

# Digital access to GP services

October 2025



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## Executive Summary

This report looks at people's experiences of using online services to contact GP practices across Calderdale and Kirklees.

It draws on survey responses from 773 local people, including:

- Targeted engagement with groups at risk of digital exclusion;
- A review of 39 GP websites;
- Feedback from 37 GP practice staff;
- Additional findings on the NHS App gathered by Community Champions in Kirklees.

## Key findings

Online systems offer real benefits. Many people find the NHS App, PATCHS and SystmOnline convenient for ordering prescriptions, viewing test results, and making certain appointment requests. Staff also see advantages, noting that these systems can reduce pressure on phone lines and give patients faster access to information.

But not everyone can use them easily. Barriers include complicated sign-up processes, systems that don't work well together, technical problems and limited appointment booking options. Only 6% of people had been offered help to use online services, usually from GP practice staff and most GP websites provide little information about where to get support.

Inequalities persist. People from ethnically diverse backgrounds, non-English speakers, disabled people, carers and those without devices or internet access are less likely to use online services. Carers face particular difficulties when trying to manage multiple people's care through a single account.

Choice remains essential. For many, the telephone is still the preferred way to contact their GP practice. Staff stressed that online systems should complement, not replace, phone and face-to-face routes.



## What works well overall

When systems worked, people valued them for being quick and convenient. The NHS App was described as simple to use, especially for repeat prescriptions, test results and viewing records. Online systems were praised for giving people a way to send queries and requests without needing to visit the practice. Clear communication and step-by-step guidance was available from some GP practices.

## Challenges and barriers

The most common barriers were:

- Not knowing how to use online systems;
- Complicated sign-up processes;
- Not understanding what the different systems could be used for.
- Simply preferring to speak to someone directly.

Around 7% of people said they lacked a device or reliable internet, which meant they were digitally excluded altogether. This group included more women, carers and people on low incomes.

Confusion between multiple systems added to frustrations and some people said that systems do not work well together (for example, GP and hospital systems).

Accessibility was also a recurring issue, with disabled people, those with sensory impairments, people with learning difficulties and people with limited English all finding systems hard to use without extra help.

Carers can experience difficulties managing access for others with accounts being difficult to set up.

Concerns about trust and security also featured, with respondents worried that their personal information might not be safe online or that their accounts could be hacked. This lack of confidence made some less willing to use digital services, even when they had the skills and devices to do so.

There's a lack of support for people to enable them to get online, particularly face-to-face support and clear, step-by-step guidance which is available in printed format.

## **Introduction**

During June and July 2025, Healthwatch Calderdale and Healthwatch Kirklees heard from local people about their experiences of using digital tools to access GP services. This includes online systems such as PATCHS, SystemOnline, and AccuRx, as well as the NHS App. Digital access is now a bigger part of NHS services. National policy encourages a move from paper and phone to digital, aiming to save staff time, improve access and give people more control.

Existing research shows us that while these tools can make healthcare more convenient for many, they do not work equally well for everyone. The way systems are designed, communicated and supported can make a big difference to whether people can use them successfully. Some people benefit from quicker access and better information, while others face confusion, technical problems and barriers linked to things like disability, caring responsibilities or low digital confidence.

This work comes at a time of national change. From October 2025, GP practices will be required to keep their online request systems open all day and pharmacists and other NHS staff may be able to view or update GP records with patient consent. These changes could improve access, but they might also widen inequalities for those who can't or don't use digital services. They could also add pressure to already stretched services.

Our aim was to understand what is working well, where people struggle and how digital systems could be improved to work better for everyone.

## **Methodology**

From 2 June to 11 July 2025, we spoke to people about their experience of digital access to GP services. We spoke to people at a wide range of community-based settings. People also had the option to complete a survey online or by phone. We engaged with people living in Kirklees and

Calderdale, and with staff who work in GP practices.

We combined several sources of information to build a full picture of people's experiences.

This included:

- Surveys – 773 people across Calderdale and Kirklees completed a survey about digital access to GP services. In Kirklees, Community Champions have already gathered 352 responses to a separate survey about the NHS App and vaccination booking. They shared their data with us. Both surveys included questions about what worked well, what could be improved and whether people had been offered support. It was important to offer people the option of completing surveys in person, rather than just online, so that we gathered the views of those who may be digitally excluded.

- Demographic data – We collected information on age, gender, ethnicity, disability, caring responsibilities and financial situation, allowing us to explore how experiences differ between groups.

- Qualitative comments – Respondents provided hundreds of open-text comments, giving personal accounts of successes, frustrations and barriers.

- Targeted engagement – We looked at existing insight into digital access to GP services and found that the following groups of people had seldom had their voices heard, so we targeted our engagement to reach them. We spoke to:

- Carers;
- Disabled people;
- People with hearing, sight or cognitive impairments;
- Young people;
- Working-age adults, including those who are unemployed and/or looking for work;
- Digitally confident users, to understand usability issues despite digital access;
- People who speak English as a second language;
- Ethnically diverse people;



- Men;
- Those without access to a device and/or reliable internet.

- GP website review – We reviewed 39 GP websites to see how well they explain digital access, whether they offer or signpost to support and how inclusive and accessible their information is.

