healthwatch
Nottingham & Nottinghamshire

Is the NHS App working for everyone?

How local people perceive and use the NHS App

September 2026

Who is Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.[1]

Why is it important?

It is important because you are the expert on the services you use, so you know what is done well and what could be improved. Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say via:
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Healthwatch Nottingham & Nottinghamshire
Unit 1, Byron Business Centre, Duke Street, Hucknall, Nottinghamshire, NG15 7HP

Report Author

Asra Ahmad, Senior Data and Impact Lead

Report signed off by

Name	Position	Date
Sabrina Taylor	CEO	09/09/2026

**We have used artificial intelligence (AI) to assist with analysis and editing. All content has been reviewed and approved by the project team to ensure accuracy, relevance and alignment with organisational standards and values.*

[1] The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, UK 2012

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Executive Summary

We conducted a Hot Topic survey into the NHS App between October 2025 and March 2026, receiving 410 responses from people across Nottingham and Nottinghamshire. The NHS App sits at the centre of the government's 10 Year Health Plan[2], which intends it to become the main way people access NHS services and, in time, give feedback about their care. Through our ongoing engagement work, local people were already telling us about difficulties accessing services digitally, and our recent GP Access[3] and NHS complaints handling[4] reports pointed to the same issues. This survey set out to establish whether digital tools like the NHS App are meeting the needs of local people, including those most likely to be left behind, and what would be lost if feedback about NHS services moved to digital-only channels.

Key Findings:

The NHS App is embedded locally

Awareness of the App is near-universal (94.6%), and 79.4% of those who have heard of the app use it. This is higher than the 67.2% found across 19 local Healthwatch areas in the Local Healthwatch NHS App and Independent Feedback Report published earlier in 2026[5], which may reflect the profile of our respondents — older people with higher health needs. Usage peaks among those aged 55–74, showing the app is reaching many of those with the greatest health needs. People value it most for ordering repeat prescriptions, viewing their GP record and checking test results, and a third of those asked reported no difficulties using it at all.

Three groups of respondents, and a health inequality risk

Most are using the app. The second group want to use it but cannot, due to registration, login or usability barriers. They need support to get online. The third is not using the app and not wanting to either: over half of non-users (52.5%) simply prefer speaking to a person. For this group the answer is not persuasion but genuinely maintained telephone and face-to-face routes, without which a digital-first NHS becomes a two-tier NHS, with those left behind including the people with the greatest health needs.

This is a health inequalities issue. The people most likely to struggle with digital access — older people, disabled people, those with sensory impairments — are the same people who use health services most, and respondents described watching them being shut out of routine care. Respondents with specific disabilities described the app as unusable for them, raising the absence of British Sign Language (BSL) support and difficulties with screen-reading tools. The app's own accessibility statement bears this out: NHS England tests against a recognised standard, but concedes the app is only partially compliant, and

[2] Fit for the Future: 10 Year Health Plan for England, Department of Health and Social Care, UK 2025
[3] GP Access Desktop Study, Healthwatch Nottingham & Nottinghamshire 2025
[4] NHS Complaints Handling: Hot Topic Report, Healthwatch Nottingham & Nottinghamshire 2024
[5] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

does not extend its accessibility commitment to the separate services reached through it. Respondents with a disability were 12 percentage points less likely to be using the app than those without.

Users find multiple apps challenging

Ending the patchwork of different apps used by GPs, hospitals and other health services was the most popular improvement identified in our survey (31.7%), particularly among current users. More than half of respondents (57.1%) use at least one other health app, with most using these alongside the NHS App rather than instead of it. Hospital care compounds this. Results, letters and records reach patients unevenly, because each local trust has connected its systems differently and some information is reachable only through a separate platform. Primary care varies in the same way: appointment booking, messaging and records access differ from practice to practice. And this variation is eroding trust: when nationally advertised functions are not available locally, people often blame themselves and give up.

Test results need explanation, and a choice about how they arrive

Checking results is one of the most valued things the app does, and many respondents actively prefer receiving them this way. Some respondents described results arriving as unexplained jargon, and app delivery replacing rather than supplementing clinical contact, including one respondent who discovered a long-term condition from the app alone, with no call from their practice. The issue is not digital delivery itself, but digital delivery as an unchosen default.

People would give feedback through the app, but conditionally

A clear majority (60.8%) would use an in-app feedback feature, higher than the national figure of 53.3%[6]. But of those who would not or were unsure, nearly half would rather speak to someone face-to-face and three in ten would prefer an independent organisation. This is a notably stronger preference for independence than the national average. It echoes our NHS complaints handling survey[7], which found two in three dissatisfied people never complained, often fearing consequences for their care. Who asks the question matters as much as what is asked: an app-based feedback channel can add to how patient voice is gathered, but it cannot replace the channels people trust.

Recommendations:

Our recommendations are directed at the local system — the bodies with the power to act on what people told us. Delivering them needs a coordinated, system-wide response, and we look to the Integrated Care Board, as the body accountable for local healthcare, to lead that coordination and respond on behalf of the system. As with all our reports, we will return to these recommendations in six months to ask what has changed.
On national policy and app design we endorse the recommendations of the

[6] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026
[7] NHS Complaints Handling: Hot Topic Report, Healthwatch Nottingham & Nottinghamshire 2024

Local Healthwatch NHS App and Independent Feedback Report[6], to which we contributed.

1. **Consolidate the local digital front door**: Agree a minimum set of NHS App functions every practice enables, and publish which practices have met it.
2. **Enable hospital care management within the NHS App**: Agree a minimum set of hospital functions every local Trust surfaces through the app, with a target date for each.
3. **Promote the app accurately**: Within six months, bring local promotion into line with what the app actually does, and stop signposting to functions that are not enabled.
4. **Expand supported routes into the app**: Build on the local digital inclusion programme with in-person help in trusted community settings, with dedicated funding channelled through partners including the VCSE sector.
5. **Keep non-digital routes equal in status**: Telephone and face-to-face access as genuine options, not a fallback, with explicit assurance that each route carries equal weight.
6. **Make it easier for carers to manage someone else's healthcare**: Ensure every practice enables and publicises proxy access, and is transparent with carers about the cross-practice barrier that only national change can remove.
7. **Let patients choose how results reach them:** Set a local standard for plain-English explanations, a patient-set preference, and direct contact for significant results.
8. **Keep feedback independent and multi-channel**: Any app feedback feature must complement, never replace, independent trusted routes, with a public commitment that feedback remains multi-channel.

The NHS App has real value, and the people most frustrated with its limitations are often those who use it most and want it to be better. The problems this report identifies are, in most cases, fixable — and fixing them is the condition on which a digital-first NHS can be a fair one rather than one that widens the gaps it should be closing.

Introduction

In our role as the independent champion for people using health and social care services in Nottingham and Nottinghamshire[8], we gather and represent the views of local people, particularly those whose voices are not often heard. Through our ongoing intelligence gathering, people have repeatedly told us about difficulties accessing NHS services digitally: confusion over which app or website to use, online booking that does not work as promised, and worry about what happens to those who cannot get online.

Our own recent work pointed in the same direction. Our GP Access Desktop Study[9] found that digital routes into general practice were inconsistent across the county, and that patient choice over how to book appointments was often limited.

At the same time, the NHS App has become central to the government's vision for a modern health service. The NHS 10 Year Health Plan[10], published in July 2025, sets out an ambition for the app to become the main way people access NHS services — from booking appointments and ordering prescriptions to viewing health records and giving feedback about care. The plan states that the NHS App will *"allow patients to leave feedback on the care they have received - compiled and communicated back to providers, clinical teams and professionals in easy-to-action formats".*[10]

As Nottingham and Nottinghamshire's independent patient champion, we therefore have a particular interest in two questions that sit at the heart of this analogue to digital shift:

- How do local people perceive and use the NHS App, including those who are most likely to be left behind?
- If feedback about NHS services increasingly moves online, to what extent are people willing or able to use these channels, and what happens to the voices of those who cannot or will not?

These questions are not just about technology. They are about equity, trust and the future of independent patient voice in health and social care. Since these are issues where local people's views matter, and where we have a specific duty to ensure those views reach decision-makers, we selected the NHS App as a Hot Topic. The survey ran from October 2025 to March 2026 and received 410 responses, one of the largest responses we have received for a Hot Topic project.

This report presents what we found. It draws on both the survey's multiple-choice questions and the detailed written responses people shared with us, which together tell a richer story than numbers alone can tell.

[8] The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, UK 2012

[9] GP Access Desktop Study, Healthwatch Nottingham & Nottinghamshire 2025

[10] Fit for the Future: 10 Year Health Plan for England, Department of Health and Social Care, UK 2025

Background

The NHS App and the shift to digital

Launched in 2019 and significantly expanded during the COVID-19 pandemic, the NHS App offers people the ability to book appointments, order repeat prescriptions, access their health records, view test results and manage aspects of their care online. Its adoption has grown rapidly. By the end of May 2026, the app had recorded 41.6 million account registrations, equivalent to around seven in ten people in England, with 27.7 million distinct users logging in over the preceding 12 months.[11] [12] However, neither figure tells us how many people use the app regularly.

The government's ambition goes further than the app itself. The 10 Year Health Plan[13] proposes that by 2028, the NHS App will be the default front door to the NHS — the primary route through which most people access and manage their healthcare. This ambition is bold, but it rests on the assumption that everyone can use it.

Digital exclusion: who is being left behind

That assumption does not hold for a significant part of the population. According to Good Things Foundation's Digital Nation 2025 report[14], 7.9 million people in the UK lack the basic digital skills needed for everyday online tasks. It also reports that 1.6 million adults have no access to a smartphone, tablet or laptop; and 31% of UK adults do not access health services online. Three quarters of those with no basic digital skills are over 65.

The King's Fund[15] has identified three essential requirements for engaging with digital public services: access to a device, affordable internet connectivity, and the skills and confidence to use them. Where any one of these is missing, digital tools become inaccessible, and as healthcare moves online, digital obstacles translate directly into healthcare barriers.

Digital exclusion is not evenly spread. It clusters among older people, disabled people, those living in poverty, unpaid carers, people whose first language is not English, and those in rural areas. These are often the same people who have the greatest need for health services. A digital-first NHS that does not address this risks creating a two-tier system: one for those who are connected and confident, and one for everyone else; therefore increasing and exacerbating health inequality.

This is not a distant national concern. The NHS Alliance's digital exclusion index[16], published in March 2026, concluded that the ambition for the NHS App to become the universal front door to health services can only be achieved if

[11] NHS App Management Information – May 2026, NHS England Digital 2026
[12] Population estimates for England and Wales: mid-2024, Office for National Statistics 2025
[13] Fit for the Future: 10 Year Health Plan for England, Department of Health and Social Care, UK 2025
[14] Digital Nation 2025, Good Things Foundation 2025
[15] Moving from exclusion to inclusion in digital health and care, The King's Fund 2023
[16] Assessing digital inclusion in the NHS: how ready are we for the NHS App?, The NHS Alliance 2026

digital inclusion is treated as a core priority, not an afterthought. Notably, the report features Nottingham and Nottinghamshire as one of three case studies, highlighting the local system's work to address digital exclusion while also demonstrating the scale and complexity of the challenge locally — from data poverty in urban communities to low digital confidence among rural and older populations. The report dates the local system's leadership to 2018, well ahead of the pandemic-era push to digital, when it analysed local and national data to identify who was being left behind and made digital exclusion a standalone priority in its digital strategy. Its most distinctive early step was to treat exclusion as more than a health problem, establishing a cross-sector digital inclusion board that brought the NHS, local authorities and the voluntary sector together as equal partners.

Independent feedback and patient voice

Alongside the shift to digital services, there are proposals to change how patient feedback about the NHS is collected and used. Dr Penny Dash's review of patient safety[17], published in July 2025, recommended bringing local Healthwatch functions together with the engagement functions of Integrated Care Boards (ICBs) and Local Authorities. These proposals have raised serious concerns about what would be lost if independent feedback channels were reduced or absorbed into NHS structures, particularly for people who feel unable to speak up directly to the services they depend on.

However, we should be open about our own position. As a local Healthwatch, HWNN is directly affected by these proposals: the independent feedback function they would fold into NHS and local authority structures is our own. We therefore have an institutional interest in what this report finds, and we have tried to guard against it by reporting every relevant figure in full — including those who said they would use a feedback feature within the NHS App itself, a finding that does not obviously support the case for separate independent channels. We return to this tension, and what we think it means, where we present those findings.

In March 2026, a national survey of 1,717 people across 19 local Healthwatch areas[18] (including Nottingham and Nottinghamshire) found that while 53% of respondents said they would use the NHS App to give feedback about their care, concerns about privacy, trust and independence were common. Approximately one in five said they would prefer to give feedback to an independent organisation that could mediate or advocate on their behalf.

This national picture is the backdrop against which our local survey was carried out. The findings in this report add a local voice, 410 of them, to a national debate that matters deeply for the future of patient and public involvement in health and care.

