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Developing NHS Online Healthwatch Croydon Response

March 2026

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Executive Summary

Healthwatch Croydon welcomes the opportunity to respond to the consultation on the proposed Online NHS Trust.

To inform this response, Healthwatch Croydon conducted engagement activity between February and March 2026, gathering feedback from 25 patients with experience of NHS services across four specialties: gynaecology, urology, ophthalmology and gastroenterology. The engagement took place in the outpatient waiting area at Croydon University Hospital.

We engaged with 72% (18) women and 28% (7) men. This response also includes insights from the digital and wider team at Croydon Health Services NHS Trust, as well as strategic reflections from members of the Healthwatch Croydon Local Leadership Board (LLB).

Patients recognise that digital services can make healthcare more convenient and reduce travel time. However, many patients still value face-to-face consultations, particularly when discussing symptoms or where physical examination may be required.

The findings show that while 56% (14) of patients would consider an online consultation, 44% (11) prefer face-to-face appointments.

Key issues highlighted include the need for clear communication, support for digitally excluded patients, strong coordination across NHS services, and ensuring the Online NHS Trust does not create a two-tier system.

Healthwatch Croydon hopes that the insights and patients feedback included in this response will help inform the development of a service that is accessible, equitable and responsive to the needs of local communities.

Key Findings

Experiences of Virtual Appointments and Online Feedback: –Patients have reported positive experiences with virtual appointments and receiving feedback online, particularly due to the convenience of saving time and reducing travel costs. However, for some demographic groups, especially older patients, virtual consultations may not always be appropriate or easy to use, and some patients continue to prefer face-to-face appointments.

Multiple Digital Platforms and Security Concerns: – The presence of multiple digital platforms, including various patient portals alongside the NHS App, can create confusion and discourage engagement with digital services. In addition, concerns about spam or fraudulent messages can make some patients hesitant to use digital tools to manage their healthcare.

Support to Understand and Access Digital Services: – Hands-on support within hospital settings, community sessions run by local community groups, and the involvement of trusted community figures such as faith leaders have been effective in helping patients understand, sign up to, and use digital health tools.

Simple and User-Friendly Online Booking Systems: – Patients indicated that online booking systems could work best if they are easy to access, simple to use, and provide quicker access to appointments or clinicians, while still allowing alternative booking options such as in-person or telephone support.

Clear Communication Using Multiple Channels: – Patients highlighted that communication about new digital healthcare options should use multiple channels, including leaflets, emails, text messages, phone calls, and videos, and should be explained clearly in simple plain English. Information should also be available in accessible formats for patients with additional needs.

Staff Confidence and Patient Trust: – Staff confidence in digital tools such as the NHS App encourages patient uptake, but system errors can reduce trust and lead some patients to prefer face-to-face care.

Benefits and Concerns About the Online NHS Trust: The Online NHS Trust may improve access to specialist advice, reduce travel, and make it easier for patients to view appointments, test results, and treatment updates. However, concerns remain about digital exclusion, IT reliability, communication across the NHS, and the risk of a two-tier service

Insights

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

Healthwatch Croydon requested input from colleagues at Croydon Health Services NHS Trust to gather local insights on how people are using digital health services. The key insights shared are summarised below.

- a) **Staff Confidence and Patient Trust:** – Feedback from CHS suggests that staff confidence in using digital tools, such as the NHS App, plays an important role in encouraging patient uptake. When staff demonstrate confidence and familiarity with these tools, it can increase service users' willingness to use them. However, when digital systems experience issues such as incorrect information or records not being transmitted correctly this can reduce trust and lead some patients to prefer face-to-face care.
- b) **Experiences of Virtual Appointments and Online Feedback:** – Patients have reported positive experiences with virtual appointments and providing feedback online, particularly due to the convenience of saving time and reducing travel costs. However, for some demographic groups, especially older patients, virtual consultations may not always be appropriate or easy to use.
- c) **Multiple Digital Platforms and Security Concerns:** – The presence of multiple digital platforms, including various patient portals alongside the NHS App, can create confusion and discourage engagement with digital services. In addition, concerns about spam or fraudulent messages can make some patients hesitant to use digital tools to manage their healthcare.
- d) **Demand for Referral Tracking Tools:** – Although CHS does not currently offer a referral tracking tool, feedback suggests that many patients would value this functionality. A referral tracking system could help improve communication between patients and providers and enable patients to better understand and manage the progress of their referrals.

