London Digital First Programme: Patient Perspectives

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A review undertaken by the Health Innovation Network (HIN) South London on behalf of NHS England's London Digital First Programme

digital first
Connected Primary Care

NHS

Health Innovation Network South London

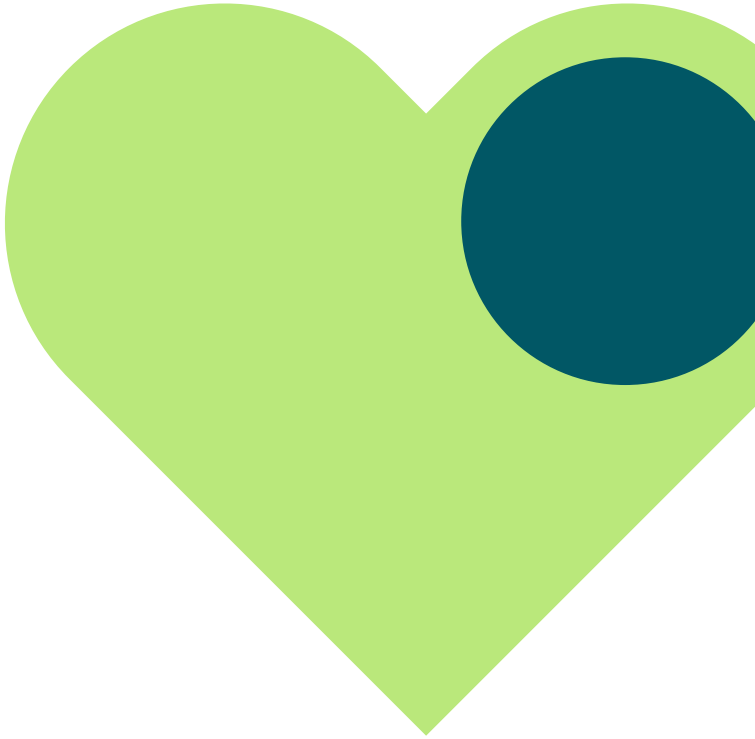
Contents

Acknowledgements

This report details the work undertaken by the London Digital First team and the Health Innovation Network (HIN) South London. It would not have been possible without the scale of input from staff working for North Central, North East, North West, South East and South West London Integrated Care Systems, as well as the people who completed the survey and who participated in the focus groups.

Special thanks go to those who supported the development and distribution of the survey and the set up and delivery of the focus groups:

- GP surgeries across London
- Healthwatch representatives across London
- North Central London Patient Perspectives project lead
- North East London Communications lead
- South East London Integrated Care System via its Let's Talk Health and Care Platform
- North West London community communications
- The Patients Association
- London Digital First team
- One London team
- Applied Research Collaboration South London



Please note:

This report represents the experiences and perspectives of patients regarding three digital tools used to access General Practice. In this project, the digital tools we have focused on are Online Forms, the NHS App and GP surgery websites.

It provides an overview of findings from across London which are, where appropriate, detailed at an Integrated Care System (ICS) level.

It is important to note that certain digital tools and the extent to which they are embedded, varies across London and within each ICS. Therefore, not all findings, patient suggestions for improvement, or recommendations will be applicable to all and should be considered at a local level.

01

Executive Summary

Overview

Digital First is a national programme of work that began in 2019 to support the transformation of primary care with the aim of delivering equitable access to digital services for all patients. Since 2019, the London Digital First team has driven the digitisation of primary care, focusing on promoting the implementation, understanding and improvement of digital tools within general practice across all five London Integrated Care System (ICS) geographies.

The aim of this project was to investigate and better understand the patient experience of digital tools in primary care by identifying key themes and areas for improvement across current ICS and national programmes. This report details the work undertaken by the London Digital First team and the HIN, to capture patient perspectives on their awareness and experiences of using digital tools in primary care across each of the London ICS regions.

A methodology for collecting patient perspectives was co-designed and consisted of a scoping phase followed by analysis of existing data, a London-wide online survey and a series of online focus groups (one per each London ICS). The existing data was provided by each ICS, and included patient surveys, feedback, and dashboard data. The online survey asked respondents about their usage and experiences of three key digital tools: Online Forms (also known as Online Consultations), the NHS App and GP surgery websites. In addition, patients were also asked about their communication preferences. The survey was distributed by two methods: 1) SMS from GP surgeries and 2) other modes of communication, including social media, bulletins, and posters with a QR code. Two separate links were used to help track the response rate via each approach. In addition, patients were invited to attend focus groups as an opportunity to obtain more detailed patient perspectives on key themes identified from the existing data and the online survey.

Key findings

The online survey yielded many responses (n=3267), and a majority (81%) of these were via the non-SMS, alternative route. In addition, 33 people participated in focus group discussions.

A set of London-wide themes were identified for each of the digital tools.

Online Forms

A high proportion of respondents (77%) stated that they have used Online Forms, although only 13% used them weekly or more frequently. However, it is important to note that patients use Online Forms as and when required, which may not be typically frequent. 76% strongly or somewhat agreed that Online Forms were easy to use which was supported by the focus groups highlighting ease of use as a benefit.

The top three uses were the same across all ICSs, with 70% using them to book an appointment, 36% for medical advice and 34% to order a prescription. 76% of respondents strongly or somewhat agreed they were happy with the outcome of using an Online Form.

The reported benefits of Online Forms were that they:

- Save time: quick and easy to use, accessible throughout the day and reduce travel and waiting times.
- Facilitate communication: allow patients to express their concerns in detail, so that healthcare professionals have more information available ahead of the appointment.
- Improve access to services and information: allow ordering of repeat prescriptions, access to test results, medication history, reliable information, and educational content.

Some negative experiences were also raised; the most common themes were:

- Inconsistent response times and service availability.
- Lengthy, irrelevant or too many questions. However, it is worth noting that the length and design of Online Forms varies depending on the Online Consultation product in use.
- Accessibility challenges, as some patients may not have access to devices or internet or may lack the technology skills required to access Online Forms.

The three most common recommendations for improvement by patients were:

- Consider simplifying and reducing the number of questions where appropriate, dependent on the Online Consultation product in use, whilst also ensuring there is sufficient information gathered for safe triage.
- Extend the amount of time the Online Form is available for completion and include clear guidelines on response times and signposting in the case of emergencies.
- Improve communications and guidance to patients to enhance their understanding of Online Forms, whilst also helping to manage their expectations of the service. For example, outlining that Online Forms are a form of triage rather than a route to book appointments.

NHS App

There were high levels of use with 80% of respondents having used the NHS App, although low frequency with only 15% of respondents using it weekly or more frequently – suggesting regular use is not required. 83% of respondents agreed that it was easy to find what they needed on the NHS App whilst 86% agreed that information within the NHS App was easy to understand.

The most common uses for the NHS App in each ICS were 'to view my medical record' (46%), 'to order repeat prescriptions' (42%) and 'to book a GP appointment' (40%). Of the patients that have access to their records, 68% agreed they can see all the information they need to when viewing their medical record on the NHS App.

Of those who had never used the NHS App (n=470), the main reason was that they preferred contacting their GP surgery by phone or in person (48%). Whilst for those who rarely use the NHS App (n=914), the top reason was that patients only needed it for their Covid-19 pass (36%).

The following four benefits of the NHS App were identified:

- Easy to use: the design of the app is simple and intuitive, providing all information in one place which can be accessed outside of normal working hours.
- Enables self-care and empowerment: able to access prescription history, order repeat prescriptions (without needing to contact the GP surgery) and manage appointments.
- Improves access to records: able to access medical history including test results and proof of Covid-19 vaccination.
- Source of reliable information: to review symptoms and seek advice.

Some negative experiences were also raised; the most common themes were:

- Patients reported they were unable to book an appointment with a GP via the NHS App.
- Limited personal information available to view via the NHS App, such as access to full medical records or test results from hospital or specialist appointments.
- Lack of integration with other healthcare systems and applications that patients use (e.g. to access information on hospital appointments) which means patients may need to access multiple apps/platforms.
- Barriers to access for those patients with no internet connection or limited technology skills. Patients were not aware that there is an option to access the NHS App via a website browser leading to the perception that individuals without a mobile phone could not access the NHS App.

The four most common recommendations for NHS App improvement by patients were:

- GP surgeries to allow patients to book online appointments via the NHS App and where not possible, there should be clear signposting for patients on how to book appointments.
- GP surgeries should enable full record access, enabling patients to view historical information upon request.
- Expand test result availability to include hospital and specialist appointments within the NHS App (and without having to use other apps).
- Having all their medications listed on the repeat medication ordering section.

GP surgery websites

There were high levels of use with 76% of respondents having used their GP surgery website, and low frequency with only 10% of respondents using them weekly or more frequently – suggesting regular use is not required. 78% of respondents said they found it very or somewhat easy to find what they needed on their GP surgery website. Of those who had not used their GP surgery website, the top three reasons for not using them were: 'I would rather make contact by phone or visiting the GP surgery' (37%), 'I haven't needed to use the website' (31%) and 'I don't understand how to use the site' (15%).

The following benefits of GP surgery websites were identified:

- Prescription management and ability to order repeat prescriptions.
- Design and navigation of GP surgery websites have improved.
- Being able to use the GP surgery website to access digital tools and navigate services.

Some negative experiences were also raised; the most common themes were:

- No mechanism to request a routine appointment via the website, meaning that patients have to phone the practice or complete an Online Form instead.
- Difficulty finding the GP surgery email address.
- Difficulty navigating.
- Out of date information.

The three key recommendations for improvement by patients were:

- Simplify the menu structure and improve signposting to make information easier to find.
- Ensure the website is kept up to date and includes the GP surgery email address on the main page next to the phone number so that patients have a clear mechanism for contacting and providing feedback.
- Adopt a common website template.

Communications

The online survey included a small number of questions around communication methods and preferences. Appointment reminders and bookings are the most common type of text messages received by respondents (77%). Other common types of text messages received included 'invitations to make an appointment (e.g. screening / immunisations / medication review)' (54%) and 'surveys' (35%).

Of the 73 patients that indicated they did not receive text messages from their GP surgery and gave a reason for this, the most common reason was that they did not know their GP surgery could send them text messages (47%).

When asked to rank communication preferences, SMS / text message was the preferred option (66%), followed by email and telephone call.

Digital Exclusion

Digital exclusion was highlighted in both the survey and the focus groups. Survey respondents were asked what could be done to improve their experiences of using digital tools and, across each of the ICSs, patients raised concerns around digital exclusion for some patient groups.

Across the focus groups, patients with disabilities and impairments shared their experiences. Although some advantages of digital tools were raised, they also highlighted some of the challenges they faced – such as a patient who was deaf being unable to use phone consultations, and a patient with poor hand mobility being unable to use mobile apps.

Recommendations from the focus groups included training for front line admin and clinical staff on the Accessible Information Standard (AIS) to increase awareness and ensuring compliance with the AIS, which would improve patient experience. Patients also recommended flags (and adherence to these) on patients records to highlight preferred communications methods.

Conclusion

This research specifically aimed to capture the experience of patients that use digital tools to access primary care and support their health care needs by using Online Forms, the NHS App and GP surgery websites.

The research revealed that the majority of respondents used all three digital tools, with those using the services reporting that they were easy to use. However, frequency of use was low across all tools, which could be attributed to a lack of functionality, such as lack of enablement of online appointments or restricted access to complete Online Forms. However, as the majority indicated they were satisfied with the digital tools, it is more likely that the patients that participated in this research did not need to use these digital tools frequently.

Several benefits were identified, particularly the convenience of digital access. To further increase adoption, the research suggests that more could be done to raise awareness of the tools and their benefits. It was also suggested by patients that extending the time the Online Form is available for completion will result in a better user experience. In addition, it was highlighted that a focus on improving accessibility would be particularly beneficial for those who may experience barriers to using digital tools.

Lack of clear communication and lack of ability to provide timely feedback to the GP surgery was identified as a barrier. Having clear navigation and signposting to help patients access the GP surgery services they need, would help improve patient experience and likely reduce the need to contact the practice.

Although there was generally a consistency in findings across the ICSs, there were areas of variation including levels of use, reasons for not using digital tools and general positive and negative experiences. This presents an opportunity to share learning across ICSs, whilst also being mindful of the differences between systems (e.g. population preferences and functionality of tools).

Recommendations

- Improve patient communication to build awareness and understanding of the digital tools on offer.
- Ensure information within digital tools is clear, correct and current.
- Increase awareness of, and ensure adherence to, the Accessible Information Standard (AIS).
- Reduce variation and consider digital tool specific patient recommendations.
- Obtain ongoing timely feedback from patients to assess effectiveness of digital tools.
- Review patient communication preferences.
- Maximise the online offer to patients through ongoing improvement of GP surgery pathways and services.
- Complete user testing with any new or updated digital tools to ensure suitability.
- Share learning from this review across London.

02

Background

Digital First

Digital First is a national programme of work that supports the transformation of primary care with the aim of delivering equitable access to digital services for all patients.

Since 2019, the London Digital First team has driven the digitisation of primary care, focusing on promoting the implementation, understanding, and improvement of digital tools within General Practice across all five London Integrated Care System (ICS) geographies. ICS programme teams are currently in the final year of this five-year programme.

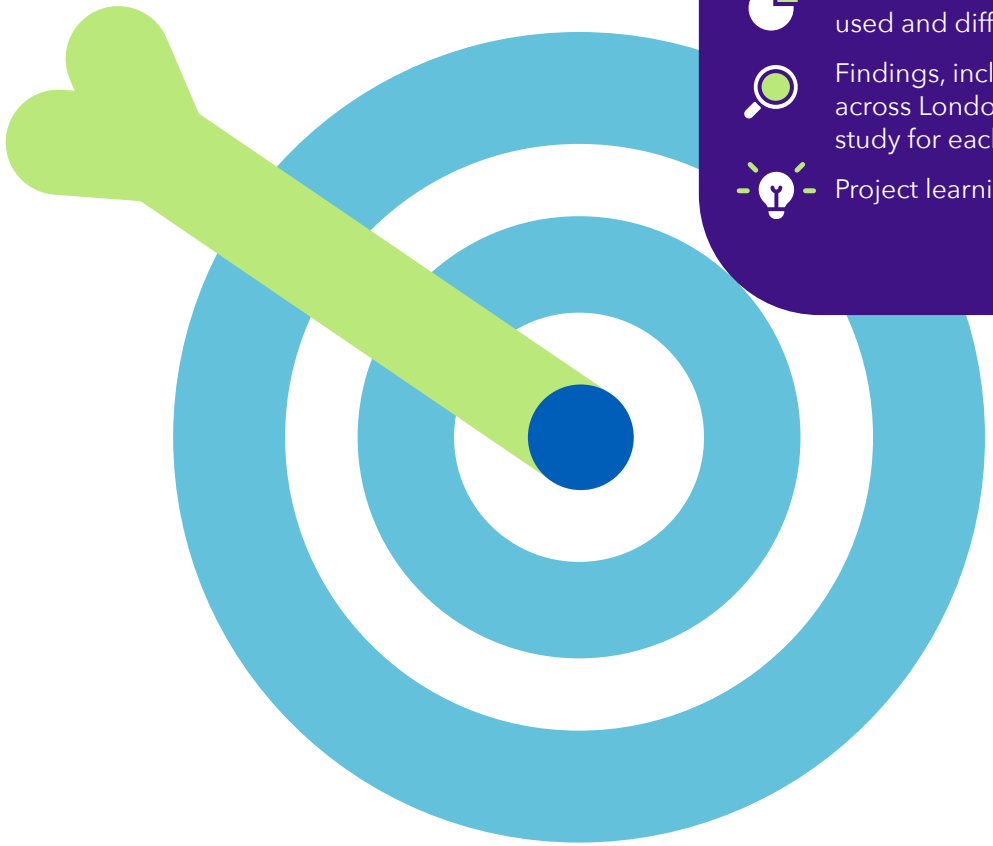
In 2022, the London Digital First team and the Health Innovation Network (HIN) co-produced an Outcomes Framework aimed at supporting the monitoring, evidence generation and evaluation of workstreams across the five London ICSs. The Outcomes Framework is comprised of a series of structural, process and outcome measures which can be used to consistently monitor programme performance, assess value for money, and demonstrate the impact of all initiatives. There are several measures outlined in the Outcomes Framework that require patient engagement. In line with this, the ICS regions and the London team indicated a need for additional support with this phase of data capture and gathering qualitative patient feedback.