[17] Review of Patient Safety Across the Health and Care Landscape, Dash P., Department of Health and Social Care, UK 2025
[18] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

Our Approach

The approach we used for this project was a short survey, called Hot Topic, which we run on a regular basis to engage with people in Nottingham and Nottinghamshire, and collect insights about key issues identified through our ongoing engagement and intelligence activities. As explained in the earlier section, this topic was chosen as a Hot Topic because digital access to NHS services, and the future of independent patient feedback, are both issues where local people's views matter and where we have a specific duty to ensure those views reach decision-makers.

The survey consisted of ten main questions covering awareness, usage, barriers, and the feedback feature, alongside demographic inquiries. The survey had a mix of both multiple choice questions and open-text responses, gathering both quantitative and qualitative data. There were some specific routing paths built in the survey based on whether the respondents had heard of the NHS App and whether they used the NHS App. The actual questions and routing options can be found in the attached copy of the survey in Appendix 2. Only fully completed responses were included in the analysis. Some questions were only asked where they were relevant to the respondent. Blank responses resulting from this have therefore not been treated as missing data. Percentages throughout this report are calculated on the number of people who answered each question, with bases given alongside each figure.

We used a range of methods to reach people in all parts of Nottingham and Nottinghamshire, including those who are seldom heard. The survey was available online via our website and social media channels, and was shared by email with our networks, including voluntary sector partners, patient groups and community organisations. We also promoted it in person at outreach events and public-facing settings, with paper copies available at selected venues for those who preferred not to or were unable to complete the survey online.

To ensure the survey reached communities at greater risk of digital exclusion, we also visited various community groups across the city and county, such as:

- Reach Learning Disability (people with learning disabilities)
- Bipolar Lift (people living with bipolar disorder and their families)
- Dominoes Health Group (loneliness and mental health support, primarily for Black men)
- Nottingham Women's Centre (all self-identifying women)
- Nottingham Muslim Women's Network (Muslim women, especially from ethnic minority communities)
- The Mango Tree Peer Support Group (dementia support for the Black African Caribbean community)
- My Sight Notts (people with sight loss)

- Steps To Work (employability support)
- Belong Nottingham (refugees, asylum seekers and migrants, predominantly African origin)
- BPL Community Health, Worksop (people with long-term conditions, mental health challenges or weight management needs)
- The Kilton Feel Good Memory Group (people living with dementia and their carers)
- The Bread and Butter Thing (food poverty charity)

The survey was open from October 2025 to March 2026, and received a total of 410 responses.

The quantitative data was analysed descriptively. We also compared the results for particular demographic subgroups of survey respondents (cross tabulation), helping to identify patterns and highlight any notable differences. The qualitative responses were systematically reviewed to identify key themes, which are discussed in the following section.

Summary of Findings

Who responded

Our survey was completed by 410 people across Nottingham and Nottinghamshire. Respondents came from across the city and county, though Rushcliffe (33%, n=125) and Nottingham City (23%, n=87) were the most represented areas, together accounting for over half the sample, based on the 377 respondents who answered this question. This reflects where HWNN's survey promotion was strongest and the demographics of people who respond to surveys. Some districts, including Bassetlaw (n=10) and Ashfield (n=12), are underrepresented, and this should be kept in mind when reading findings about specific areas.

Women make up 68% (n=267) and men 29% (n=113) of respondents who told us their gender (n=391). One respondent identified as non-binary. A higher proportion of women responding to health surveys is a well-established pattern and is not unique to this project.

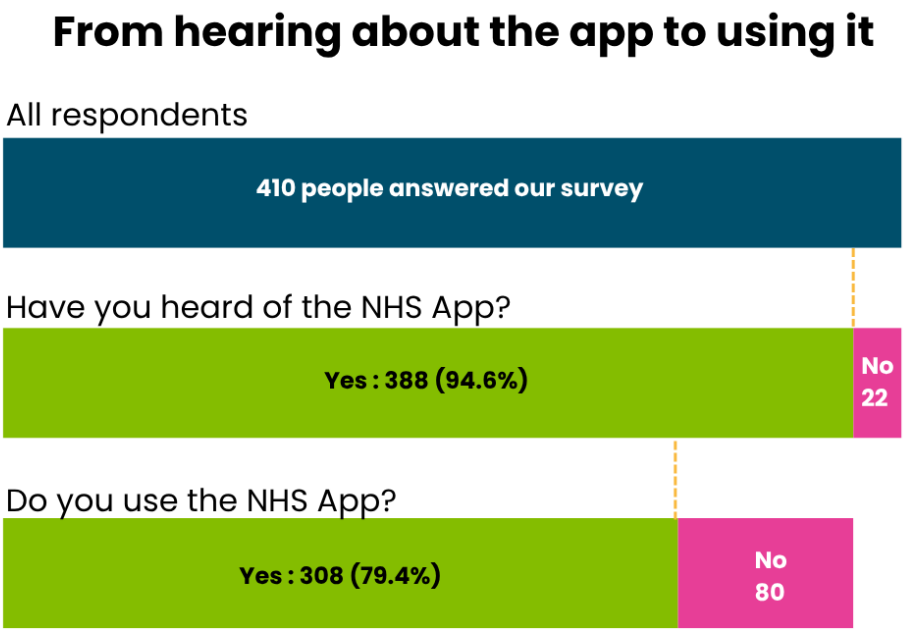
Of all the respondents, 389 (95%) provided their age. The largest groups of these were aged 55–64 (n=93) and 65–74 (n=87), together making up 46% of those who provided their age. This reflects both the demographics of people who respond to health surveys and the well-known fact that use of health services tends to be more frequent with advancing age.

Nearly half of all respondents (46%, n=187) live with a long-term health condition. A further 20% (n=81) have a disability, 17% (n=69) have a mental health condition, and 12% (n=51) identify as neurodivergent. This is an important context for interpreting the findings: for a significant proportion of those who took part, the NHS App is not a matter of convenience — it is a regular tool for managing serious, ongoing health needs. Nine percent of respondents (n=38) are unpaid carers, a group whose experiences with the app are explored further in this report.

The sample is predominantly White British: 75% (n=285) of those who told us their ethnicity (n=378). All other ethnic groups have small bases, which means we cannot draw statistically reliable conclusions about their experiences separately. This is a limitation of our findings as communities who are often most affected by digital exclusion are likely underrepresented in our sample. This means that the findings may not fully reflect the experiences of people who face the greatest barriers to accessing and using digital services, which have been discussed earlier in the Background Section.

A detailed breakdown of demographics can be found in Appendix 1.

Who has heard of the NHS App and who uses it



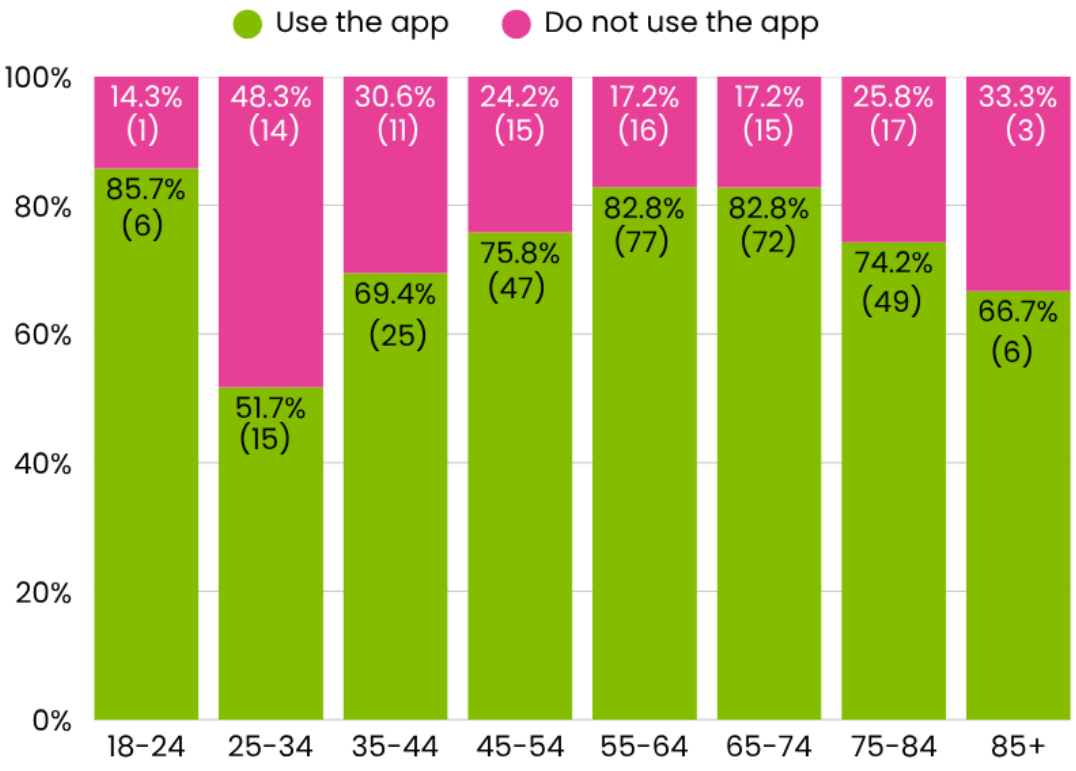
Almost all respondents, 94.6% (n=388), had heard of the NHS App. This is notably higher than the national average of 83.9% found in a survey of 1,717 people across 19 local Healthwatch areas in March 2026[19] which may reflect the profile of our respondents — older people with higher health needs, who may have had more exposure to the app through their GP or other NHS contacts.

Next we asked people whether they use the NHS App, however we did not specify how often, so throughout this report 'use' means people telling us they use it in some way. Of those who had heard of the app, 79.4% (n=308) said they use it. This is higher than the national figure of 67.2% recorded in the Local Healthwatch NHS App and Independent Feedback Report,[19] though this difference likely reflects the older, health-engaged profile of our sample rather than a straightforwardly higher rate of adoption in Nottingham and Nottinghamshire.

The 80 respondents who had heard of the app but were not using it (20.6%) are an important group to note. Their responses are discussed in detail in later sections.

[19] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

The app reaches every age group: usage peaks at 55–74

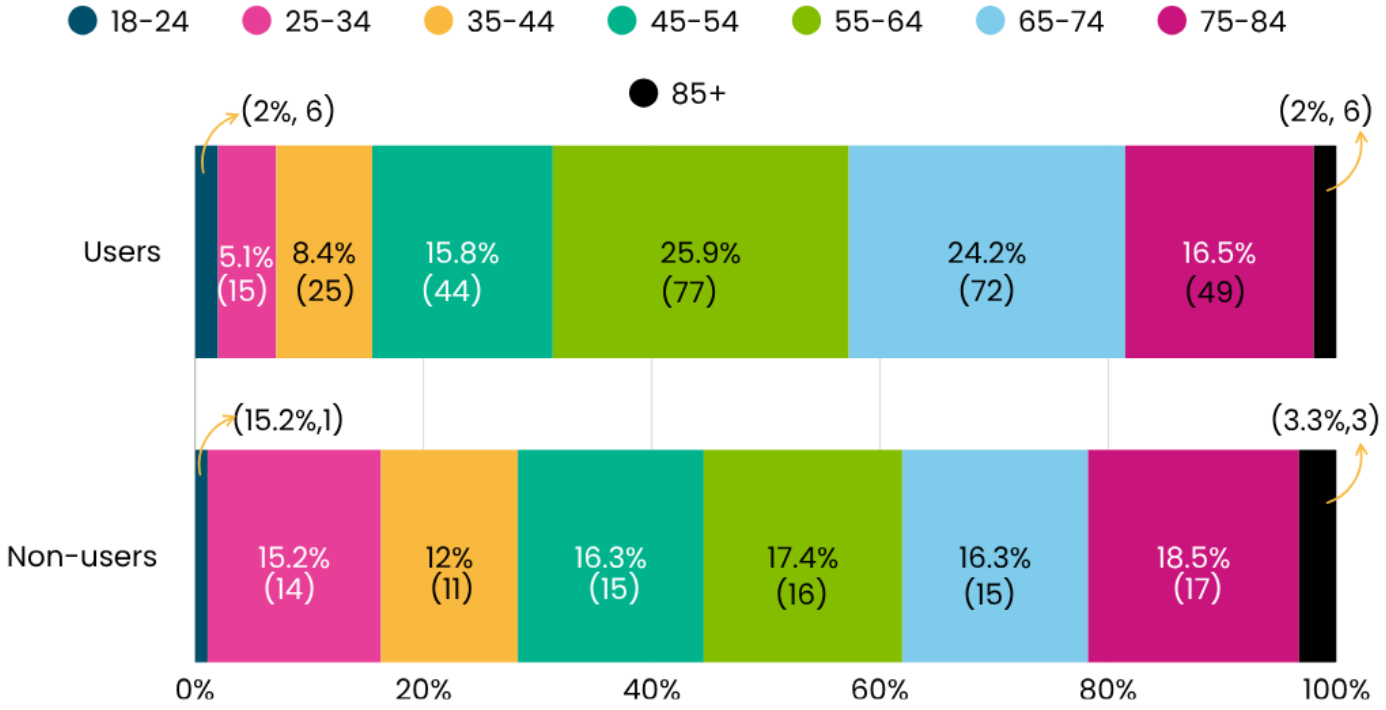


Source: All respondents who provided age (297 users and 92 non-users)

Respondents aged 55–64 and 65–74, which were two of the largest age groups in our sample, also had the highest usage rates of any age group at 83% each (77 of 93, and 72 of 87, respectively). This is not a surprising finding, it reflects the higher health needs of these groups rather than a greater appetite for technology. Usage remained high among respondents aged 75–84 (74%, 49 of 66), before falling among the oldest respondents (85+, 67%, 6 of 9), though the very small number of respondents in this band (n=9) means this figure should be treated with caution. Respondents aged 18–24 recorded the highest usage rate of all (86%, 6 of 7), but this band contains only seven respondents (n=7) and has therefore been excluded from comparison.

