



Department
of Health &
Social Care

*From Dr Zubir Ahmed
Parliamentary Under-Secretary of State for
Health Innovation and Safety*

*39 Victoria Street
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Local Healthwatch Organisations
By email to: policy@healthwatch.co.uk

11 May 2026

Dear local Healthwatch organisation,

The Department of Health and Social Care (DHSC) and NHS England are working to establish a new online service – NHS Online - which will deliver online elective care as part of the NHS. The Online NHS Trust will deliver and provide coordination of end-to-end elective care services in clinically appropriate specialties and pathways - from referral and clinical triage to initial consultation and treatment - and integrate, where necessary, with in-person services delivered by other providers across the country.

When the establishment of any NHS Trust is being considered, there is a duty on the Secretary of State for Health and Social Care ('Secretary of State') to first consult with the relevant local Healthwatch organisations ('LHW').

This consultation was launched on 15th of December 2025 which involved providing information and questions on various themes to help inform the development of the programme. As part of this, we invited all 153 LHW to attend a webinar (14th of January 2026) hosted by DHSC and supported by Health Watch England (HWE), to explain the NHS Online proposal and give LHW the opportunity to seek clarity and have their questions answered before responding to the consultation. For that session we had 127 attendees which represented 86 LHW. We also sent out a Q&A to LHW on the 23rd of January regarding the questions raised at this meeting which we have included in the annex, for ease of reference

The consultation closed on 9th March 2026. We received 53 written responses to the consultation. 3 responses included results of surveys, as part of the respondents' work to engage with local residents on NHS Online. A summary of themes raised in response to the consultation is at Annex 1.

I want to thank all respondents for their contributions to the consultation, which the Secretary of State will be considering when making their decision on the establishment of the Online NHS Trust.

The consultation responses will also support the ongoing policy development of NHS Online, and the programme will continue to work with patients, carers, and their representatives to develop the service. Further information assessing the expected impact of establishing the NHS Online Trust, including the impact on equalities, will be published following any decision and legislation to establish the new NHS Trust.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Z. Ahmed', is written above a solid horizontal line.

DR ZUBIR AHMED MP

**Parliamentary Under-Secretary of State
for Health Innovation and Safety**

Annex 1

The Online NHS Trust Consultation Themes

Here are the key themes raised in response to the consultation.

1. Benefits for the Online NHS Trust are recognised and there is opportunity to address issues related to accessibility of services

Respondents reported clear potential benefits of NHS Online, particularly for some groups where there is digital literacy and in rural communities. Respondents mentioned that these benefits include shorter waiting times, reduced travel time and costs, greater flexibility of appointments (especially for those working or with caring responsibilities), and improved access to specialist clinicians, including national access beyond local geographies. The respondents also reported that the Online NHS Trust will improve access for those with mobility constraints, improve accessibility to specialist clinicians, mitigate issues with transport in rural areas (although some of these areas also struggle with digital infrastructure), and meet the needs of some patients who prefer not to attend physical sites. However, respondents also reported that benefits may be less accessible for people facing sensory, cognitive, language, or digital access barriers.

DHSC response: The Department recognises the issues raised and notes that NHS Online will be compliant with accessibility information standards and will research and investigate improvements beyond these standards where particularly relevant to the pathways offered. The intention is for NHS Online to improve access for patients where English is not their first language, to clinicians who speak different languages. Translation features will also be considered. The plan is to build the service to allow carers or interpreters to support patients who need additional assistance.

2. Digital use is widespread with the possibility to increase in scope and usability

A consistent theme is that while some digital health services are already used and are operating well, their use can be narrow and problematic. Respondents reported that digital services are used for NHS App prescriptions and viewing health data, with some use for booking appointments. Respondents have also reported that the NHS App may have navigation problems, issues with design quality and that there is a need for human support, especially when things go wrong. Respondents have reported that patients may face barriers to access services, such as digital costs, limited screen sizes on mobiles/tablets and accessibility issues due to disability (such as arthritic fingers). Respondents reported that the digital tools used to deliver NHS Online must consider health inequalities and equity of access to care, including for patients with protected characteristics.

DHSC response: The NHS Online team is committed to addressing health inequalities and inclusion and will engage with relevant stakeholders throughout design and delivery.

3. Digital exclusion and accessibility

One of the clearest messages from respondents was about the possible risks of exclusion of access to virtual care. We have heard respondents' concerns that digital exclusion (due to language barriers and data poverty) may exacerbate health inequalities. Accessibility to virtual care was mentioned by several respondents, including the need to adhere to Accessible Information

Standards, offer to translate to other languages, read-aloud functions and BSL. Respondents also mentioned that digital routes should not become the default.

