

# Accessing Digital Health Services: What Redbridge Residents Think

February 2026



# Project Details

<b>Project name</b>	Accessing Digital Health Services: What Redbridge Residents Think
<b>Survey period</b>	November 2025 – January 2026
<b>Method</b>	Community outreach sessions, hospital engagement, online survey
<b>Number of respondents</b>	152
<b>Led by</b>	Healthwatch Redbridge

## Disclaimer

The findings in this report reflect the views and experiences of 152 survey respondents at the time the survey was conducted (November 2025 – January 2026). They do not represent a complete picture of all NHS App users in Redbridge. The report is intended to inform and contribute to wider conversations about digital health access; it should be read alongside other local and national evidence.

# Acknowledgements

We are grateful to the 152 residents who gave their time to complete this survey. Your responses are central to this report and to our work on your behalf.

We would like to thank our Healthwatch Redbridge volunteers, whose efforts made the outreach sessions possible - Margaret Igglesden, Sally Curtis and Hyacinth Osborne. Special thanks to Margaret who additionally collected surveys at her local keep-fit group for older people.

We also thank the organisations and venues that hosted or supported our outreach:

- Whipps Cross Hospital Outpatients Department
- Redbridge Central Library
- Hainault Community Café (run by Public Health Redbridge)
- Healthwatch Redbridge Community Network Fair
- Redbridge Youth Council
- Youth Leadership Programme, Community Action Redbridge
- Faith Forum (for sharing the survey in their newsletter)
- ICB (for including the survey in their newsletter)

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# Executive Summary

The Government's 10-Year Health Plan aims to transform the NHS App into the primary route for accessing NHS services by 2028, including collecting patient feedback. For a borough like Redbridge, where an estimated 35% of residents are digitally excluded, 24.5% speak English as a second language, and a significant proportion of the population is older, this raises pressing questions about who will be left behind.

Healthwatch Redbridge collected 152 survey responses through community outreach, hospital engagement and online promotion between November 2025 and January 2026. Our findings suggest that while many residents can access basic app functions, substantial barriers remain, and these barriers fall most heavily on the groups already least well-served by health services.

## Key Findings

- Awareness was high (93%) and 72% had the app installed, but only 52% actively used it, a significant drop that points to real barriers beyond simply not knowing the app exists.
- Confidence fell sharply with age. Among those aged 80+, only 11% said they would feel confident using the app to get help about a service or appointment.
- The most common reasons for not using the app were a preference for telephone or face-to-face contact, finding the app confusing or difficult, and lack of a suitable device.
- Over a third (35%) would not want to use the app to give feedback on their care, citing doubts about whether digital feedback would be read or acted upon.
- 15 respondents said they would prefer to give feedback to an independent organisation, reflecting the continuing value of the Healthwatch function.

## What this means for Redbridge

These findings matter locally because Redbridge's population profile puts residents at greater risk of digital exclusion than the national average. The borough's high levels of language diversity, older demographic and existing digital exclusion data all point to the need for non-digital alternatives to be protected, not phased out. A digital-first approach that is not accompanied by real investment in support and alternatives risks widening existing health inequalities.

## Aims and Objectives

This survey aimed to understand how Redbridge residents currently use the NHS App, what barriers they face, and whether they would be likely to use it to access services and provide feedback in the future.

- To identify which patients currently use the NHS App and which do not
- To identify which NHS App features patients currently use and which they do not
- To ascertain how accessible the NHS App is for different patient groups
- To detect any difficulties or barriers patients face with using the NHS App
- To understand how patients would prefer to give feedback on their experience of NHS services
- To explore what could make using the NHS App easier for patients

## Background & Context

Redbridge is one of London's most diverse boroughs. According to the 2021 Census, 66.6% of residents are from ethnic minority backgrounds, and 24.5% speak English as a second language. The most commonly spoken languages after English are Romanian, Bengali, Punjabi, Urdu, Tamil and Gujarati.

Digital exclusion is a significant concern in Redbridge. According to the London Office of Technology and Innovation (LOTI), an estimated 35% of Redbridge residents are digitally excluded, meaning they struggle to access online services due to lack of devices, the cost of connectivity, or limited digital skills. The problem is particularly acute among older residents: research by Age UK Redbridge shows that only 47% of residents aged 75–89 own a smartphone.

These factors mean that any shift towards digital-first service delivery carries specific risks in Redbridge. The NHS App is currently only available in English, and while some brief translated guides exist, they cover only the very basics. A borough with Redbridge's demographic profile needs more than a nationally-designed digital solution: it needs sustained, locally-sensitive support.

This context shapes how we read our survey findings. Barriers to NHS App use are not simply a matter of personal preference, they reflect structural inequalities in access that Healthwatch Redbridge regularly hears about from residents.