The lowest usage rate of any age group was in the 25–34 band, where 52% of respondents used the app (15 of 29), meaning nearly half did not (48%, 14 of 29). Usage was also comparatively low among those aged 35–44 (69%, 25 of 36). This may reflect lower health service demand among younger respondents, or a preference for other means of access.

Users and non-users have different age profiles



Source: All respondents who provided age (297 users and 92 non-users)

Users and non-users had different age profiles. Half of all users were aged 55–74 (50%, 149 of 297), compared with a third of non-users (34%, 31 of 92). The clearest difference was at the younger end, where 15% of non-users were aged 25–34 (14 of 92), three times the proportion among users (5%, 15 of 297). At 45–54 and from 75 upwards the two groups were broadly similar. The differences were concentrated among the 25–44s, who make up a larger share of non-users, and the 55–74s, who make up half of all users. Older age was therefore not associated with lower use among respondents to this survey.

Three groups of respondents

Before considering how respondents relate to the NHS App, it is worth separating out those who cannot relate to it yet at all. The 22 respondents who had not heard of the app are not included in the three groups below, because their non-use reflects a lack of awareness rather than a considered position on the app itself.

The remaining 388 respondents who were aware of the app can be divided into three broad groups, based on their relationship with it. These groups are not rigid and some people's experiences overlap, but they provide a useful frame for understanding the different needs and perspectives we heard. Where relevant, we note which groups a finding is most relevant to.

1

Not using the app and not wanting to

These respondents have heard of it but actively chosen not to use it (part of the 80 non-users). Their reasons are primarily about preference: they would rather speak to someone in person or by phone, they do not feel they need the app, or they do not trust digital systems with their health information. Many are digitally capable but have made a deliberate choice.

2

Wanting to use the app, but facing barriers

Part of the 80 non-users are the respondents who have heard of the app but cannot use it. This may be because registration is too difficult, they do not have a suitable device, they have a disability or condition that makes it harder to use, or they lack the confidence or support to get started. These are not people who have chosen not to engage, they are people who want to but face barriers.

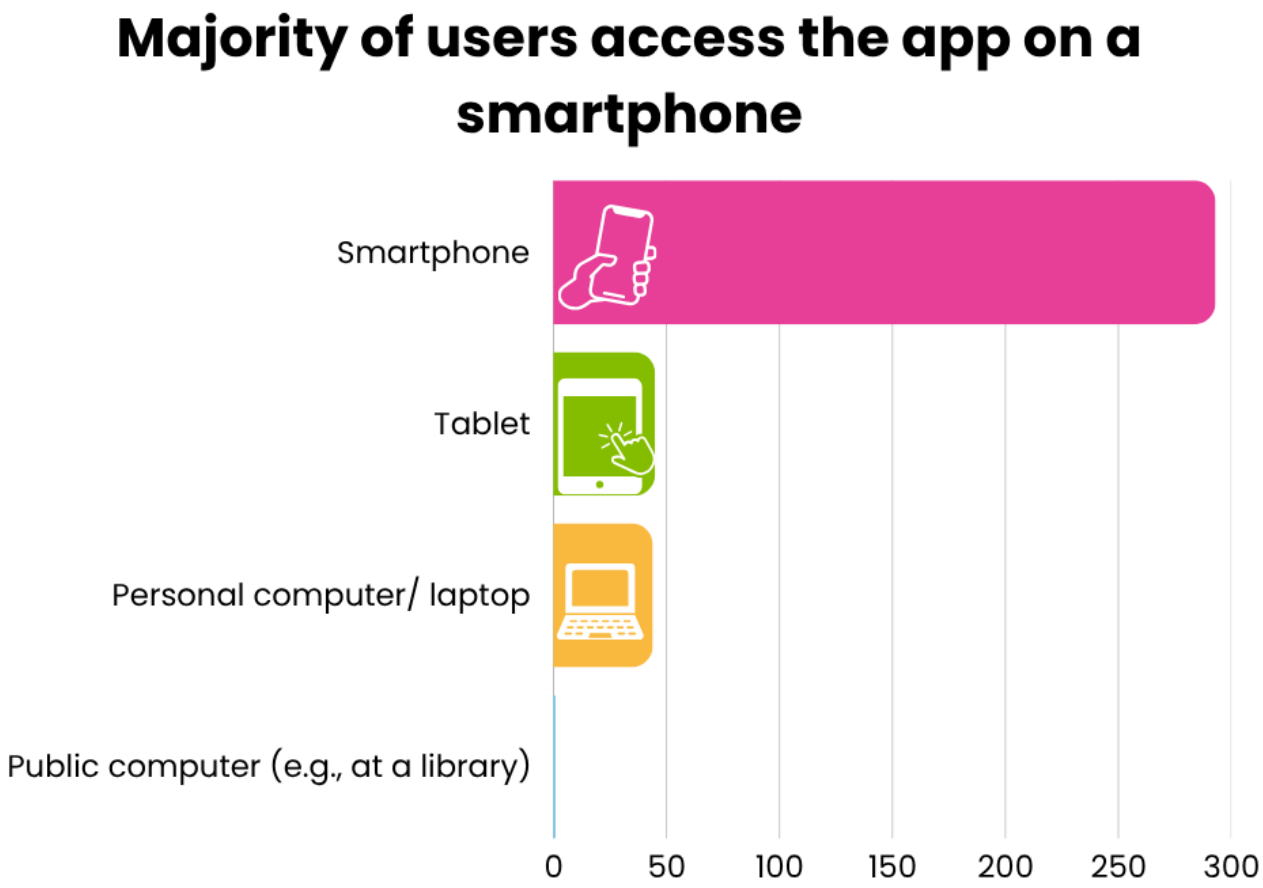
3

Using the app

Three quarters of all respondents (n=308) are current users of the NHS App. Most use it for ordering repeat prescriptions, viewing test results and accessing their GP health record. Many find these functions genuinely valuable and time-saving. At the same time, a significant number are frustrated by what the app does not yet deliver — particularly the inability to book GP appointments through it and the absence of hospital information.

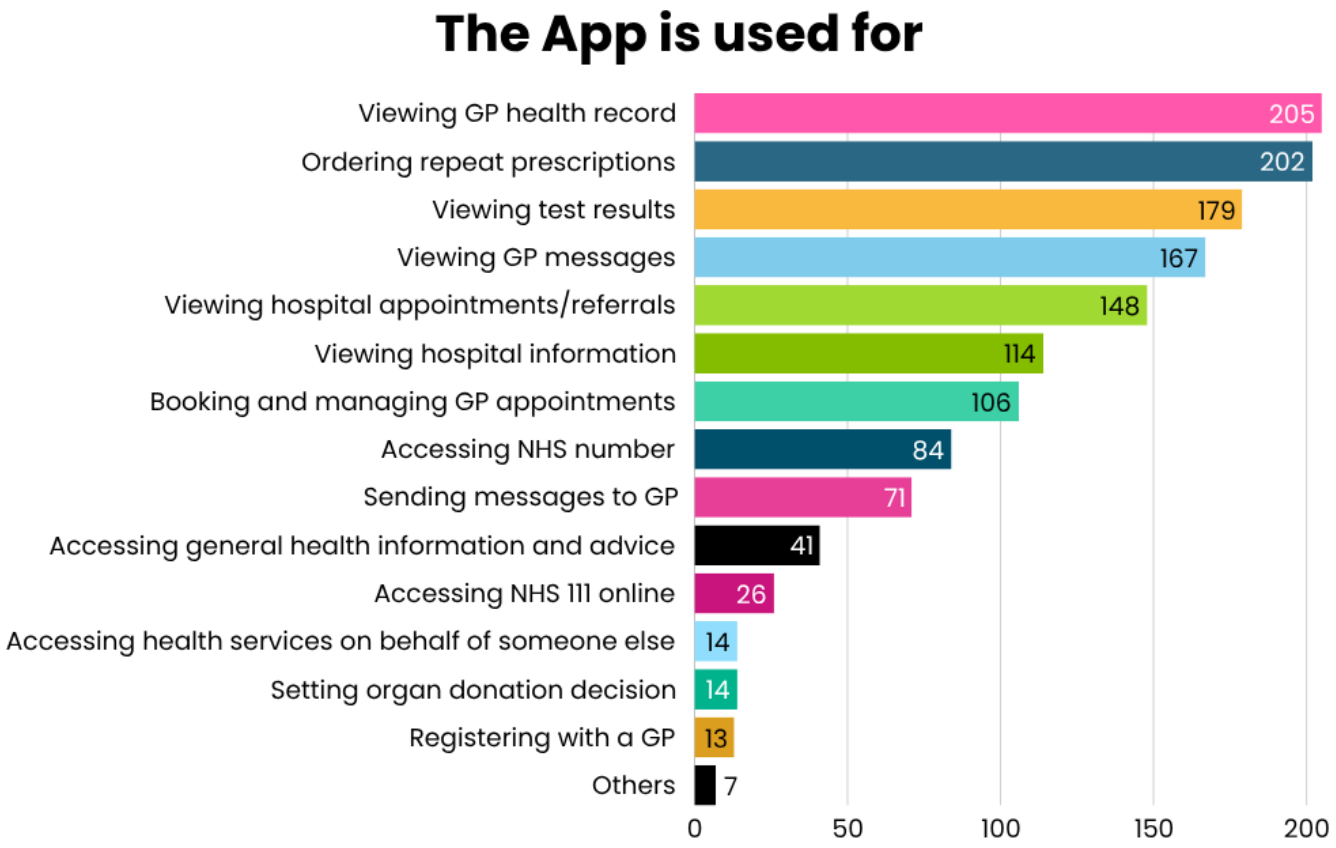
What devices people use to access the app

The vast majority of app users (95.1%, n=293) access it via a smartphone. Tablet and Personal Computer/laptop use is much lower, at 14.6% (n=45) and 14.3% (n=44) respectively. This is important context for the barriers findings: for the minority of respondents who do not have a smartphone, or whose phone is too old to run the app, the NHS App is simply not accessible. This point is explored further in the section on Cross-cutting themes.



Source: Respondents who use NHS App (n=308); Multiple selections permitted, percentages do not sum to 100%.

What people use the app for and what works well



Source: Respondents who use NHS App (n=308); Multiple selections permitted, percentages do not sum to 100%.

For current app users, the most valued functions are viewing their GP health record (66.6%, n=205), ordering repeat prescriptions (65.6%, n=202) and viewing GP prescribed test results (58.1%, n=179). Having round-the-clock access to these functionalities without needing to call the surgery is genuinely appreciated. These are read-only, information-access functions, and the qualitative responses confirm that respondents find real value in them. Though some respondents raised concerns about how results are communicated, which is discussed later in the Cross-Cutting themes section.

Public quotes:

"I find it incredibly helpful — particularly for ordering medication — great to be able to do so as and when it occurs to me, often evenings and weekends!"

> “I find the app very easy to use. The push notifications for NHS appointments and the associated email contact is excellent. The reminder service so that you don't forget about an appointment is also very good.”

Several respondents noted that the app had improved their sense of involvement in their own care by giving them better access to their health care information.

Public quotes:

> “I think it is great! Very convenient and saves me time. I can now see all my interactions with my GP and hospital letters which have felt to be hidden from me in the past.”

Booking and managing GP appointments was selected by 34.4% (n=106) of users. However, the qualitative evidence complicates this figure. Many respondents described the NHS App directing them back to contact their surgery by telephone or in-person rather than allowing them to book. The free text data also indicates that some respondents may have counted appointments booked through other apps used by their GPs, such as SystmOnline or Airmid, as 'booking via app'. So, this figure should not be read as evidence that GP appointment booking through the NHS App is working well for a third of users. The gap between what the app promises and what it currently delivers is the single most prominent theme in the qualitative data, and is explored in detail later in the section on system fragmentation.