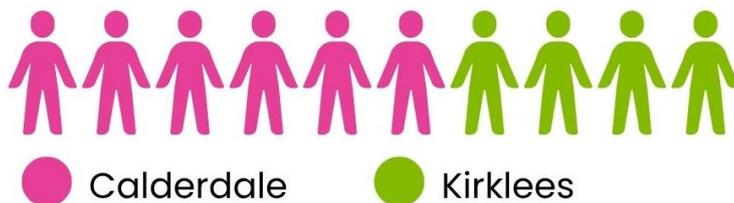
- Staff survey – 37 GP practice staff shared their perspectives on digital access, including what works, what doesn't, and how upcoming changes may affect workload.

This mixed-method approach allowed us to combine statistical trends with lived experiences, highlighting both system-level issues and the personal impact on people in Kirklees and Calderdale.

## Who we spoke to (demographics)

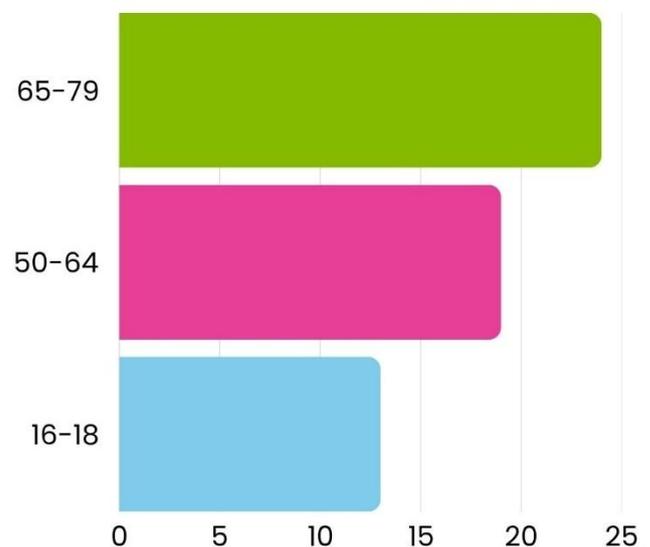
We heard from 773 people across Calderdale and Kirklees.

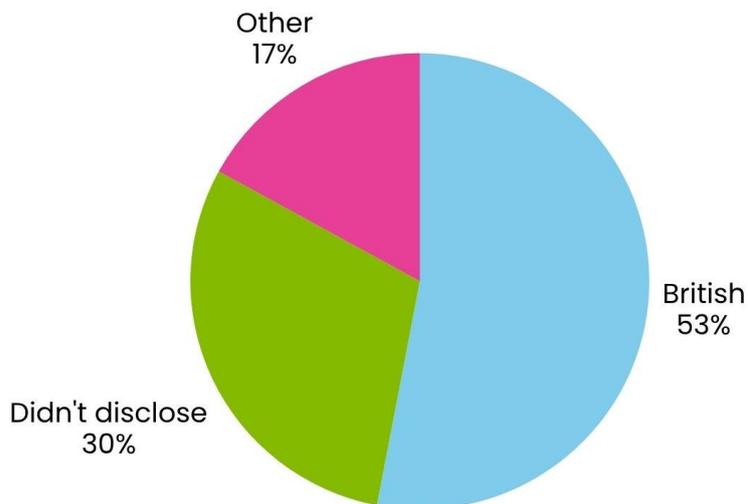
Just over half (52%) were from Calderdale and 48% from Kirklees.



52% of respondents were women, 25% men, 1% preferred to self-describe, less than 1% were non-binary, and 22% did not disclose.

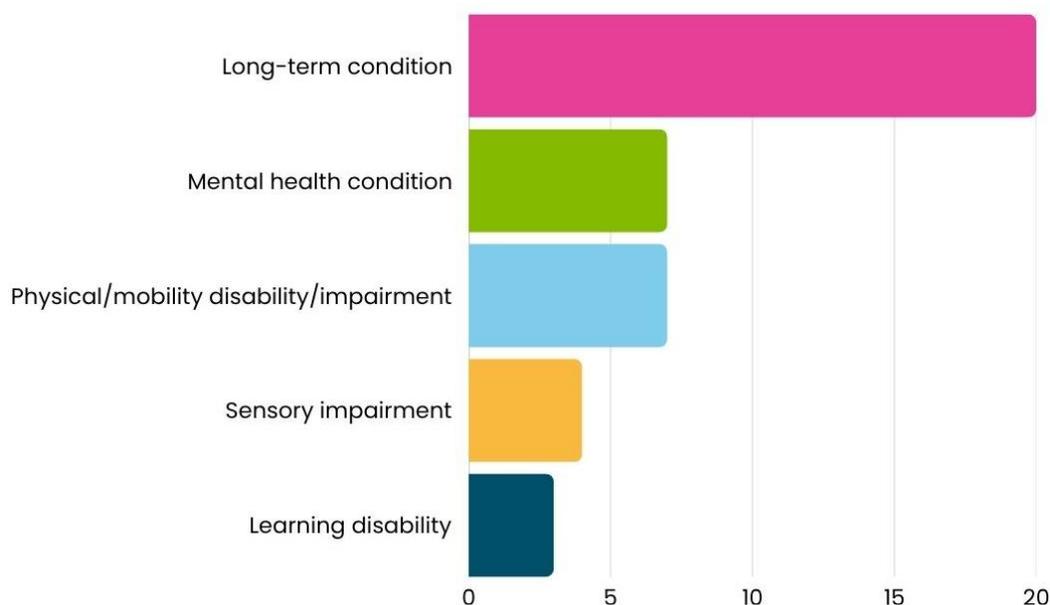
The largest age group was 65–79 years (24%), followed by 50–64 years (19%). Younger respondents (16–18) made up 13% of responses, with smaller numbers in other age brackets.