# Introduction

The NHS App was launched in 2019 to give patients a simple and secure way to access NHS services from a mobile phone, tablet or other device. The Government's 10-Year Health Plan proposes to significantly expand its role, aiming to “transform the NHS App into a world-leading tool for patient access, empowerment and care planning. By 2028, the app will be a full front door to the entire NHS.”

This expansion is part of a wider shift to move the NHS from “analogue to digital.” As that transition accelerates, Healthwatch Redbridge wanted to understand what it means for local residents, particularly those who may not be ready, or able, to make the move. We wanted to know whether people are currently using the app, what gets in the way, and what support they would need.

The Government also intends to move patient feedback collection to the NHS App, enabling patients to leave feedback on their care that is then communicated back to providers and clinical teams. The 10-Year Health Plan also includes proposals to close local Healthwatch, which would remove an independent local voice from the health system. We therefore wanted to understand whether residents would feel comfortable giving feedback through the app, and whether they would trust it.

If more NHS services move to digital access, patients who cannot or do not use apps may find themselves missing out on appointments, test results and the ability to raise concerns. This could contribute to widening health inequalities, and that is something Healthwatch Redbridge takes seriously.

This survey was designed by Healthwatch Wirral and conducted by 19 local Healthwatch organisations across England. Redbridge shared its data with Healthwatch Wirral, and our findings contribute to a national report that has been submitted to Healthwatch England, the King's Fund, the NHS App Research and Development Team and the Department of Health and Social Care. This report presents our local findings and what they mean specifically for Redbridge residents.

# Methodology

We conducted outreach over a three-month period between November 2025 and January 2026. Outreach visits took place at:

- Whipps Cross Hospital Outpatients Department
- Redbridge Central Library
- Hainault Community Café (run by Public Health Redbridge)
- Our Healthwatch Redbridge Community Network Fair

Most outreach was conducted by Healthwatch Redbridge volunteers. One volunteer additionally collected surveys at her local keep-fit group for older people.

We also promoted the survey through social media, our website, our newsletter, the Faith Forum newsletter and the ICB newsletter. The survey was shared with our Healthwatch Redbridge Community Network member organisations and with Patient Participation Groups at GP surgeries. The Redbridge Youth Council and the Youth Leadership Programme at Community Action Redbridge also shared the survey with their members, and we received some responses from young people as a result.

The survey was anonymous. We aimed to reach a wide range of demographics; we are pleased that we reached respondents of all ages, a wide range of ethnicities and all postcode districts within Redbridge.

In total, 152 responses met the data consent criteria and were included in the final analysis. Of 205 surveys opened, 161 were completed; of those, 9 respondents did not consent to data use and were excluded, giving a final sample of 152.

Where respondents could only select one answer, findings are reported as percentages. Where multiple answers were permitted, findings are reported by number of people.

# Key Findings

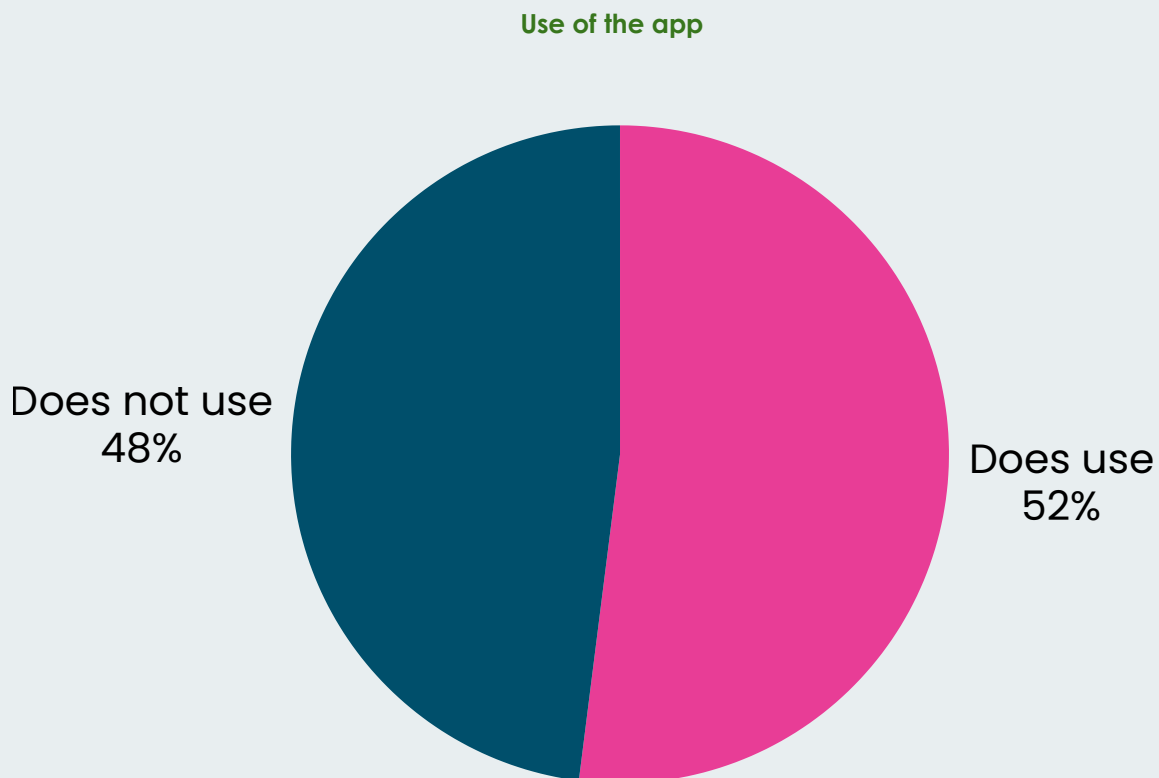
In total, 152 people completed our survey.