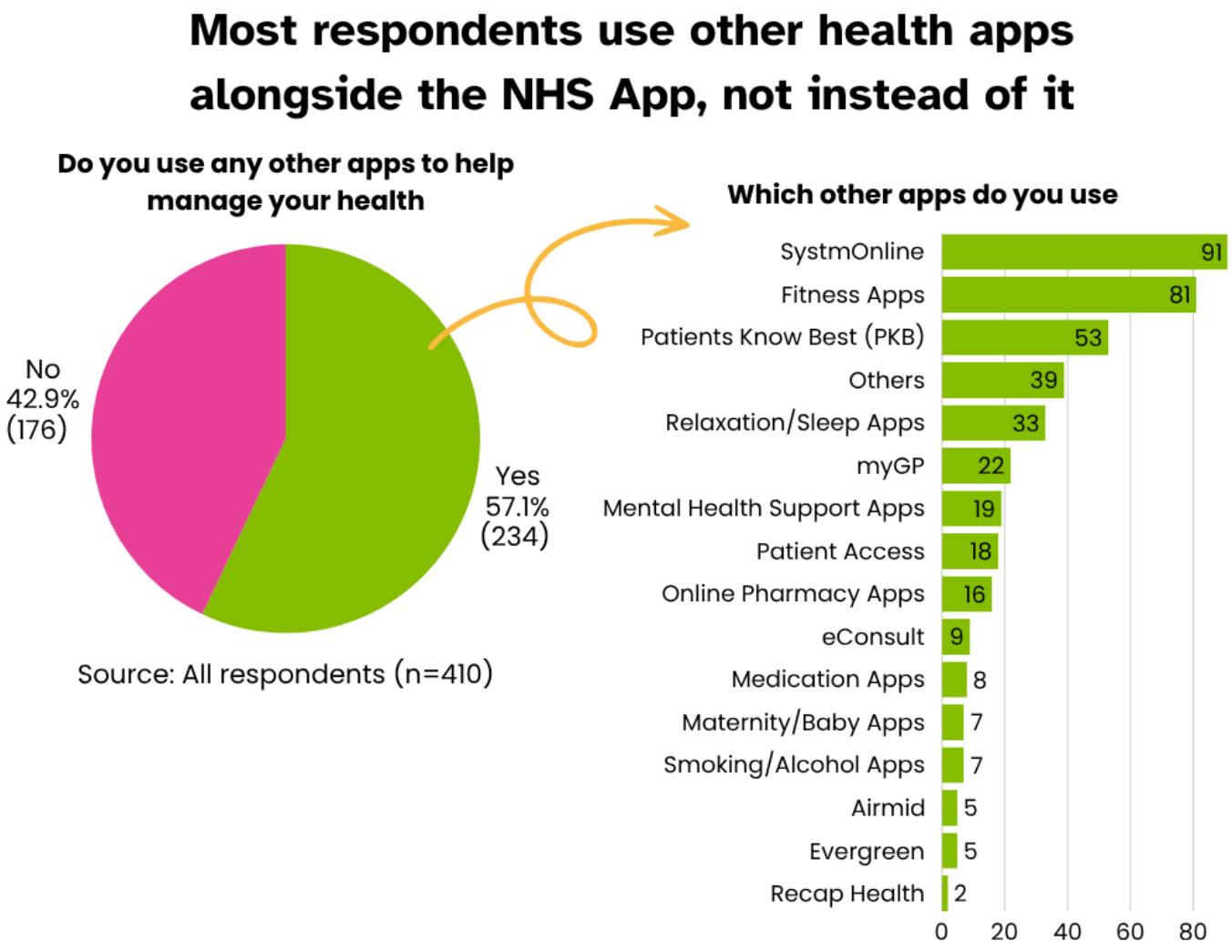
A few respondents acknowledged how complex NHS digitalisation is, and felt that despite its current limitations the app was moving in the right direction.

Public quotes:

> “It's essential that the app continues to develop as it is a key tool for access to health services and self-led wellbeing.”

What other health apps people use

The number of respondents using other apps to manage their health is 57.1% (n=234). SystmOnline is the most widely used (22.2%, n=91), followed by fitness apps (19.8%, n=81), Patients Know Best (12.9%, n=53), myGP (5.4%, n=22) and Patient Access (4.4%, n=18). The GP-specific apps (SystmOnline, Airmid, Evergreen, Anima, Rapid Health) and hospital portals (Patients Know Best, MyChart) are NHS-commissioned apps, promoted respectively by GP practices and hospitals to their patients. Other apps such as fitness and relaxation are typically commercial products.



These are not alternatives chosen instead of the NHS App. Of the 153 respondents using at least one GP-system app, 140 also use the NHS App; only 13 use one in its place. Respondents are managing their health across two or three applications at once, and the reasons are practical rather than a matter of preference.

Public quotes:

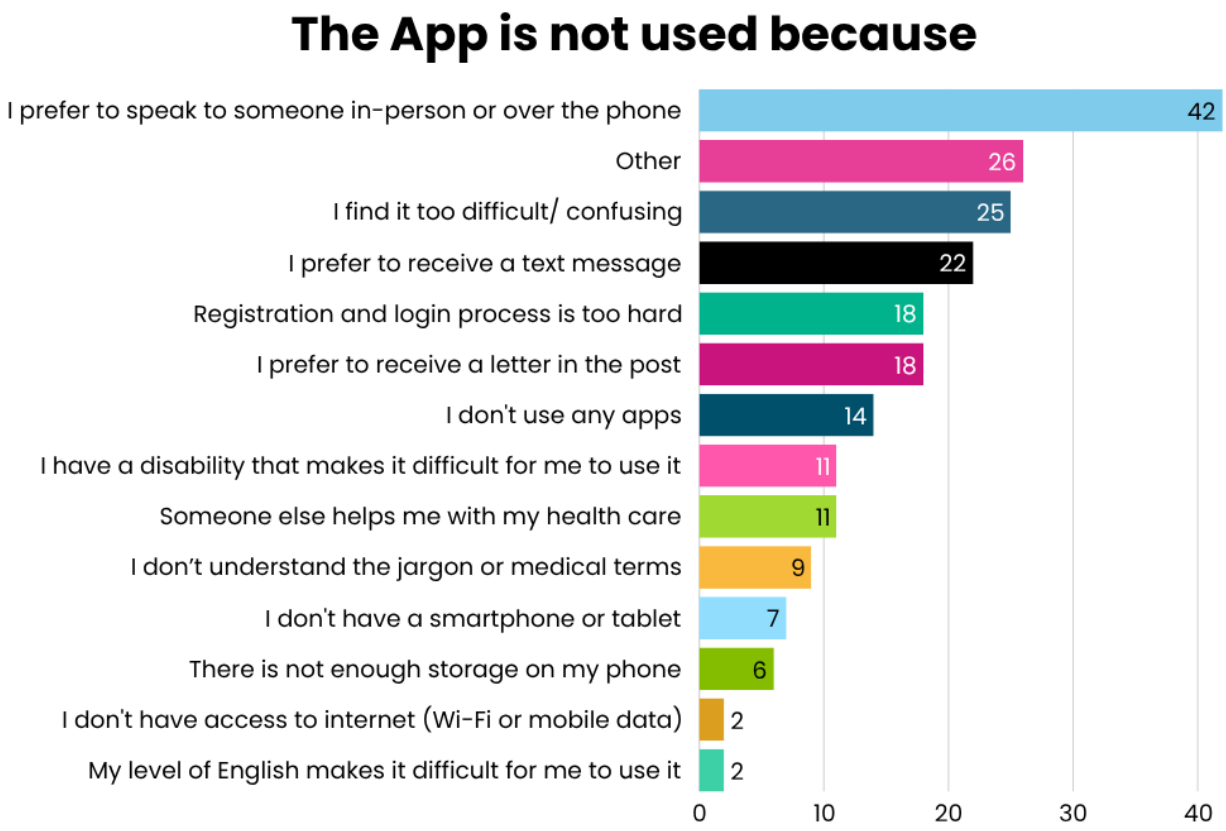
"It's easier to use SystmOne than the NHS App. The hospital letters are not on the app nor appointments sometimes. Not all GP appointments are on the app."

"I use it for my doctors consultations but I cannot view anything at all to do with my hospital appointments, even though Patient Knows Best exists."

This is better understood as evidence of digital appetite than of digital exclusion. Respondents are not avoiding digital health tools, many are using more of them than they would choose to. The scale of this frustration is quantified later in this report: consolidating apps was the most selected improvement in the survey, chosen principally by current users.

The presence of these apps also explains why the finding that 34.4% of App users book and manage GP appointments through the NHS App should be read with caution. Some respondents selecting that option may have had their GP practice app in mind. Where a patient books through SystmOnline, reads correspondence in Patients Know Best and checks their NHS number in the NHS App, the boundary between these services is not always clear to the person using them.

Why people are not using the app



Source: Respondents who do not use NHS App (n=80); Multiple selections permitted, percentages do not sum to 100%.

The most common reason for not using the app was a preference for speaking to someone in person or by phone, selected by more than half of non-users (52.5%, n=42). This is consistent with the national picture: the Local Healthwatch NHS App and Independent Feedback Report[20] found the same preference at the top of the list across 1,717 respondents. It is important to understand this as an active choice by people who are, in many cases, digitally capable. These respondents are not excluded from digital services, they are choosing not to use them for reasons that are personal, cultural, or practical.

The second most common reason was finding the app too difficult or confusing (31.3%, n=25), followed by the registration and login process being too hard (22.5%, n=18). These are not preference-based, they are barriers that prevent willing users from getting started. Together, these two reasons account for a significant proportion of non-use that could in principle be addressed through better design and supported onboarding.

A smaller but important group reported barriers rooted in disability (13.8%, n=11) or lack of a suitable device (8.8%, n=7). These respondents face structural exclusion rather than a usability challenge, and their experiences are explored further in the qualitative theme on digital exclusion below.

[20] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

What people told us: cross-cutting themes

The findings so far have followed the survey question by question. This section takes a different approach: it draws together what respondents told us in their own words, across all the open-text questions, into three themes that cut across the survey. Each theme is supported by evidence from more than one question and, in most cases, by the quantitative data too.

1. Digital exclusion and the risk of health inequality

Evidence: At least 54 respondents raised issues across different questions
Who is affected: All three groups, particularly those who want to use the app but are facing barriers (Group 2)

The most consistent thread running through the qualitative data is concern about the people being left behind as NHS services move online. This concern was raised not only by those who are personally affected but frequently by respondents speaking on behalf of others: elderly parents, neighbours, patients they work with, community members.

The groups mentioned most often were older people, people with disabilities, those without smartphones or reliable internet access, people whose first language is not English, and those with low digital confidence. Several respondents described witnessing exclusion first-hand, watching a family member or patient struggle to navigate a system that was not designed for them.

Public quotes:

"The NHS app is fine to use if you have a smartphone or don't have any disabilities including age related. Digital services can be a barrier to people, particularly the elderly — I actually witnessed this at my local GP surgery."

"Speaking as a person from the African Caribbean community — many of my elders just have a basic phone. They cannot access the NHS app. They are not digitally competent."

For some respondents, the concern went beyond inconvenience. Several described the NHS's digital-first direction as a rights issue, one that risks creating a system where quality of access to healthcare depends on whether you own a compatible device and know how to use it.

Public quotes:

"The government are not catering for the digitally excluded. The app first approach is an infringement of human rights."

A small number of responses pointed specifically to affordability as a factor: respondents describing phones that were too old to run the app or that lacked the storage to install it. While these responses were not numerous enough to support a strong claim, they hint at a digital poverty dimension that sits alongside the more commonly noted issues of literacy and confidence.

Respondents with specific disabilities, such as macular degeneration (the leading cause of vision loss in people over 60), deafness, dyslexia, and physical impairments, described the app as inaccessible in concrete terms. The absence of British Sign Language (BSL) support and difficulties using the app with screen-reading tools were both raised.

The NHS App's own accessibility statement[21] bears this out. NHS England does test the app against a recognised accessibility standard and enables genuine assistive support — screen readers, keyboard navigation, contrast and font changes, and zoom — though much of this relies on a device's own settings or the browser version rather than the app itself. It also concedes that the app is only partially compliant with the accessibility regulations, listing shortcomings of its own: buttons a screen reader cannot correctly identify, a text-size setting that does not resize all of the app, and colour-contrast problems. It makes no provision for British Sign Language. And its accessibility commitment stops at the edge of the app itself — the separate booking, messaging and hospital-letter services reached through it each carry their own, uneven accessibility, which the statement explicitly places outside its scope.

Public quotes:

"I am hard of hearing and partially sighted. I can't use any apps on my phone."

"It's frustrating and impossible to use apps when I have macular degeneration and cataracts…"

The demographic analysis supports this qualitative picture: respondents with a disability were 12 percentage points less likely to be using the app than those

[21] NHS App accessibility statement, NHS, 2025

without. For respondents with a learning disability, the gap was 36 percentage points, though the small base means this figure should be treated with caution.