This report details the work undertaken by the London Digital First team and the HIN, to capture patient perspectives on their awareness and experiences of digital healthcare tools across each of the London ICS regions.

Project aim

The aim of this work is to investigate and better understand the patient experience of digital healthcare tools in primary care by identifying key themes on benefits and what works well, the elements that could be improved and the recommendations made by patients to help inform and improve the programme delivery across the ICSs and national programmes.

Information gathered will be used to capture the impact of the Digital First programme. At an ICS level, the findings will identify initiatives performing well and those that could benefit from improvement so that lessons can be shared, and support can be targeted more effectively. At a regional level, the findings will provide assurance around the programme's performance linked to future national funding cycles and help to understand the legacy of the Digital First programme.



Report overview

This report details the capture and analysis of patient feedback gathered during the delivery of the Digital First programme.

This report contains:

- An overview of the methodology used and different data sources.
- Findings, including key themes across London as well as a case study for each ICS.
- Project learning and recommendations.

03

Methodology

Overview

The London Digital First team and the HIN co-designed the methodology with input from evaluation, involvement and communications specialists. Two Lived Experience Partners were also involved in the design of the approach, providing vital insight as to how to meaningfully engage with a diverse group of patients.

The approach can be described according to two main areas: 1) scoping and 2) data collection and analysis.

Scoping

To inform the data collection and analysis, a series of scoping meetings were held between the London Digital First team and the HIN project team with:

- representatives from each ICS to collaboratively identify and prioritise which digital projects they wished to obtain feedback on and to identify any existing feedback data.
- London-wide Local Medical Committee (LMC) representatives to ensure oversight and support.
- Enfield, Camden and Haringey Healthwatch organisations as well as the North East London Healthwatch Community Insights Steering Group, to provide advice and guidance on engaging with patients.

As part of the scoping phase, population data packs using census data for each ICS were developed (see Appendix 1: Population data packs using census data).

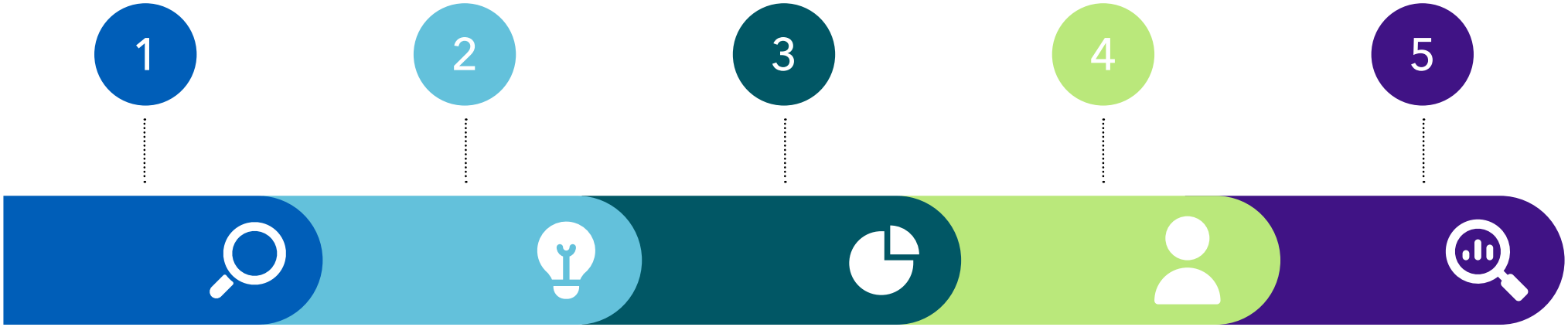
Data collection and analysis

The following three methods were used, each with a different primary purpose:

- Analysis of historical data: to inform the online survey and focus group questions and also to potentially identify any changes over time.
- London-wide patient online survey: to produce generalisation findings through a sufficiently large and representative sample.
- One online focus group for each London ICS: to provide a richer description of patients' views and beliefs.

Data from the three methods were collated to inform the findings.

Overview



Project Brief

- Needs articulation completed.
- Scope of Digital First programme and ICS-level feedback obtained, defined and planned with London Digital First team.

System engagement

- Worked with ICS and local clinical leads to identify priority projects and key areas on which to obtain patient feedback.
- Involved patient engagement leads, clinicians and Healthwatch teams to identify appropriate focus groups and patient demographics for targeted outreach.

Capture of historical and demographic data

- Existing sources of patient feedback and other data were shared by ICS Digital First teams - analysis of the data (a) informed development of the survey and focus group questions and (b) provided a historical view of patient perspectives.
- Population information collated to inform focus group demographics.

Patient engagement

- A multi-phase process completed, with guidance from the HIN's evaluation and involvement teams.
- Stage 1: London-wide online survey (target response of 20 respondents per borough).
- Stage 2: Focus Groups (target of one per ICS, with 6-8 participants).

Analysis and content creation

- Data analysis completed.
- One case study produced per ICS, containing one soundbite per focus group.
- Overarching report produced detailing regional findings.

Existing data

Each ICS was asked to provide historical patient feedback on Digital First projects that were of particular interest to them locally. This could include both qualitative and quantitative sources (e.g. supplier questionnaires, app or website usage metrics and GP surgery survey results).

It was intended that, following a thematic analysis at ICS level, this data would then inform the online survey and focus group questions. However, data sources varied across the different regions (see Table 1). It was therefore agreed that this information would be used to supplement the survey and focus group findings.

Table 1 Data sources per ICS region

ICS Region	Data source(s) used
North Central London (NCL)	• GP surgery A survey (October 2022 and January 2023) • GP surgery B survey (October 2022 and January 2023) • NCL ICS GP Patient Survey (2020-2023) • NHS App Reporting Dashboard (July 2022-June 2023)
North West London (NWL)	• NWL ICS GP Patient Survey (2021-2023) • NHS App Reporting Dashboard (July 2022-June 2023)
North East London (NEL)	• Accurx (Online Consultation product) patient feedback • eConsult (Online Consultation product) patient feedback • NEL ICS GP Patient Survey (2021-2023) • NHS App Reporting Dashboard (July 2022-June 2023)
South East London (SEL)	• SEL ICS GP Patient Survey (2020-2023) • NHS App Reporting Dashboard (July 2022-June 2023)
South West London (SWL)	• SWL ICS GP Patient Survey (2020-2023) • NHS App Reporting Dashboard (July 2022-June 2023) • Accurx (Online Consultation product) patient feedback (January 2023 – June 2023)*

*Note: due to a large volume of data, 200 responses from patients who had given a feedback score of 1 (very easy) and 200 responses from patients who had given a feedback score of 5 (very difficult) were analysed. This was to try to understand a range of perspectives.

Online survey

The London Digital First team identified the digital tools to be included within the survey and drafted the survey questions based on the scoping outputs.

To develop the themes for the survey, each ICS was asked to identify priority programmes of work that they wished to obtain patient feedback on. Recognising that there were overlaps with chosen themes across all ICSs, the London Digital First team decided to explore these in more detail. Previous patient research, including the Healthcare Communications surveys in NCL ICS, helped to inform the structure and content of the survey. ICS project managers and clinical leads provided subject matter expertise and were given the opportunity to review the questions included in the survey.

Before publication, the survey was reviewed and refined by the HIN, including by the HIN Lived Experience Partners to ensure the language and approach were acceptable and accessible.

The survey was hosted on the Qualtrics Survey Platform. All questions were optional, and the survey was organised into the following four sections:

01 Online Forms (also known as Online Consultations)

02 GP surgery websites

03 The NHS App and

04 Communications (preferences and methods)

In addition, several optional demographic questions were asked to assess if the survey sample was representative of the wider population. Patient responses were automatically logged on the Qualtrics system once the patient submitted their response.

To encourage participation, respondents who completed the survey were offered the opportunity to enter a competition to win a £100 voucher. The respondents were also asked if they would like to be contacted to be part of a focus group, explaining that there would be reimbursement for focus group participation. The survey is detailed in Appendix 2.

The survey was distributed via:

01 SMS text message from selected GP surgeries, with reimbursement to surgeries for costs incurred.

02 Alternative routes (e.g. newsletters, mailing lists and social media channels used by patient and public involvement teams and services within ICSs such as Healthwatch and hospitals).

Two separate survey links were used to analyse which of the two methods was most effective.

The survey was live from Tuesday 4 July to Monday 14 August 2023.

Focus groups

To obtain conversational and richer insights into patient perspectives on key themes identified through the thematic analysis and survey phase of this work, a series of online focus groups was arranged.

A focus group topic guide was developed collaboratively between the HIN and London Digital First team. A facilitation plan and topic guide with questions and prompts were developed to deep dive into the themes identified from the online survey. These were reviewed and refined by the HIN Lived Experience Partners to ensure the language and approach was acceptable and accessible. See Appendix 3 for details.

Participants were recruited via opt-in following the online survey. A high level of interest was received, and purposive sampling was used to ensure that each focus group contained a diverse group of people and people with a breadth of experience. This was two-fold:

01 Identifying people who reported having had experience of two or more digital tools.

02 Identifying people based on demographic information (borough of residence, age, gender and ethnicity).

Potential participants were then contacted via email to confirm if they would still like to take part. If so, they were requested to complete a short online questionnaire about their positive and negative experiences of three tools (Online Forms, the NHS App and GP surgery websites) – this was intended to prompt thinking prior to the focus group. As part of this process, informed consent was also obtained.

One focus group was planned for each ICS between Monday 21 August and Tuesday 29 August 2023, with the sessions held at lunchtime to help ensure a range of participants could attend. The MS Teams platform was used, and each session was recorded for note taking purposes and to collect soundbites for this report. Participants were reminded about this at the start of the session, and verbal consent was gained.

The focus groups were co-facilitated by the HIN involvement team, including Lived Experience Partners to support open conversations and minimise systematic barriers between 'patients' and 'the NHS'. Each group started with a set of introductions, background on the Digital First programme and the purpose of the session, and a set of guidelines (e.g. confidentiality and being respectful of others). Participants were provided with the opportunity to feed back verbally during the session or use the chat function if they preferred.

Focus group participants were offered reimbursement in the form of a £30 voucher or Bacs transfer, in line with the HIN Payment Guidance.

04

Findings

Overview

Overview

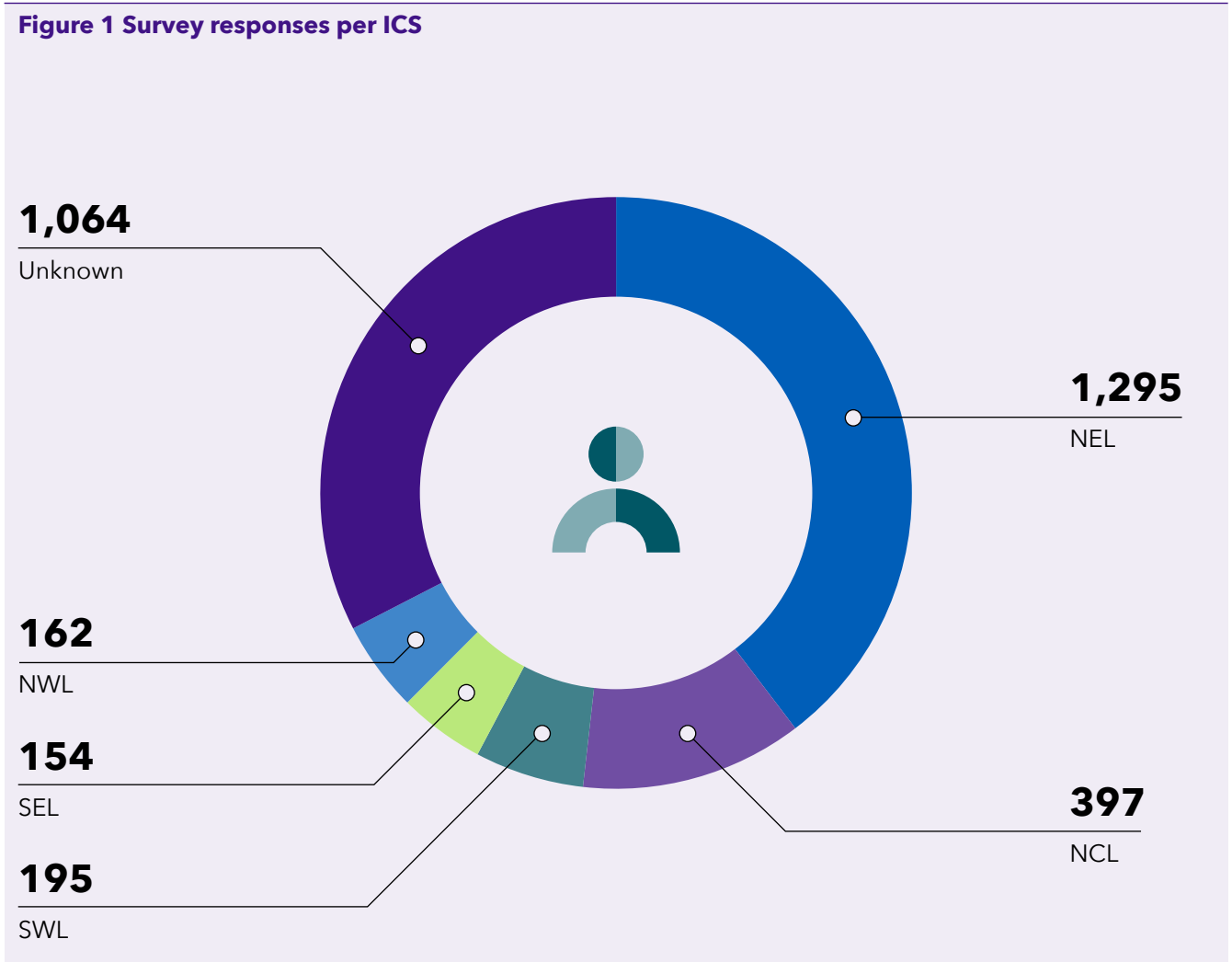
The findings from the three data sources (existing data, online survey and focus groups) were used to develop a case study for each ICS, from which a set of London-wide themes has also been identified.

For further details on each ICS, please see supporting case studies.

Online survey response rates

Across London, 4379 survey responses were received. Of these, 1112 were identified as being from bots and therefore were discounted, resulting in 3267 valid responses for analysis (1064 of which could not be allocated to a borough, but were included in the overall analysis). Of the 2203 responses which could be allocated to a borough, the majority of these were from North East London ICS (59%) – see Figure 1 for breakdown. A breakdown by borough is available in each ICS case study.