## Findings:

### Awareness and use of the NHS App

Most people (93%) who completed the survey had heard of the NHS App. Two thirds of the 7% who had not heard of it were aged 65 or over.

Nearly three quarters (72%) have the NHS App on a device such as a mobile phone or tablet. However, only 52% actively use it, a significant drop that suggests that having the app installed does not translate straightforwardly into using it.



We analysed app use by age, disability and ethnicity, as these are groups where digital exclusion is known to be more likely. The data shows that a decline in use of the NHS App primarily occurs among those aged 80+, though there is also a notable gap among those aged 65–79, with 42% in that group not using the app.

# Key Findings

## Findings:

### Awareness and use of the NHS App

Respondents in this age group described the challenges they face:

- *"As one gets older retaining information and instructions gets harder and so a 'one off' instruction is no good. So most take the easy way out and don't use it."*
- *"More information should be available when you start to use the app. A bit frightening when you are older."*
- *"It's not easy for senior citizens to get through."*

Of the 28 people who told us they have a disability, 57% use the app and 43% do not. Further exploration of the nature of specific disabilities would help to identify where the app supports people with particular access needs and where it currently falls short.

When we analysed app use by ethnicity, we did not identify a clear pattern. In retrospect, asking about respondents' first language would have been more useful, as the NHS App is currently only available in English. Some brief translated guides exist in Arabic, Polish, Romanian, Urdu and Somali, but these cover only the basics. A web version of the app (NHS App Online) can be translated using browser tools.

Whether future development of the app will include full language support remains to be seen.