53% of respondents were White British, 30% did not disclose and 17% were from other ethnic backgrounds – the largest proportion being Asian British: Pakistani (7%).

A fifth (20%) identified as having a long-term condition, 7% had a mental health condition, 7% had a physical/mobility disability or impairment, 4% a sensory impairment, and 3% a learning disability.



70 (9%) respondents were carers, most supporting an adult, with some caring for children.

5% of respondents were neuro-diverse, 5% do not have a support network (support from friends/family), and 4% belong to the LGBTQ+ community.

Financially, 13% are 'just getting by' (they have enough money for living expenses and little else) and 6% are 'really struggling' (don't have enough money for living expenses and sometimes run out of money).

It should be noted that not everyone answered these questions.

## Findings

### How people access their GP practice

Across all ages, genders, ethnicities and locations, making a phone call to the practice remains the most common way to get in touch. In our survey, 72% of people said they prefer to contact their GP by phone. A smaller proportion, 33%, said they prefer to use an online method. This shows that while digital access is growing, the telephone is still the main route for most patients.

People are often confused by the range of digital services, whether they connect to each other and where to get help when something doesn't work.

*"Too many different systems- NHS app, patches, online system. Everything needs to be in one place" (Calderdale, Female, age 65-79 years)*

### NHS App

Four in ten respondents (41%) told us they use the NHS App. Three in ten (30%) said they do not use it, while the remainder did not answer. A recent survey by Community Champions in Kirklees found similar results from 352 people, with 36% saying they use the app and 64% saying they do not. Findings from engagement done by Pennine GP Alliance in Calderdale also reflect similar levels of usage.

Among those who use it, almost three quarters (73%) said the app was easy to set up. The most common uses were checking test results, ordering repeat prescriptions and viewing medical history. Fewer people used it to book appointments or send enquiries. Almost half of users (47%) were happy with the outcome when they used the app, around a third said they were only "sometimes" happy, and one in ten said they were dissatisfied.

Use of the app varied across groups. Women were more likely than men to use it and to find it easy. Use was highest among people aged 50 to 64 and lowest among people aged 80 and over. Younger adults under 30 and older adults aged 65 and over were less likely to use the app, showing that middle-aged adults are the most consistent users.

Around seven in ten carers said they used the app, though their satisfaction was mixed, often linked to the difficulty of managing more than one person's care.

Disabled people generally managed the set-up process, but many reported poorer outcomes, suggesting ongoing accessibility barriers.

People from ethnically diverse backgrounds were less likely to use the app than White respondents, although those who did usually found it straightforward.

People told us the NHS App was convenient, easy to use, and helpful for ordering prescriptions and viewing records.

*One person said, "It's a lot easier to track your health and symptoms – everything is in one place which is so convenient. You have easy access to information that GPs don't always share with you, like scan results etc" (Female, Kirklees, age 19–24).*

However, many also said they did not know about the full range of functions. For example, 61% of respondents who spoke to Community Champions did not know the app could be used to book flu and COVID vaccinations or manage prescriptions.

*One person explained, "NHS app works really well for ordering prescriptions and sending messages checking results etc but whenever I try to view my medical history it only shows a 6 month period... I've asked my GP practice how I view the rest but they weren't able to help me" (Male, Kirklees, age 50–64).*

Barriers included difficulty booking appointments (40%), lack of digital confidence (28%) and limited access to the app due to lack of devices or data (28%). Younger adults were more likely to struggle with access and booking, while older adults were more likely to report lack of confidence.



## GP online systems

Other practice online systems, such as PATCHS and SystmOnline, were also in use by some. People from ethnically diverse backgrounds were less likely to use them, with only 57% saying they had compared with 71% of White British respondents. The most frequent users were people aged 35 to 79, where 68% said they had used online systems. Younger people preferred phone or in-person contact, and those aged 16–18 were more likely to say that someone else usually helped them.

People valued the convenience of online systems, particularly for ordering prescriptions, checking results, and sending queries outside practice opening hours. One person commented, *“I think it’s a really good initiative. I’ve never felt more in control of my health....”* (Female, Kirklees, age 19–24 years).

Practices that provided clear instructions on their websites and used plain English guides gave people more confidence to access digital services.

However, people described significant frustrations. Some said they were confused by having to use multiple systems, including separate platforms for GP practices, hospitals and the NHS App. Registration could be complicated, with confusing terms like “linkage key” being used. Booking options were often limited to a narrow range of appointments or restricted to short release windows each day.

People also mentioned technical issues, such as accounts being locked, slow loading, or records not linking properly, *“I seem to be locked out of PATCHES and no one can fix the problem”* (Kirklees, Female, age 35–49 years).

## Inequalities

Our findings show that while digital tools can make healthcare more accessible for many, they can also widen existing inequalities if not designed and supported in an inclusive way. Experiences varied considerably across different groups.

### Ethnically diverse people

People from ethnically diverse backgrounds were less likely to use online systems and more likely to rely on phone or in-person contact. Many said they were not aware of what digital tools could do. One person told us, *“Not used it as don’t know how or what it’s for [NHS App]”* (Arab, refugee or asylum seeker, age 25–34, Calderdale). This group also said they preferred phone calls for test results and text messages for appointments.

Half did not know they could add a child to their account. Those who tried found it hard and often needed help.

