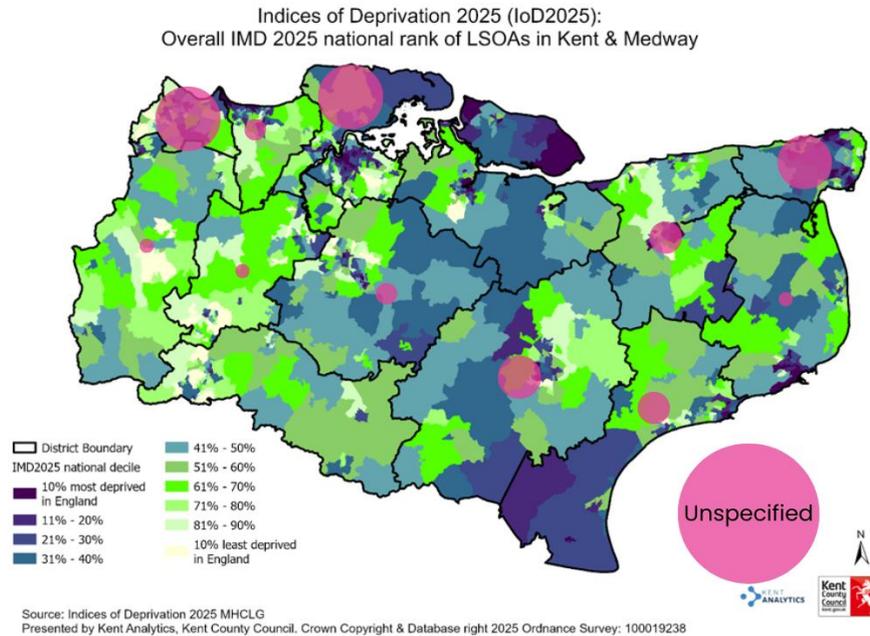
Map 3. Volume of video platforms feedback by LSOA

The volume of feedback about use of **ANIMA** was clustered around Medway (8 mentions) and Thanet (5 mentions). These both have areas with high indicies of deprivation. The average across the other 8 areas was 1.75 mentions
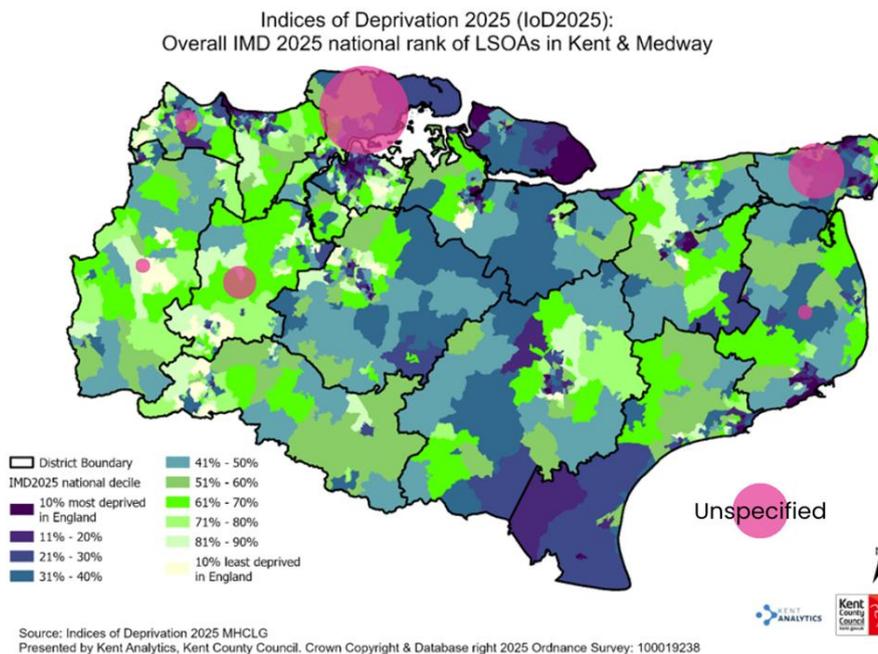
Map 4. Volumes of feedback about ANIMA by LSOA

Themes identified within the data

Issues with Digital Systems (96 mentions)

The most common theme within the feedback, with **96** pieces of feedback, was individuals mentioning overall issues that they have had when using digital services. This excludes feedback on digital barriers, and any negative feedback on care that was delivered directly digitally.