Figure 1 Survey responses per ICS



Engagement across London varied significantly by borough. Most responses were received from Havering in NEL (324 responses) whereas the fewest responses were received from Croydon in SWL (2 responses).

The majority of survey respondents used the link shared via 'alternative routes' (81%), whilst 19% of responses were collected using the link shared via SMS text message from GP surgeries. See Table 2 for more details.

Table 2 Number of responses per locality

Locality	Total number of responses	Number of responses by SMS link	Number of responses by alternative route
NEL	1295	10 (1%)	1285 (99%)
NCL	397	311 (78%)	86 (22%)
SWL	195	175 (90%)	20 (10%)
SEL	154	66 (43%)	88 (57%)
NWL	162	52 (32%)	110 (68%)
Unknown	1064	0 (0%)	1064 (100%)
London-wide (not including responses not allocated to an ICS)	2203	614 (28%)	1589 (72%)
London-wide (including responses not allocated to an ICS)	3267	614 (19%)	2653 (81%)

The demographic data for those who responded to the survey was reviewed against the 2021 census data to assess representativeness. This is shown in Table 3 which demonstrates good representation across key demographic categories.

Table 3 Online survey respondent demographics compared to London 2021 Census data

Demographic category	N	%	London census data %
Age			
18 – 24	126	6%	9%
25 – 34	368	17%	24%
35 – 49	567	26%	30%
50 – 64	673	31%	22%
65 – 79	378	18%	11%
80+	36	2%	4%
Gender			
Male	713	34%	49%
Female	1392	66%	51%
Gender identity			
Cis	2105	99%	91%
Non-cis	24	1%	9%
Ethnicity			
White (including White other)	1351	62%	54%
Asian or British Asian	356	16%	21%
Black, Black British, Caribbean or African	233	11%	14%
Mixed Ethnicity	70	3%	6%
Other ethnic group	90	4%	6%
Prefer not to say	81	4%	.

Note:

- Age: census data includes people under the age of 18 and categorised data with 20-24 as their first category containing adults. Percentage breakdown for age was calculated by removing data for anyone aged 19 and younger.
- Gender: census gender breakdown includes people under the age of 18.
- Ethnicity: census ethnicity includes people under the age of 18 and does not include a category of 'prefer not to say'.
- Some numbers do not add up to the total where there was missing data.
- Different regions have different demographic profiles, for a breakdown by ICS region please see Appendix 1.

London-wide themes

Please note, for some questions, respondents were able to choose more than one answer. These have been marked with an '*'.

Online Forms

The findings regarding Online Forms are summarised below under four headings: usage, benefits, negative experiences, and recommendations for improvement.

Usage

This section largely draws on data from the online survey, and covers levels and rate of use, ease of access and reasons for accessing or not accessing Online Forms.

- **High levels of use:** Overall, 81% of survey respondents agreed they knew where to find Online Forms. For NCL, NEL and SEL, most respondents had heard about Online Forms via their GP surgery or GP surgery website. In NEL and SWL, slightly more respondents had heard about them via SMS message than GP surgery websites.

  77% of respondents had used Online Forms, however, level of usage varied across London – from 92% in NCL to only 58% in SWL.

  722 (23%) respondents said they had not used Online Forms and, of those, 602 provided answers about why they hadn't used them*. The top three reasons across all ICSs were: 'I would rather make contact by phone or visit the GP surgery' (33%), 'I haven't needed to use an Online Form' (33%) and 'I didn't know this service was available' (26%).

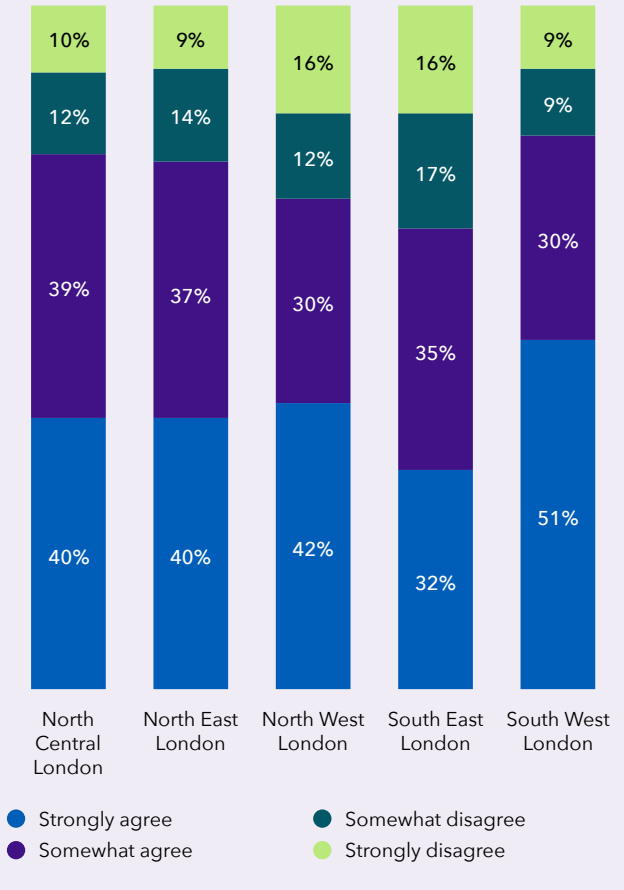
- **Low frequency of use:** Most respondents (87%) only used Online Forms once a month or less frequently, suggesting regular use was not necessary. This was a consistent finding across all ICSs.

- **Ease and routes to access:** 76% strongly or somewhat agreed that Online Forms were easy to use. Variance was from 67% in SEL to 81% in SWL as per Figure 2. This was supported by feedback from most focus groups which highlighted ease of use as a benefit of Online Forms.

76%

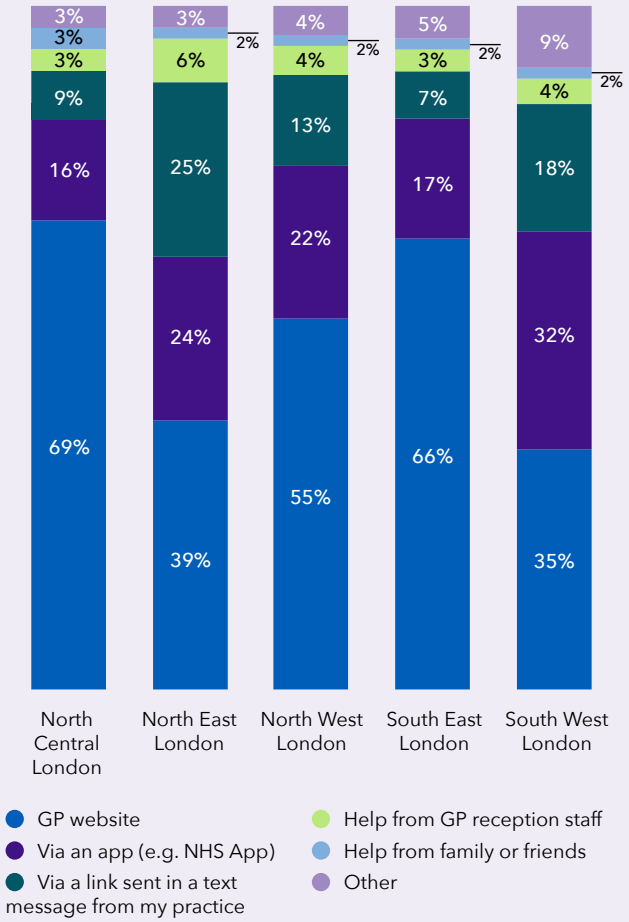
strongly or somewhat agreed that Online Forms were easy to use

Figure 2 Ease of use of Online Forms per ICS



The most common routes of access were via the GP surgery website (45%), an app (e.g. NHS App, 22%) or link from text message from GP surgery (21%). These were the top three responses across all ICSs. See Figure 3 for more details.

Figure 3 Route of access to Online Forms per ICS



65% strongly or somewhat agreed to knowing what times they could access Online Forms. Variance was from 60% in SEL to 73% in SWL. This was the lowest scoring statement overall, and this was supported by the focus group discussions where four of the five groups (all except NEL) talked about how there can be inconsistent response times and availability of the Online Forms service.

Reasons for and experiences of using Online Forms: The top three uses were the same across all ICSs, with 70% overall using them to book an appointment, 36% for medical advice and 34% to order a prescription*.

75% strongly or somewhat agreed that they were contacted within the stated time after submitting an Online Form. Variance was from 66% in SEL to 83% in NCL (see Figure 4). This was supported by the focus group findings, where inconsistent response times were raised as a common negative experience.

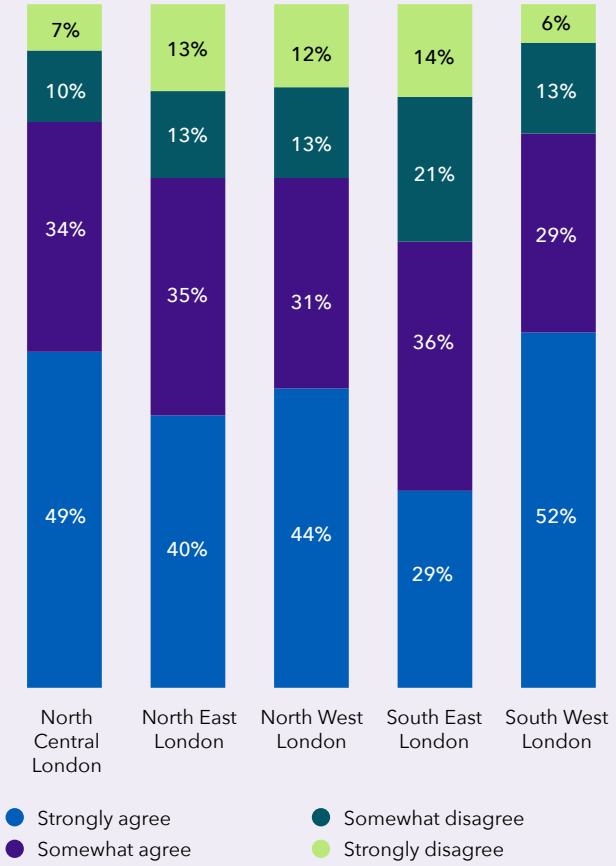
75%

strongly or somewhat agreed that they were contacted within the stated time after submitting an Online Form

Figure 4 Contacted within stated response time following submission of the Online Form

76% strongly or somewhat agreed they were happy with the outcome of using an Online Form. Variance was from 65% in SEL to 83% in NCL (see Figure 5).

Figure 5 Satisfaction with outcome following submission of the Online Form



Reported benefits

The following three benefits of Online Forms were identified consistently in most of the focus group discussions:

1. **Saves time:** Online Forms generally have a clear layout which is quick and easy to use. People can access the service at different times of day, without having to travel or wait in telephone queues and this helps support greater accessibility and flexibility. Additionally, they allow patients to receive prompt responses from their GP surgery.
2. **Facilitates communication of a health concern:** Online Forms allow patients to express their concerns in detail, without concerns about being judged. Providing information in this format can mean the GP has more information available ahead of the appointment, allowing for better use of appointment time and productive discussions. For those who do not have English as a first language, it is also possible to use translation tools to support their submission – something which would not be possible in a verbal exchange.
3. **Improves access to services and information:** Online Forms allow patients to follow up on test results without an appointment with the GP. They support patients to conveniently order repeat prescriptions and have easy access to their medication history. The information a patient provides via the Online Form enables the practice staff to signpost to reliable information and educational content.

Negative experiences

Some negative experiences related to Online Forms were also raised; the most common themes across the five focus groups were:

1. **Inconsistent response times and service availability:** Patients expressed a lack of clarity on response times to their Online Form submission. This led to patients either: prematurely following up with their GP surgery, accessing wider urgent services such as Walk In Centres or failing to follow up on a concern all together. Patients were also unclear about the times at which they are able to submit an Online Form and at what point this will be reviewed and actioned.
2. **Lengthy, irrelevant or numerous questions:** Issues around the questions in the Online Form were raised, with some patients feeling there were too many questions, some questions were repeated or they were asked a question that was not relevant to their query.
3. **Accessibility challenges:** Concerns were raised about the digital exclusion of some patients, who may lack the ability, knowledge or devices needed to access healthcare services online. Patients also reported being unable to access services, due to lack of compliance with the 2016 Accessible Information Standard (AIS). An example was given by a patient who was deaf whose communication needs were not taken into account, and they were repeatedly asked to telephone the GP surgery to make an appointment, despite their disability being noted in their records.

Patient recommendations for improvement

During the focus groups, the three most common recommendations patients had for improvement were:

1. **Review the Online Form question structure:** Although the format of Online Forms varies depending on the product, patients recommended that simplifying the structure of the Online Form and reducing the number of questions would make completion easier. Additionally, the introduction of a free-text option for patients to provide a summary of their concerns/issues, would eliminate the need to navigate multiple fields and help streamline the process.
2. **Extend the time at which an Online Form is available for submission:** Expand the times at which Online Forms can be accessed to improve accessibility and convenience for patients. It is important to note that the GP contract currently stipulates that GP surgeries can choose to turn off their Online Consultation tool outside core hours to help safely manage patient demand. The Online Form should include clear guidelines on when patients could expect a response as well as signposting to other appropriate services in the case of emergencies.
3. **Improve the appointment booking system:** Where not currently available, introduce the functionality for patients to be able to book appointments with their GP or book specific appointment slots directly through Online Forms for a more convenient process.

NHS App

Usage

This section largely draws on data from the online survey, and covers levels and rate of use, ease of access and reasons for accessing or not accessing the NHS App.

- **Ease and routes to access:** 88% of respondents agreed it was easy to sign up for the NHS App. Level of use varied across different ICSs – variance was from 87% in NCL to 74% in NWL.

  Most survey respondents heard about the NHS App via 'communications related to Covid-19' (27%), 'GP surgery / staff '(27%) or the 'NHS website' (26%)*. This varied slightly, with some ICSs also having a high response for 'GP surgery website' (NCL, 27%) and 'Text message / SMS from GP surgery' (SWL, 18%).

  83% of respondents strongly or somewhat agreed that it was easy to find what they needed on the NHS App. Whilst 86% strongly or somewhat agreed that information within the NHS App was easy to understand.

- **Low frequency of use:** The majority of respondents use the NHS App rarely (53%) or monthly (32%) with only 15% using it weekly or more frequently, suggesting regular use is not required. This was the case across all ICSs.

- **Reasons for and experiences of using the NHS App:** The most common uses for the NHS App were 'to view my medical record' (46%), 'to order repeat prescriptions' (42%) and 'to book a GP appointment' (40%)*. These were the top three uses in each ICS. When asked specifically about these features:

  - 81% agreed ordering a repeat prescription via the NHS App is quick and convenient. However, there was variation across ICSs - in SWL 87% of respondents agreed with this statement, compared to only 73% in SEL.
  - 68% agreed they can see all the information they need to when viewing their medical record on the NHS App.
  - 57% strongly or somewhat agreed that they could book an appointment with a GP or healthcare professional via the NHS App. This was significantly lower in NWL and SEL where only 45% and 47%, respectively, agreed with this statement.

Reasons for non-use:

Of those who **hadn't used** the NHS App (n=470), the top three reasons were: 'I would rather make contact by phone or visiting the GP surgery' (48%), 'other' (21%) and 'I don't know what I would use it for' (19%)*. These were the most common responses in each ICS. 'Other' responses included not having access to a device that can support the NHS App, preferring to use other digital tools, and the GP surgery not supporting the use of the NHS App.