This is where accessibility stops being a usability problem and becomes an inequality. The people these gaps shut out — those with sensory or physical impairments, dyslexia, or a learning disability — are often those with the greatest need to reach care, so a digital-first system routes them towards the channel that serves them least well. The Local Healthwatch NHS App and Independent Feedback Report[22] reaches the same conclusion nationally: it names disabled people among the groups digital exclusion disproportionately affects, and warns that digital obstacles translate directly into healthcare barriers that widen existing inequalities.

The NHS Alliance's digital exclusion index[23] makes the same point at system level and features Nottingham and Nottinghamshire as a case study, citing challenges from urban data poverty to low digital confidence in rural and older populations.

2. System fragmentation, undelivered functionality and disconnected secondary care

Evidence: 113 distinct respondents across various questions
Who is affected: People who want to use the app but are facing barriers (group 2), and those who are already using it (group 3)

This was the finding supported by the largest number of responses in the entire survey. Across three questions, 113 distinct respondents raised one or more of three closely connected concerns: that the NHS digital landscape is fragmented across too many competing apps; that the NHS App does not deliver the functionality it promises; and that hospital and secondary care information does not reliably reach the app.

These three strands are analytically distinct but deeply interconnected, and many respondents raised more than one of them. They are presented together here because they describe, from different angles, the same underlying problem: an app that exists within a fragmented NHS digital ecosystem and cannot deliver a joined-up health record for the people who use it.

Strand A: Too many apps, nothing joined up

Respondents described a confusing landscape of GP-specific apps (SystmOnline, Airmid, Evergreen, Anima, Rapid Health), hospital portals (Patients Know Best, MyChart) and the NHS App itself, none of which communicate with each other. The result is that instead of simplifying access to healthcare, the proliferation of digital tools has added a new layer of complexity.

[22] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026
[23] Assessing digital inclusion in the NHS: how ready are we for the NHS App?, The NHS Alliance 2026

Public quotes:

"It would be really useful if there was just one app and that the system was joined up. At the moment I have one app for my GP, one app for the hospital and one for the NHS."

"The NHS appears to have granted a number of different software providers to provide online functions to Primary Care without any requirement for their software to connect with the NHS App."

Strand B: The app does not do everything that it promises

Multiple respondents described the confusion and frustration of being told by the NHS App that GP appointments cannot be booked through it and that they should contact their surgery instead. This is particularly significant given that 'booking appointments' is one of the app's headline advertised functions.[24] A separate exercise by one of our volunteers, reviewing 43 GP practice websites across South Nottinghamshire, found the same pattern: patients directed to the NHS App for appointments even where booking through it was not in practice available.[25]

Public quotes:

"You can't book appointments via the app that defeats the purpose of having an app."

"It is awful can't make appointments see referrals it's hard to order items that are not on repeat so I have to email my surgery so then those items come days after repeat meds."

"It has great potential but is overpromising and underdelivering — there has been no patient-focused and sustained communication campaign to explain why it's a good idea to use it."

[24] GP surgery appointments: NHS App help, NHS, 2026

[25] The NHS App says I can book a GP appointment. So why can't I?, Healthwatch Nottingham and Nottinghamshire, 2026

Strand C: Hospital and secondary care not joined up on the App

Respondents specifically highlighted that test results, hospital letters, referrals, waiting lists and appointment information from secondary care are either absent from the app or not reliably shared between GP and hospital systems. For people managing long-term conditions who need both their GP and hospital records in one place, this is a significant limitation.

Public quotes:

"Please please please start showing us our hospital information! The test results were not available on the app — the systems should really speak to each other."

"The big problem is hospital results are not visible. No one owns the responsibility for making it work. GPs say it's the hospital, the hospital says it's the GPs."

The quantitative data reinforces the scale of this finding: a single joined-up app was the most selected improvement in the survey, as reported in the following section.

This is not a limitation of the app's design. The NHS App does offer hospital and specialist appointment and referral functionality, and nationally some 6.6 million hospital and secondary care appointments were managed through it in November 2025 alone.[26] Its availability to any individual patient, however, depends on whether their hospital trust has connected its systems to the NHS App.[27] This explains why our respondents' experience of hospital care in the app is so inconsistent. The gap they describe is one of inconsistent local integration, not national capability.

Underlying all three strands is a single mechanism: the NHS App makes a national promise, but delivers a local experience. Appointment booking, messaging, records access, hospital information, even how test results appear; which features work depends on decisions made practice by practice and Trust by Trust. Respondents are aware of this variation because they compare experiences with friends and family at other practices.

[26] Record numbers using NHS App to manage health, News, NHS England, 2025

[27] NHS App features, Digital, NHS England, 2026

Public quotes:

"It's like everyone's got the same foundation and started building something completely different"

"It frustrates me that I am unable to access my medical record, notes, test results, book appointments (other than nurse appointments) or access many of the useful (for me) parts of the app. I know that this is due to my GP practise policy as many friends and family use the app and have automatically had access to services that I do not - we're all at different practises."

This is consistent with our wider intelligence gathering, and with our GP Access Desktop Study, which found the same inconsistency in digital routes into general practice across the county.[28] The consequence is not just inconvenience but erosion of trust. A national tool delivered with this much local variation confuses precisely the people it is meant to help, and each abandoned attempt makes them harder to win back.

Public quotes:

"The NHS app comms says that it can be used to book GP appointments. It cannot and this is causing a lot of patient confusion who think that they are at fault for not being able to do this and give up with the App. This claimed functionality should be removed until it is available."

3. App usability and login barriers

Evidence: 81 respondents across various questions
Who is affected: Primarily those wanting to use the app but facing barriers (Group 2) and those already using it (Group 3)

A significant number of respondents describe the app as difficult to use, poorly designed, and unreliable, even those who use it regularly. Specific issues raised include: difficulty navigating between sections, inconsistent login and verification processes, notifications that require a full login to read, text that is too small to read, and information that appears inconsistently or disappears between visits.

[28] GP Access Desktop Study, Healthwatch Nottingham & Nottinghamshire 2025

Public quotes:

"Badly designed. Difficult to find information. Irritating needing to log on to sub sections of the app. Not all information is visible. I get some letters on paper, some on the app and some duplicated in both."

The single most frequently cited specific usability problem was the failure of the 'remember this device' function. Respondents described the app requesting a verification code on every visit despite having asked it to remember their device, adding to the time taken to open the app each time and creating a significant barrier particularly for older users.

Public quotes:

"Very annoying that, despite ticking remember my device, it doesn't, and I have to wait for a text. An hour to request a repeat prescription at the weekend."

For some respondents, the registration and login barrier prevented them from ever getting started. These qualitative findings are also supported by the quantitative data, where this was the second most common barrier chosen by people. Two cases from the qualitative data highlight equity concerns: one respondent described refusing to provide the video identification required for registration due to a specific medical condition; another was unable to register because she has no passport or driving licence. These are not edge cases, they describe a verification process designed for the majority that excludes a minority with legitimate clinical need.

Public quotes:

"I'm not particularly techno phobic but the whole registration process was a nightmare. I gave up after several attempts."

"I hate the fact that I would have to take a video or photos of myself in order to register for the app. I have a diagnosis of schizophrenia — I'm not doing that!"

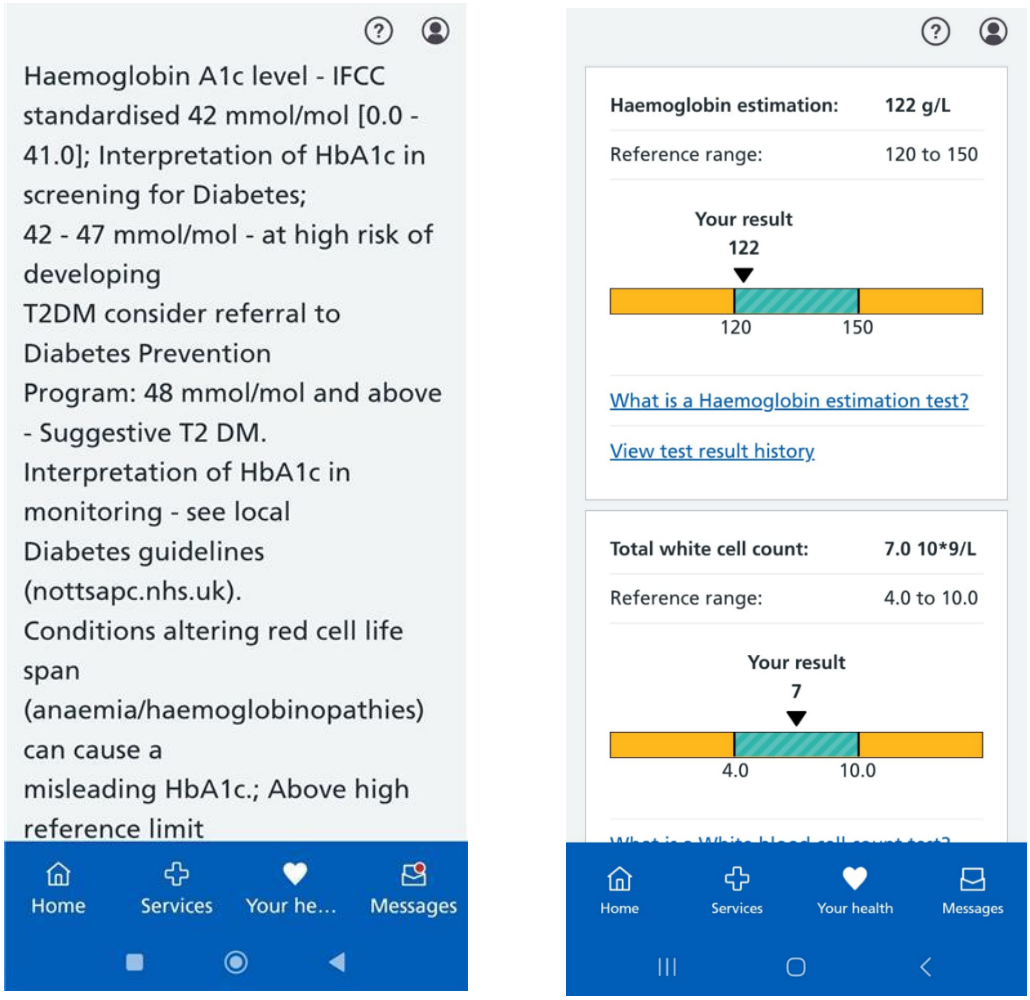
A related concern, raised by some respondents, was how test results are communicated through the app. Some described results appearing as clinical 'jargon', with one respondent citing this as the reason they stopped using the app altogether.

Public quotes:

"Test results are complete jargon and make no sense"

"Codes for results are not easy to understand; what do I understand from this content?"

Two contrasting examples of how test results appear in the NHS App



The left screen presents a result as dense clinical text; the right presents results with a visual reference range and plain-language explanations.
Source: Collected by HWNN staff outside this survey, reproduced with permission.

Others described app delivery replacing, rather than supplementing, clinical communication: results appearing without notification, 'normal' results closing down conversations about further investigation, and in one case a respondent discovering they had a long-term condition from the app, with no call from their practice. The Local Healthwatch NHS App and Independent Feedback Report[29] identified the same issue, warning that results without clinical explanation cause anxiety and confusion. Our findings add that they can also mean significant diagnoses reaching patients without any professional support at all.