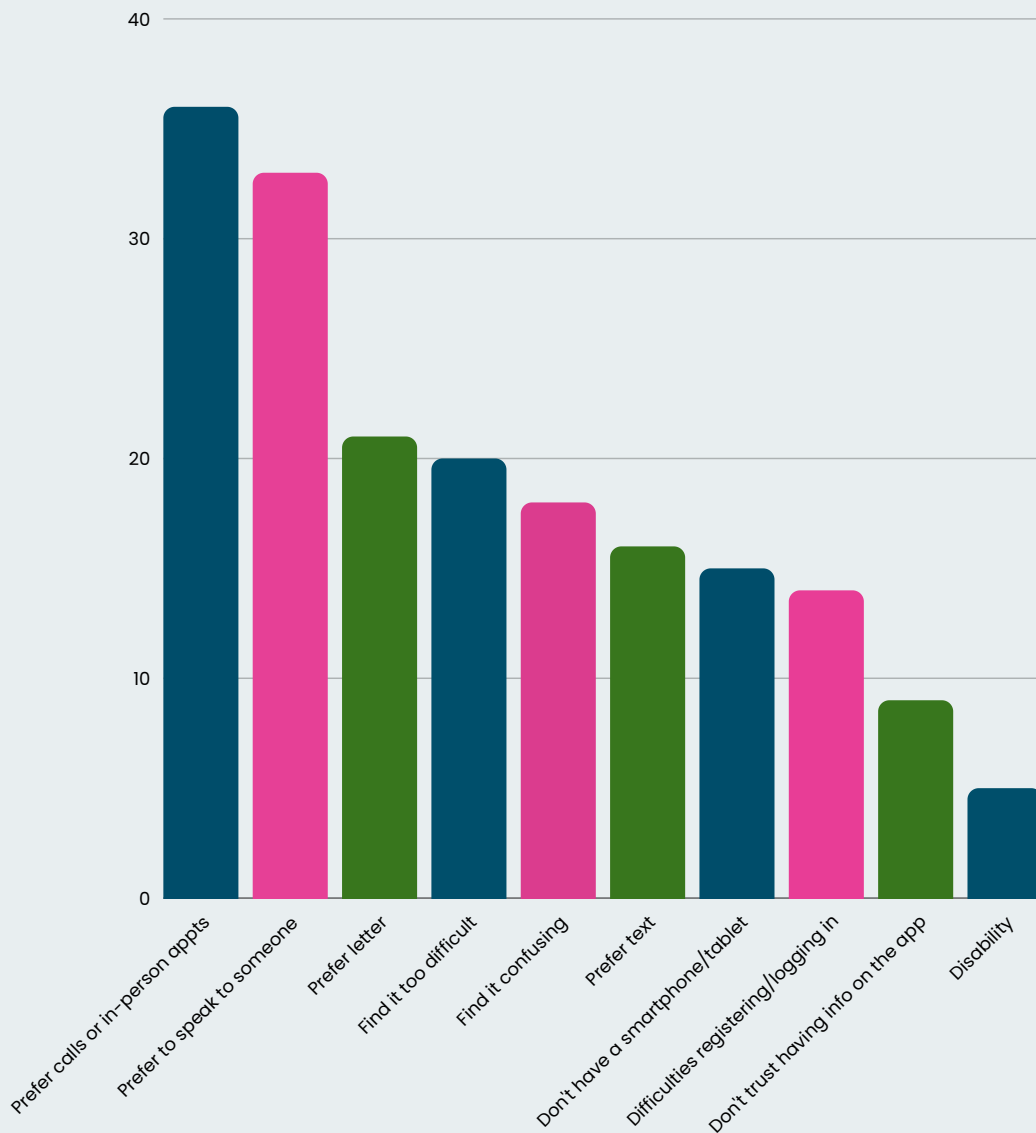
# Key Findings

## Findings:

### Why people do not use the app

We asked people to share their reasons for not using the NHS App, allowing them to choose as many as applied.

Reasons for not using the app (number of people, multi-select)



# Key Findings

## Findings:

### Why people do not use the app

The most common reasons centred on a preference for human contact:

- *"I prefer using phone calls or in-person appointments" was selected by 36 people, and "prefer to speak to someone" by 33 people.*
- ***"I would prefer to speak to someone or using phone calls or in-person appointments."***
- ***"I think a lot of elderly people do not have mobile phones or computers to access the NHS App. So personal contact, face to face or by phone, is still absolutely necessary."***

The next most common theme was difficulty using the app:

- *"Find it too difficult" was selected by 20 people and "Find it confusing" by 18.*
- ***"I find the app very confusing to use, so I avoid it."***

Other communication methods, such as letter (21 people) and text (16 people), were preferred by some respondents over the app. Fifteen people said they did not have a smartphone or tablet, and 14 reported difficulties registering or logging in.

- ***"Log-on issues / not able to reset password."***
- ***"The app says my email is registered but resetting the password does not work. Cannot open a new account, very confusing."***

A small but notable number of people, nine, said they did not trust having their information on the app. Five respondents cited their disability as a reason for not using it.

Two respondents said they prefer to use the Patient Access App instead, noting that it shows the date a repeat prescription can be ordered, which the NHS App currently does not. One respondent articulated a broader concern about digital healthcare:

***"I don't want to use an App to manage my health. It is fine to have the option there for people to use but it shouldn't be forced on people. I am perfectly capable of using a smart phone. I just think it is a terrible way to conduct someone's care. I would avoid seeking medical help rather than use an app to process sensitive data about me or manage my health when I need to talk and be listened to by a human being."***

# Key Findings

Among those who do use the NHS App, the most common uses are viewing health records, messages, letters and prescriptions. Booking appointments, messaging GP surgeries and NHS 111 online are used considerably less.

Feature	Number of people
Viewing your GP health record	56
Viewing messages from your GP surgery or hospital	55
Ordering repeat prescriptions	55
Viewing hospital and specialist messages, appointments, documents and questionnaires	53
Viewing hospital letters, appointments, and referrals	47
Booking and managing appointments	35
Messaging your GP surgery	26
Accessing health information and advice	26
Accessing your NHS number	26
Registering with a GP surgery	9
Setting your organ donation decision	9
Accessing health services on behalf of someone you care for	7
Accessing NHS 111 online	5

The planned developments of the NHS App set out in the 10-Year Health Plan include, by 2028, the ability to get instant advice for non-urgent care, book tests and vaccines, manage medications and long-term conditions, and leave feedback on care received.

Whether people will be able to use these new features — and whether enough guidance will be in place to help them — is something our findings make clear needs addressing.

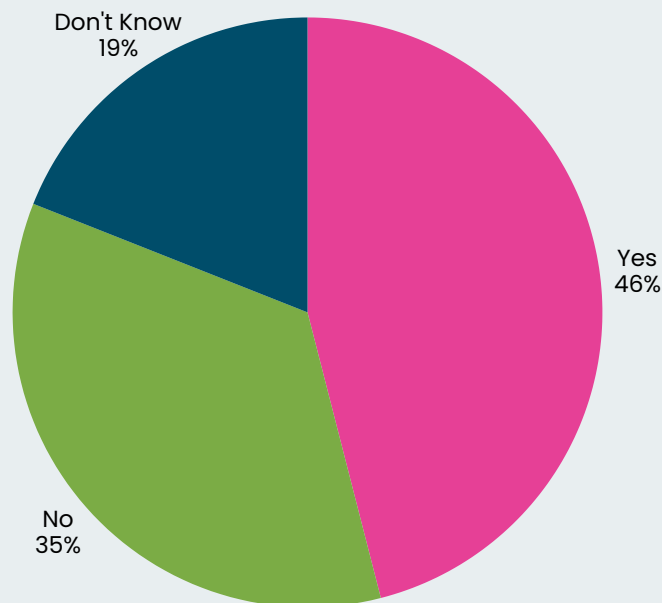
# Key Findings

## Findings:

### Using the app to give feedback

We asked whether respondents would use the NHS App to provide feedback about their treatment.