Patient Experience reflections: (Insights from the use of digital health)

- NHS England runs periodic campaigns on the NHS App, often not coordinated with local Trusts, highlighting the importance of aligned communications and engagement campaigns.
- Work with VCSFE organisations has helped understand community digital support needs, though more engagement is needed.
- Reflection on limited contact with London digital leads around the Online NHS Trust has prompted follow-up to clarify technical requirements, data flow, and patient support needs.

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

CHS provided insights into approaches that have been effective in supporting patients to access digital health tools.

- a) **Clear Application Support in Hospitals:** - Hands-on support within hospital settings has been highly effective. Patients can receive direct assistance from clinical and administrative teams to understand, sign up to, and use digital health tools. This personalised approach builds confidence and encourages uptake.
- b) **Community Sessions:** - Sessions run by local community groups have been beneficial in upskilling people in the community. These sessions offer guidance in familiar, accessible settings, helping residents become comfortable with digital health tools.
- c) **Support from Key Community Figures:** - Involvement of trusted community figures, such as faith leaders, has boosted residents' trust in digital tools. Their endorsement encourages adoption and helps overcome scepticism, particularly among populations less familiar with digital services.
- d) **Potential Role of Social Media Campaigns:** - While not yet implemented, representative social media campaigns explaining digital tools and their benefits could reach wider audiences, raise awareness, and encourage uptake across the local population.

Patient Experience reflections: (What has worked well to upskill people)

- Coordinated communications and engagement campaigns are crucial to ensure patients are aware of digital tools and their benefits.
- Collaboration with VCSFE organisations has helped identify gaps in digital support and community attitudes, but more work is needed.
- Clarifying requirements of the Online NHS Trust with local digital teams is essential to make sure patients get the right support at the right time

3. How do you think online appointments or booking tests could work best?

Prompt: What would make it simple and clear for patients?

Healthwatch Croydon staff and volunteers carried out the engagement in the outpatient waiting area with patients who had experience of the proposed services (gynaecology, urology, ophthalmology and gastroenterology). As the clinic also included patients from other specialties, feedback was additionally gathered from patients attending haematology, rheumatology and out-of-hours GP services. See *Appendix 1, page 22 for the specialty breakdown.*

a) Gynaecology Patients

The themes below summarise feedback from patients with experience of gynaecology services who took part in the engagement. Direct comments from patients are included in the quote boxes below, highlighting what would make online appointments and test booking systems simple and clear for patients..

Key themes raised by patients included:

- Simple online booking
- Clear links to booking systems
- Faster access to clinicians
- User-friendly online platforms
- Some preference for in-person booking
- Uncertainty about online booking for some patients

“Ability to book an appointment online.”

“A link would be helpful.”

“If online and it’s faster in getting to talk to somebody then yes that would help. I am struggling to call my GP for appointments.”

“If there is availability, the online option is great. I feel booking tests is also a good option if the platform is user friendly.”

“Booking appointments are a lot better when in person.”

“Don’t know, not sure.”

Overall Insight: Patients felt online booking systems could be helpful if they are easy to access and simple to use, provide quicker access to appointments or clinicians, and still allow phone or in-person booking options.

b) Ophthalmology Patients

The following comments are direct quotes from patients with experience of ophthalmology services who took part in the engagement. Their feedback highlights what would make online appointments or test booking clearer and easier to use.

Key themes raised by patients included:

- Preference for face-to-face care
- Simpler online systems with fewer steps
- Accessibility challenges for some patients
- Clear communication and appointment reminders
- Concerns about current digital systems

"Seeing patients at the proper department is better to see them in person."

"Don't like online, I prefer to see a proper person."

"The booking is easier when you do it in person."

"If there aren't too many links to click."

"It is longwinded and repetitive at times."

"It is clear but for the elderly it can be difficult for them to navigate."

"Make more resources for partially sighted patients, have audio read outs."