Asylum seekers and refugees said they struggle to understand and navigate digital systems and need support. Understanding medical terminology can also be a challenge. They are either really struggling financially or have just enough for their basic living expenses, leaving them unable to afford a device and/or internet access. This leaves this group of people digitally excluded in many cases and without a choice about how they access services, they have to visit their GP practice in person.

Respondents said they would prefer in-person training at their GP practice or support from volunteers to learn how to use the systems. More than 90% said they would be more likely to use online services if support was offered.

Most ethnically diverse people felt positively or indifferent about pharmacists and other health professionals being able to update GP records. However, some would want to know who had access and what type of information had been added, and for access to be secure.

*“Poor communication between services is the biggest issue we face, repeating stories etc so the easier services can see notes the better”*  
(Male, age 35–49, Mixed or Multiple ethnic groups: Black African & White, Calderdale)

### People who speak English as a second language

Language was a significant barrier. Websites and online platforms were usually only available in English, with no clear translation options. This made it difficult for people to navigate booking systems, forms and medical records. Several people said they relied on family members to

help, which raised concerns about privacy. One respondent explained, *"I could not understand it [NHS App] as I am Kurdish and cannot read English"* (Kurdish, refugee or asylum seeker, age 25–34, Calderdale).

Others described facing multiple barriers at once, such as not speaking English and being unable to afford internet access: *"I can't afford to buy data for my phone and there's no WiFi in my house. Also I don't speak English and cannot understand the questions"* (Arab, refugee or asylum seeker, age 25–34, Calderdale).

### People with hearing, sight, or cognitive impairments

People with sensory impairments described mixed experiences. Deaf people valued being able to use online apps instead of making phone calls: *"Everything is easy to do. I am almost fully deaf so using online apps to make appointments and send messages is really useful for me rather than phone calls or waiting for letters"* (Female, Calderdale, age 50–64).

Others found digital routes helpful in principle but said they often led back to the phone: *"Digital access is great for deaf people but it's very one-sided i.e. they use it to confirm an appointment but I have to ring (not text back) if I need to check anything. Digital access needs to be just that – not require a phone call at any point"* (Female, Calderdale, age 50–64).

People with sight loss sometimes found online systems hard to use when they didn't work with screen readers or lacked large-print options. Some said the NHS App made ordering prescriptions easier, but they wanted features like alerts to notify them when results were ready.

Experiences of call back services were mixed. One person said it worked well: *"...I can put the phone down continue with what I need to do and break off when I get a call"* (Male, Kirklees, age 65–79). Another lost trust after a poor experience: *"I used the call back service once... it rang me back but as soon as I picked up the call it cut me off so had to phone back again... never trusted it again after that"* (Male, Kirklees, age 50–64).

People with conditions like dementia often found online forms overwhelming and confusing. They relied on carers to manage their healthcare. One person said, *"Someone does it for me. I am signed up to*

*the repeat prescription service. Information is sent by my carer. I would struggle due to my condition to retain the information and would need someone to help me” (Female, Kirklees, age 65–79).*

This group said they would welcome printed, step-by-step guides or in-person training at their GP practice to build confidence. This group of people would be more likely to use digital services if they had support to build confidence. One person explained, *“I only order my prescriptions through the NHS App because I was shown how to by the pharmacy during Covid... I like using it but I’m too nervous to try doing anything else unless I’m shown how to” (Male, Kirklees, age 50–64).*

Half of all people with hearing, sight or cognitive impairments had not been asked how they would like to be contacted by their GP practice.

### Disabled people

Disabled respondents had mixed experiences. A third had never used their GP’s online system and almost half preferred to phone. They valued the NHS App for results and prescriptions, but were frustrated that it works like a one-way tool, with no option to reply or see full records. One person explained, *“It’s really frustrating that my GP has switched off the bit where I could message them... I can’t see lots of stuff on the app” (Non-binary, Calderdale, age 35–49).*

Almost half of disabled people had tried to use their GP’s online system but found it inaccessible, with small text, unclear navigation, or time-limited forms that were hard to complete, *“Couldn’t see my medical history. The interface isn’t very user friendly” (Female, Calderdale, age 35–49).* People also questioned why multiple systems were needed alongside the NHS App.

One person told us, *“PATCHS is awful. I used it at my last practice. It’s circular, formulaic and just shouldn’t be there” (Female, other demographics unknown).* Another explained, *“I have a learning disability so I cannot do the digital forms – I need to talk to someone” (Female, Calderdale, age 19–24).* Some described how anxiety, ADHD or memory difficulties made systems hard to use.

One person said, *“This app is for the most part not accessible for someone who is dyspraxic and/or has working memory issues... Finger print or voice recognition ID would make the app infinitely more accessible”* (Male, Kirklees, age 50–64).



Most disabled people said they preferred text messages or phone calls for results and appointments, and prefer ordering repeat prescriptions via the NHS App or GP online system.

Almost half of those who said they would be more likely to use online services if support were offered were disabled.

People living with multiple conditions said current systems are not set up to help them manage their appointments effectively. One person told us, *“...I also want to be able to book appointments online, both in primary and secondary care... Proper digital access to appointment booking would save me so much time – I estimate 5 to 15 hours per month! – and I think it would save the NHS time too”* (Female, Kirklees, age 50–64).

People wanted to see that appointment booking systems recognise the need for reasonable adjustments, such as longer slots, accessible venues, or prioritised booking for people managing multiple health conditions.