Would you use the app to give feedback on your care?



Over a third (35%) said they would not want to use the app to give feedback, with a further 19% unsure. Respondents' comments pointed to a lack of confidence that digital feedback would be read, acted upon, or have any meaningful impact:

*"I'm happy to use online services to provide feedback but it needs to be an end-to-end process. Too often feedback is given but it's unclear who has ownership of that feedback, whether anything within the feedback will be taken up as a catalyst for change and what the plan is to implement that change, or whether positive feedback has confirmed that a change is working. People won't continue to give feedback if they see or hear nothing further about what they have told you."*

*"I'd be happy to use the NHS App to get help if it was obvious how to do that. But, for the most part, it's structured around what's convenient for the providers of the data, not to meet the needs of patients and carers or to be easy or intuitive for them to use."*

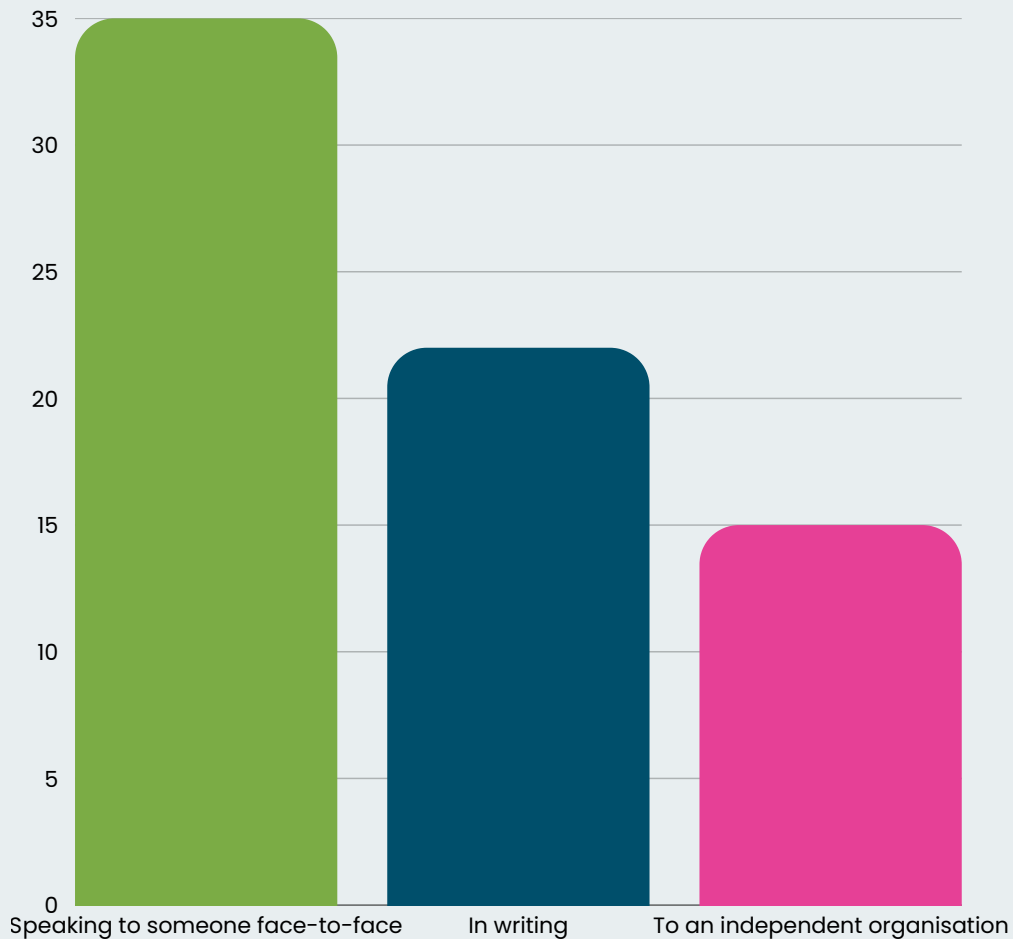
# Key Findings

## Findings:

### Using the app to give feedback

Among those who said they would not use the app to give feedback, the most preferred alternative was speaking to someone face-to-face (35 people), followed by giving feedback in writing (22 people). Notably, 15 respondents said they would prefer to give feedback to an independent organisation, reflecting the continuing value residents place on an independent local voice such as Healthwatch Redbridge.