DHSC response: The department recognises the concerns and as detailed above, NHS Online will be compliant with the Accessible Information Standard. Referral to NHS Online will always be optional and patients will only be referred where their clinician believes it is appropriate and the patient agrees. Face-to-face care will continue to be available from existing providers for patients who choose or need it. NHS Online is about expanding patient choice, not replacing face-to-face services.

4. Human support and community-based upskilling

Respondents reported the need for hands on training and trusted support to upskill patients to access digital healthcare. This support, respondents said, can be delivered through digital educational sessions led by GP practices, voluntary, community and social enterprise organisations, community groups, and trusted local partners in community settings (such as libraries). These approaches could include drop-in sessions, one-to-one assistance, digital skills clinics and support from digital champions. Respondents also mentioned that provision of smartphones, SIM cards and free mobile data are important to enable access to virtual care.

DHSC response: The programme team is working through how this will work in practice and other considerations as part of the programme of work and will engage with partners to develop this further.

5. Communication, transparency and patient choice

Respondents said that NHS Online must be clearly explained and optional, with the ability to say no, opt out, or switch to face-to-face care. Respondents reported that language used on the NHS App should be clear, accessible and in plain language, adopting easy read formats with other communication tools when necessary (such as audio/visual or in other languages). Respondents expressed the need to communicate clearly and be transparent about the stages of care, referral flows, what information and results patients can see, and 'what happens next'. Respondents also raised concerns that providers must discuss online safety and storage of patient data, so users feel comfortable with the service.

DHSC response: The programme team is developing a comprehensive patient and carer engagement plan in partnership with NHS England's Experience and Partnerships team and other stakeholders. User research is ongoing, including interviews and workshops with participants including those with protected characteristics and from different socioeconomic circumstances. Once appointed, the new Trust's Executive team will continue to develop its approach to patient communication and engagement, in accordance with its legal duties, based on best practice and with the potential for innovative approaches. Data security is a top priority for NHS Online and for all its systems to have security by design protocols built in from the outset.

6. Clinical safety, workforce capacity and governance

Another theme respondents raised is concern about readiness of the NHS Online programme and safety. Respondents raised concerns around clinical safety, and concerns about missing diagnoses

in a virtual care setting. Respondents also expressed that virtual care may not be suitable for all patients, and that there is a need for explicit referral criteria. To ensure clinical safety risks are mitigated respondents said that handover arrangements, multi-disciplinary team working, good governance systems and escalation standards should be implemented. Respondents expressed concerns regarding workforce pressures, including clinical capacity, protecting learning time for GPs, and sufficient testing before rolling out the programme. Respondents also reported that there is the risk of not recognising safeguarding concerns in a digital space and the need for these risks to be mitigated.

DHSC response: NHS Online will only deliver care in areas where clinicians have determined it can be provided safely and to a standard equivalent to in-person care. NHS Online will have appropriate clinical governance arrangements to underpin safe care and/or manage issues as they arise in a safe, consistent way and will be regulated by the Care Quality Commission. NHS Online will undergo comprehensive technology, clinical pathway and service testing before launch, including clinician-led testing for safety and quality assurance.

7. Co-design, feedback and independent evaluation

Finally, respondents reported the need for inclusive design and accountability of NHS Online, including the opportunity for those with a range of lived experience to co-design the programme. Respondents said that early and ongoing engagement, and testing prototype journeys (including failure points) can support evaluation of the programme. This evaluation should be routine and independent, using patient reported experience measures, qualitative feedback alongside quantitative data, with transparency through “you said, we did” updates and published reporting. Respondents said that there is the need for clear, published complaints processes, including defined time limits for responses and visible escalation routes. Respondents also said that it was important to have multiple and accessible routes for complaints, timely acknowledgement and learning from complaints, including collating and acting on feedback, and clearly demonstrating what has changed as a result.

DHSC response: NHS Online is being designed with patients, specialist doctors and other experts to ensure the service meets the needs of patients, uses the latest technology follows best practice and provides the highest standards of care. As detailed above, the programme team is developing a comprehensive patient and carer engagement plan and user research is embedded in the approach. The new Trust will have effective systems for handling and responding to complaints.

As set out above, much of the focus of responses was on the practicalities of the service. Whilst we received a few responses seeking further detail on governance and finance, the majority of responses did not raise concerns about the establishment of NHS Online as an NHS Trust.