One person with a learning disability explained which communication tool works for her, *“I have a LD so I prefer to use text messages so I can show them to my carer and they help me to understand. My surgery always text me things I need to know. I wish I could text them back but it doesn’t work”* (Female, Calderdale, age 19–24).

A representative from Different Strokes (an organisation supporting stroke survivors), told us that people can access video consultations when their care is provided by hospitals, but once their care is transferred to their GP practice, video consultation is not always available. This creates an access barrier as getting to appointments can be difficult, and where phone

appointments are offered, people can become anxious if their speech has been affected.

*One person was looking for simplicity to help them use digital services, “I have a brain injury – I find the NHS app too complex to understand – I wish I could access an easy-read version with simplified language and icons to support the text. I think this would help others similar to me too” (demographics unknown).*

People felt that the systems are not designed to help disabled people or those with multiple conditions manage their health appointments, leaving people feeling disempowered and frustrated.

*“...I also want to be able to book appointments online, both in primary and secondary care. I really miss choose and book. It causes me countless problems, and waste a huge amount of time, because hospitals send out appointments that I have no control over. I need to coordinate my diary, my transport, and sometimes assistance, it is hugely inconvenient that I cannot initiate or choose appointments at times when I know I can attend and arrange the support I need. Appointments at different hospitals sometimes even clash with each other, And I want to be able to make some of my appointments back to back when they are at the same hospital. It turns managing my health appointments and access to those appointments into a significant task – wasting time almost every week. Proper digital access to appointment booking would save me so much time – I estimate 5 to 15 hours per month! – and I think it would save the NHS time too” (Female, Kirklees, age 50-64).*

#### [Carers who manage health-related tasks for others](#)

Carers often used digital services to manage healthcare for others. Two-thirds said they used online systems for appointments, prescriptions and records. Almost half of all carers order prescriptions via the NHS App or GP online system.

Many, however, struggled with managing multiple people’s care from one account, particularly from a single email address or phone number. Carers

often had to use workarounds, like registering as the person they care for, which raised privacy concerns. Others said text messages from GP practices and hospitals often arrived without saying who the appointment was for, which caused confusion. Similarly, answerphone messages are sometimes left with only the surname, which is unhelpful when there are two or more adults in the same household with the same surname.

Carers wanted to see a more personalised approach, with flexibility in appointment systems to fit around their caring duties.

*"[I want to be able to] book appointments in advance with preferred doctor - especially important for my daughter who is autistic and cannot speak on the phone. Messaging service through PATCHES is rubbish. Only gets seen by admin, not a GP and not directed appropriately" (Female carer of adult, Calderdale, age 65-79)*

*"Managing my own & my partner's healthcare can be overwhelming at times when they are experiencing poor mental health, having flexibility to decide how I do it matters as sometimes I need to speak to someone, not do it on a live chat" (Calderdale, Male, aged 35-49, carer)*

*"I have never trusted online. I ring up and have been caller 28 in queue and not offered ring back. Being a carer, they don't always accommodate appointments to help with this" (Female carer of adult, Kirklees, age 35-49)*

Some carers said they preferred digital systems (when they worked properly), *"as a carer I am able to manage my husband's health on the app this is very helpful and they helped me to set it up" (Female, Calderdale, age 35-49)*. Others, however, avoid digital tools altogether, with one carer saying, *"online is just not for me. My family sort out appointments for me and the person I care for. The nurse knows our situation and they have been really helpful" (Female, Kirklees, age 65-79)*.

Most carers said they would welcome step-by-step guides, in-person training or support from community groups to help them access digital

services – 90% said they would be more likely to use digital services if support was offered.

*“...I don’t know how to get onto Patch’s to book appointments online. There was something a while ago how to go online but I cannot remember how being so busy has a carer I haven’t much time for myself or time to look into this and set up. It would take a lot of pressure off me if the surgery can help me to set it up online to get mine and my partner online” (Male carer of adult, Kirklees, age 65–79)*

Most people who were managing care for their child/children using digital systems found the process easy and were using the NHS App and GP practice online systems to check test results, order prescriptions, read medical history, book appointments and send enquiries.

#### People without digital access, devices, or data

A small but important group had no smartphone, computer or reliable internet. Although only about 7% of respondents, this group were most at risk of exclusion.

Most were on low incomes and said the cost of devices or data was a barrier. One man explained, *“Sometimes I don’t get to charge my phone for days so if they send me a text about an appointment I’ve missed it” (Male, Kirklees, age 50–64, unemployed).*

One person aged 25–34 said they don’t have a device to connect to the internet so don’t access any digital services. They also described themselves as ‘really struggling’ financially. They found the call back system useful at their GP practice as they have a pay-as-you-go phone, *“...it’s better than staying on hold for a long time and using my credit” (Male, Kirklees, age 25–34).*

One older person who has a mobile phone described how much they struggled to use digital services and how they felt excluded as a result, *“...patients are expected to know how to use them – this is a big ask of someone of my age (80) to be asked to use something I have never had experience of – without any support or guidance in how to do so. Also use*

*of photo triage is extremely confusing – I have no idea how to upload a photo I have taken from my phone to their online system and don't trust that it is an effective way to diagnose any way, but if I have refused to do it this way I am refused an appointment – which I feel is unfair..."*  
(demographics unknown).

Some people expressed concerns on behalf of those who may not want to, or are unable to, access digital services. These people are worried that some people are digitally excluded.