Sub themes identified were:

o Booking difficulties using Anima/eConsult (**35** mentions)
o eConsult used but lack of appointments or response (**34** mentions)
o eConsult not being available (**25** mentions)

Booking difficulties using Anima/eConsult (35 mentions)

35 different pieces of feedback negatively mentioned using eConsult or other digital booking system. Individuals spoke about how they felt the eConsult process was long winded and that some of the questions that they are asked are not relevant to their condition.

o *"I have had ear ache and pain for two weeks so I tried to complete an e-consult, once I got to the end of the form it said it could not be completed as I needed to speak to someone today along with a message which said if you go back and change your answers you are risking your health. I understand the reason they say that however it could be done in a better way which is less anxiety provoking. The main problem with this however is it says you need to talk to someone today but gives no guidance as to how to speak to someone or what to do. I tried calling the surgery but couldn't get through."*
o *I am at [my GP Surgery]and the new E-consult is not fit for purpose you fill out the confusing online form, which some of the question are not relevant, to be told someone from your surgery, will be in contact with you by 6.30pm the next day but it is taking 3 days for [my GP Surgery] to get in touch with you, then they can't offer appointment for two weeks, by that time you could be worse, I feel surgery should go back to the old system where you can go and sit and wait for an appointment."*

We also heard from individuals who faced issues with information not being correctly sent through to themselves or information they entered seemingly not being sent to their health service.

- o *"Done a E-consult with on the… to get a text message telling me to go to urgent care to get a heavy-duty crutch, then a minute later they sent me a text with an amazon link to buy crutches but I didn't even mention anything about crutches in my E-consult which is confusing"*
- o *"I spoke to 111, including a GP, on Saturday as I contracted covid and was bedridden. I was told that the information would go to my out-of-county GP. To date, nothing has been sent and my records on the NHS App have not been updated. This is a real concern as I already have long covid from my prior covid illness"*

eConsult used but lack of appointments or response (34 mentions)

This cluster of feedback highlighted issues around how GP surgeries are responding to patients via digital platforms, or the fact that there are no appointments regardless of using a digital booking platform.

- o *"Can't get a doctor's appointment, have to fill in Anima to be told no appointments call 111."*
- o *"Very difficult to get an appointment. Having to fill in the Anima form is very off-putting as questions are not always relevant. It would be nice to have an appointment, be listened to and feel more confident about the outcome."*

Individuals also highlighted that communication through the NHS App or eConsult submission was unable to resolve a medication issue, and together with the lack of timely resolution by the process they were left feeling frustrated.

- o *"I use prescription control medication, the doctors are excellent and understand the issues I face. Unfortunately due to policy and careless approach to care, when a prescription request is requested using the NHS App, the instruction to when to request medication changes from, two days to three days to five days depending on surgery, pharmacy and receptionists."*

Feedback suggests that people are not getting the expected outcome from a digital booking system and that individuals are more likely to feel aggravated with not receiving their expected outcome due to the inflexibility of communication.

eConsult responses often tell patients to wait for the surgery to contact them and that a reply will be within a set timeframe. This timeframe, up to 2 working days, is often greater than the previous experience patients have with phone or attending the surgery to book appointments.

As booking and administration services at the Primary Care level are moving towards a digitally focused model, it is proposed that there is a focus on managing patient expectations with digital booking systems.

eConsult is not available (25 mentions)

Feedback highlighted that some people about how they wanted to use eConsult, or relevant digital booking service, but the system was not available and had been turned off at that period of time.