Of those **not currently using** the NHS App (n=914), the top reason was 'I only needed it for my Covid pass' (36%) and this was the same across all ICSs*. Other common reasons included 'there are not usually online appointments available' (29%) and 'other' (20%). Where 'other' was stated, answers included patients were unable to access the services/information they wanted, preferring to use other digital tools and being unable to access their children's information through the NHS App.

Reported benefits

The following four benefits of the NHS App were identified consistently in most of the focus group discussions:

1. **Easy to use:** The design of the app is simple and intuitive, providing all information in one place which can be accessed outside of normal working hours.
2. **Enables self-care and empowerment:** Able to manage healthcare on one platform including being able to access prescription history, order repeat prescriptions (without needing to contact the GP surgery) and manage appointments.
3. **Improves access to records:** Able to access medical history including test results and proof of Covid-19 vaccination, enabling people to share their records with clinicians across various healthcare settings and ultimately feel more in control and able to make informed decisions.
4. **Source of reliable information:** Contains NHS-approved information to review symptoms and seek advice.

Negative experiences

Some negative experiences related to the NHS App were also raised; the most common themes across the five focus groups were:

1. **Not all patients are able to book a GP appointment:** While the functionality to book an online appointment is provided by the NHS App, not all GP surgeries make online appointments available for their patients. Responses from patients indicated they would like to book appointments via the App but the availability of online appointments varied across the region. Some patients were not aware this functionality existed as their GP surgery did not offer online appointments.
2. **Limited access to full medical record:** It is not possible to access full medical history and it is not always possible to access test results from hospital or specialist appointments.
3. **Lack of integration:** The NHS App does not integrate with all other applications and systems that patients use to manage their healthcare, meaning that patients may need multiple apps and not all information is accessible in one place.
4. **Barriers to access:** Patients were not aware that there is an option to access the NHS App via a website browser. This resulted in the perception that individuals without a mobile phone could not access the NHS App. Other identified barriers included no internet connection or limited technology skills.

Patient recommendations for improvement

During the focus groups, the four most common recommendations patients had for NHS App improvement were:

1. **Ability to book appointments:** Some patients had access to this feature during the Covid-19 pandemic but noted that online appointments had not been made available since then. By introducing/reintroducing this functionality it would provide patients with a more convenient and streamlined process. Where it is not possible to book a GP appointment via the NHS App, there should be clear signposting for patients on how to book appointments.
2. **Access to full medical records to see historical information across different services:** Whilst prospective record access will be available from October 2023, patients suggested that being able to access their full medical history across different services would be beneficial as it would provide transparency and enable patients to feel more empowered in their healthcare. This would be even more helpful if records included information from services outside of primary care.
3. **Expand test result availability:** Allow patients to access test results from hospital or specialist appointments, not just primary care. It is important to note that some patients already have access to this information via patient portals used by NHS Trusts, many of which have integrated with the NHS App (e.g. Patient Knows Best).
4. **List of all repeat medications:** Allow patients to view all their repeat prescription items, including acute or 'when required' repeat prescriptions.

GP surgery websites

Usage

This section largely draws on data from the online survey, and covers levels and rate of use, ease of access and reasons for accessing or not accessing the GP surgery websites.

- **High levels of use:** Overall, 76% of respondents had used their GP surgery website to access their GP surgery. Level of use varied across different ICSs – from 91% in NCL to 69% in SWL.

Of those who hadn't used their GP surgery website (n=540), the top three reasons were: 'I would rather make contact by phone or visiting the GP surgery' (37%), 'I haven't needed to use the website' (31%) and 'I don't understand how to use the site' (15%)*.

Responses varied by ICS with other common responses including: 'I didn't know my GP surgery had a website' (NCL, 12%, NEL, 14% and SEL, 19%) and 'I can't find the information I need' (NWL, 12% and SEL 19%). 'Other' was a common response in SWL (28%) and SEL (29%), where reasons included preferring to use other digital tools and experiencing limited functionality on the GP surgery website.

- **Ease:** 78% of respondents (n=2007) said they found it very or somewhat easy to find what they needed on their GP surgery website. This varied across ICS regions with 71% of respondents choosing these options in SEL compared to 84% in NWL.
- **Low frequency of use:** Most respondents only accessed their GP surgery website rarely (66%) or monthly (25%), suggesting regular use is not required – this was a pattern found across all ICSs.

Reported benefits

The following benefits of GP surgery websites were identified consistently in two (NEL and NCL) of the focus group discussions:

1. **Prescription management:** Patients can order repeat prescriptions without needing to contact their GP or GP surgery, which is a convenient and efficient process.
2. **GP surgery website improvement:** Through the online survey some patients indicated that the design and navigation of their GP surgery website had improved.
3. **Signposting and access to digital tools:** Patients noted that they use the GP surgery website to navigate the GP surgery services and access digital tools, such as Online Forms.

Negative experiences

Some negative experiences related to GP surgery websites were also raised; the most common themes across the five focus groups were:

1. **Unable to request a routine appointment:** GP surgery websites lacked the facility for patients to request a routine appointment with their GP directly or specify the type of appointment needed (e.g. blood test or medication review), which was inconvenient.
2. **Difficult to find the GP surgery email address:** Patients found it difficult to locate the practice email address on the website. The use of email was considered particularly important for those with communication needs relating to a disability, impairment or sensory loss.
3. **Difficult to navigate:** GP surgery websites were reported to be difficult to navigate, with Online Forms in particular being difficult to locate. Concerns were also raised for those individuals who may have less experience using online platforms.
4. **Out of date information:** The information on websites was reported to often be outdated, which makes it challenging for patients to find the necessary information and services.

Patient recommendations for improvement

During the focus groups, the three most common recommendations patients had for improvement were:

1. **Review the GP surgery website structure:** Simplify the menu structure on the GP surgery website and improve signposting to make information easier to find (e.g. information on how patients can book and manage their GP appointments).
2. **Ensure the website is kept up to date and patients have a clear mechanism for feedback:** Ensure the GP surgery website accurately reflects services available, members of staff, opening hours and contact information to include email address.
3. **Adopt a common website template:** to ensure consistency in patient experience across the London region.

Communication

The online survey included a small number of questions around communication methods and preferences.

Usage

- **Appointment reminders and bookings are the most common types of text messages received:** When asked what text messages they receive from their GP surgery, the most common responses were 'appointment reminders' (77%), 'invitations to make an appointment, (e.g. screening / immunisations / medication review)' (54%) and 'surveys' (35%)*. These were the same across all ICSs except SWL where 35% of respondents had received 'reminders about bank holidays'.
- **Reasons for non-use:** Of those who didn't receive texts from their GP surgery (n=73), the most common response was that patients didn't know their GP surgery could send them text messages (47%) with only 14% responding that they had chosen to actively opt out of receiving text messages.
- Text messages are the preferred communication method: When asked to rank communication preferences, SMS / text message was the preferred option (66%), followed by email and telephone call. These were the top three preferred communication methods across all ICSs.

Digital exclusion

Digital exclusion was an issue that was highlighted by patients within both the survey and the focus groups. Survey respondents were asked what could be done to improve their experiences of using digital tools and across each of the ICSs, patients raised concerns around digital exclusion, particularly for elderly patients who may not have the technology, connectivity, or skills to access primary care in this way.

Across the five focus groups, patients with disabilities and impairments shared their experiences of accessing primary care through digital tools. Although some advantages of these tools were raised, they also highlighted some of the challenges they faced and why certain aspects were difficult for them to use. Examples given included a patient who was deaf being unable to access phone consultations as they needed to see a person speaking to understand them, and a patient with poor mobility in their hands being unable to access information through apps on their mobile phone.

Recommendations from the focus group included training for GP surgery staff on the Accessible Information Standard (AIS) to increase awareness and ensure compliance, which would improve the experience for these patients in accessing primary care. Patients also recommended more consistent use of, and adherence to, flags on patients records that highlight preferred communications methods, to ensure healthcare services are always accessible.

05

ICS Summaries

The following summaries are taken from the detailed case studies – please see these for further details.

North Central London ICS: executive summary of findings

Online forms (also known as Online Consultations)

Most survey respondents (92%) had used Online Forms for themselves or on behalf of someone else, which indicates there is a high awareness of this tool. This was higher than found in a previous survey conducted in two NCL practices (78.5%) (see Appendix 5: Existing patient feedback on Online Forms). The Online Form was mainly accessed via the GP surgery website (69%) for the purpose of requesting to book an appointment (75%), medical advice (43%) or to order prescriptions (43%).

Most survey respondents (83%) were either strongly or somewhat happy with the outcome of using Online Forms. This is higher than in the previous survey of two NCL practices where only 51% of respondents reported having their needs met. The focus group discussion highlighted the following benefits:

- time saved - both for patients by avoiding the need to travel and wait at the GP surgery and for GP surgery staff by providing detailed information and photos in advance of an appointment,
- convenience,
- adequate time to provide information,
- improving access (e.g. translation tools).

92%
use Online Forms

78%
find Online Forms easy to use

83%
were happy with the outcome following use

89%
use monthly or less

NHS App

Most survey respondents (88%) had used the NHS App for themselves or on behalf of someone else. This aligns with data from the NHS App Reporting Dashboard which reported an average of 107,076 views per month (between July 2022 and June 2023), however usage fluctuated throughout the year (see Appendix 5.1: Existing patient feedback on the NHS App).

The focus group discussion highlighted key benefits around the simple and intuitive design which enables access to records, booking of appointments and prescription management – the three most common uses identified in the survey. Although not all users had the same experience, with some unable to access their full records, directly book a GP appointment or order certain medications. Improving access to these particular features was identified as suggestions for improvements.

88%
use the NHS App

92%
found it easy to sign up

83%
find it easy to locate the information they need

87%
use it monthly or less

GP surgery website

Most survey respondents (91%) had used GP surgery websites for themselves or on behalf of someone else and 81% found them easy to use. This is higher than other data sources which showed only 59% of respondents reported the same ease of use (see Appendix 5.2: Existing patient feedback on GP surgery websites).

91%
use their GP surgery website

81%
find it easy to use

92%
only use it monthly or less

Communications

The most common reasons for receiving a text message from a GP surgery were appointment reminders (76%), invitations to book appointments (53%), and surveys (36%). Only a small number (3%) of respondents were not receiving text messages at all – although, as the survey was distributed via SMS link and 78% of responses were received via this method, this is likely to be skewed compared to the wider population.

SMS / text message (66%), email and telephone were the top three preferred communications methods.

66%
prefer SMS / text messages

13%
prefer email

9%
prefer telephone

North West London ICS: executive summary of findings

Online forms (also known as Online Consultations)

Three quarters of survey respondents (74%) had used Online Forms for themselves or on behalf of someone else, showing relatively high awareness. Access was primarily via the GP surgery website (55%) for the purpose of booking appointments (54%), ordering prescriptions (43%) or seeking medical advice (41%). The focus group findings echoed this with benefits raised around the ability to order prescriptions, follow up on test results and being able to book appointments (including for dependents). The other key benefit highlighted was time saved, with forms being quick and easy to use, and patients able to get a prompt response without waiting in queues.

Most survey respondents (76%) were either strongly or somewhat happy with the outcome of using Online Forms. The focus group suggested that those who were unhappy with the outcomes may have felt this way because of inconsistent availability of the service and response times. Other challenges raised were around Online Forms being difficult to locate and having to answer many, and sometimes what can be perceived as irrelevant and repetitive, questions.

No previous data was available to compare changes in attitude or experience over time.

74%
use Online Forms

72%
find Online Forms easy to use

75%
were happy with the outcome following use

86%
use monthly or less

NHS App

Three quarters of survey respondents (74%) had used the NHS App for themselves or on behalf of someone else. This is supported by data from the NHS App Reporting Dashboard which reported an average of 168,113 views per month (between July 2022 and June 2023), however usage fluctuated throughout the year (see Appendix 7: Existing patient feedback on the NHS App for more information).

The focus group discussion highlighted key benefits around the simple and intuitive design which enabled access to records, booking of appointments and prescription management – the three most common uses identified in the survey. Participants also enjoyed being able to access test results and using the App a source of reliable information. However, some raised concerns about the possibility of being able to access test results without the guidance of a medical professional, which could cause anxiety. Other challenges included not being able to access the full medical history and confusion about this app in relation to other available health apps, with there being lack of clarity around which to use and for what purpose.

74%
use the NHS App

81%
found it easy to sign up

80%
find it easy to locate the information they need

77%
use it monthly or less

GP surgery website

Most survey respondents (87%) had used GP surgery websites for themselves or on behalf of someone else and 84% found them easy to use. This is higher than other data sources which showed only 65% of respondents described their GP surgery website as 'easy' to use (see Appendix 7.1: Existing patient feedback on GP surgery websites).

87%
use their GP surgery website

84%
find it easy to use

90%
only use it monthly or less

Communications

Appointment reminders (80%), invitations to book appointments (61%), and to access test results (29%) were the most common reasons for receiving contact from a GP surgery via text message.

SMS / text message (61%), email and telephone were the top three preferred communications methods.

61%
prefer SMS / text messages

15%
prefer email

10%
prefer telephone

North East London ICS: executive summary of findings

Online forms (also known as Online Consultations)

Three quarters of survey respondents (76%) had used Online Forms for themselves or on behalf of someone else, showing relatively high awareness. Access was primarily via the GP surgery website (39%) or a link in a text from the GP surgery (25%) for the purpose of booking appointments (72%), medical advice (35%) or ordering prescriptions (34%). The focus group findings highlighted the convenience of Online Forms, noting that they are quick and easy to use, and patients are able to get a prompt response without waiting in queues. Online Forms also provided patients with an opportunity to express their concerns in detail as well as support non-English speakers with the use of translation tools.

Most survey respondents (75%) were either strongly or somewhat happy with the outcome of using Online Forms. The focus group suggested inconsistent response and appointment times may contribute to why some people are unhappy with their outcomes. Other challenges raised were around lengthy, repetitive or irrelevant questions, together with the issues some patients may face in completing the forms due to limited technology skills or lack of access.

See Appendix 6: Existing patient feedback on Online Forms.

76%
use Online Forms

77%
find Online Forms easy to use

75%
were happy with the outcome following use

89%
use monthly or less

NHS App

Most survey respondents (80%) had used the NHS App for themselves or on behalf of someone else. This is supported by data from the NHS App Reporting dashboard which reported an average of 130,362 views per month (between July 2022 and June 2023), however usage fluctuated throughout the year (see Appendix 6.1: Existing patient feedback on ther NHS App for more information).

The focus group discussion highlighted key benefits around the simple and intuitive design which enables access to records, booking of appointments and prescription management – the three most common uses identified in the survey. Participants also enjoyed being able to access test results, Covid-19 vaccination details and to use it as a source of reliable information. However, some raised concerns that they were unable to access their full medical history, as well as test results from secondary services. Other challenges included issues around

80%
use the NHS App

88%
found it easy to sign up

83%
find it easy to locate the information they need

87%
use it monthly or less

GP surgery website

Most survey respondents (72%) had used GP surgery websites for themselves or on behalf of someone else and 78% found them easy to find the information they need. This is higher than other data sources which showed only 58% of people reported their GP surgery website as 'easy' to use (see Appendix 6.2: Existing patient feedback on GP surgery websites).

72%
use their GP surgery website

78%
find it easy to use

91%
only use it monthly or less

Communications

Appointment reminders (78%), invitations to book appointments (54%), and surveys (39%) were the most common reasons for receiving contact from a GP surgery via text message.