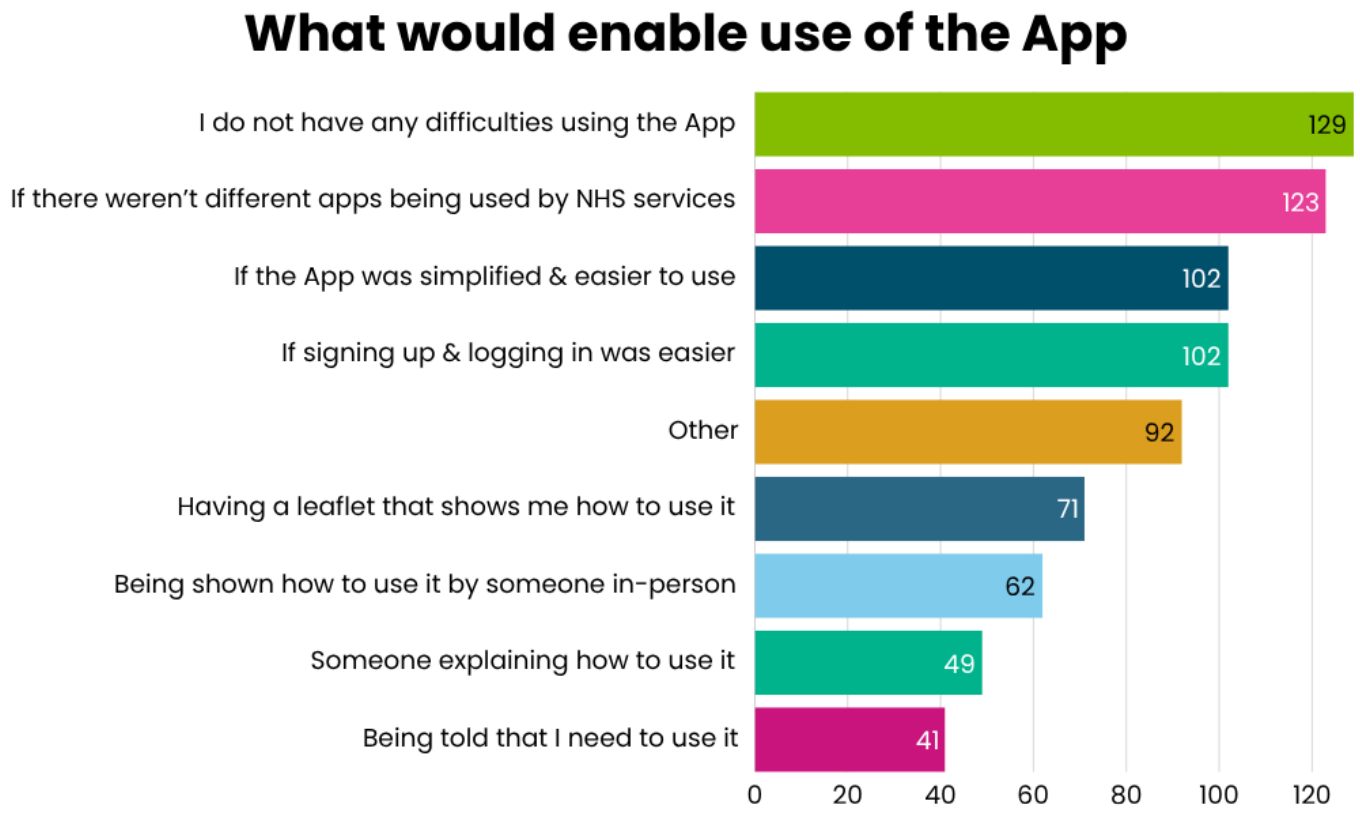
Public quotes:

"It seems that GP assumes I will use the App and doesn't alert me to abnormal test results. I discovered that I had a long-term condition from the App."

[29] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

What would make the app easier to use

We asked everyone who had heard of the NHS App (n=388) what might make it easier to use, or encourage them to start using it. Respondents could select as many options as applied. The answers give a clear, ranked picture of what would help, from current users and non-users alike.



Source: Respondents who had heard of the NHS App (n=388); Multiple selections permitted, percentages do not sum to 100%.

A third of respondents (33.2%, n=129) said they have no difficulties using the app. This is an important finding that should not be overlooked. The NHS App works well for a significant proportion of people who use it.

Among those who did want change, the strongest signal was consolidation: 31.7% (n=123) said the app would be easier to use if their GP, hospital and other NHS services were not all using different apps — nearly one in three of everyone asked, and the most selected improvement of any kind. Notably, 107 of these 123 respondents are current NHS App users: the demand for a single, joined-up app is coming principally from inside the user base, not from those who have stayed away. This is the quantitative counterpart to the fragmentation theme described earlier, where respondents set out in their own words what managing their health across two or three disconnected apps looks like in practice.

Simplifying the app (26.3%, n=102) and making signing up and logging in easier (26.3%, n=102) were the next most selected options, selected by around a quarter of respondents each. These correspond directly to the usability and login barriers already described in the qualitative themes, and to the second and third most common reasons non-users gave for not using the app.

The remaining options describe a different kind of help: not changes to the app, but support to get into it. A leaflet showing how to use the app was selected by 18.3% (n=71), being shown how to use it by someone in person by 16.0% (n=62), having someone explain how to use it by 12.6% (n=49), and being told that they need to use it to get information about their care by 10.6% (n=41). Taken together, these responses describe a meaningful constituency of people who are not opposed to the app but have not yet had a supported route into it.

Public quotes:

> "I need, as an older patient, face-to-face help. Instructions are sometimes unfathomable and I give up."

The qualitative responses explain why this support gap exists. A significant proportion of non-use is not explained by active resistance or insurmountable barriers, but by a simpler failure: people have not been told about the app in a way that makes them want to try it. Several respondents described hearing about the app but having no clear sense of what it does or why they should use it.

Public quotes:

> "I just don't even know how the App would help — think they should do a TV advert for the app and teach everyone what it's supposed to be for."

> "Nobody has spoken to me about it — not my GP, pharmacist, doctor, or midwife. So I never downloaded it."

This points to a promotion and communication gap that is distinct from the technical and design barriers described elsewhere. Many of the respondents in Group 1 (Not using the app and not wanting to) and Group 2 (Wanting to use the app, but facing barriers) might be reachable with the right supported introduction — not just a website or a leaflet, but a human being who can show them what the app does and help them get started.

Public quotes:

"I guess I need to use it — but I am not tech savvy and I tried and gave up. I would use it if someone could help me set it up."

"There needs to be more national campaigns advertising it. There needs to be more in-person support for people wanting to learn how to use it — digital inclusion coordinators."

This connects directly to the digital exclusion findings: in-person, community-based support matters most for the groups already least likely to be using the app — older people, those with disabilities, and those with lower digital confidence. Several respondents pointed to GP practices, pharmacies, libraries and voluntary sector organisations as natural settings for this kind of supported introduction.

These suggestions closely mirror national recommendations such as those by the NHS Alliance's digital exclusion analysis[30], which calls for local digital health hubs. They recommend these be delivered through libraries, community centres, voluntary organisations and primary care, and offer residents hands-on support with digital tools, skills and confidence. Some of this support already exists locally through the Nottingham and Nottinghamshire's system-wide digital inclusion programme, which was featured as a case study in the same analysis. It funds community organisations to provide device lending and one-to-one skills support. In addition, some GP practices and Primary Care Networks (PCNs) help patients get started with the NHS App. Our findings suggest demand for this support exceeds what is currently available.

They also align with HWNN's own GP Access Desktop Study, which recommended that practices fully deploy NHS App booking and improve its visibility, and offer all three booking routes — telephone, online and in person — so that digital access adds to patient choice rather than replacing it.[31]

Finally, a smaller but consistently noted gap concerned unpaid carers and people who are legally authorised to act on someone else's behalf, who described being unable to properly access the NHS App on behalf of the people they care for - proxy access. Several respondents described having power of attorney but being unable to access their parent's health record because they are registered at a different GP practice.

[30] Assessing digital inclusion in the NHS: how ready are we for the NHS App?, The NHS Alliance 2026

[31] GP Access Desktop Study, Healthwatch Nottingham & Nottinghamshire 2025

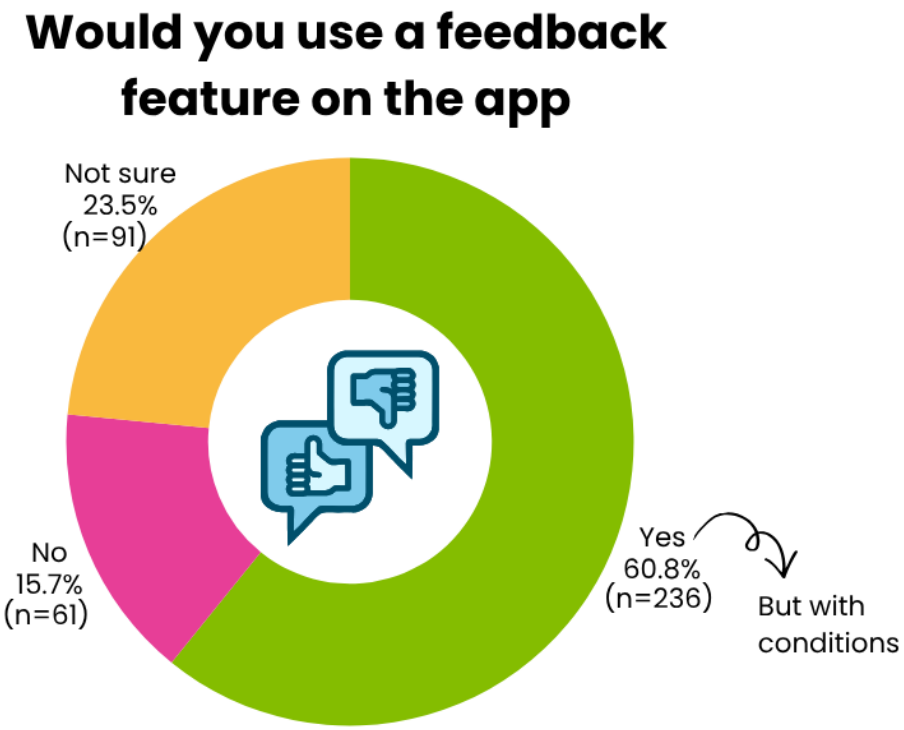
Public quotes:

"The app would be so useful if I could access it on behalf of my aged parent — I have power of attorney but can't access her app because she's not at the same practice as me."

"I use it for my 87-year-old father on his behalf, but I worry about the elderly who do not have support from relatives or carers — without me my dad would not have been able to access healthcare."

This is a specific and addressable gap. Proxy access by carers, including for those registered at different practices, is a practical safeguard for some of the most vulnerable patients in the system, who are also among those least able to navigate the app independently.

Would people use a feedback feature on the app



Source: Respondents who had heard of NHS App (n=388)

A majority of respondents, 60.8% (n=236), said they would use an in-app feedback feature. This is higher than the national figure of 53.3% found in the Local Healthwatch NHS App and Independent Feedback Report[32], suggesting a particularly strong appetite for digital feedback among our respondents.

The 60.8% should however not be read as unconditional enthusiasm for the feature as currently proposed, they clearly spell out what would be required for it to feel worthwhile and safe. Those conditions are: wanting anonymity guarantees, wanting to know their feedback would be read and acted upon by the right people, expecting some form of acknowledgement or response, and being confident that data will not be misused.

Public quotes:

"I wouldn't want to give feedback to a generic NHS service — I want to give feedback directly to the service where I've experienced care."

"Would you receive a reply? Will you be heard? Pointless if you press send and that is it."

[32] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

Many of those who said Yes were motivated by a genuine desire to recognise good care as much as to raise concerns. The appetite for giving positive feedback was a recurring and notable finding throughout the qualitative data, people want to recognise good care and acknowledge staff who have made a difference. This was expressed by respondents across all three groups, including those who have never used the app.

Public quotes:

"I feel that whilst [NHS staff] do a wonderful job, there are areas that let them down. Feedback positive and negative should both be possible."

"Everybody needs feedback, especially positive feedback to balance many negative comments about the NHS."

"I would like to give compliments, if it was more accessible. I would definitely like to give compliments."

Alongside the appetite for positive feedback, many respondents described a genuine gap in the current landscape, stating there is no easy, accessible route for patients to give feedback outside of the Friends and Family Test, which is tied to specific clinical contacts and does not allow for wider or unsolicited feedback.

Public quotes:

"At the moment you have to hunt around how to give feedback especially to your GP and I give up."

"I often find that there is no real way to send or provide positive feedback."

"I already use PALS to give feedback on positives and negatives of care — it would be good to have an easy way of doing this."

Among the 39.2% (n=152) who said No or were not sure, the qualitative evidence reveals several distinct concerns. The largest theme was uncertainty about how the feedback feature would work (n=26). These respondents are not opposed to giving feedback, but need more clarity before committing. This is a solvable problem with the right design and communication.

Alongside speculative doubt, the data also contains experiential feedback fatigue, respondents who have tried giving feedback through NHS mechanisms before and found it made no difference. This is a harder challenge, because it cannot be resolved by design alone. It requires visible evidence that feedback leads to change.

Public quotes:

"I am a bit sceptical about whether they pay attention to feedback. If I knew for sure that they paid attention to what I said, then I would give feedback."

"I wouldn't bother because they've only ever let me down. It wasn't resolved anyway so now I don't bother."

A smaller number of respondents raised concerns about data, specifically about who owns it, who can access it, and what happens if the NHS changes its systems. These concerns are not irrational given the speed of NHS digital change in recent years.

Public quotes:

"Who is actually responsible and accountable for this app?"

A more significant point, however, was the extent to which people fear that giving negative feedback about their NHS care, particularly about their GP, could have direct consequences for the quality of care they receive. This was not a vague, hypothetical concern. Several respondents described specific past experiences.

Public quotes:

"I would give feedback but only to an independent organisation. I don't trust that my GP would not be aware of who had complained about them."

"I complained to my old GP in Manchester once and got taken off the list. I don't want to be deemed difficult."

Critically, this concern was present not only among those who said they would not use the feedback feature, but also among several respondents who said Yes, their willingness to use it was conditional on anonymity being guaranteed. The fear of repercussion spans all three respondent groups and crosses the Yes/No/Not sure boundary.