- o *"[The GP surgery] is a total waste. Their online booking system (Anima) doesn't work. Basically, you need to login to the NHS and then use the app. By 30 seconds after 08:00 there are no appointments available."*
- o *""You can only book appointments between 8 to 10am and this includes eConsult. I was filling in an eConsult, started at 8:15 and just as I was finishing at 8:45 it said the eConsult was closed. Please apply tomorrow."*

As of October 2025 GP surgeries are now required to have their eConsult service online from 8am to 6:30pm Monday to Friday. All of the feedback on eConsult not being accessible predates this change, and we have not heard since from individuals that their GP surgery is not following the new requirements.

Digital Care Delivery (70 mentions)

Feedback about digitally delivered care, including mental healthcare and peer support groups delivered by VCSE organisations identified . We have explored these by sentiment, with a focus on

- o Feedback about digital care delivery (**20** mentions)
- o Feedback on mental healthcare delivery (**20** mentions)
- o Feedback on Pharmacy and Physical Health (**14** mentions)

Feedback about digital care delivery (20 mentions) Positive in sentiment

Positive feedback has been heard from a range from service, including pharmacy, secondary care and mental health services.

The most frequently mentioned service with positive feedback was on Virtual Wards, a pathway of care where an individual is still supported virtually by the hospital where they had been receiving treatment but have now returned home. Feedback on the virtual wards noted how it was beneficial to be back within the home environment and how the care they received was still responsive and diligent.

- o *"After 11 days they asked me if I wanted to go home and be looked after by the SMART Team [virtual hospital]. It seemed like a good idea... The staff are really nice and have become like a family. We have a laugh on the phone. I think some people will be scared about it, but it is brilliant to be at home and not stuck in hospital"*
- o *"I Thought this was brilliant, the care was first class in the comfort of my own home. I felt more "looked after" than when I was an in patient"*

Within the positive feedback that we received on other services focused on the convenience of using the service, such as an online pharmacy, or how receiving care digitally has sped the process up to what it would be anyway.

- o *"I have had a Zoom appointment with Pain Clinic last week, over all it was good to be able to seen by someone as I was waiting for this appointment for so long."*
- o *"Closest pharmacy is Boots. Awful place, close at random times, staff are rude and usually ignore anyone waiting for prescription. I was having to walk over a mile to the next closest which was a lovely place but just too far away. Now use Pharmacy2U. Perfect."*

<u>Feedback on Mental Health (20 mentions) – negative in sentiment</u>

A cluster of feedback highlighted negative experiences of receiving mental healthcare through digital means. The most common concern raised was around interventions being delivered to a group rather than on a one-to-one basis.

- o *"I now have an appointment on 6th August, but it is not 1-2-1 and is being done on Zoom – which I absolutely hate. I questioned this and was told that they haven't enough staff to carry out 1-2-1s. I asked them what this zoom meeting was all about and who would it be with. I was told that someone from the [mental health service] would be running it and there would be a couple of other patients on there and it would be for two hours. I was shocked to hear this. How the hell am I meant to talk about myself and how I'm feeling in front of two strangers. It's disgusting"*
- o *"She [Mental Health Nurse} put me in touch with talking therapies for CBT, but that turned out to be another waste of time. It was a six-week course, one hour a week, with a group of people on a Teams call. I spent most of my time just listening to someone else talk. I didn't address any of my issues. It wasn't person cantered."*

Individuals that provided negative feedback on group mental health sessions felt that the care they were receiving was not appropriate. Due to the short session length and larger group sizes, individuals did not have much time to contribute, or did not feel comfortable sharing within an online group setting.

We heard from individuals who felt that mental healthcare delivered online was not appropriate for their condition:

- o *"I've since received a letter in the post containing a QR code and a link to a video about complex trauma. This is not therapy. It feels dismissive and misleading. Watching a video is no substitute for structured, professional support, especially when someone is seeking help for something as serious as complex trauma."*
- o *"I self referred via our NHS Trust counselling provision and was assessed as requiring CBT. The service was provided via text messaging weekly support. It provided no positive impact to my mental health, I felt patronised for a condition that I was struggling with. I really needed face to face support by a service dedicated to the condition I'm struggling with."*

<u>Feedback on Pharmacy and Physical Health (14 mentions) Negative in sentiment</u>

Negative feedback on Pharmacy services highlights issues around a lack of continuity of service, and then difficulties contacting the service to resolve issues.