SMS / text message (69%), telephone and email were the top three preferred communications methods.

69%
prefer SMS / text messages

11%
prefer telephone

9%
prefer email

South East London ICS: executive summary of findings

Online forms (also known as Online Consultations)

Most survey respondents (83%) had used Online Forms for themselves or on behalf of someone else, showing high awareness of this tool. Access was primarily via the GP surgery website (66%) for the purpose of booking appointments (58%), medical advice (48%) or ordering prescriptions (31%). This was supported by the focus group discussion, with benefits raised around the ability to order prescriptions and view medication history. Other benefits highlighted were around being able to upload photos to support diagnosis, the opportunity to express concerns without worrying about being judged, and time saved – with patients able to access forms in their own time and receive a prompt response without waiting in queues.

Most survey respondents (65%) were either strongly or somewhat happy with the outcome of using Online Forms, although there are opportunities to improve this. The focus group suggested that limited questions on the forms can prevent people from sharing detailed information, and this may contribute to why some people are unhappy with their outcomes. Additionally, some found that the algorithm can direct patients to a service (such as A&E) which did not provide the support that was needed. Other challenges raised were around inconsistent response times, which aligns with the survey finding that only 66% of respondents were contacted within the stated time after submitting their form.

No previous data was available to compare changes in attitude or experience over time.

83%
use Online Forms

67%
find Online Forms easy to use

65%
were happy with the outcome following use

86%
use monthly or less

NHS App

Most survey respondents (82%) had used the NHS App for themselves or on behalf of someone else. This is supported by data from the NHS App Reporting Dashboard which reported an average of 145,786 views per month (between July 2022 and June 2023), however usage fluctuated throughout the year (see Appendix 8: Existing patient feedback on the NHS App for more information).

The focus group discussion highlighted key benefits around the simple and intuitive design which enables 24/7 access to all information in one place such as medical records, booking of appointments and prescription management – the three most common uses identified in the survey. Participants also enjoyed being able to access test results and proof of Covid-19 vaccination as well as use it as a source of comprehensive, reliable information. However, some raised challenges around not being able to access their full medical history and not being able to book a GP appointment. Others raised concerns about security of personal data and the risk that some who don't have access to a smartphone, or possess digital skills, may be excluded.

82%
use the NHS App

85%
found it easy to sign up

80%
find it easy to locate the information they need

82%
use it monthly or less

GP surgery website

Most survey respondents (86%) had used GP surgery websites for themselves or on behalf of someone else, and 71% found them easy to use. This is higher than other data sources which showed only 58% of people found their GP surgery website 'easy' to use (see Appendix 8.1: Existing patient feedback on GP surgery websites).

86%
use their GP surgery website

71%
find it easy to use

88%
only use it monthly or less

Communications

Appointment reminders (70%), invitations to book appointments (55%), and surveys (27%) were the most common reasons for receiving contact from a GP surgery via text message.

When asked about preferred communication methods, SMS / text message (53%), email and telephone were the top three responses.

53%
prefer SMS / text messages

23%
prefer email

8%
prefer telephone

South West London ICS: executive summary of findings

Online forms (also known as Online Consultations)

Most survey respondents (58%) had used Online Forms for themselves or on behalf of someone else, which is significantly lower than other ICSs – further work is required to understand why this is the case. Access was primarily via the GP surgery website (35%) or an app (32%) for the purpose of booking appointments (61%), ordering prescriptions (45%) or for medical advice (20%). The focus group findings echoed this, with benefits raised around the ability to access reliable information and educational content, such as appointment information and healthy living tips. The other key benefits highlighted were time saved, with forms being quick and easy to use and enabling a prompt response without waiting in queues (this was also found in a previous survey, see Appendix 9: Existing patient feedback on Online Forms for more details). Additionally, patients found Online Forms support more productive discussions with GPs/healthcare professionals by providing them with accurate information ahead of the appointment.

A majority of survey respondents (73%) agreed they knew what times Online Forms were available for submission, although the focus group did highlight some challenges around inconsistency in availability of the service and with different appointments offered online compared to over the phone. Other concerns were around ensuring people are not digitally excluded and which staff members have access to the forms for triaging. Digital exclusion and service time inconsistency were both highlighted in a previous survey too (see Appendix 9: Existing patient feedback on Online Forms) suggesting these are areas for improvement in SWL.

58%
use Online Forms

81%
find Online Forms easy to use

81%
were happy with the outcome following use

92%
use monthly or less

NHS App

Most survey respondents (75%) had used the NHS App for themselves or on behalf of someone else. This is supported by data from the NHS App Reporting Dashboard which reported an average of 138,826 views per month (between July 2022 and June 2023), however usage fluctuated throughout the year (see Appendix 9.1: Existing patient feedback on the NHS App).

The focus group discussion highlighted key benefits around the simple and accessible design which enables access to records and prescription management – the two most common uses identified in the survey. The third most common use in the survey was to book appointments, however it was raised in the focus group that not everyone could do this directly. Other challenges included not being able to access full medical history or test results from hospital or specialist appointments and a lack of awareness that the NHS App can also be accessed via a desktop, in addition to via a mobile app, making it more accessible than they realised.

75%
use the NHS App

87%
found it easy to sign up

86%
find it easy to locate the information they need

91%
use it monthly or less

GP surgery website

A third of survey respondents (31%) had not used GP surgery websites for themselves or on behalf of someone else, however 83% of those who had used GP surgery websites found them easy to use. This is higher than other data sources which showed only 67% of people found their GP surgery website 'easy' to use (see Appendix 9.2: Existing patient feedback on GP surgery websites).

69%
use their GP surgery website

83%
find it easy to use

94%
only use it monthly or less

Communications

Appointment reminders (74%), invitations to book appointments (62%), and surveys (33%) were the most common reasons for receiving contact from a GP surgery via text message.

When asked about preferred communication methods, SMS / text message (72%), email and telephone were the top three responses.

72%
prefer SMS / text messages

12%
prefer email

8%
prefer telephone

06

Conclusions

Conclusions

The research revealed high usage of all three digital tools, with positive feedback from those using them that they were easy to use and provided a more convenient means of accessing primary care services. Benefits, challenges and recommendations were identified for each of the tools.

To further increase adoption, the research suggests that more could be done to **raise awareness** of the tools and their benefits, to **expand the functionality** and **improve accessibility** for those who may experience barriers to using digital tools (e.g. people who do not have access to smart devices/ WiFi, people who have limited technology skills and people with disabilities). Other suggestions included implementing a **robust feedback mechanism** to help shape services to better meet patient needs.

While a high proportion of patients indicated they had used all three digital tools to access general practice, the majority also indicated a **low frequency of use**. Low use could be attributed to a lack of functionality, such as lack of enablement of online appointment booking or restricted access to complete Online Forms. However, as the **majority indicated they were satisfied with the digital tools**, it is more likely that the patients that participated in this research did not need to use these digital tools frequently.

The **key benefits** identified for Online Forms included the ability to **communicate a health concern** and seek medical advice at a **convenient time** for the patient, avoiding the need to call or go into the GP surgery. Benefits of the NHS App were **ease of use**, that it enables self-care, enables the patients to see their GP health record and provided a source of reliable medical information. Patients highlighted that the GP surgery website was useful for **signposting**, to access digital tools such as Online Forms and to **order repeat medications**. There was also recognition that improvements had been made to some GP surgery websites.

The **negative experiences** patients reported with Online Forms included frustrations with **inconsistent response times and service availability**, in addition to lengthy, irrelevant or numerous questions. With the NHS App, some patients highlighted that they were **not able to book a GP appointment**, whilst others had limited access to their full medical records. Patients identified that there was a **lack of integration with other applications and systems**, in addition to barriers to access for those without access to technology or limited skills. Negatives in relation to GP surgery websites included the inability to request a routine appointment, difficulty finding the GP surgery email address, **difficulty navigating the website** and some information being out-of-date.

While the focus group discussions suggested some **improvements based on the patients' experiences**, it is recognised that these may not always be feasible due to the functionality available, the processes in the GP surgery or they may require contractual or commissioning changes. Some common recommendations included **expanding the times** during which Online Forms can be accessed, **adding in appointment booking functionality** and **increasing the accuracy and breadth of information** such as access to full medical record and all test results. Further suggestions were made for improving the experience of users and lowering the burden, including improving navigation and signposting to the most appropriate tool.

Additionally, patients understanding of the purpose of certain tools was not always accurate. For example, patients reported the most common reason for using Online Forms was to book appointments, and a commonly reported negative experience was when patients felt the tools did not provide this. However, this is not designed to be a functionality of Online Forms and instead they are a triage tool. This indicates a **need to improve patient awareness of the purpose of each tool**.

Although there was generally a consistency in findings across the ICSs, there were areas of variation including in levels of use, reasons for not using digital tools and general positive and negative experiences. This presents an opportunity to share learning across ICSs, whilst also being mindful of the differences between systems (e.g. population preferences and functionality of tools).

Lessons learnt

Following a review of the approach, several practical lessons learnt were identified, which can be considered when organising future similar research. These are listed below.

01 The survey attracted a lot of responses from bots (1112 responses), which then required intensive cleansing before the data could be analysed. Bot responses were identified through reviewing distinct and unusual email addresses and names, some of which were used repeatedly. It is believed that use of social media to distribute the survey may have contributed to this. Future surveys should consider different methodologies to reduce incidence of bot responses such as logic checks. Research continues to grow in this area, with methodologies having to constantly adapt, and therefore the approach should be tailored to the most recent advice.

02 All questions in the survey were optional, as research has shown that this can encourage a greater number of responses, and more honest responses than using forced answering . However, this meant that patients did not complete all questions and, where key demographic data was missing, these responses were not able to be linked to an ICS (1056 responses were unable to be allocated to a borough, although they were included in the overarching London analysis). Future surveys should ensure that, where data is required for analysis, these questions are mandatory.

03 Using trackable links for different modes of survey dissemination (SMS vs. other modes of communication) helped to identify which routes were most effective. Future surveys could consider creating more trackable links to be able to obtain more granular detail on which 'other' routes were most successful.

04 Alternative methods to SMS survey distribution were more successful than anticipated, with 81% of all responses overall being via the 'other' survey link. It is believed the success of this was facilitated through strong working relationships with communications, patient involvement and Healthwatch teams – all of which required time to be built meaningfully.

05 Developing stakeholder management plans with each system at the outset and building in sufficient engagement time is key, especially when working across multiple ICSs. Conflicting priorities and different governance structures across ICSs sometimes made engagement challenging. This resulted in delays and inconsistency in the historical data provided. Additionally, variation in the ways clinical system searches were conducted to identify which patients to send an SMS resulted in additional complexities.

06 Future programmes should consider which methods are most appropriate to deliver the desired outcomes, and timeframes planned appropriately. A change in scope to widen the sample and ensure more generalisability of results through use of a survey (which then received 3267 responses, vs. the anticipated 640, based on 20 per borough) resulted in extensions to timelines being agreed to account for the increased scope of work and additional data analysis.

Limitations

Limited understanding of the digital tools

Across the survey and focus groups it became apparent that patients do not always understand the purpose or full range of features that the different digital tools offer. Therefore, some of the negative experiences reported may be a result of misconceptions that patients have around the tools. Similarly, some of the suggestions for improvement may not be appropriate or feasible.

Where this is the case, this has been highlighted in the report and recommendations have been made around improving patient education and communication about these tools.

Services differ across, and within, regions

Across London there are different products in use, as well as variation in the functionalities enabled within the different digital tools. This varies across and within an ICS, meaning that patient experiences can vary greatly. Analysis was conducted at an ICS level so did not identify nuances at a more local level.

Survey question entered incorrectly

One of the answers to a demographic question within the online survey was listed incorrectly ('City of London' instead of 'City and Hackney') which may have skewed completion rates as some people may have incorrectly chosen this option if they were unclear which borough they live in. However, only 11% of NEL respondents picked the 'City of London' option, which suggests that this was not the case.

Exclusion of some groups

Whilst this project aimed to be as inclusive as possible, it is recognised that there is a finite resource to meet the variety of needs across the population in London. It is important to note that the aim of this project was to gauge the experience of using digital tools, and therefore communities that do not utilise digital tools were not in scope for this specific piece of work. There are existing projects across the London ICSs to specifically explore how to understand the digital needs of underserved groups. Whilst this was covered during some of the focus group discussions, it is important to note that individuals who are digitally excluded are likely to have significantly different experiences to those who participated in the online survey and focus groups.

The survey and focus groups were only conducted in English, and therefore did not capture insights from those who cannot type or speak English. However, it is possible that translation software could have been used for the online survey. Similarly, the focus groups were not accessible to people who are deaf – although some participants were hard of hearing and could use the closed captions function on MS Teams.

Potential for incorrect demographic information

During the focus group discussions, it became apparent that one individual attended a group for a different ICS to where they live. Their experiences have been fed into the correct group, however it is possible that other focus group participants or survey respondents provided an incorrect borough of residence.

Recommendations

Improve patient communication to build awareness and understanding of the digital tools on offer.

Across the survey and focus groups it became apparent that patients do not always understand the main purpose or full range of features that the different digital tools offer. A key recommendation is to develop and improve methods of communication and promotion with patients about the functionality of the different digital tools on offer (e.g. the ability to order repeat prescriptions via the NHS App). This also includes clearer signposting and navigation to the tools and services which are most appropriate to meet their needs.

Operational processes vary at a practice level and therefore promotional content may need to be tailored accordingly. For example, some practices offer online appointment booking via the NHS App, whereas other practices operate a total triage model. This model requires every patient to first provide some information on the reason for them contacting the GP surgery and then the most appropriate intervention is offered to the patient such as face-to-face, telephone or video consultation with a GP or appointment with another health care professional in the GP surgery.

Similarly, there should be clear communication and guidance for patients on the use of Online Forms so they understand the likely response time to their request. Whilst some patients requested an extension in the time that Online Forms were made available for submission, this is not always feasible without a contractual change and/or an increase in staff capacity to ensure clinical safety.

Patients also expressed the need for further support with accessing the NHS App, with some not aware that there is also a desktop version which makes it more accessible. Additionally, some patients felt frustrated that they had to use multiple apps and platforms to access different elements of their healthcare. It is recommended that patients are made aware that it is not always technically feasible to integrate all available healthcare management apps.

Ensure information within digital tools is clear, correct and current

Patients consistently reported that it can sometimes be challenging to find the information they need when using different tools. GP surgeries need to ensure there is clear guidance and signposting for patients to follow pathways and access services appropriately.

Increase awareness of, and ensure adherence to, the Accessible Information Standard (AIS)

To ensure equitable access to services, the focus group discussions highlighted a need to increase staff awareness of (and therefore subsequently adherence to) the AIS 2016. Dedicated staff training would support and enable this.

Reduce variation and consider digital tool specific patient recommendations

Through discussions it was made apparent that the functionality of different digital tools varies greatly, even within an ICS. It was suggested that making tools and operational processes more consistent (e.g. having the same GP surgery website template, and ability to request appointments etc.) would provide a better overall patient experience, with people able to clearly understand what is available and have a more standardised approach to care.

Please review the 'patient recommendations for improvement' sections within section 5.2 for more details on each tool.

Obtain ongoing timely feedback from patients to assess effectiveness of digital tools

The online survey asked questions around frequency of use for each tool. It is unclear if a high frequency of use is an effective measure of utilisation, as for the general population frequency of use is not directly relational to ease of use or outcomes. There are some groups where this measure could potentially be beneficial, for example, individuals with complex health and care needs or a long-term condition.