"I prefer to call them more than online as I can't see very well."

"Reminders or letter by post."

"Phone call and email would help for appointment reminders and test results."

"Sort out the app because the app at the moment is useless."

"Had to give loads of information."

Overall insight: General feedback from ophthalmology patients suggests that while online systems could improve convenience, many patients particularly older people and those with visual impairments still value face-to-face interaction. Patients emphasised the importance of simple systems, accessible design, and clear communication such as reminders and multiple contact options.

c) Urology Patients

The following comments are direct quotes from patients with experience of urology services who took part in the engagement. Their feedback highlights views on how online appointments and test booking systems could work best.

Key themes raised by patients included:

- Concerns about digital access for older patients
- Potential for quicker access to appointments through online booking

“Not good for the older generation.”

“Easier to get an appointment.”

Overall insight: – General feedback from urology patients suggests that while online systems may improve access to appointments for some people, there are concerns that older patients or those less confident with digital technology may find these systems difficult to use.

d) Haematology Patients

The following comments are direct quotes from a patient with experience of haematology services who took part in the engagement. Their feedback highlights views on online appointments and booking systems.

Key themes raised included:

- Preference for in-person appointments and tests
- Importance of text message reminders
- Stress associated with logging into online systems

“I don't like online appointments. I get tested in person.”

“Text messages sent to me remind me of my appointments.”

“I would forget online appointments because it means I have to log in which I find stressful.”

Overall insight: This feedback suggests that for some patients, particularly where digital systems require logging in or navigating online platforms, the option to attend appointments in person remains important. Simple communication methods such as text message reminders were also highlighted as helpful in supporting patients to remember appointments.

e) Rheumatology Patient

The following comment is a direct quote from a patient with experience of rheumatology services who took part in the engagement. The feedback highlights views on how online appointments could be made easier for patients to use.

Key theme raised:

- Use of video consultations to support online appointments

“To make it better incorporating video calls can enhance the simplicity of patients usage.”

Overall insight: This feedback suggests that incorporating video consultations could help make online appointments clearer and more user-friendly for some patients, particularly where visual interaction may improve understanding and communication.

f) Out-of-Hours GP Patient

The following comment is a direct quote from a patient with experience of out-of-hours GP services who took part in the engagement.

Key themes raised included:

- Preference for non-digital communication
- Use of simple information such as leaflets or emails

“Not good online but give out leaflets and email patients.”

Overall insight: -This feedback suggests that some patients may prefer traditional communication methods, such as written information or email, rather than relying solely on online systems.

4. What communication is needed to help patients and clinicians understand their new choice?

Feedback gathered from patients across the specialties we engaged highlighted the importance of clear, accessible, and multi-channel communication to help people understand new digital options and how they can access services. Key themes are outlined below, with quotes included to illustrate their views.

a) Printed information (leaflets and letters)

Many patients felt printed materials would help explain the new online options, particularly for those who may not regularly use digital technology.

“Give out leaflets, emails.”

“Leaflets and calls.”

“Leaflet.”

“Both through papers such as leaflets, letters by post, email.”

“Need leaflets give out.”

b) Emails, text messages and phone communication

Patients suggested that direct communication methods such as email, text messages, or phone calls could help ensure people receive clear information about new services.

“Send it by phone, email patients.”

“Email to patients and leaflets.”

“Leaflets, emails or messages.”

“The information needs to be explained to patients by either sending us a text message or giving an overview for us to read.”

c) Videos and demonstrations

Some patients felt that videos or demonstrations would help explain how the online system works and what to expect from digital appointments.

“Videos would help.”

“Show a demo how it impacts them.”

“Advertisement and educational videos.”

d) Simple and clear explanations

Patients emphasised that information should be explained clearly and in plain English so that everyone can understand the new options.

“The best way for the NHS is explain to patients in simple plain English.”

e) Community and GP-based information sessions

Some patients suggested that learning about the new system in familiar healthcare settings could help them feel more confident using it.

“Organising sessions at the GP practice where patients can learn from staff.”

“You could go to GP and pick up info.”

f) Accessible formats for patients with additional needs

Patients highlighted the importance of providing information in accessible formats for people with visual impairments.