*"For my mum's generation it's very difficult to understand. If she didn't have me and my sister to support her with online things she would struggle to access some services as many things are online nowadays. Healthcare should be easy access for all not just those who use the internet confidently"* (Female carer of adult, Kirklees, age 19-24)

*"Sort out an alternative for the elderly or people who have no interest in going online. Then publicise it properly by leafletting"*  
(Female, Calderdale, age 50-64).

### Young people

Although younger people are often seen as confident with technology, some under-25s told us they relied on others (often parents) to manage healthcare online and over 70% contact their GP on the phone. Two-thirds had not used the NHS App, most often saying they did not want to, did not know how, or did not know what it could be used for. Of those who had used it, most found it easy to set up and use. More than 80% had not used their GP's online system, but those who had used it said they found it easy to book appointments, send enquiries and check results.

*"It's a lot easier to track your health and symptoms – everything is in one place which is so convenient. You have easy access to information that GPs don't always share with you, like scan results etc"* (Female, Kirklees, age 19-24)

60% of people under 25 hadn't been offered support to use online services and 30% said they didn't require support. Most of those who would like

additional support said that they would like the information in a short video tutorial.

We couldn't report on digitally excluded young people as all under 24's had a device and only one said they didn't have reliable internet.

### Men

Men were less likely than women to use GP online systems (28% compared to 43%). The main reasons men gave for not using digital systems were that they didn't want to or didn't know how. When men did use them, they often reported being satisfied, but there was a higher proportion of non-users who said they preferred to speak to someone or didn't know what the system could be used for.

Men were less likely to say they would want support to access online services.

*"I find the NHS app confusing to set up and I am IT savvy so this can be difficult. I am not aware of all the apps can do." (Male, Kirklees, age 65-79)*

*"I'm 90 and have no desire to learn how to use the internet at my age - services should still cater for people like me" (Male, Calderdale, age 80+)*

### Working-age adults, including those who are unemployed or looking for work

People of working age often found that booking systems clashed with their schedules. Appointments are often released at 8am, which is not convenient for people commuting, working, or caring for others. This led to frustration and, for some, reliance on telephone booking even when they were digitally confident. One man explained, *"I have trouble getting appointments as I work away during the week... if I try to book appointments in PATCHS it is often full for that day. But if we email the surgery they always respond"* (Male, Kirklees, age 50-64).

For those on low incomes or out of work, cost of devices and internet access was also a barrier.

### Digitally confident users

Even people who described themselves as confident with technology reported problems. Their frustration wasn't about knowing how to use the systems, but about poor design. People said they struggled with unclear instructions, timeouts, lack of integration between platforms and difficulty finding the right booking options.

*"Digital access is great when it works, but it cannot be the only way to do things, as it does not always work" (Female, Calderdale, age 35-49)*

*"Good when it works but very frustrating when you can't do what you need" (No gender provided, Calderdale, age 65-79)*

*"Problem is the NHS app has separate providers on it. There's 'Patches' and 'Patients Know Best' and one other... The whole system is badly designed... and I am quite IT literate (demographics unknown).*

### Support and communication

Only 6% of respondents said they had ever been offered help to use online systems. Most of this support came from GP practice staff. Lots of people said they would value support. Among those aged 35 to 79, 27% said they would like help. Among those aged 19 to 34, the figure was 32%. More than half of people aged 65 and over said they would like help to learn how to use the NHS App. This shows that lack of use is not always about disinterest, but often about confidence and skills.

Community Champions found that over half (53%) of people they engaged with would welcome support to download and learn how to use the NHS app, especially older people (65+). This shows that lack of use is often about confidence and skills, not disinterest.

When asked what kind of help they wanted, people most often said they would most like printed step-by-step guides, in-person training at their GP

practice or short video tutorials. Respondents also said they would value support from volunteers or community groups. Others said a live demonstration or even a phone call to talk them through the process would be helpful.



The things people most wanted support with were:

- Booking appointments (124 people)
- Setting up the NHS app or GP online system (117 people)
- Checking test results (108 people)
- Reading medical history (106 people)
- Sending enquiries (101 people)
- Checking referrals (95 people)
- Requesting repeat prescriptions (93 people)
- Adding a child to their account (25 people)

There's a lack of accessible technical support when problems occur. One person said, *"NHS app works really well for ordering prescriptions and sending messages checking results etc but whenever I try to view my medical history it only shows a 6 month period from Jan 2023- June 2023 I've asked my GP practice how I view the rest but they weren't able to help me. I've tried to find a number online for support help but can't find anything. Troubleshooting telephone number would be very useful"* (Male, Kirklees, age 50-64). Another person told us that they asked the GP practice for support to see their child's test results online. They were told to look at a poster on the noticeboard – this signposted them to the O2 shop at the White Rose Shopping Centre (a 40-mile round trip for them, with no mention of any digital support available locally).

In our review of some GP websites, we could see big differences in how clearly digital services are explained. Some practices had well-structured, plain English guides, while others buried information in technical language or failed to mention support for people struggling online.

## Contact preferences

Only 16% of people said their GP practice had asked them how they would like to be contacted. Just 27% said they were contacted in their preferred way.

Most said they would prefer test results by phone, text, or message in the NHS App or online system. Almost half said they would like appointment details by text message. People aged 80 and over were more likely to prefer a phone call for both test results and appointments.

When it came to prescriptions, most said they preferred ordering through the NHS App or their GP's online system. This could, in part, be due to the fact that most practices no longer accept prescription requests by phone.