Future research should consider alternative ways of assessing utilisation with a focus on qualitative measures to identify the efficacy and benefit of digital tools.

Review patient communication preferences

Across the region, patients indicated that SMS messages were the most preferable mode of receiving communications from GP surgeries. It is recognised that the cost of SMS activity presents a financial challenge to GP surgeries and ICBs and therefore there is an opportunity across London to develop and implement smart principles around the use of SMS and share learning across ICBs. In addition, this should be considered when undergoing a procurement exercise. It is worth noting that as more messaging suppliers integrate with the free NHS App notifications and messaging service this provides an opportunity to save on messaging costs.

Maximise the online offer to patients through ongoing improvement of GP surgery pathways and services

This research indicated a high usage and positive feedback from patients using the three digital tools. There is an opportunity for GP surgeries to address the variation in the online services offer to patients by promoting repeat medication ordering, providing full record access as appropriate and offering online bookable appointments for an improved user experience.

Complete user testing with any new or updated digital tools to ensure suitability

User testing must be incorporated as part of implementation of any new digital tool or updated interface to ensure accessibility requirements and patient needs are met. It is vital to ensure a diverse group of users is selected when carrying out appropriate user testing to ensure the digital tool meets a range of user needs to minimise challenges when the tool is introduced.

Share learning from this review across London

Whilst some experiences were consistent across each ICS, there were also some variations. This offers an opportunity for sharing good practice around what is working particularly well and why, as well as where improvements can be made.

07

Appendices

Appendices

Appendix 1: Population data packs using census data

North Central London

Key Demographics	
Categories	**Demographic information**
Gender	Male: 47.9% Female: 52.1%
Age	0-15: 18.3% 16-64: 69.8% 65+:11.9%
Ethnicity	White: 57.2% Asian: 13.9% Black: 13.1% Mixed: 6.3% Other: 9.4%
Religion	Christian: 41.6% No religion: 29.9% Muslim: 15.6% Hindu: 3.2% Buddhist: 1.0% Sikh: 0.4% Jewish: 6.3% Other religion: 2.0%
Long-Term Condition Prevalence	44.6% people have a long-standing health condition (GP Patient Survey 2022)

	Top five languages per borough				
Barnet	English (77.1%)	Romanian (3.0%)	Persian or Farsi (2.3%)	Polish (1.5%)	Gujarati (1.4%)
Camden	English (78.7%)	French (2.2%)	Bengali (with Sylheti and Chatgaya) (2.0%)	Spanish (1.7%)	Italian (1.5%)
Enfield	English (76.54%)	Turkish (5.9%)	Romanian (1.8%)	Bulgarian (1.8%)	Greek (1.6%)
Haringey	English (72.8%)	Turkish (3.8%)	Spanish (3.1%)	Polish (2.3%)	Romanian (2.1%)
Islington	English (81.0%)	Spanish (2.2%)	French (1.8%)	Italian (1.8%)	Turkish (1.7%)

Socio-economic Classification Demographic Information	
Classification	**%**
L1, L2 and L3: Higher managerial, administrative and professional occupations	18.2%
L4, L5 and L6: Lower managerial, administrative and professional occupations	20.5%
L7: Intermediate occupations	8.7%
L8 and L9: Small employers and own account workers	11.8%
L10 and L11: Lower supervisory and technical occupations	3.5%
L12: Semi-routine occupations	8.0%
L13: Routine occupations	8.2%
L14.1 and L14.2: Never worked and long-term unemployed	10.9%
L15: Full-time students	10.3%

Key Demographics	
Categories	**Demographic information**
Gender	Male: 48.7% Female: 51.3%
Age	0-15: 17.8% 16-64: 69.5% 65+:12.7%
Ethnicity	White: 46.1% Asian: 29.6% Black: 10.2% Mixed: 5.2% Other: 8.9%
Religion	Christian: 42.1% No religion: 20.6% Muslim: 18.2% Hindu: 11.2% Buddhist: 1.2% Sikh: 4.4% Jewish: 1.2% Other religion: 1.2%
Long-Term Condition Prevalence	45.1% people have a long-standing health condition (GP Patient Survey 2022)

	Top five languages per borough				
Brent	English (66.3%)	Gujarati (6.6%)	Romanian (4.8%)	Arabic (3.2%)	Portuguese (2.4%)
Ealing	English (69.9%)	Panjabi (4.9%)	Polish (4.4%)	Arabic (2.5%)	Tamil (1.6%)
Hammersmith and Fulham	English (78.6%)	French (2.5%)	Spanish (2.5)	Italian (2.3%)	Arabic (1.6%)
Harrow	English (69.3%)	Romanian (7.5%)	Gujarati (6.9%)	Tamil (3.5%)	Arabic (1.3%)
Hillingdon	English (77.9%)	Panjabi (4;6%)	Romanian (1.8%)	Polish (1.7%)	Tamil (1.6%)
Hounslow	English (71.7%)	Panjabi (4.7%)	Polish (3.3%)	Romanian (2.0%)	Urdu (1.5%)
Kensington and Chelsea	English (76.4%)	French (3.4%)	Spanish (2.6%)	Italian (2.5%)	Arabic (2.3%)
Westminster	English (73.6%)	Arabic (3.7%)	French (2.5%)	Spanish (2.4%)	Italian (2.1%)

Socio-economic Classification Demographic Information	
Classification	**%**
L1, L2 and L3: Higher managerial, administrative and professional occupations	16.7%
L4, L5 and L6: Lower managerial, administrative and professional occupations	18.8%
L7: Intermediate occupations	9.3%
L8 and L9: Small employers and own account workers	11.7%
L10 and L11: Lower supervisory and technical occupations	3.9%
L12: Semi-routine occupations	8.6%
L13: Routine occupations	9.4%
L14.1 and L14.2: Never worked and long-term unemployed	11.4%
L15: Full-time students	10.1%

Key Demographics

Categories	Demographic information
Gender	Male: 49.0% Female: 51.0%
Age	0-15: 19.3% 16-64: 70.3% 65+:10.4%
Ethnicity	White: 46.3% Asian: 30.1% Black: 13.8% Mixed: 5.0% Other: 4.9%
Religion	Christian: 38.3% No religion: 25.1% Muslim: 27.2% Hindu: 4.4% Buddhist: 0.7% Sikh: 1.9% Jewish: 1.5% Other religion: 0.8%
Long-Term Condition Prevalence	45.1% people have a long-standing health condition (GP Patient Survey 2022)

Top five languages per borough

Barking and Dagenham	English (75.9%)	Romanian (4.8%)	Bengali (with Sylheti and Chatgaya) (3.1%)	Lithuanian (2.1)	Urdu (1.8%)
City of London	English (78.4%)	Spanish (2.9%)	French (2.0%)	Italian (2.0%)	All other Chinese (1.8%)
Hackney	English (80.1%)	Turkish (3.2%)	Spanish (2.0%)	French (1.3%)	Portuguese (1.3%)
Havering	English (90.1%)	Romanian (2.3%)	Lithuanian (0.9%)	Panjabi (0.6%)	Polish (0.5%)
Newham	English (65.4%)	Bengali (with Sylheti and Chatgaya) (6.4%)	Romanian (5.3%)	Urdu (2.2%)	Gujarati (1.9%)
Redbridge	English (73.6%)	Romanian (4.3%)	Bengali (with Sylheti and Chatgaya) (3.3%)	Ranjabi (2.8%)	Urdu (2.8%)
Tower Hamlets	English (73.0%)	Bengali (with Sylheti and Chatgaya) (11.0%)	Italian (2.2%)	Spanish (1.7%)	French (1.2%)
Waltham Forest	English (77.6%)	Romanian (4.0%)	Urdu (1.8%)	Bulgarian (1.65%)	Polish (1.6%)

Socio-economic Classification Demographic Information

Classification	%
L1, L2 and L3: Higher managerial, administrative and professional occupations	14.4%
L4, L5 and L6: Lower managerial, administrative and professional occupations	18.9%
L7: Intermediate occupations	9.8%
L8 and L9: Small employers and own account workers	11.5%
L10 and L11: Lower supervisory and technical occupations	4.1%
L12: Semi-routine occupations	9.5%
L13: Routine occupations	9.3%
L14.1 and L14.2: Never worked and long-term unemployed	12.3%
L15: Full-time students	10.3%

Key Demographics	
Categories	**Demographic information**
Gender	Male: 48.2% Female: 51.8%
Age	0-15: 18.6% 16-64: 69.6% 65+:11.8%
Ethnicity	White: 60.2% Asian: 9.5% Black: 19.5% Mixed: 6.5% Other: 4.3%
Religion	Christian: 48.9% No religion: 38.4% Muslim: 7.4% Hindu: 2.5% Buddhist: 1.1% Sikh: 0.7% Jewish: 0.3% Other religion: 0.7%
Long-Term Condition Prevalence	47.1% people have a long-standing health condition (GP Patient Survey 2022)

	Top five languages per borough				
Bexley	English (90.5%)	Romanian (1.0%)	Panjabi (0.9%)	Polish (0.6%)	Tamil (0.5%)
Bromley	English (91.9%)	Portuguese (0.6%)	Polish (0.6%)	Romanian (0.6%)	Spanish (0.5%)
Greenwich	English (81.8%)	Nepalese (2.1%)	Romanian (1.7%)	Spanish (1.1%)	Portuguese (0.9%)
Lambeth	English (82.2%)	Spanish (4.0%)	Portuguese (2.9%)	Italian (1.3%)	Polish (1.2%)
Lewisham	English (83.8%)	Spanish (2.4%)	Tamil (1.2%)	Portuguese (1.1%)	Romanian (1.1%)
Southwark	English (82.0%)	Spanish (4.4%)	Italian (1.4%)	Portuguese (1.2%)	French (1.2%)

Socio-economic Classification Demographic Information	
Classification	**%**
L1, L2 and L3: Higher managerial, administrative and professional occupations	18.6%
L4, L5 and L6: Lower managerial, administrative and professional occupations	22.3%
L7: Intermediate occupations	10.5%
L8 and L9: Small employers and own account workers	9.7%
L10 and L11: Lower supervisory and technical occupations	4.1%
L12: Semi-routine occupations	8.8%
L13: Routine occupations	8.8%
L14.1 and L14.2: Never worked and long-term unemployed	8.6%
L15: Full-time students	8.6%

Key Demographics	
Categories	**Demographic information**
Gender	Male: 48.1% Female: 51.9%
Age	0-15: 19.4% 16-64: 67.4% 65+: 13.2%
Ethnicity	White: 63.3% Asian: 15.3% Black: 11.0% Mixed: 6.2% Other: 4.1%
Religion	Christian: 49.1% No religion: 34.2% Muslim: 9.4% Hindu: 5.0% Buddhist: 0.8% Sikh: 0.5% Jewish: 0.4% Other religion: 0.7%
Long-Term Condition Prevalence	45.1% people have a long-standing health condition (GP Patient Survey 2022)

	Top five languages per borough				
Croydon	English (84.0%)	Polish (1.7%)	Tamil (1.4%)	Portuguese (1.3%)	Romanian (1.1%)
Kingston	English (82.7%)	Tamil (1.6%)	Korean (1.3%)	Arabic (1.1%)	Polish (1.0%)
Merton	English (78.5%)	Polish (2.8%)	Tamil (2.5%)	Portuguese (1.5%)	Urdu (1.5%)
Richmond	English (88.7%)	Spanish (0.9%)	Polish (0.9%)	Turkish (0.8%)	Italian (0.6%)
Sutton	English (85.7%)	Tamil (2.2%)	Polish (1.3%)	Urdu (0.9%)	Bulgarian (0.8%)
Wandsworth	English (82.9%)	Spanish (1.9%)	Italian (1.6%)	Urdu (1.4%)	Portuguese (1.4%)

Socio-economic Classification Demographic Information	
Classification	**%**
L1, L2 and L3: Higher managerial, administrative and professional occupations	21.0%
L4, L5 and L6: Lower managerial, administrative and professional occupations	23.3%
L7: Intermediate occupations	10.6%
L8 and L9: Small employers and own account workers	11.1%
L10 and L11: Lower supervisory and technical occupations	3.6%
L12: Semi-routine occupations	8.0%
L13: Routine occupations	7.1%
L14.1 and L14.2: Never worked and long-term unemployed	7.7%
L15: Full-time students	7.7%

Appendices

Appendix 2: Online survey questions

Themes	Questions	Type of question
Online Forms (9)	Have you used online forms/online consultations to access your GP? a. Yes, I have used this for myself b. Yes, I have used this on behalf of someone else (e.g. child/relative) c. Yes, I have used for myself and someone else d. No, I haven't used at all	Single select answer
	Please indicate why you haven't used an online form. Please select all that apply. a. I do not have a laptop / smartphone to access online services b. I do not have broadband / internet access c. I don't understand what I have to do / I don't know how to use a device d. I didn't know this service was available e. I haven't needed to use an online form f. I have a disability and it does not meet my accessibility needs g. I would rather make contact by phone or visiting the GP surgery h. I don't trust it i. Other (please specify)	Multiple select answer
	How often do you access online forms/ online consultations? a. Several times a week (regularly) b. Weekly (often) c. Monthly (occasionally)	

Themes	Questions	Type of question
	d. Rarely (as required) e. N/A	Scale
	How did you hear about the online form/online consultation? Please select all that apply. a. GP surgery/ staff b. SMS/ text message c. NHS App d. Family or friends e. Leaflets/ posters f. NHS website g. Social media h. Carer/ another health professional i. Other (please specify)	Multiple select answer
	How do you normally access the online form/online consultation? a. GP website b. Via an app (e.g. NHS App) c. Via a link sent in a text message from my practice d. Help from GP reception staff e. Help from family or friends f. Other (please specify)	Single select answer

Themes	Questions	Type of question
	What have you used online forms for? Please select all that apply. a. To book an appointment b. Medical advice c. Ongoing support for my long-term condition d. Follow-up with my practice for a previous issue e. Administrative enquiry, such as a sick note f. Order prescription g. Other (please specify)	Multiple select answer
	Please let us know how strongly you agree or disagree with the following statements regarding your experience of using an online form / online consultation. *I know where to find it* *It is easy to use* *I know what times it is available,* *I was contacted within the stated time after submitting the form* *I was happy with the outcome* a. Strongly agree b. Somewhat agree c. Somewhat disagree d. Strongly disagree e. N/A	Scale
	Please tell us what you like about using the online form when contacting your GP surgery.	Free text
	What would make your experience of completing and submitting an online form better?	Free text

Themes	Questions	Type of question
NHS App (9)	Have you used the NHS App to access your GP? a. Yes, I have used this for myself b. Yes, I have used this on behalf of someone else (e.g. child/relative) c. Yes, I have used for myself and someone else d. No, I haven't used at all	Single select answer
	Please indicate why you haven't used the NHS App. Please select all that apply. a. I do not have broadband/ internet access b. I don't understand how to use a laptop/smartphone c. I don't know what I would use it for d. I would rather make contact by phone or visiting the GP surgery e. I don't understand how to download and/or sign up to the app f. I have tried and couldn't complete the process g. I don't trust it h. I don't know how to use a device i. Other (please specify)	Multiple select answer
	How often do you access the NHS App? a. Several times a week (regularly) b. Weekly (often) c. Monthly (occasionally) d. Rarely (as required) e. N/A	Scale