Preferred method of giving feedback  
(for those who said No) (number of people)



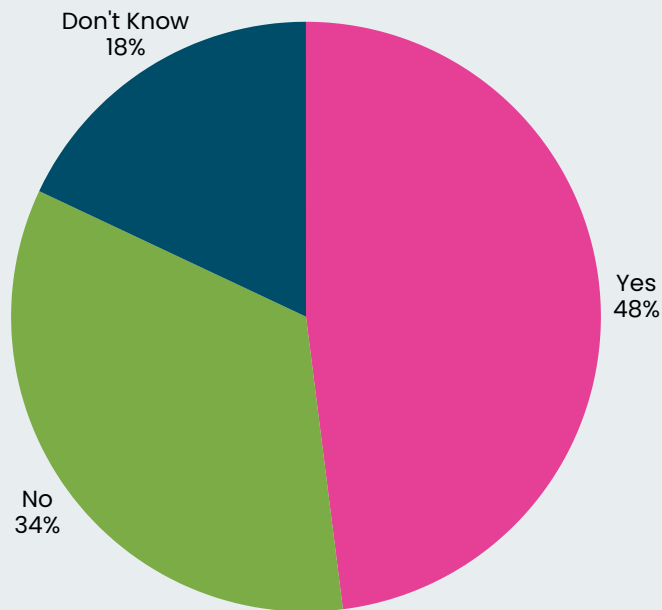
# Key Findings

## Findings:

### Confidence using the app

We asked whether respondents would feel confident using the NHS App to get help about a service or to book an appointment.

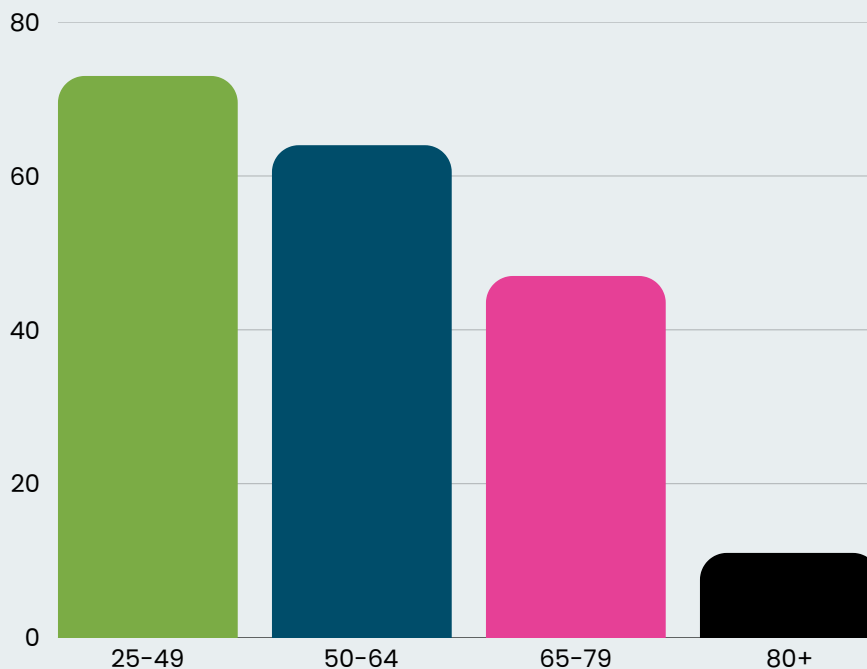
#### Would you feel confident using the app to get help or book an appointment



# Key Findings

## Findings:

### Confidence using the app by age group



Fewer than half (48%) said they would feel confident doing so. Confidence declines markedly with age:

- 73% of people aged 25–49 said they would feel confident
- This drops to 64% for those aged 50–64
- And to 47% for those aged 65–79
- Only 11% of people aged 80+ said they would feel confident

### The NHS App & NHS 111

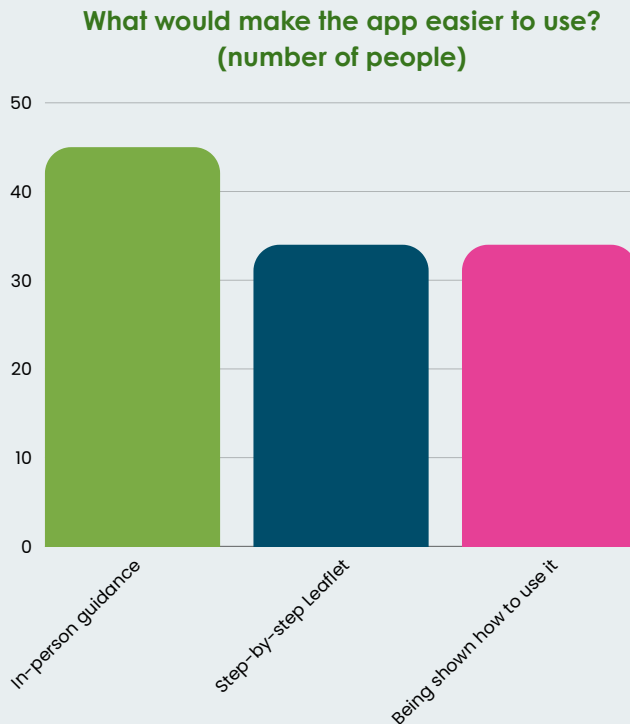
The NHS App offers NHS 111 online as a route to get help about a service. However, as the previous table shows, this is the least used feature in our survey, with only five of the 152 respondents using it. This gap between the intended function and actual usage raises real questions about what needs to be in place, in terms of awareness, guidance and support, before expanded features can be used confidently.