## Changes to the way GP practices give access to their online services

From October 2025, GP practices must give people access to their online systems during their 'core' working hours and this requirement is included in the [new 'You and Your GP' guide](#). We asked people for their thoughts on this and 44% felt this would make it easier for them to contact their practice. However, only 18% said this would change the way they make contact.

## Changes to who can view and update GP records

From October 2025, pharmacists and other health professionals may be able to view and update GP records. We asked people how they feel about this and 37% felt it was a positive change, feeling that it could be helpful to patient care and treatment. Only 5% felt negatively about this (others either gave a neutral response or didn't answer this question). Some felt they should be able to consent to access and remove their access, as they choose. Some wanted to limit access to specific roles only and some expressed concerns about privacy concerns.

## Staff Feedback

We also heard from 37 GP practice staff, representing a mix of roles including reception and administration, practice management, GPs, social prescribers and digital leads. Staff shared their experiences of supporting patients with digital access, their views on what works well, and their concerns about upcoming changes.

### Awareness and understanding

Most staff (72%) felt confident about how patients are expected to use their practice's digital systems. Some were unsure or not confident, showing the need for regular updates and training when systems change.

### Concerns about changes

Some staff were worried about the impact of keeping online request systems open all day from October 2025. They anticipated:

- Increased patient demand and workloads;
- The need to maintain non-digital routes for patients who cannot or choose not to go online;
- That urgent requests made online might not be met the same day, leading to delays or people turning to urgent care;
- Pressure on staff time if more queries are received through online systems while face-to-face and phone demand continues.

### Barriers for patients

Staff said older people, disabled people, those with sensory or learning difficulties, and people facing language barriers were more likely to struggle with digital systems. Other barriers were lack of trust in technology, poor internet access and low digital confidence.

### Challenges for staff

61% of staff said they faced challenges when helping patients with digital systems. The most common issues were:

- Patients often need tailored support because of language, literacy, or disability;
- Limited time to provide one-to-one help;
- Confusing or non-user-friendly systems;

- Technical problems or system downtime, with no clear route for escalation;
- Gaps in their own training and confidence with certain platforms.

## What works well

Staff highlighted examples of where digital systems benefit patients and practices:

- PATCHS can work well for patients with internet access, with some requests dealt with in under 20 minutes;
- The NHS App is useful for accessing records and ordering prescriptions;
- Online booking links for specific appointment types can reduce phone demand when used effectively;
- Text reminders help reduce missed appointments;
- Staff value quick, secure messaging systems that link directly to patient records.

Pennine GP Alliance in Calderdale told us that part of their strategy this year is around boosting online access for patients. This includes supporting practices to promote online platforms, having NHS App Ambassadors available and having digital skills workshops for staff and patients.

We heard that Kirkburton Health Centre offers lots of support to people so that they can access their online services. We asked the Practice Business Manager to tell us about their offer and here's what she said,

*"We offer digital access through our online system, allowing patients to easily make appointments from their home on their devices at any time. For those who need assistance in person, we have iPads available in reception and a computer and keyboard where patients can sit down and process their online e consultation which helps patients book their appointments digitally on site. For patients who do not have internet access or find it difficult to use online services, we provide the option to book appointments over the telephone with one of our reception team and complete the service over the telephone.*

*By offering multiple booking methods this ensures that everyone can access our services in a way that suits their needs. This approach has reduced the waiting times on the telephone and our telephone lines free for those who need to contact the practice directly by phone, ensuring efficient communication for all patients"*

## Areas for improvement

Staff stressed the importance of:

- Systems to work better together to reduce confusion;
- Maintaining choice so patients can access services in the way that suits them;
- More training and support so staff can help patients troubleshoot problems;
- A dedicated technical support helpline for patients and staff;
- Clear communication about system changes for both staff and patients.

Overall, staff supported digital systems as long as they complement, rather than replace, phone and face-to-face routes. They stressed that inclusivity and choice are key to making sure no one is left behind.

## GP website review

A sample of GP websites were randomly selected for review – 27 in Kirklees and 12 in Calderdale. We checked what information each site gave about digital services and whether they mention support for people who need help.

Information often looked different on desktops compared with phones, sometimes making it harder to find or navigate.

### Key themes from the GP website reviews:

#### Ease of finding digital access information

Good practice: Most websites show digital services clearly on their homepage, often in an "Online Services" section or link.

Room for improvement: A few websites are less intuitive and it's a little more tricky to find information on what digital services are available. Home pages are often packed with information and it's not always obvious how to connect to online services.

## Clarity and language

Good practice: Practices like Lepton & Kirkheaton Surgeries and Broughton House Surgery (Kirklees), and Hebden Bridge Group Practice (Calderdale) use clear, simple language and bullet points, aiding accessibility.

Most practices seem to use the same Patchs 'button' to click on, which then takes people to clear instructions on how to register and use the system, including screenshots which will help people to understand what to do.

Room for improvement: Many sites don't use plain English and instead use technical terms (like "ODS codes", "linkage keys") that may put people off.

## Range and description of services

Most sites reference key digital platforms (NHS App, PATCHS, SystemOnline, eConsult). However, some only provide a link to one system, for example Fartown Surgery in Kirklees only has Patchs on the home page, with no mention of the NHS App and Bankfield Surgery in Calderdale only has the NHS App linked.

Others include set-up guides, videos and support resources.

Websites often assume people already understand the differences between systems, which can cause confusion when moving between hospital and GP platforms.

Websites often don't clearly explain the differences between PATCHS, NHS App, SystemOnline, or eConsult. This can feel like information overload and leave people unsure which system to register with.