Themes	Questions	Type of question
	Please let us know why you are not using the NHS App by selecting all that apply. a. I only needed it for my Covid pass b. I don't find it useful c. I find it difficult to use d. There are not usually online appointments available e. I do not need to order repeat medications f. My repeat medications are not available for me to order on the NHS App. g. My GP record is not available for me to view – I have asked my GP h. My GP record is not available for me to view – I have not asked my GP i. Other (please specify)	Multiple select answer
	How did you hear about the NHS App? Please select all that apply. a. GP website b. GP surgery/ staff c. Text message/ SMS from GP surgery d. Family or friends e. Leaflets/posters f. NHS website g. Social media h. Communications related to Covid -19 i. Other (please specify)	Multiple select answer

Themes	Questions	Type of question
	What do you use the NHS App for? Please select all that apply. a. To book a GP appointment b. To order repeat prescriptions c. To view my medical record d. To cancel a GP appointment e. To access the online GP consultation service f. To receive messages from my GP practice g. To check conditions/ Health A-Z h. To check my symptoms/ NHS 111 i. Other (please specify)	Multiple select answer
	Please let us know how strongly you agree or disagree with the following statements regarding your experience using the NHS App. *It was easy to sign up to the NHS App* *It is easy to find what I need on the NHS App* *Information with the NHS App is easy to understand* *Ordering a repeat prescription via the NHS App is quick and convenient* *I can see all the information I need to when viewing my medical record on the NHS App* *I am able to book an appointment with a GP or healthcare professional via the NHS App* a. Strongly agree b. Somewhat agree c. Somewhat disagree d. Strongly disagree e. N/A	Scale

Themes	Questions	Type of question
	What do you like about the NHS App?	Free text
	What could be done to improve your experience of using the NHS App?	Free text
GP Surgery Website (6)	Have you used your GP surgery website to access your GP? a. Yes, I have used this for myself b. Yes, I have used this on behalf of someone else (e.g. child/relative) c. Yes, I have used for myself and someone else d. No, I haven't used at all	Single select answer
	Please indicate why you haven't used your GP surgeey website. Please select all that apply. a. I do not have a laptop/ smartphone to access online services b. I do not have broadband/ internet access c. I do not understand how to use the site d. I can't find the information I need e. I have a disability and it does not meet my accessibility needs f. I haven't needed to use the website g. I didn't know my GP surgery had a website h. I would rather make contact by phone or visiting the GP surgery i. I don't know how to use a device j. Other (please specify)	Multiple select answer

Themes	Questions	Type of question
	How often do you access your GP surgery website? a. Several times a week (regularly) b. Weekly (often) c. Monthly (occasionally) d. Rarely (as required) e. N/A	Scale
	For what reasons do you usually access your GP surgery website? Please select all that apply. a. Check the opening hours of the practice b. Find the practice contact details (telephone number, email, address) c. Administrative query, e.g. fit note, repeat prescription etc. d. Update personal details e. Register with the practice online f. Access online consultation form g. Check symptoms / self-management advice h. Travel clinic advice i. Find local services, e.g. pharmacy, urgent care service, sexual health clinic, dentist, optician, hospital etc. j. To communicate with the practice, e.g. to seek information, make a complaint etc. k. Other (please specify)	Multiple select answer
	How easy is it to find what you need on your GP surgery website? a. Very easy b. Somewhat easy c. Somewhat difficult d. Very difficult	Scale

Themes	Questions	Type of question
	What would make your experience of using the GP surgery website better?	Free text
Other Apps (2)	Have you used any other app recommended by your GP? a. Yes, I have used this for myself b. Yes, I have used this on behalf of someone else (e.g. child/relative) c. Yes, I have used for myself and someone else d. No, I haven't used at all	Single select answer
	How often do you access another App recommended by your GP? a. Several times a week (regularly) b. Weekly (often) c. Monthly (occasionally) d. Rarely (as required) e. N/A	Scale
Text messages (3)	What text messages do you receive from your GP surgery? Please select all that apply. a. Appointment reminders b. Invitations to make an appointment, e.g. screening / immunisations / mediation review c. Repeat prescription reminders d. Test results e. Requests to send a photo or answer question(s) f. News and / or information on opening hours g. Information on services, e.g. smoking cessation, family planning h. Self-help, e.g. NHS website i. Surveys j. Reminders about bank holidays	Multiple select answer

Themes	Questions	Type of question
	k. Referral follow up l. I don't receive text messages from my GP surgery m. Other (please specify)	
	Please let us know why you do not receive text messages from your GP surgery. a. I chose to opt out of receiving text messages b. I have not provided my GP surgery with my mobile number c. I do not have a personal mobile phone device d. I didn't know my GP surgery could send me text messages e. Other (please specify)	Single select answer
	How would you prefer to receive communications from your GP surgery? Please drag and drop to rank in order from 1 = most preferred a. SMS/ text message b. Telephone c. Email d. WhatsApp e. Letter/ post f. Messaging via NHS App g. Other (please specify)	Scale

Themes	Questions	Type of question
Patient Profile (8)	Which borough do you live in? a. Barking and Dagenham b. Barnet c. Bexley d. Brent e. Bromley f. Camden g. City of London h. Croydon i. Ealing j. Enfield k. Greenwich l. Hackney m. Hammersmith and Fulham n. Haringey o. Harringey p. Harrow q. Havering r. Hillingdon s. Hounslow t. Islington u. Kensington and Chelsea v. Kingston w. Lambeth x. Lewisham	Single select answer

Themes	Questions	Type of question
	y. Merton z. Newham aa. Redbridge bb. Richmond cc. Southwark dd. Sutton ee. Tower Hamlets ff. Waltham Forest gg. Wandsworth hh. Westminster	
	What GP Surgery are you registered at?	Free text
	What is your age group? a. Under 18 b. 18 - 24 c. 25 - 34 d. 35 - 49 e. 50 - 64 f. 65 - 79 g. 80+ h. Prefer not to say	Single select answer

Themes	Questions	Type of question
	What gender do you identify as? a. Female b. Male c. Non-binary d. Prefer to self-describe (please specify) e. Prefer not to say	Single select answer
	How would you describe your ethnicity? a. White a. White - English, Welsh, Scottish, Northern Irish or British b. White - Irish c. White - Gypsy or Irish Traveller d. White - Roma e. Any other White background b. Asian a. Asian or British Asian - Bangladeshi b. Asian or British Asian - Chinese c. Asian or British Asian - Indian d. Asian or British Asian - Pakistani e. Any other Asian background c. Black a. Black, Black British, Caribbean or African - African b. Black, Black British, Caribbean or African - Caribbean c. Any other Black, Black British, Caribbean or African background d. White a. White - English, Welsh, Scottish, Northern Irish or British	Single select answer

Themes	Questions	Type of question
	b. White - Irish c. White - Gypsy or Irish Traveller d. White - Roma e. Any other White background e. Mixed a. Mixed or multiple ethnic groups - White and Asian b. Mixed or multiple ethnic groups - White and Black African c. Mixed or multiple ethnic groups - White and Black Caribbean d. Any other mixed or multiple ethnic background f. Other a. Other ethnic group - Arab b. Any other ethnic group (please specify) g. Prefer not to say	
	How well can you speak English? a. Native speaker / fluent b. Conversational c. Basic d. None e. Other (please specify)	Single select answer
	Do you consider yourself to have a chronic / long-term condition such as asthma, diabetes etc.? a. No b. Yes, physical health (please specify if you feel comfortable doing so) c. Yes, mental health (please specify if you feel comfortable doing so) d. Yes, physical health and mental health (please specify if you feel comfortable doing so) e. Prefer not to say	Multiple select answer

Themes	Questions	Type of question
	Do you consider yourself to have a disability? a. No b. Yes, physical or mobility-related disability c. Yes, mental health-related disability d. Yes, sight impairment / blindness e. Yes, learning disability f. Yes, hearing impairment / deafness g. Other (please specify) h. Prefer not to say	Single select answer

Appendix 3: Focus group topic guide

Main question	Prompts
1. What went well for you when using online services (NHS App/OC/ Website)?	1. Have you ever received quick advice, appointments, or prescriptions through digital channels? How did that make you feel? 2. How have you found being able to send photos to healthcare professionals? 3. Have you found that accessing healthcare online/from home has saved you time and hassle? 4. How do you find being able to check your own test results online/via NHS App?
2. What didn't go so well when using online services (NHS App/OC/ Website)?	1. Have you ever faced confusion or delays due to communication issues when using digital healthcare services? 2. For people with additional, or accessibility needs, what challenges do you think they may face with digital technology? 3. How clear are the opening hours or response times when you use digital healthcare options? 4. How do you find the personal connection with healthcare professionals when using digital platforms compared to in person? 5. How easy is it for you to use voice telephony? Have you encountered any difficulties with services that rely on it?
3. What are your suggestions for improvements to online services?	1. Can you share an example of how a more personalised approach to digital healthcare could benefit you? 2. How do you feel about the idea of chatting with healthcare providers in real-time through an app or live chat? 3. In what situations do you think video consultations would be more helpful than text-based communication / in person appointments? 4. Have you ever felt left out due to not being able to use digital tools for healthcare? How could this be addressed? 5. What are your thoughts on having better clarity / control over who can access your medical information and messages? 6. Is there any other medical services/assistance you would like to access from your GP online/through website/apps?

Appendix 4: Focus group participant demographics

Demographic	n*	%
Age		
18-24	2	6%
25-34	3	9%
35-49	15	46%
50-64	8	24%
65-79	3	9%
80+	2	6%
Gender		
Male	9	27%
Female	24	73%
Ethnicity		
White (including White other)	19	58%
Asian or British Asian	8	24%

*33 total focus group participants

Demographic	n	%
Black, Black British, Caribbean or African	3	9%
Mixed Ethnicity	1	3%
Other ethnic group	1	3%
Prefer not to say	1	3%
Borough of residence		
Barking & Dagenham	1	3%
Barnet	1	3%
Bexley	1	3%
Brent	1	3%
Bromley	2	6%
Camden	1	3%
Ealing	1	3%
Enfield	3	9%
Greenwich	1	3%
Hackney	1	3%
Haringey	1	3%
Hillingdon	1	3%

Demographic	n	%
Hounslow	1	3%
Islington	1	3%
Kingston	1	3%
Merton	2	6%
Newham	1	3%
Redbridge	1	3%
Richmond	1	3%
Southwark	3	9%
Tower Hamlets	2	6%
Waltham Forest	1	3%
Westminster	4	12%

Appendix 5: North Central London ICS Case Study

Existing patient feedback on Online Forms

An analysis was carried out on the Healthcare Communications survey results from GP surgery A (n=731) and GP surgery B (n=591); and the North Central London ICS GP Patient Survey 2020-2023 results (n=83,302). The following themes were identified:

Theme	Detail
Patient experience of using Online Forms	**Awareness and usage:** • 78.5% of respondents aware of the e-consult (Online Consultation product) system, and 76.5% had used eConsult or another online platform • There was an increase in the percentage of patients who had had an online consultation or appointment over the past 12 months from 2021 to 2022 (24% in 2021, increasing to 28% in 2022). This data was not captured in the 2020 or 2023 survey **Understanding use of system:** 89.8% of patients understood they could access medical care with eConsult
Usefulness of service	**Usefulness:** 51% of respondents found eConsult a useful service **Benefit to use:** 73% of patients at the GP surgery B agreed that using eConsult meant information could be submitted to the GP practice at times that were convenient to them
Ease of use	**Ease of use:** 75.5% 'strongly agreed/agreed' they knew where to find eConsult
Response time	**Contact time:** 67% of respondents were contacted within the stated time
Patient satisfaction with care	**Needs met:** 51% of respondents said they had their needs met following completion of an eConsult, however it is important to recognise that 49% of patients did not feel their needs were met. **Satisfaction:** • 70.5% of respondents felt their appointment had been with an **appropriate clinician**. • 70% of respondents stating they felt **confident in managing their health issue** following their consultation with a non-GP Healthcare professional. • 74% of respondents rated their particular **experience with a non-GP healthcare professional** as 'Excellent' or 'Good'.

Challenges with the usefulness of service	**Benefit to use:** 58% of respondents perceived not having to travel to the GP surgery as a benefit of the use of eConsult
Challenges with ease of use	**Frustrations with the eConsult system:** Across the two practices, the focus of frustration varied. At GP surgery B negative comments mainly focused on the system usability, whereas for patients at GP surgery A they were around their own ability to use the system. There was good representation across all age groups in the survey, particularly in respect of the use of eConsult, which refutes the common stereotype that older age groups can't or won't engage digitally. **Usability:** Challenges described by respondent from GP surgery B could be grouped in to 4 main themes:

Theme		Patients felt...
01	Issues with eConsult system	the questions asked were 'repetitive', 'irrelevant', or there were 'too many questions'
02	The application of the eConsult system	it was too much to do when the patient was feeling unwell and it was not appropriate for use with all conditions
05	Communication with GP practice	a majority would prefer to phone the doctor to make an appointment and the need for 2-way communication between the GP surgery and the patient.
04	Improvements suggested by patients	Improvements would be to add free text options in the eConsult system and for the system to be available out of hours.

	Accessibility: 42% of patients at GP surgery B 'disagreed' or 'strongly disagreed' that eConsult was accessible to people with disabilities. 24% of patients thought it was accessible to people with disabilities. 77% of responders to this question stated they had a disability and/or long term condition.
Challenges with patient satisfaction with care	**Clinical contact:** 65% of responders felt it was 'extremely' and 'somewhat' important to see their preferred clinician, however 43% felt this was achieved 'rarely' or 'never'. Of those who felt it was 'extremely' and 'somewhat' important' to see their preferred clinician 66% were over 55 years and10% were under 34 years, indicating this was more important to certain age groups of patients.

Note: this survey was only conducted across patients registered at two practices and, therefore feedback is focused towards the tools that these practices use.

Appendix 5.1: North Central London ICS Case Study
Existing patient feedback on the NHS App

An analysis was carried out on data from the North Central London ICS GP Patient Survey 2020-2023 and the NHS App Reporting Dashboard (July 2022-June 2023). The following themes were identified:

<table>
<tr><th>Theme</th><th></th></tr>
<tr><td>Annual use of accessing medical records online[2]</td><td>Across NCL ICS there was a year-on-year increase in the percentage of patients who had accessed their medical records online in the past 12 months from 2020 to 2022 (7% in 2020, 8% in 2021, 18% in 2022), however this figure decreased slightly in 2023, with 7% of respondents stating they accessed their medical records online in past 12 months.

Note: this is in relation to accessing medical records generally, not specifically via the NHS App.</td></tr>
<tr><td>Monthly use of patient access to prospective medical records (NHS App)[3]</td><td>The NHS App Reporting dashboard (July 22 – June 23) showed fluctuations throughout the year. Key data is shown below.
<table>
<tr><th>View</th><th>Average number of views per month</th><th>Highest number of views</th><th>Lowest number of views</th></tr>
<tr><td>Record views</td><td>107,076 views</td><td>March 2023
(120,587views)</td><td>December 2022
(92,115 views)</td></tr>
<tr><td>Summary coded record view</td><td>105,251 views</td><td>March 2023
(118,667 views)</td><td>December 2022
(90,373 views)</td></tr>
<tr><td>Detail coded record view</td><td>65,938 views</td><td>Marrch 2023
(77,319 views)</td><td>December 2022
53,170 views)</td></tr>
</table>
Note: the detailed coded view holds all medical information, whereas the summary coded record view only contains information about a patient's medicines and allergies. Patients need to contact their GP surgery to request accessed to the detailed coded record</td></tr>
</table>

Appendix 5.2: North Central London ICS Case Study
Existing patient feedback on GP surgery websites

An analysis was carried out on data from the North Central London ICS GP Patient Survey 2020-2023[2]. The following themes were identified:

The data showed an increase in the percentage of patients using online services, such as booking appointments online, ordering repeat prescriptions online, and having an Online Consultation or appointment, from 2020 to 2023.