“Correspondence and videos would help and audios for people who have sight problems.”

“Give out leaflets and audio books for partially sighted.”

g) Preference for in-person communication

Some patients expressed that they would prefer to receive information in person rather than online.

"I would prefer to go in person rather than do anything online."

Overall insight: Patients indicated that communication about new digital healthcare options should use multiple channels, including leaflets, emails, text messages, videos, GP-based support, and accessible formats. Providing clear explanations in plain English and opportunities for patients to ask questions will be important in helping people understand and feel confident about the new service options.

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

Based on feedback gathered by Healthwatch Croydon from local residents, a patient survey (25 respondents), stakeholder input and reflections from the Healthwatch Croydon Local Leadership Board (LLB), several potential benefits of the proposed Online NHS Trust were identified.

- a) **Faster Access to Care:** – A key potential benefit identified by patients is the possibility of faster access to specialist advice and consultations. If online consultations reduce waiting times for initial assessments or follow-ups, this could improve patient experience and support earlier diagnosis and treatment.
- b) **Reduced Travel and Greater Convenience:** – Online consultations may reduce the need for patients to travel to hospital appointments. This could particularly benefit patients who have mobility challenges, those with caring responsibilities, or individuals balancing healthcare appointments with work commitments.
- c) **Greater Flexibility in Managing Appointments:** – Digital tools, including services such as the NHS App, may enable patients to arrange appointments, access information, and communicate with healthcare providers more flexibly. This could allow patients to manage their healthcare alongside their personal schedules.
- d) **Improved Access to Information:** – Digital services may also allow patients to access appointment information, test results, and treatment updates more easily, which could help patients better understand and manage their care pathways.

Differences Across Patient Cohorts

- a) **Working-Age Adults and Digitally Confident Patients:** – Working-age adults and patients who are confident using digital technology may benefit most from the convenience and flexibility of online consultations, particularly where this reduces time away from work or other commitments.
- b) **Older People (65+):** – Some older patients may find digital systems more difficult to navigate due to lower digital confidence or limited access to devices. This group may continue to prefer face-to-face consultations where communication and reassurance can be provided in person.

- c) **Patients with Disabilities or Long-Term Health Conditions:** – Patients with visual impairments, physical disabilities, or certain long-term conditions may benefit from reduced travel; however, they may also require accessible formats or additional support to engage with digital platforms.

- d) **Patients Living Further from Hospital Sites:** –Patients who live further away from hospital services or who experience transport challenges may benefit significantly from online consultations that reduce the need to travel for appointments.

- e) **Digitally Excluded Patients:** –Patients who do not have reliable internet access, suitable devices, or sufficient digital skills may find it more difficult to access online services. Without appropriate support, this group could be at risk of being disadvantaged by a primarily digital model.

Overall Insight

While the Online NHS Trust may offer increased convenience, flexibility, and quicker access to care for some patient groups, it will be important that digital pathways complement rather than replace traditional face-to-face services. Providing patients with choice and appropriate support will be essential to ensure equitable access across all communities.

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

Healthwatch Croydon LLB has highlighted a number of potential concerns regarding the introduction of elective care via the Online NHS Trust. The key points are summarised below.