- o *"Someone signed me up for Pharmacy2U without me knowing [but] I ran out of my pain medication [and Pharmacy2U had not sent me any further medication. I have since spoken with Pharmacy2U and cancelled any further prescriptions]."*
- o *"The client has several unwanted/date expired and left-over drugs waiting for responsible disposal. Their problem is that among these there are controlled drugs. The client said "the irony of it is that they are not mine! They were erroneously included in my delivery from Pharmacy2U, who refused to accept their return.""*

Looking at the negative feedback on digitally delivered physical healthcare, individuals highlighted the importance of live one-to-one care and frustrations of NHS staff members struggling with technology:

- o *"This programme is mandatory prior to referral for bariatric surgery. I was advised that I would have personalised support, including access to dietitian, education and therapy. The education was in the form of YouTube videos sent weekly (only helpful for people who learn by listening). The dietitian input was sporadic and not individualised. Information given was often contradictory, making it difficult to understand what/how much to be eating. The therapy aspect was all online, with no access to real-time support in relation to food issues and related emotions."*
- o *"I used to go in person to see [a doctor] for Parkinson's but with my health deteriorating I could not get in a taxi or on a bus very easily, So I found phone calls hardly satisfactory I asked for a video call, only to be told by [the doctor] he cannot understand the technology."*

Acceptance of Digital Services (47 mentions)

The third most frequently mentioned cluster of topics was around people's willingness or acceptance for using digital services as part of their health and social care experience. This included using eConsult or ANIMA as part of a booking system or using the NHS app as a way to access test results.

Within this theme there were two subthemes:

- o Improving patient experience of booking appointments (**25** mentions)
- o Increasing Patient Advocacy use of the NHS app

eConsult and ANIMA improving the experience of booking appointments (25 mentions)

Some individuals spoke positively about using a digital booking system as a fast and effective process

- o *"So Accessible (love the eConsult facility). Can be seen if needed. Prescriptions always sorted quickly and sent to designated pharmacy"*
- o *"Contacted surgery via eConsult at 8:30 am received phone call at 12:00 – collected script from surgery at 14:00. Seamless service. Well done!"*
- o *"I usually use the eConsult service with [the GP] as I have sleep issues that mean I'm not usually awake at 8am to make calls"*
- o *"I only have good things to say about [my GP practice]. I complete eConsults rather than phone up as I suffer from Insomnia and often get an appointment on the same day"*

NHS App and Patient Advocacy (22 mentions)

Of those that mentioned acceptance of using digital services, the NHS app was their primary digital platform. Feedback included how using the NHS App as opposed to alternative forms of communication sped the process up, and using the app was more convenient.

- o *"…I downloaded the [NHS] app and went through the steps to register and ordered my repeat prescription. Also, much more conveniently I had it delivered to my house which was really helpful when you have children and can't get out*

> very easily sometimes. I would recommend anybody to order their medication using the app."

- o *"I really like using the NHS app as well. Hadn't needed to use it before but it is very simple to use and a lot faster than waiting for a letter."*

Individuals mentioned that while they like using the app, they would like the app to have greater functionality and wider use. This could include better navigation within the app, but also greater adoption of the app by NHS staff and services.

- o *"I use the NHS app for all of my appointments, its ok, better than it was but not all singing and dancing yet. For this appointment I had a text, then an email and then a phone call reminding me about the appointment. It would be nice if there was a way for me to confirm that I am going to the appointment so they don't need to call me just send a text."*
- o *"I wish they [acute hospital] would use the NHS app only and not send letters. Also the NHS app could do with a search function as lots of information gets lost on there."*

There were also examples from individuals where using the NHS App has created greater self-advocacy for patients through receiving their test results directly and to ease communication issues between either the patient and NHS services or when patient information is being shared between NHS services, such as between secondary and primary care.