# Key Findings

## Findings:

### Making the app easier to use

We asked respondents what would make the NHS App easier for them to use.



The responses consistently point to the need for human-centred support: in-person guidance (45 people), a step-by-step leaflet (34 people) and being shown how to use it (34 people) were the most common suggestions.

Respondents also suggested a helpline, YouTube videos (noting that some already exist), picture-based instructions and the ability to book blood tests through the app. One respondent flagged that secondary care blood test results are not currently accessible via the NHS App, meaning people with long-term conditions must contact their hospital team separately to get results:

***"I can only access blood test results ordered by my GP on the NHS App and not those ordered by my secondary care team at BHRUT. As someone with long-term conditions, it would be life-changing if I could see all my blood results on the NHS App."***

# Discussion

Our findings point to three overarching themes that deserve attention as the NHS App's role expands.

## Age, confidence and the risk of exclusion

The sharpest pattern in our data is the relationship between age and app confidence. While usage is relatively strong among those under 65, there is a clear and significant drop for those aged 80 and over, with only 11% of this group saying they would feel confident using the app for help. In a borough where a substantial proportion of residents are older adults, this is not a niche concern. The personal testimonies in our data make clear that this is not simply about unfamiliarity with technology: older residents describe feeling overwhelmed, unsupported and, at times, excluded from a system that increasingly assumes digital access.

The digital exclusion data adds further weight to this. Redbridge has a higher-than-average rate of digital exclusion (35%), shaped by age, language, income and access to devices. These are not temporary barriers that will resolve as technology becomes more familiar, they are structural realities that require deliberate, sustained support.

## The value of human contact

The most common reason people gave for not using the NHS App was not confusion or difficulty, it was a preference for speaking to another person. This preference came through consistently across age groups and was expressed both practically and emotionally. For many residents, telephone and face-to-face contact is not simply a fallback: it is the preferred and trusted route to healthcare.

The planned expansion of the NHS App must not come at the cost of non-digital routes. Our data shows that nearly half of respondents actively do not use the app, and many of those who do use it still value human contact for more complex or sensitive interactions. Removing or reducing non-digital options, in a borough like Redbridge, would have real and unequal consequences.

## Trust and the feedback loop

The reluctance many respondents showed towards using the app for feedback is not primarily a usability issue: it is a trust issue. Residents are sceptical that digital feedback will be read, acted on or communicated back to them in a meaningful way. This is consistent with what Healthwatch Redbridge hears regularly in our wider engagement work.

If the NHS is to move patient feedback onto the app, it will need to do significant work to demonstrate that feedback is genuinely used to improve services. Transparency about who receives feedback, how it is reviewed and what changes follow is not optional, it is the foundation on which willingness to give feedback rests. The 15 respondents who said they would prefer to give feedback to an independent organisation are a reminder that the Healthwatch function, local, independent and trusted, plays a distinctive role that a digital feedback tool cannot simply replace.

# Recommendations

These recommendations are directed at NHS England, the NHS App Research and Development Team, the Integrated Care Board (ICB) and GP practices, as indicated.

## 1. Keep the NHS App optional

### Recommendation to: NHS England, ICB, GP practices

Using the NHS App must remain a choice, not a requirement. Not everyone has access to a smartphone, wants to use an app or is able to engage with digital services. Our findings show that many residents prefer telephone or in-person contact, and that this preference is not simply a transitional issue. Telephone and face-to-face alternatives must be maintained across all NHS services to avoid deepening health inequalities.