- a) **Risk of a Two-Tier Service:** - There is concern that patients able to use the Online NHS Trust (via smartphones, tablets, or laptops) may experience faster access to care, while those unable or unwilling to use digital tools could face longer waits for procedures and operations. There is also the potential for Online NHS Trust patients to utilise spare capacity in local services, effectively jumping the queue and extending waiting times for others.
- b) **Integration and Communication Across the NHS:** - Given existing challenges with electronic communication across Integrated Care Board (ICB) boundaries and between primary, secondary, and tertiary services, questions remain about how patient diagnoses, treatments, procedures, and follow-up plans will be shared across the system. It is unclear whether all relevant information will be consistently communicated to patients and GPs via the NHS App.
- c) **Digital Exclusion:** - Concerns exist for patients who are digitally excluded due to low income, poor connectivity, language barriers, or physical/intellectual limitations. Mitigation strategies are needed to ensure equitable access to care and information for these groups.
- d) **Patient Choice and Transparency:** - Patients will need clear guidance on how to make informed choices, including selecting providers with the shortest waiting lists, highest CQC ratings, or most experienced consultants. The impact on patients in areas served by popular NHS Trusts used by Online NHS Trust patients must also be considered.
- e) **Funding and Financial Implications:** - Clarification is required on how the Online NHS Trust will be funded, particularly if assessment and diagnosis are delivered by the Trust while treatment is carried out by other NHS or private providers. This raises questions about funding flows, payment responsibility, and the potential financial impact on district general hospitals reliant on local patient activity.
- f) **Operational Complexity and Coordination Risks:** - The Online NHS Trust model will require multiple clinicians and organisations to work remotely across a patient's care pathway. This can be challenging within the existing system and may be further exacerbated in a digital environment. Without robust procedures and clearly defined responsibilities, there is a risk of task duplication, oversight, or mistakes. Patients will also need clear points of contact to help them navigate the system safely.

- g) **Impact on Staff Employment and Capacity:** – Staff engaged in remote assessments or diagnostics for the Online NHS Trust may have their primary employment affected. The implications for workloads and contractual obligations need to be addressed
- h) **Quality Assurance and Accountability:** – Concerns exist over how procedural quality will be monitored when treatment is delivered by different providers. Accountability in cases of complications or dissatisfaction must be clearly defined. Will there be a need for Service Level Agreements and if so who and how will these be monitored?
- i) **Reliability of IT Systems:** –Unreliable IT systems could lead to missed appointments or patients being lost in the system. There must be procedures and a dedicated support team to identify and resolve such issues.
- j) **Suitability for Certain Clinical Conditions:** Some conditions (e.g., gynaecology and gastroenterology) require a physical examination. How these cases will be safely managed within the Online NHS Trust model requires further clarification.
- k) **Patient Flexibility:** – Once a patient opts for care through the Online NHS Trust, it should be clear whether they can return to traditional services if they change their mind.
- l) **Transport and Accessibility:** – If treatment is delivered at a location distant from the patient’s home, transport arrangements and costs need to be addressed.
- M) **Complex or Prolonged Care Needs:** – For procedures that are more complicated than expected, or where patients require longer hospital stays or post-discharge support, links with local authority adult social services are essential. Funding and resourcing for this additional demand must be clearly planned.

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

- a) Don't abolish local Healthwatch, but instead commission them to work with the National Team, local residents and other local groups, to design the Online NHS Trust. Local Healthwatch can carry out local surveys with residents, including from seldom heard groups, to gather feedback to inform the development of design proposals.

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

- a) Work with patients to find out what they think success is – local Healthwatch can assist with this via surveys, focus groups etc, if they are funded to do so.
- b) Need to set up a system to monitor / track patients over time to find out what happens during the intervention.
- c) Keep quantitative data on the number of patients experiencing the Online NHS Trust over time and link this to the qualitative data on patient satisfaction.
- d) Before they start their intervention with the Online NHS Trust ask the patients what they are expecting to happen, and then after the intervention ask how was it? Use this to inform patient satisfaction rates.

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

- a) Refer to the national good policy guide on patient engagement and capturing information – on gov.org website.
- b) The Online NHS Trust needs to have a complaints policy that is readily available for patients and staff.
- c) Need to make the complaints route easy for people to navigate, especially for those who can't use online systems.
- d) Information about how to make a complaint and what to expect following a complaint, with timescales, should be written in plain English and made available to people at the beginning of their involvement with the Online NHS Trust.
- e) The above should include statements in the languages in use by local communities about how to access information if they are not fluent in written English.

Further information can be found in Appendix 1 additional reading (see page 24).

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

- a) As part of the data capture include the total time from referral to the service, to completion of treatment and discharge back to primary care.
- b) Develop (with involvement of local Healthwatch and residents) and implement a suitable survey that patients can complete at the end of their treatment, and commission an independent organisation (such as local Healthwatch) to analyse and report on the findings.
- c) Ensure that the Online NHS Trust has a robust process in place to ensure that patients are asked to complete and return their surveys - to increase completion rates.
- d) Establish some sort of "Patient Experience" group, jointly chaired by a senior person employed by the Online NHS Trust and a patient representative, to review the findings from the survey results analysis described in b), and develop recommendations for improvement and an action plan with timescales for completion.
- e) Require the "Patient Experience" group to report to the Online NHS Trust board periodically, presenting the report from b) and the recommendations and action plan described in d).