- o *"I have twice been referred to different outpatient departments by my GP recently. I've been sent forms to choose appointment which I have done. The appointments were then cancelled within two weeks and not told why. On looking at NHS app I see letter apparently sent to GP which they did not receive. Still waiting to find out what to do now four weeks later."*
- o *"I was told that there would be a 4-6 week wait for results (used to be two weeks) – actually got the results by looking it up myself on the NHS app after two months"*

Digital Barriers (36 mentions)

Our data highlights some barriers to accessing digital healthcare.

Of the **36** individuals that gave feedback around digital barriers, **24** specified their age group. It appears that mentions of digital barriers are skewed to older people. **75%** (18 mentions) being from people aged 55 years or older.

Three subthemes were identified within this cluster:

o Barriers through a Disability.
o Barriers through a lack of understanding and confidence of using digital software.
o Barriers due to a lack of resources.

Barriers through a lack of understanding and confidence of using digital software (20 mentions)

66% (20) of the **36** individuals that spoke about facing digital barriers talked about a barrier due to a lack of understanding how to use digital services, or a confidence to use digital services for their own care.

o *"I have been trying to book an appointment at my doctor's surgery but they have told me they don't book appointments over the phone anymore, it is all done on eConsult... I wasted half an hour just to be told to book it on eConsult and I don't know how to use that either"*
o *"I should book a doctor's appointment, but I don't feel like calling my doctor because there are always over 20 people in the queue ahead of me. I don't feel confident enough with technology to use eConsult."*

Within this, individuals spoke of feeling left out or ignored when an online system was introduced and they were funnelled towards using it, and previous processes, such as attending the GP surgery in person, were phased out in favour of digital methods:

o *"Nothing went well. The new online eConsult feels like another barrier to accessing the care GPs should be providing. I am at an age where the technology is familiar (though difficult and vague still for me), but I can see older patients struggling to access basic services because it is not fit for purpose."*

Barriers through Disability (9 mentions)

Individuals told us how they face issues with using digital software for their healthcare due to having a disability. This included having a sight impairment and chronic pain issues that make completing an eConsult challenging:

- o *"The service is a total disgrace. They have introduced an online booking system name Anima... For myself it means prolonged typing, which causes me significant pain as I have a disability."*

- o *"I have a sight impairment and so I am allowed to telephone my GP surgery instead of using the eConsult system, but sometimes I feel like I get the third degree from the reception team and they keep trying to direct me to the eConsult so I have to remind them that I am visually impaired - why does the system not 'flash up' about my blindness. I have difficulty getting my repeat prescriptions, so I often get in touch with them"*

- o *"They [GP Surgery] know that I have a severe vision impairment and cannot complete online forms – it's all on my records.... This whole business [of booking an appointment] took 2 weeks and finally someone called and I was able to complete the ANIMA form at last, and I finally have a GP appointment. It's completely ridiculous"*

Within EK360's Dartford Inequality report they found that mentions of digital barriers was highest in the d/Deaf and homeless cohorts, with **36%** of surveyed d/Deaf individuals and **21%** of homeless individuals mentioning facing digital barriers.[1]

Barriers through resources

The final type of digital barriers that individuals spoke to us about were barriers due to not having the resources needed to access digital services, such as connection to the internet or having a smartphone:

- o *"[I have] concerns about [the online] method of registering with [the] GP practice. [There is] a lack of security [in] this method of registering. All that is required is for a person to have in hand NHS number, name and demographic details. I find this inadequate ... . I have voiced my concerns with our MP ... , who referred to an NHS App. I do not have a smartphone and neither do I wish to own one."*

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[1] Dartford report

o *"We have to use eConsult. We have intermittent connectivity to the Internet, so quite often it cuts out before completion. Secondly, we have to input the same information each time - even when it's for the same condition needing further antibiotics."*

Some of the individuals that told us how they lack the resources to access digital healthcare systems were in demographic groups that face multiple health inequalities, such as the following feedback left by a low income individual who was homeless at the time:

o *"I went to a mental health crisis meeting in … The person there did not introduce herself and asked me questions why I cannot work. I said that I had been sectioned and had borderline psychopathic disorder. She was very dismissive of me. I have been detained under the Mental Health Act. She said that I would be involved in a Zoom call. I waited all day for this call and nothing happened. I was not called by anyone. Immediately I was discharged and returned to GP. I have never made or received a Zoom call in my life. I don't understand why I was thrown out of mental health help"*

o *"I work with the Roma community … and I am tired of seeing how the [GP surgery] treat non-English speaking clients time and time again. I've seen them shooed away from the counter, ignored, told to fill out eConsults even though they would have no idea of where to begin given they don't speak the language or have access to the Internet."*