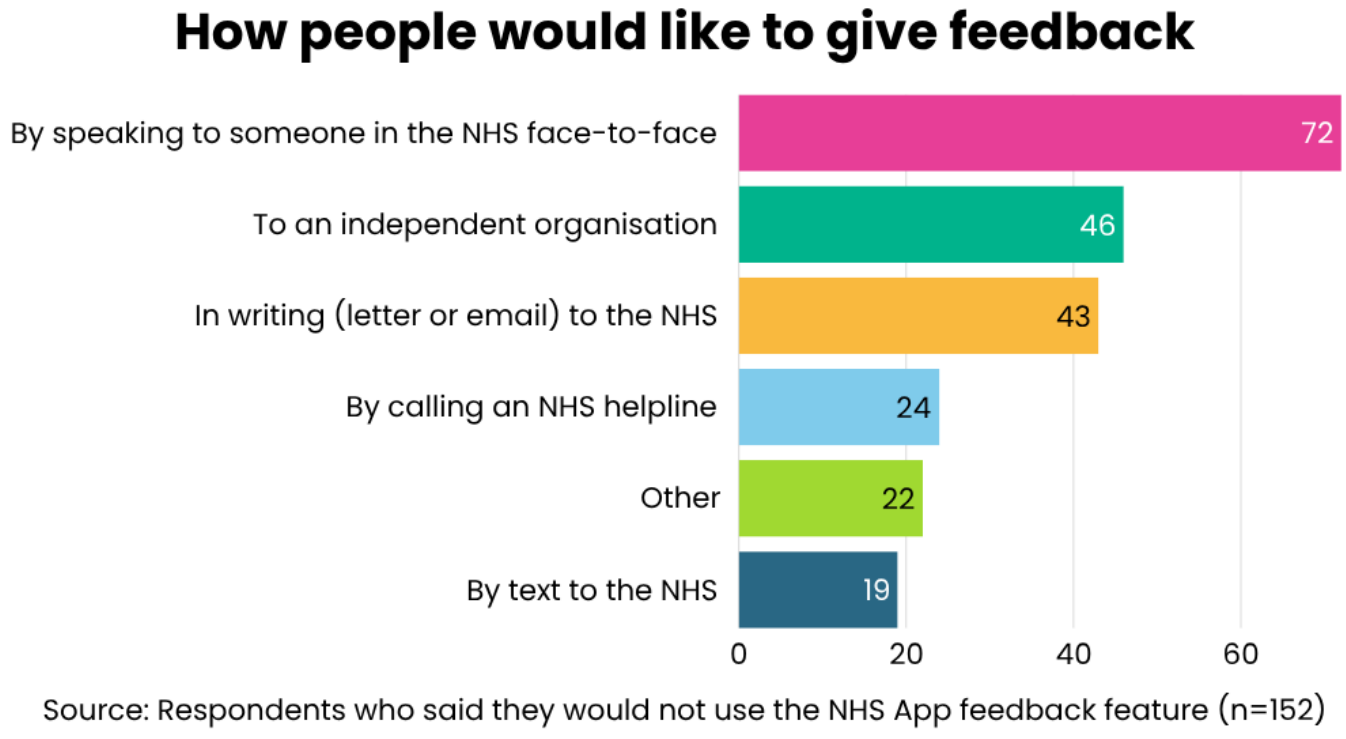
Public quotes:

"I would not complain in case it affects my care negatively."

"Identifiable feedback may harm relationship with practice."

"I would be concerned that feedback given through the NHS App would not be sufficiently independent, and therefore may not lead to meaningful challenge or change. I am also sceptical about whether I could give it without being identified."

This fear is a persistent local pattern, not a one-off finding. Our NHS complaints report[33] found that two in three people who were dissatisfied with their care did not complain, and among the most common reasons given was worry that complaining might affect their care.



[33] NHS Complaints Handling: Hot Topic Report, Healthwatch Nottingham & Nottinghamshire 2024

This finding has implications that go beyond the design of an app feature. It points to a systemic trust deficit in NHS feedback mechanisms, one that has been accumulated through direct negative experiences for some respondents and through wider awareness of risk for others. An app feature with better design will not resolve this unless the independence of the feedback process itself is guaranteed.

Among those who would not use the in-app feedback feature, speaking to someone face-to-face was the most preferred alternative (47.4%, n=72). This reinforces the broader pattern across the survey: human, direct contact is valued and is not simply a fallback for those who cannot use digital services. It should be protected in its own right.

These respondents are, in many cases, digitally capable. They are not describing a barrier to using the app, they are making a considered choice to prioritise human interaction in a context where that interaction matters. Several respondents specifically noted that digital tools should supplement human contact, not replace it.

Public quotes:

> "I think it's important to retain the ability to speak to a real person."
>
> "Digital services cannot replace discussions with a human doctor. Digital services increase anxiety and stress in patients, especially the elderly."

A particularly concerning finding within this theme is the experience of being told that the only available route is online, when calling for an appointment. For respondents who cannot use the app, this creates an active barrier to accessing the care they need. This echoes our GP Access Desktop Study,[34] which found that patient choice over appointment routes is often limited, and one-third of all GP practices in Nottingham and Nottinghamshire do not offer all three booking modes (telephone, in-person, and online).

Public quotes:

> "Sometimes I don't get a call about test results because they are on the app. This shouldn't replace the call."
>
> "Face-to-face feedback is not listened to. I have no other opportunity to give feedback."

[34] GP Access Desktop Study, Healthwatch Nottingham & Nottinghamshire 2025

Notably, 30.3% (n=46) of this group said they would prefer to give feedback to an independent organisation that could mediate or advocate on their behalf. This figure is significantly higher than the 19.8% recorded in the Local Healthwatch NHS App and Independent Feedback Report[35], and may reflect both a stronger awareness of independent feedback channels among Nottingham and Nottinghamshire respondents and a greater degree of concern about the independence of NHS-owned feedback mechanisms. Several respondents named Healthwatch specifically as the kind of independent body they would trust. Our NHS Complaints Report[36], also strengthens this finding, as respondents lacked trust in in-house investigations.

Public quotes:

"I would rather give feedback to an independent organisation. I don't trust that my GP would not be aware of who had complained about them."

"Please can I speak to an organisation like Healthwatch."

Why this finding matters

This survey was carried out at a time when national proposals are being developed to move patient feedback about NHS services into the NHS App itself. Healthwatch's statutory role is to collect and amplify patient feedback independently, without fear or favour, and without any institutional interest in the outcome of that feedback.

The finding that 30.3% of respondents who would not use the in-app feedback feature said they would prefer to give feedback to an independent organisation is significant. Multiple respondents named Healthwatch specifically and unprompted. The fear-of-repercussion finding, that some respondents have experienced negative consequences from previous complaints, reinforces why independent, confidential feedback channels are not a luxury, but a safeguard.

These findings are shared with NHS partners and with Healthwatch England in the context of the current national debate about the future of independent patient voice.[37]

[35] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

[36] NHS Complaints Handling: Hot Topic Report, Healthwatch Nottingham & Nottinghamshire 2024

[37] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

Conclusion

An immediate conclusion from our analysis is that the NHS App has become genuinely embedded in how local people manage their healthcare. Awareness in Nottingham and Nottinghamshire is near-universal, and usage is higher here than the national picture. A third of those we asked have no difficulty using the app at all, and people told us clearly what they value: ordering repeat prescriptions, seeing their GP record, and checking test results without a phone call. The app has real value, and this report identifies where that value is being held back by problems that are, in most cases, fixable.

The clearest of these is fragmentation. The single most requested improvement in our survey was not a new feature but a simpler landscape: one app, joined up, instead of a patchwork of systems that varies from practice to practice and excludes most of hospital care. It is striking that this demand comes principally from inside the user base. The respondents who are most frustrated with the app's limitations are often the same people who use it most and value it most, and who want it to be better. Their frustration should be read as a vote of confidence in what the app could be, not a rejection of what it is. Alongside fragmentation, other addressable gaps this report has identified are sign-up and login processes that defeat willing users, a promotion gap that leaves people unaware of what the app is for, and the absence of workable access for carers on behalf of those who they care for. People also highlighted test results arriving as unexplained jargon or worse, replacing the clinical conversation entirely, with one respondent learning of a long-term condition from the app alone. These are specific failings, not inherent limitations.

A second conclusion concerns the people the app is not reaching. Throughout this report we have described three groups: those using the app, those who want to use it but cannot, and those who will not use it. Each requires a different response. For the second group, the remedy is largely practical with supported, in-person routes into the app, in the community settings people already trust. Our findings show demand for this support exceeds what is currently available, even in a system nationally recognised for its early work on digital inclusion. For the third group, the remedy is not persuasion but choice. Some people cannot use digital services; some simply choose not to. As the NHS App becomes the front door to the NHS, telephone and face-to-face routes must remain genuine, high-quality options, not a residual service for those who fall through. Without that, a digital-first NHS becomes a two-tier NHS, and the tier left behind contains the people with the greatest health needs.

This is a health inequalities issue, and it is produced by the system rather than incidental to it. The people most likely to struggle with digital access — older people, disabled people, those with sensory impairments — are the same people who use health services most. One respondent described a man at their surgery who needed a blood test that could only be booked online, and who could not manage it until the receptionist did it for him. Another asked how a Deaf person is meant to book a BSL interpreter through an app that makes no provision for it. An app that works well for the confident and poorly for others, will ultimately lead to widening health inequalities.

Our third conclusion concerns feedback, and it is the one that speaks most directly to our role. A majority of respondents said they would use a feedback feature in the NHS App, and that willingness should not be dismissed. But it came with conditions attached, about privacy, about independence, and above all about whether anything would happen as a result. Nearly half of those who would not use it or were unsure told us they would rather give feedback face-to-face, and three in ten would prefer to speak to an independent organisation. This echoes what we found in our NHS complaints handling survey: two in three people who were dissatisfied with their care never complained at all, many because they feared consequences for their care or doubted the process was fair. The lesson from both surveys is the same. Who asks the question matters as much as what is being asked.

We acknowledge the need to make the system more efficient at acting on the feedback it collects. But collecting feedback is not a passive exercise in which comments simply arrive; it is an active process of building trust, asking the right questions, and reaching the people least likely to volunteer their views. The 10 Year Health Plan's vision of app-based feedback assumes the first model. Our evidence, from this survey and from our complaints work before it, supports the second. A feedback system that relies on the NHS App alone will hear most from the digitally confident and least from those the system most needs to hear: older people, disabled people, carers, and those whose trust has already been damaged. An app-based feedback channel can be a valuable addition to how patient voice is gathered. It cannot be a replacement for independent trusted routes, and it must not become the only door.

People are not data sets, and neither is their health. Behind every percentage in this report is a person managing a long-term condition, caring for an elderly parent, or giving up on a login screen and joining the 8am phone queue instead. The 410 people who took the time to respond to this survey did so because they want NHS services, digital and otherwise, to work better for themselves and for others. The recommendations that follow are our attempt to honour that.

Recommendations

Our recommendations are directed at the local healthcare system, the bodies with the power to act on what respondents told us. Delivering them will require a coordinated, system-wide response rather than action by any single organisation. We look to the Integrated Care Board, as the body accountable for local healthcare, to lead that coordination and to respond on behalf of the system. As with all our reports, we will return to these recommendations in six months to ask the system what has changed as a result.

On matters of national policy and NHS App design, we endorse the recommendations of the Local Healthwatch NHS App and Independent Feedback Report[38], to which HWNN contributed 107 responses. Our local findings independently support them, in several cases, more strongly than the national average.

1. Consolidate the local digital front door

Agree a minimum set of NHS App functions that every practice in Nottingham and Nottinghamshire enables, and publish which practices have met it. This makes the NHS App the default digital route into primary care and rationalises the parallel apps running alongside it. Respondents described two distinct problems: local apps duplicating what the NHS App already does, and a gap between primary and secondary care that leaves them checking several places to get one picture. A patient's experience of the app should not depend on which practice they are registered with, and consolidation was the improvement current users most often asked for.

2. Enable hospital care management within the NHS App

Agree a minimum set of hospital functions — appointments, letters, referrals and test results — that every local trust surfaces through the NHS App itself, with a target date for each to be in place, so patients manage hospital care in one place rather than logging into a separate platform for each. In some local services this information can already be reached, but only through those separate systems, so it reaches patients unevenly. The gap is local integration, not national design capability.

3. Promote the app accurately

Within six months, bring local promotion into line with what the app can actually do at each practice, delivered at every patient contact and supported by a printed how-to guide. Stop signposting patients to functions that are not yet enabled at their practice. Where promotion runs ahead of what a practice has enabled, patients assume the fault is theirs and give up.

[38] Local Healthwatch NHS App and Independent Feedback Report, Blundell L., Local Healthwatch Working Together 2026

4. Expand supported routes into the NHS App

Build on the existing digital inclusion programme by expanding in-person support to get started with the app, delivered in the settings respondents trust — GP practices, pharmacies, libraries and voluntary sector organisations. Direct dedicated funding to this and channel it through trusted partners, including the VCSE sector, so support reaches people where they already are. One in six respondents wanted to be shown in person, nearly one in five wanted a printed guide. The support that exists is valued, it needs to be scaled.