## Support for users

Good practice: Some practices such as Batley Health Centre tell people they can contact the practice to get help to get online and some provide useful video explainers. Some mention that there is still the option to phone or call in the practice, for example Church Lane Surgery in Calderdale reassures with the following message, *"You can still contact the practice by phone or in person, this is just another option, which other patients have found is*

*more convenient and saves them time*". Most practices signpost to online support, such as [NHS online services - NHS](#) and [NHS App help and support - NHS](#)

Room for improvement: Most websites don't clearly say that people can get human help if they are struggling. Some link to platform websites but provides no local signposting or in-person help. Lack of signposting to hubs or language support.

### Accessibility and inclusion

Accessibility features were rarely highlighted. A few sites mentioned translation tools, video guides, or support for disabled people.

Barriers like not having a smartphone, limited data, or language difficulties were rarely acknowledged.

### Ordering prescriptions and accessing records

Most practices let people order prescriptions online through NHS App, SystemOnline, or PATCHS, but on some the process was unclear or limited. For example, at Crossland Moor Surgery, the website states that patients can order prescriptions via their clinical system online but log-ins must be issued in-person, there is no further details on this and can potentially be confusing/inaccessible if patients cannot go to the surgery in person.

Many require in-person ID checks with no alternative option.

Links to medical records were inconsistent and sometimes missing altogether.

## **Conclusion**

Digital systems are now part of how people access GP services, but the experience is inconsistent. For some, tools like PATCHS and the NHS App save time, give instant access to information, and make it easier to manage their care. For others, they are confusing, inaccessible or simply not available as a realistic option. This mirrors wider national findings that while digital systems can transform access to care, their design and delivery are often not inclusive enough to work for everyone.

National policy is moving towards making the NHS App the “front door” to healthcare. However, our insight shows that fewer than half of local people currently use it. Unless digital services are co-designed and supported, this risks excluding many, particularly older adults, carers, disabled people, people who don’t speak English as a first language and those without digital access. Even people confident with technology struggle when systems are poorly designed or don’t link together.

This direction also creates a new risk. From 2028, patient feedback will be directed through the NHS App, but less than half of people currently use it and some do not trust it as a route for raising concerns. At the same time, with the planned closure of local Healthwatch, there will no longer be an independent organisation to collect people’s experiences and challenge the system. This could mean people who are already excluded are least likely to have their voices heard.

The challenge isn’t just about technology. Design, communication and support determine whether digital access is inclusive and trusted. The King’s Fund highlights that services must be co-designed with patients and communities to avoid widening inequalities ([Designing Inclusive Digital Health Services With Communities | The King's Fund 2025](#)). Our findings echo this: people want digital to complement, not replace, phone and face-to-face options and they need practical support to build confidence.

Ultimately, digital access should be part of a blended model that offers genuine choice. People told us they value flexibility, whether that means phoning, visiting in person or going online. To make digital work for everyone, investment is needed in usability, communication, and support, alongside a commitment to protecting non-digital routes and ensuring people’s voices continue to be heard.

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*“I am registered blind and find it difficult to use the NHS app I received an appointment for [hospital] and the letter was on the hospital's portal. It took me a long time to gain access to the portal and then it was not easy to navigate. I much prefer to have a letter so I can read it with my iPhone. I also hope that I will still be able to ring my doctor's surgery as I do now. The kind and efficient receptionist always recognises my name and she kindly access as the NHS portal for me booking me appointments and also any vaccination appointments et cetera. I much prefer to interact with a human being. The NHS app I find very fiddly so I do not want to be forced to use it to book an appointment with my doctor or the practice nurse in future”*

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## **Recommendations**

Based on what people and staff told us, we recommend the following actions to improve access and reduce inequalities:

### **Simplify and integrate systems**

- Reduce the number of platforms, or make sure they work together seamlessly.
- Introduce single sign-on so patients do not need separate accounts for GP, hospital and community services.

### **Improve communication and language access**

- Give clear, plain-English information about what each system is for and how to use it.
- Translate key instructions into community languages and make sure information is easy to find on GP websites.
- Use videos, screenshots and step-by-step guides to show people how to register, login and complete common tasks.
- Tell patients clearly when systems change and how they can get help.

## Expand booking options

- Offer a full range of appointment types through online booking systems, including both face-to-face and telephone.
- Keep booking windows open all day, in line with the October 2025 contract requirements.

## Support carers and families

- Create linked or carer accounts so carers can safely manage health needs for more than one person.
- Ensure text messages specify who the appointment or result relates to.
- Offer flexible appointment options to fit around caring responsibilities.

## Increase accessibility and inclusion

- Design online services to work with screen readers, large text, keyboard navigation and translation tools.
- Provide materials in accessible formats, such as large print, easy read and BSL video.
- Clearly signpost alternatives for people who cannot or choose not to use digital services.
- Add a digital inclusion statement to GP websites, showing commitment to supporting all patients.

## Offer practical support

- Run digital drop-in sessions in GP practices, libraries and community centres.
- Signpost people to local digital hubs.
- Provide printed guides, short video tutorials and in-person training.

## Safeguard patient voice and feedback

- Ensure people can continue to share feedback through independent routes as well as digital systems.
- Create trusted, accessible ways for people to raise concerns outside the NHS App, particularly for those who are digitally excluded or lack confidence in online systems.

## Listen and involve patients

- Involve patients and carers in designing, testing and improving online services.
- Regularly gather feedback and act on it to make systems more user-friendly.