Informing the consultation for NHS Online Trust

We propose the following points should be considered in the development of the NHS Online Trust.

o Feedback in general is not speaking negatively against the use of digital systems completely, rather speaking specifically to issues with those systems. As the NHS Online Trust is to be a Secondary Care provider, any forms or responses that individuals are required to submit should ask succinct questions appropriate to the care that the patient is receiving. The many questions asked by eConsult, required due to its function as a primary care booking service, would be redundant once individuals are on a secondary care pathway with the NHS Online Trust. This will help improve the patient experience.

o The NHS Online Trust should ensure that any form filling requirement as part of an individual's care can be completed at a time that is convenient for the individual. Feedback around eConsult not being 'turned on' for most of the day, has created a frustration in that an online system does not come back with an immediate answer, and in fact can be turned off and take a couple of working days to respond, which negates the perceived time saving benefits of a digital system.

o Levels of positive feedback around Virtual Wards show potential areas of beneficial impact that NHS Online Trust can have. Having a flexible approach to appointment times and the ability for care to be delivered to individuals in their own home is seen in a positive light. This includes addressing difficulties that those with preexisting conditions would have in travelling to an in person outpatients appointment, and those that work or caring commitments which would otherwise prevent them from attending appointments.

o Feedback around digital mental healthcare suggests that ensuring options for a standard 'in person' pathway option alongside a digital option would maximise patient choice. In the mental healthcare feedback, there was a lack of choice in how to access mental health support. People were told that it had to be delivered online. Online healthcare delivery offers benefits some individuals offering speed and convenience, while others report preferring to wait to access in person care. (see EK360 Vox pop). Feedback suggest that individuals may be happy to receive digital treatment for some conditions, while preferring in person care for a different condition, even if both conditions can be treated digitally.

o Digital healthcare delivery services need to have reliable ways of being contacted by individuals to help resolve issues that arise in their care. As the NHS Online Trust will be dispersed nationally, including its administrative structure, patients should have access to means of contacting the Trust through a phone call or a digital messaging service to highlight any problems they are facing with their care. It is also important that there is a reasonable response timeline so patients are well communicated with.

o Our review of patient feedback suggests that there is a desire that if healthcare is delivered digitally, it is still delivered live, in real time, and on a one-to-one basis to preserve that patient-clinician relationship. People report feeling that pre-recorded videos did not properly cater to their needs. Having staff members that are comfortable and relaxed with using the technology required will also aid the continuity and quality of care delivered.

o There will be patients that are unable to access NHS Online Trust, due to the digital barriers that they face including economic barriers. Many individuals in this group will also face compounding health inequalities. It is important that an alternative non digital pathway remains available to them.
For those that have barriers created by disability, ensuring that accessible technologies, such as text to speech readers or functionality for them, are embedded within the software used for NHS Online Trust.

Those that face barriers due to a lack of digital understanding, can be assisted through clear communication of what the NHS Online Trust offers, and that it is an optional pathway. This will help reduce patient feelings of exclusion.

o Our data illustrates how people have a wide range of personal expectations on how digital healthcare services should work, and can feel aggravated when a service does not meet these expectations, whether they were accurate or not. The NHS Online Trust should develop clear communication of how the service works and what patient expectations should

This includes:

- o The level of information that is shared to clinicians through digital services.
- o What information a patient can expect to access.
- o What the online delivery of care will specifically look like.

There is an expectation from the public that clinicians themselves should be confident with using digital technology and delivering care online.

If you would like to chat with us about the report you can reach us through the following routes:

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Have your say

Online:
www.healthwatchkent.co.uk

By Telephone:
Healthwatch Kent Freephone
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Talk to us...

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Text us on 07525 861 639. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face-to-face

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