5. Keep non-digital routes equal in status

Maintain and promote telephone and face-to-face access as genuine, high-quality options, rather than a fallback, and give explicit assurance that each access route carries equal weight. The people most reliant on non-digital routes are often those already at greatest risk of exclusion, so allowing these routes to weaken widens health inequality. Over half of non-users simply prefer human contact, and some respondents were told online was the only route. A digital-first NHS must not become a digital-only NHS.

6. Make it easier for carers to manage someone else's healthcare

Ensure every GP practice enables and publicises proxy access, using the national Proxy application service[39], so carers can act for those they care for. This will not reach every case: carers registered at a different practice from the person they care for, including those holding lasting power of attorney, face a barrier that only national change can remove. Be transparent with carers about what proxy access can and cannot yet do. Without proxy access, the app fails some of the most vulnerable patients in the system.

7. Let patients choose how results reach them

Set a clear local standard for how test results are released through the app: plain-English explanation attached to every result, and a patient-set preference for how results reach them. Abnormal or significant results should always be followed by direct clinical contact, whatever that preference. Nearly six in ten users already check results in the app, so digital delivery should be an option patients choose, not a default that replaces the conversation.

[39] Proxy application service,, NHS England Digital, 2026

8. Keep feedback independent and multi-channel

Ensure any NHS App feedback feature adds to and never replaces independent, face-to-face and non-digital feedback routes, with a clear public commitment that feedback will always remain multi-channel. Be transparent about how feedback is used and what changed as a result. Most respondents would use an in-app feature, but conditionally; nearly half of those who would not prefer face-to-face, and three in ten prefer an independent organisation.

> Who asks the question matters as much as what is asked.

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Appendix 1: Demographics of Respondents

*Figures have been rounded to one decimal place, as a consequence percentages may not add up to 100%.

District	No.	Percent
Rushcliffe	125	33.2%
Nottingham City	87	23.1%
Broxtowe	32	8.5%
Gedling	31	8.2%
Mansfield	28	7.4%
Newark & Sherwood	18	4.8%
Ashfield	12	3.2%
Bassetlaw	10	2.7%
Outside of Nottinghamshire	34	9.0%
Total answered	377	
Not answered	33	

Table 1 – source all respondents (n=410)

Age Groups	No.	Percent
Under 16	0	0%
16-24	7	1.8%
25-34	29	7.5%
35-44	36	9.3%
45-54	62	15.9%
55-64	93	23.9%
65-74	87	22.4%
75-84	66	17.0%
85+	9	2.3%
Total answered	389	
Not answered	21	

Table 2 – source all respondents (n=410)

Gender Identified as	No.	Percent
Woman	267	68.3%
Man	113	28.9%
Non-binary	1	0.3%
Prefer not to say	10	2.6%
Total answered	391	
Not answered	19	

Table 3 – source all respondents (n=410)

Gender Identity same as sex recorded at birth	No.	Percent
Yes	374	95.9%
No	4	1.0%
Prefer not to say	12	3.1%
Total answered	390	
Not answered	20	

Table 4 – source all respondents (n=410)

Sexual Orientation	No.	Percent
Heterosexual/ Straight	306	80.7%
Bisexual	10	2.6%
Lesbian/ Gay woman	10	2.6%
Asexual	9	2.4%
Pansexual	4	1.1%
Gay man	3	0.8%
Other	1	0.3%
Prefer not to say	36	9.5%
Total answered	379	
Not answered	31	

Table 5 – source all respondents (n=410)

Ethnicity	No.	Percent
Arab	2	0.5%
Asian/Asian British: Bangladeshi	0	0%
Asian/Asian British: Chinese	5	1.3%
Asian/Asian British: Indian	5	1.3%
Asian/Asian British: Pakistani	3	0.8%
Asian/Asian British: Any other Asian/Asian British background	0	0%
Black/Black British: African	7	1.9%
Black/Black British: Caribbean	22	5.8%
Black/Black British: Any other Black/Black British background	3	0.8%
Mixed/multiple ethnic groups: Asian and White	7	1.9%
Mixed/multiple ethnic groups: Black African and White	0	0%
Mixed/multiple ethnic groups: Black Caribbean and White	2	0.5%
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	2	0.5%
White: British/English/Northern Irish/Scottish/Welsh	285	75.4%
White: Irish	3	0.8%
White: Gypsy, Traveller or Irish Traveller	0	0%
White: Roma	0	0%
White: Any other White background	18	4.8%
Prefer not to say	14	3.7%
Total answered	378	
Not answered	32	

Table 6 – source all respondents (n=410)

Living with	No.	Percent
Long term health condition	187	48.4%
Disability	81	21.0%
Mental health condition	69	17.9%
Neurodiversity	51	13.2%
Learning disability or difficulties	27	7.0%
Carer (unpaid or claiming carers allowance)	38	9.8%
Cared for (by paid or unpaid carers)	22	5.7%
Prefer not to say	15	3.9%
None of the above	112	29.0%
Total answered	386	
Not answered	24	

Table 7 – source all respondents (n=410)

Note: People had the option of choosing more than one condition from the above list, hence the numbers against each add up to more than the total number of respondents

Appendix 2: The Survey

Thank you for taking the time to complete this survey. It has been developed by Healthwatch to find out about people's views, knowledge and experiences of using the **NHS App**.

The NHS App is designed to give people a simple and secure way to access a range of NHS services through their smartphone, tablet or computer. The same features are also available in a web browser on the NHS website. Your feedback will help us ensure that the people who design and develop the NHS App understand what works well and what could be improved. Our aim is to make recommendations that support clear, accessible and inclusive information for everyone using NHS services.

To find out more about this survey, or to provide feedback on health and social care services you use, please contact Healthwatch Nottingham & Nottinghamshire at

Call: 0115 956 5313 to leave a message at any time

Email: info@hwnn.co.uk

Post: Unit 1, Byron Business Centre, Duke St, Hucknall, Nottingham NG15 7HP

Please get in touch with us if you would like this survey in another format or language. If you would prefer to complete the survey online, simply scan the QR code.

** In completing this short survey, you are consenting to allow us to collect and analyse your responses. The data will be used by Healthwatch Nottingham and Nottinghamshire, and may also be shared anonymously with the national Healthwatch network to support wider research and reporting. Please be assured that your data will remain anonymous and will be processed in accordance with GDPR norms. You will not be asked for any personally identifiable information (such as your name, date of birth or NHS number). Please see our Privacy Policy for more information.*

1. Have you heard of the NHS App?

☐ Yes

If yes, please continue to Q.2

☐ No

If no, please jump to page 6, Q.7

2. Do you use the NHS App?

☐ Yes

If yes, please continue here

☐ No

If no, please continue here

3a. Please tell us which device(s) you use to access the NHS App. (Please tick all that apply)

- ☐ Smartphone
- ☐ Personal computer/ laptop
- ☐ Tablet
- ☐ Public computer (e.g., at library)
- ☐ Other (please specify):

3b. What do you currently use the NHS App for?

GP services

- ☐ Viewing my GP health record
- ☐ Ordering repeat prescriptions
- ☐ Booking and managing GP appointments
- ☐ Viewing messages from my GP
- ☐ Sending messages to my GP
- ☐ Viewing test results

Hospital services and referrals

- ☐ Viewing hospital appointments and referrals
- ☐ Viewing information or documents sent by hospitals or specialists

....continued

3c. Why are you not using the NHS App? (Please tick all that apply)

- ☐ I don't have access to internet (Wi-Fi or mobile data)
- ☐ I don't have a smartphone or tablet
- ☐ I don't use any apps
- ☐ There is not enough storage on my phone
- ☐ Registration and login process is too hard
- ☐ I find it too difficult/ confusing
- ☐ I don't understand the jargon or medical terms
- ☐ I have a disability that makes it difficult for me to use it
- ☐ My level of English makes it difficult for me to use it
- ☐ I prefer to speak to someone in-person or over the phone
- ☐ I prefer to receive a text message
- ☐ I prefer to receive a letter in the post
- ☐ Someone else helps me with my health care
- ☐ Other (please specify):

Health information

- [ ] Accessing NHS 111 online, such as for checking symptoms and what to do when urgent help is needed
- [ ] Accessing general health information and advice

Other features

- [ ] Accessing your NHS number
- [ ] Registering with a GP surgery
- [ ] Accessing health services on behalf of someone you care for (child or adult)
- [ ] Setting your organ donation decision
- [ ] Other (please specify):

4. If the NHS App included a feature for giving feedback about your care, would you use it? (This may include both compliments and concerns)

- [ ] Yes
- [ ] No
- [ ] Not sure

Please tell us why you feel this way:

5. If not, how would you prefer to communicate your feedback about an NHS service? (Please select all that apply)

- [ ] By calling an NHS helpline
- [ ] By speaking to someone in the NHS face-to-face
- [ ] By text to the NHS
- [ ] In writing (letter or email) to the NHS
- [ ] To an independent organisation who can mediate or advocate on my behalf (by phone, email, face-to-face, etc)
- [ ] Other (please specify):

6. What might make using the NHS App easier or encourage you to start using it? (Please tick all that apply)

- [ ] Being shown how to use it by someone in-person
- [ ] Someone explaining how to use it
- [ ] Having a leaflet that shows me how to use it
- [ ] If the App was simplified & easier to use
- [ ] If signing up & logging in was easier
- [ ] Being told that I need to use it to get information about my care
- [ ] If there weren't different apps being used by my GP, hospital or other NHS services
- [ ] I do not have any difficulties using the App
- [ ] Other (please specify):

7. Do you use any other Apps to help manage your health?
(Please tick all that apply)

- ☐ myGP
- ☐ eConsult
- ☐ Patient Access
- ☐ SystmOnline
- ☐ Patients Know Best (PKB)
- ☐ Recap Health
- ☐ Online Pharmacy Apps (e.g. Pharmacy2U)
- ☐ Maternity/Baby Apps
- ☐ Fitness Apps (e.g. step counters, Couch to 5k)
- ☐ Medication Apps
- ☐ Smoking/Alcohol Apps
- ☐ Relaxation/Sleep Apps
- ☐ Mental Health Support Apps
- ☐ I don't use any other Health Apps
- ☐ Other (please specify):

8. Is there anything else you would like to share about the NHS App or about using digital services in the NHS, even if you haven't used the app yet.

Demographic Questions:

The following questions are OPTIONAL. Collecting further information about you helps us understand whether the people we are reaching reflects everyone living in Nottingham and Nottinghamshire.

9. Please tell us your age (in years)

10. Please tell us your gender

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer not to say

11. Is your gender identity the same as your sex recorded at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

12. Please tell us which sexual orientation you identify with

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay man
- ☐ Heterosexual/straight
- ☐ Lesbian/Gay woman
- ☐ Pansexual
- ☐ Other
- ☐ Prefer not to say

13. Please select any of the following that apply to you (Please tick all that apply)

- ☐ I live with a Disability
- ☐ I live with a Learning disability or difficulties
- ☐ I live with a Mental health condition
- ☐ I am Cared for (by paid or unpaid carers)
- ☐ None of the above
- ☐ I live with a Long-term health condition
- ☐ I live with Neurodiversity
- ☐ I am a Carer (unpaid or claiming carers allowance)
- ☐ I prefer not to say

14. Please select your ethnicity

- [ ] Arab
- [ ] Asian/Asian British: Bangladeshi
- [ ] Asian/Asian British: Chinese
- [ ] Asian/Asian British: Indian
- [ ] Asian/Asian British: Pakistani
- [ ] Asian/Asian British: Any other Asian/Asian British background
- [ ] Black/Black British: African
- [ ] Black/Black British: Caribbean
- [ ] Black/Black British: Any other Black/Black British background
- [ ] Mixed/multiple ethnic groups: Asian and White
- [ ] Mixed/multiple ethnic groups: Black African and White
- [ ] Mixed/multiple ethnic groups: Black Caribbean and White
- [ ] Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- [ ] White: British/English/Northern Irish/Scottish/Welsh
- [ ] White: Irish
- [ ] White: Gypsy, Traveller or Irish Traveller
- [ ] White: Roma
- [ ] White: Any other White background
- [ ] Prefer not to say

15. In which area do you live?

- [ ] Ashfield
- [ ] Bassetlaw
- [ ] Broxtowe
- [ ] Gedling
- [ ] Mansfield
- [ ] Newark & Sherwood
- [ ] Nottingham City
- [ ] Rushcliffe
- [ ] Outside of Nottinghamshire

16. What are the first digits of your postcode? (such as NG1 or NG13)

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healthwatch
Nottingham & Nottinghamshire

Unit 1, Byron Business Centre
Duke Street, Hucknall
Nottinghamshire
NG15 7HP

https://hwnn.co.uk
0115 956 5313
HealthwatchNotts
HWNotts
HWNN

Charity Number: 1159968
Company number: 8407721