## 2. Improve accessibility

### Recommendation to: NHS App Research and Development Team

The app should be made as accessible as possible. This means:

- Full translation into the main community languages spoken in Redbridge: Romanian, Bengali, Punjabi, Urdu, Tamil and Gujarati
- British Sign Language support
- Working directly with older people, a cohort currently underserved by the app, to understand how the design and navigation could be made more intuitive

## 3. Provide training and support

### Recommendation to: NHS England, ICB, GP practices

People who want to use the app but need help should be able to get it. This includes:

- In-person training available at healthcare settings, including GP surgeries and hospitals
- Training delivered in community languages, reflecting Redbridge's demographic profile
- Step-by-step visual guides available in all NHS service settings, in community languages
- Short instructional videos shown on waiting room screens
- A helpline for people experiencing difficulties with the app, with the option of live chat or email support

## 4. Increase trust and transparency

### Recommendation to: NHS England, NHS App Research and Development Team

To build confidence in using the app to provide feedback on care:

- The NHS should provide clear, accessible information about how patient data is protected, who can see it, and what privacy safeguards are in place
- Once feedback functionality is introduced, there should be clear and transparent communication about where feedback goes, who reviews it and how it is used to improve services
- Patients should be told when their feedback has been acknowledged and what, if any, action has followed

## 5. Raise awareness of underused features

### Recommendation to: NHS England, GP practices

Only five respondents used NHS 111 online through the app. With the NHS planning to expand app-based services significantly by 2028, targeted awareness campaigns, delivered through GP practices and pharmacies, would help residents understand what is available now and build confidence ahead of future changes.

# References

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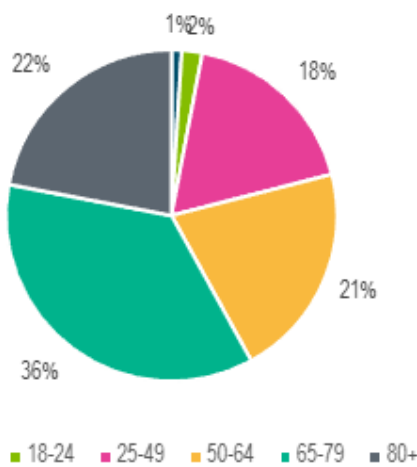
NHS. Use NHS App services. Available at: <https://www.nhsapp.service.nhs.uk/login>

# Appendix

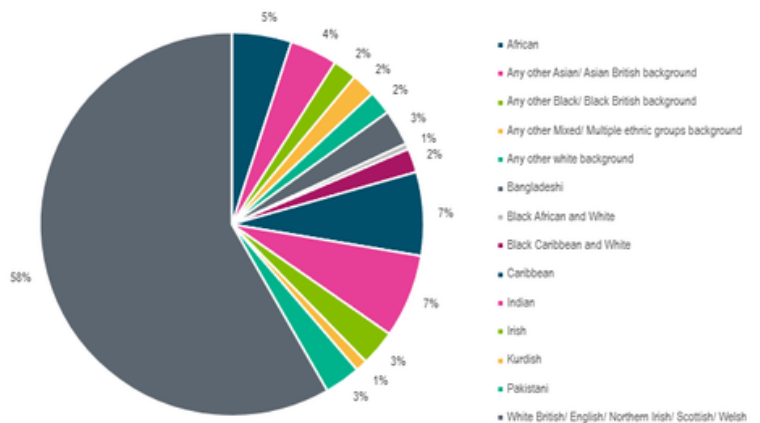
Demographic data from survey respondents is included below.

Note: Postcode district data was collected and referenced in the methodology to confirm broad geographic reach across Redbridge. A full postcode breakdown is not reproduced here as it would not typically be included in a published public-facing report; this can be made available to stakeholders on request.

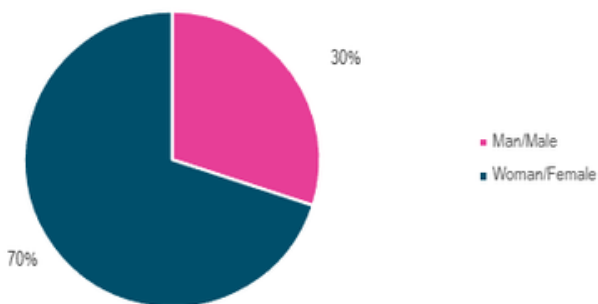
Please tell us your age



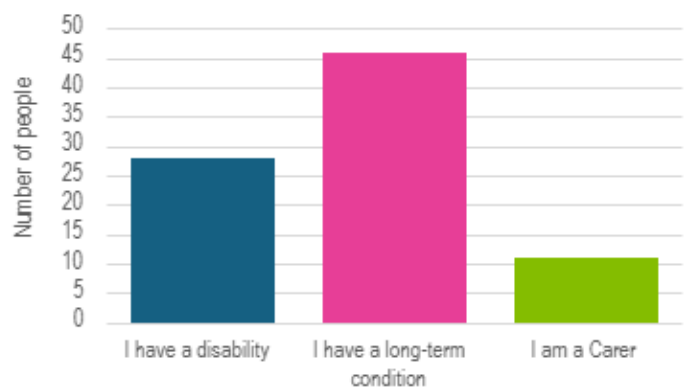
Please state your ethnicity



Please tell us your gender



Please select any of the following that apply to you



## **Healthwatch Redbridge**

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