Conclusion

Feedback gathered by Healthwatch Croydon shows that many patients can see some benefits in digital health services, such as quicker access to appointments, less travel, and more convenience.

However, patients also said it is important that the online Trust's services are simple to use, clearly explained, and supported with good communication. Patients suggested using different ways to share information, such as leaflets, emails, text messages, videos, and support from GP practices.

Many patients still prefer face-to-face appointments, especially when they need to explain symptoms properly or when a doctor needs to examine them.

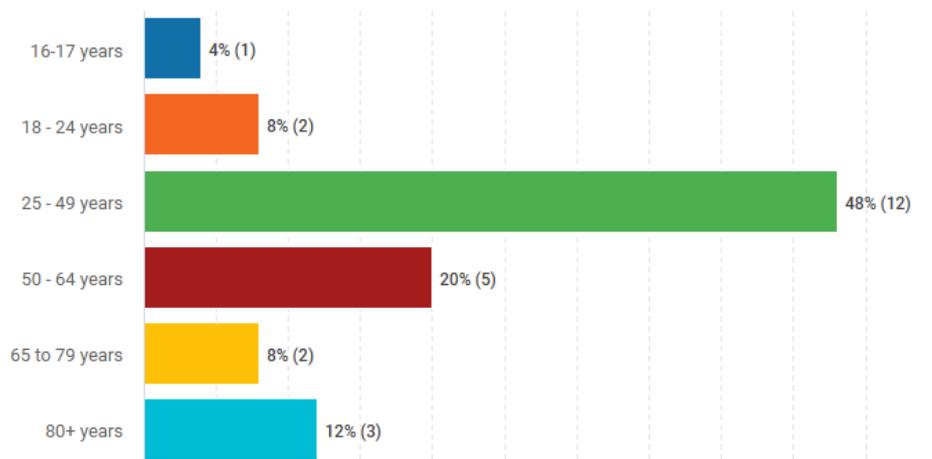
Patients also raised concerns about digital access, particularly for older people, people with visual impairments, or those who are not confident using technology. It is important that these patients are not left behind

Overall, patients felt that the online Trust's services should support, not replace, in-person care, and that giving patients a choice between online and face-to-face appointments would work best.