Of the online services, booking appointments online appeared as the most used service (32% of patients in 2023) and filling in an online form the least used service (14% of patients in 2023).

The data showed a year-on-year decrease from 2020 to 2023 in how easy patients found the GP surgery website to use to look for information or access services.

When asked, 'how easy is it to use your GP surgery website to look for information or access services' 71% of patients in 2020 agreed it was easy, however this reduced to 70% on 2021, 60% in 2022 and 59% in 2023.

Appendix 6: North East London ICS Case Study
Existing patient feedback on Online Forms

An analysis was carried out on Accurx and eConsult (Online Consultation products) feedback, and the North East London ICS GP Patient Survey 2021 and 2022 results. The following themes were identified:

** TH, Newham and B&D did not have any patient feedback via eConsult. Redbridge 13 patients, Havering 35 patients, Waltham Forest 43 patients, City and Hackney 30 patients sampled.

<table>
<tr><th>Theme</th><th>Detail</th></tr>
<tr><td>eConsult Patient Outcomes</td><td>On average across the four boroughs, 55% of patients found their issue to be completely resolved via the use of online consultation services, while 70% of patients did not have to seek further help for their problem after the consultation.
<table>
<tr><th>Borough</th><th>% of patients who said their issue was completely resolved or improved 7 days after using the service</th><th>% of patients who did not have to return to the GP or any other health service for the same problem in the week after consulting online.</th></tr>
<tr><td>Redbridge</td><td>50%</td><td>54%</td></tr>
<tr><td>Havering</td><td>50%</td><td>71%</td></tr>
<tr><td>Waltham Forest</td><td>65%</td><td>70%</td></tr>
<tr><td>City & Hackney</td><td>55%</td><td>83%</td></tr>
</table></td></tr>
<tr><td>eConsult Patient Satisfaction</td><td>Patient satisfaction was generally positive across the four boroughs, with an average satisfaction score of 69% overall and 72% of patients likely to recommend the online consultation services to friends and family.
<table>
<tr><th>Borough</th><th>% patients who indicated they were satisfied with the service</th><th>% of patients who would recommend the eConsult service to family and friends</th></tr>
<tr><td>Redbridge</td><td>77%</td><td>85%</td></tr>
<tr><td>Havering</td><td>71%</td><td>71%</td></tr>
<tr><td>Waltham Forest</td><td>79%</td><td>74%</td></tr>
<tr><td>City & Hackney</td><td>50%</td><td>57%</td></tr>
</table></td></tr>
</table>

eConsult Source of Referral

The top three most successful strategies to raise awareness of OC/VC services were via GP contact, practice staff and through the practice website. Incorporating this into planning may help to boost the utilisation of OC/VC services and in turn, patient outcomes. An additional consideration is the importance of GP involvement and face-to-face explanations of the service, as this may lead to better utilisation of the service and also more positively influence patient perception of the OC/VC services. For example, in C&H the patient satisfaction was only 50%, and the majority of referrals came from the practice website, as opposed to WF who had the highest rate of GP referrals and patient satisfaction.

Borough	Most common source of referrals	Other referral sources
Redbridge	GP practice staff alerting patients to the service	GP referral, the practice website and internet searches
Havering	Practice website	GP practice staff
Waltham Forest	GP practice staff	Practice website and the GP themselves
City & Hackney	Practice website	GP practice staff and the GP themselves

Accurx Patient Feedback (all boroughs)

The majority of patient triage requests through Accurx were from patients aged between 20 to 60, although the highest occurrence of triage request came from infants aged between 0-1.

It would be interesting to know the reasons for referrals for those between 0-1 and 20-60 to understand whether more targeted patient information is needed to better manage requests from those patients most likely to utilise the service.

Perception of triage services via Accurx was positive, with 90% of patients describing it as 'very' or 'quite' easy to use.

Appendix 6.1: North East London ICS Case Study
Existing patient feedback on the NHS App

An analysis was carried out on data from the North East London ICS GP Patient Survey 2020-2023 and the NHS App Reporting Dashboard (July 2022-June 2023). The following themes were identified:

<table>
<tr><th>Theme</th><th></th></tr>
<tr><td>Annual use of accessing medical records online</td><td>Across NEL ICS there was an increase in the percentage of patients who had accessed their medical records online in the 12 months from 2021 to 2022 (7% in 2021, and 16% in 2022), however this figure remained the same in 2023, with 16% of respondents stating they accessed their medical records online in past 12 months.

Note: this is in relation to accessing medical records generally, not specifically via the NHS App.</td></tr>
<tr><td>Monthly use of patient access to prospective medical records (NHS App)</td><td>The data from the NHS App Reporting Dashboard (July 22 – June 23) showed fluctuations throughout the year. Key data is shown below.
<table>
<tr><th>View</th><th>Average number of views per month</th><th>Highest number of views</th><th>Lowest number of views</th></tr>
<tr><td>Record views</td><td>130,362 views</td><td>March 2023 (148,522 views)</td><td>December 2022 (112,139 views)</td></tr>
<tr><td>Summary coded record view</td><td>127,547 views</td><td>March 2023 (145,634) views)</td><td>December 2022 (109,064 views)</td></tr>
<tr><td>Detail coded record view</td><td>73,599 views</td><td>July 2023 (88,284views)</td><td>December 2022 (58,604 views)</td></tr>
</table>
Note: the detailed coded view holds all medical information, whereas the summary coded record view only contains information about a patient's medicines and allergies. Patients need to contact their GP surgery to request access to their detailed coded record.</td></tr>
</table>

Appendix 6.2: North East London ICS Case Study
Existing patient feedback on GP surgery websites

An analysis was carried out on data from the North East London ICS GP Patient Survey 2020-2023[2]. The following themes were identified:

The data showed an increase in the percentage of patients using online services, such as booking appointments online and ordering repeat prescriptions online, from 2021 to 2023.

Of the online services, booking appointments online appeared as the most used service (36% of patients in 2023) and filling in an Online Form the least used service (16% of patients in 2023).

The data showed a year-on-year decrease from 2021 to 2023 in how easy patients found the GP surgery website to use to look for information or access services.

When asked, 'how easy is it to use your GP surgery website to look for information or access services' 67% of patients in 2021 agreed it was easy, however this reduced to 58% on 2022 and 56% in 2023.

Appendix 7: North West London ICS Case Study

Existing patient feedback on the NHS App

An analysis was carried out on data from the NHS App Reporting Dashboard (July 2022-June 2023) and the North West London ICS GP Patient Survey 2021-2023. The following themes were identified:

Theme	
Annual use of accessing medical records online	Across NWL ICS there was a year-on-year increase in the percentage of patients who had accessed their medical records online in the past 12 months from 2021 to 2023 (12% in 2021, 21% in 2022 and 23% in 2023). Note: this is in relation to accessing medical records generally, not specifically via the NHS App.
Monthly use of patient access to prospective medical records (NHS App)	The NHS App Reporting dashboard (July 22 – June 23) showed fluctuations throughout the year. Key data is shown below.

View	Average number of views per month	Highest number of views	Lowest number of views
Record views	168,113 views	March 2023 (197,405 views)	August 2022 (144,166 views)
Summary coded record view	163,648 views	March 2023 (192,546 views)	August 2022 (140,029 views)
Detail coded record view	102,132 views	June 2023 (137,051 views)	September 2022 74,715 views)

Note: the detailed coded view holds all medical information, whereas the summary coded record view only contains information about a patient's medicines and allergies. Patients need to contact their GP surgeries to request access to the detailed coded record.

Appendix 7.1: North West London ICS Case Study
Existing patient feedback on GP surgery websites

An analysis was carried out on data from the North West London ICS GP Patient Survey 2021-2023. The following themes were identified:

The data showed an increase in the percentage of patients using online services, such as booking appointments online, ordering repeat prescriptions online, and having an online consultation or appointment, from 2021 to 2023.

Of the online services, booking appointments online appeared as the most used service (33% of patients in 2023) and filing in an online form the least used service (13% of patients in 2023).

The data showed a year-on-year decrease from 2021 to 2023 in how easy patients found the GP surgery website to use to look for information or access services.

When asked, 'how easy is it to use your GP surgery website to look for information or access services' 76% of patients in 2021 agreed it was easy, however this reduced to 68% on 2022 and 65% in 2023.

Appendix 8: South East London ICS Case Study
Existing patient feedback on the NHS App

An analysis was carried out on data from the South East London ICS GP Patient Survey 2020-2023 and the NHS App Reporting Dashboard (July 2022-June 2023). The following themes were identified:

Theme

Annual use of accessing medical records online

Across SEL ICS there was a year-on-year increase in the percentage of patients who had accessed their medical records online in the past 12 months from 2020 to 2022 (7% in 2020, 8% in 2021, 18% in 2022), however this figure remained the same in 2023, with 18% of respondents stating they accessed their medical records online in past 12 months.

Note: this is in relation to accessing medical records generally, not specifically via the NHS App.

Monthly use of patient access to prospective medical records (NHS App)

The data from the NHS App Reporting Dashboard (July 22 – June 23) showed fluctuations throughout the year. Key data is shown below.

View	Average number of views per month	Highest number of views	Lowest number of views
Record views	145,786 views	May 2023 (178,225 views)	December 2022 (115,808 views)
Summary coded record view	143,458 views	May 2023 (176,263 views)	December 2022 (113,587 views)
Detail coded record view	96,816 views	June 2023 (138,080 views)	September 2022 (68,843 views)

Note: the detailed coded view holds all medical information, whereas the summary coded record view only contains information about a patient's medicines and allergies. Patients need to contact their GP surgeries to request accessed to the detailed coded record.

Appendix 8.1: South East London ICS Case Study
Existing patient feedback on GP surgery websites

An analysis was carried out on data from the South East London ICS GP Patient Survey 2020-2023. The following themes were identified:

The data showed an increase in the percentage of patients using online services, such as booking appointments online, ordering repeat prescriptions online, and having an Online Consultation or appointment, from 2020 to 2023.

Of the online services, booking appointments online appeared as the most used service (32% of patients in 2023) and filling in an Online Form the least used service (15% of patients in 2023).

The data showed a year-on-year decrease from 2020 to 2023 in how easy patients found the GP surgery website to use to look for information or access services.

When asked, 'how easy is it to use your GP surgery website to look for information or access services' 71% of patients in 2020 agreed it was easy. This remained at 71% in 2021 and reduced to 60% in 2022 and 58% in 2023.

Appendix 9: South West London ICS Case Study Existing patient feedback on Online Forms

An analysis was carried out on patient feedback data received from the Accurx (Online Consultation product) system between January 2023 – June 2023 (n=6446). Due to the large volume of data, 200 responses from patients who had given a feedback score of 1 (very easy) and 200 responses from patients who had given a feedback score of 5 (very difficult) were analysed. This was done to try and understand what was working well with the current system, as well as barriers patients were facing in accessing or using it. The following themes were identified:

Theme	Detail
Patient experience of using Online Forms	69% felt the system was 'very easy' or 'quite easy' to use. 20% of respondents reported it to be 'quite difficult' or 'very difficult' to use and 11% reported it to be 'neither easy nor difficult' to use. Of those who reported the online consultation system to be 'very easy' or 'quite easy' to use, the reasons given included clear user instructions, a usable layout and questions that were simple, efficient and relevant.
Usefulness of service	Reported benefits to the use of the online consultation system included the fact the system was quick to use and saved time. Patients reported not only saving time themselves, by not having to wait in the GP practice phone queue, but also saving time for GP practice staff and the need for unnecessary appointments.
Challenges with usefulness of service	The Accurx patient feedback data also described some challenges around the usefulness of the online consultation system. The challenges included issues around the fact the form was too long, the options were not tailored to their needs and there were restricted hours of use of the Accurx system.
Challenges with ease of use	• 20% of respondents reported the online consultation system to be 'quite difficult' or 'very difficult' to use. • Challenges described could be grouped in to three main themes: 1. Issues with the online form system: the process was too time consuming , the system instructions were not clear , there was no option to schedule an appointment and issues were experienced with logging on to the system. 2. The application of the online form system: concerns around digital exclusion for certain cohorts of patients, the fact the form would be difficult to fill in when unwell and the need for support to complete the forms. 3. Communication with GP practice: preferring to phone the GP practice to make an appointment, a lack of personal contact and slow or no response to queries.

Appendix 9.1: South West London ICS Case Study
Existing patient feedback sources on the NHS App

An analysis was carried out on data from the South West London ICS GP Patient Survey 2020-2023 and the NHS App Reporting Dashboard (July 2022-June 2023). The following themes were identified:

<table>
<tr><th colspan="2">Theme</th></tr>
<tr><td>Annual use of accessing medical records online</td><td>Across SWL ICS there was a year-on-year increase in the percentage of patients who had accessed their medical records online in the past 12 months from 2020 to 2023 (7% in 2020, 8% in 2021, 20% in 2022, 21% in 2023).

Note: this is in relation to accessing medical records generally, not specifically via the NHS App.</td></tr>
<tr><td>Monthly use of patient access to prospective medical records (NHS App)</td><td>The data from the NHS App Reporting Dashboard (July 22 – June 23) showed fluctuations throughout the year. Key data is shown below.
<table>
<tr><th>View</th><th>Average number of views per month</th><th>Highest number of views</th><th>Lowest number of views</th></tr>
<tr><td>Record views</td><td>138,826 views</td><td>March 2023
(174,187 views)</td><td>July 2022
(113,593 views)</td></tr>
<tr><td>Summary coded record view</td><td>135,971 views</td><td>March 2023
(171,159 views)</td><td>July 2022
(110,461 views)</td></tr>
<tr><td>Detail coded record view</td><td>99,133 views</td><td>March 2023
(130,341 views)</td><td>September 2022
(74,353 views)</td></tr>
</table>
Note: the detailed coded view holds all medical information, whereas the summary coded record view only contains information about a patient's medicines and allergies. Patients need to contact their GP surgeries to request accessed to the detailed coded record.</td></tr>
</table>

Appendix 9.2: South West London ICS Case Study
Existing patient feedback on GP surgery websites

An analysis was carried out on data from the South West London ICS GP Patient Survey 2020-2023. The following themes were identified:

The data showed an increase in the percentage of patients using online services, such as ordering a repeat prescription online and accessing medical records online, from 2020 to 2023.

Of the online services, booking appointments online appeared as the most used service (32% of patients in 2023) and filing in an Online Form the least used service (10% of patients in 2023).

The data showed a year-on-year decrease from 2020 to 2023 in how easy patients found the GP surgery website to use to look for information or access services.

When asked, 'how easy is it to use your GP surgery website to look for information or access services' 77% of patients in 2020 agreed it was easy, however this reduced to 76% in 2021, 67% in 2022 and 67% in 2023.

Acronyms

AIS	Accessible Information Standard
HIN	Health Innovation Network
ICS	Integrated Care System
LMC	Local Medical Committees
NCL	North Central London
NEL	North East London
NWL	North West London
SEL	South East London
SWL	South West London

digital first
Connected Primary Care

NHS

Health Innovation Network South London