Appendix 1

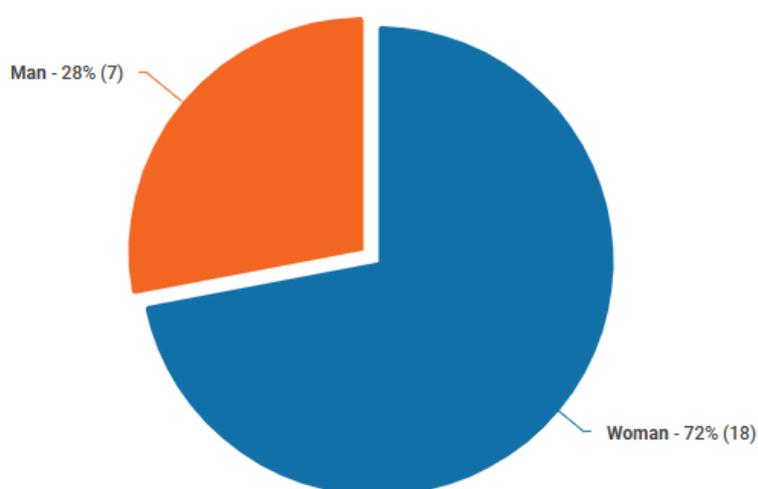
Demographic Charts

AGE



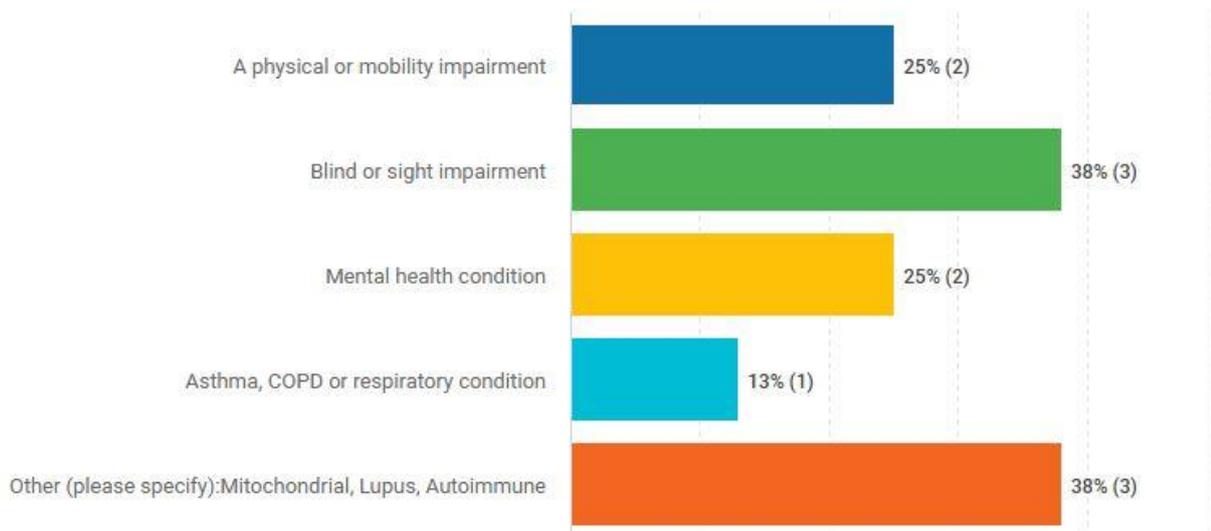
Most patients were aged 25–49 years (48%, 12 patients), making this the largest group represented in the engagement. This was followed by patients aged 50–64 years (20%, 5 patients) and 80+ years (12%, 3 patients). Smaller proportions of patients were aged 18–24 years (8%, 2 patients), 65–79 years (8%, 2 patients), and 16–17 years (4%, 1 patient).

Gender



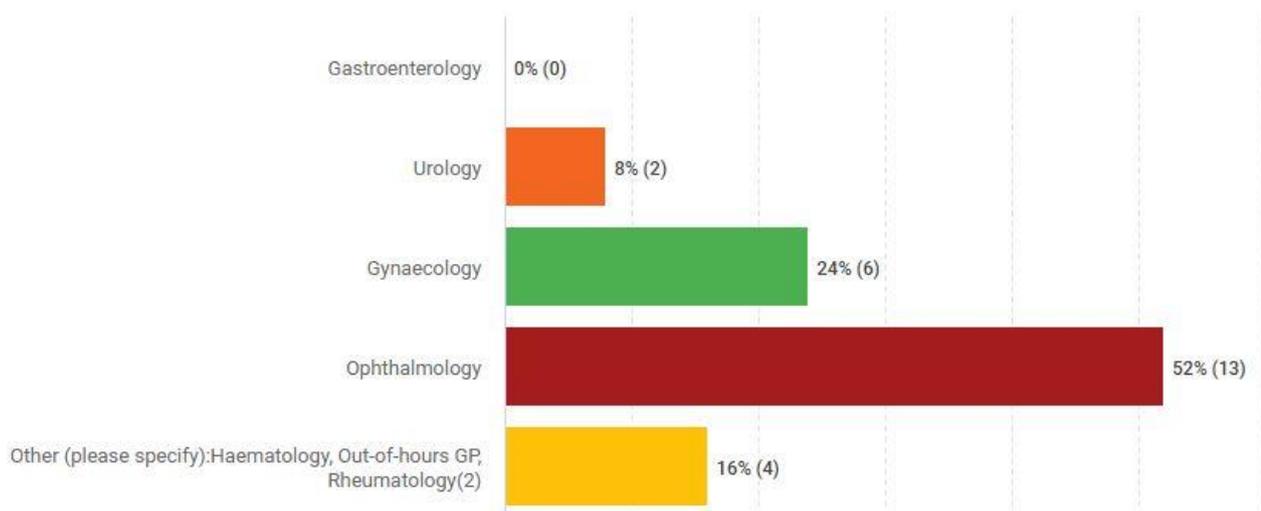
Most patients who took part in the engagement were women (72%, 18 patients), while men made up 28% (7 patients) of respondents.

Which of the following disabilities or long-term health condition do you have?



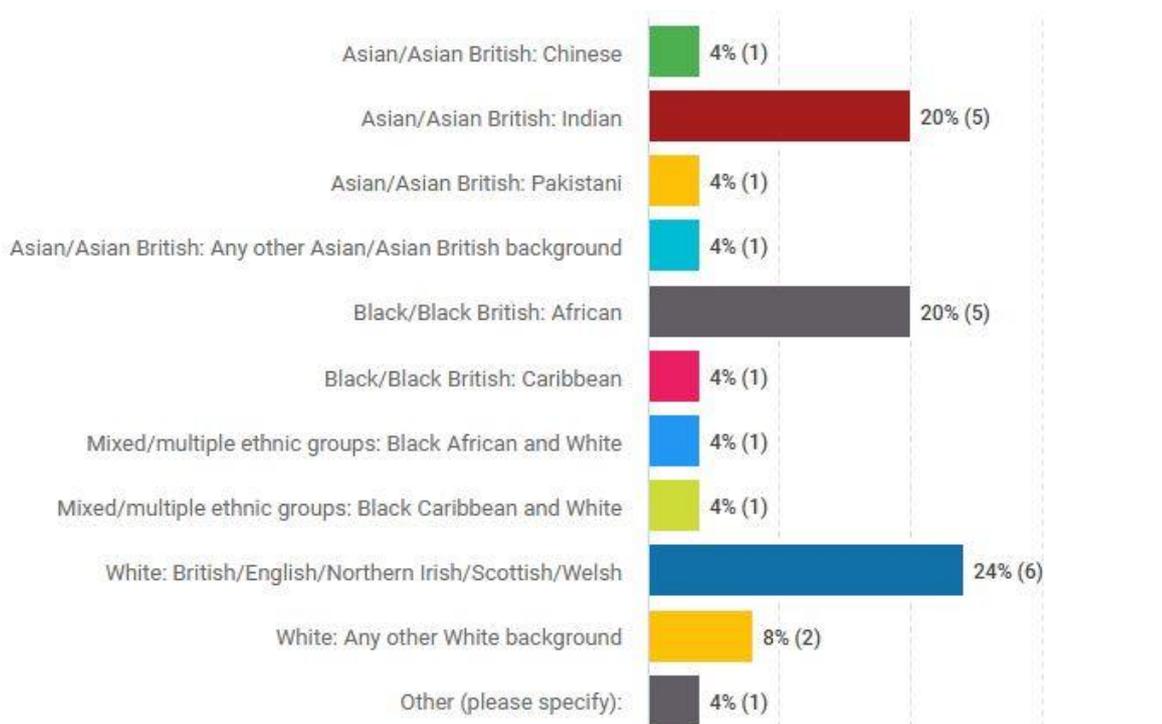
Over half of patients did not report having a disability (52%, 13 patients), while 32% (8 patients) said they had a disability and 16% (4 patients) preferred not to say. Among those who reported a disability, the most common were blind or sight impairment (38%, 3 patients) and other conditions (38%, 3 patients).

Clinical Specialities



Most patients were attending ophthalmology services (52%, 13 patients), followed by gynaecology (24%, 6 patients) and other services including haematology, out-of-hours GP and rheumatology (16%, 4 patients). Smaller numbers were attending urology (8%, 2 patients), while no patients reported attending gastroenterology services.

Ethnicity



Patients who took part in the engagement came from a range of ethnic backgrounds. The largest group was White British/English/Northern Irish/Scottish/Welsh (24%, 6 patients), followed by Asian/Asian British: Indian (20%, 5 patients) and Black/Black British: African (20%, 5 patients). Other groups were represented in smaller numbers.

Additional reading

<https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/>



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