RESPONSE TO THE CONSULTATION ON THE PROPOSED ONLINE NHS TRUST

Executive Summary

Healthwatch Worcestershire welcomes the ambition behind the proposed Online NHS Trust to improve access to elective care, reduce waiting times and offer patients greater flexibility through digital delivery. This is based on our knowledge that, for some patients, when it is offered as an additional and supported choice, online and virtual care can provide convenience, faster access to specialist advice and reduced travel. HWW notes that many of the risks identified in this consultation are acknowledged only at a high level and deferred to future development. Given the scale and national nature of the proposed Trust, minimum standards for referral management, escalation, accessibility and accountability should be defined prior to establishment rather than retrospectively.

Evidence from Healthwatch Worcestershire's local engagement and national Healthwatch research highlights that digital access and confidence are not universal, and that patient experience of digital health services is highly variable. Inequalities in access to care are driven more by digital exclusion, social deprivation, disability and health complexity than by geography. A national digital-first model will not reduce inequalities by default and risks widening them unless inclusion, supported access and meaningful choice are embedded as core design principles from the outset.

A central concern is the risk of fragmentation within elective pathways, which HWW considers to be a patient safety issues, as well as an experience issue, particularly at the point of referral. National Healthwatch evidence shows that a significant proportion of patients already experience referrals being delayed, lost or unclear, with substantial impacts on wellbeing. The introduction of a new national online provider risks creating additional "black holes" unless referral responsibility, tracking, communication and escalation are exceptionally clear, visible to patients, and supported by non-digital routes.

HWW also notes that while the proposed scale of activity is significant, it appears modest relative to existing NHS outpatient and remote activity, and the consultation does not clearly demonstrate how this volume alone will deliver the scale of impact claimed on waiting times and patient experience.

HWW believes the Online NHS Trust can add value if it:

- Complements, rather than duplicates or fragments, existing local services
- Embeds strong hybrid pathways with timely escalation to face-to-face care
- Treats digital inclusion, supported access and non-digital routes as core functions
- Defines success in terms of patient experience, safety, equity and continuity, as much as activity
- Involves Local Healthwatch and patients in ongoing design, governance and evaluation

Addressing these issues will be essential if the Online NHS Trust is to deliver equitable, high-quality elective care that is trusted by patients and works for all communities.

1. Introduction

Healthwatch Worcestershire (HWW) welcomes the opportunity to respond to the consultation on the proposed Online NHS Trust. HWW recognises the ambition to increase capacity, reduce waiting times and offer greater flexibility through digital delivery of elective care. This is based on our experience that, for some patients, online and virtual care can provide convenience, faster access to specialist advice and reduced travel, and that offering digital options as an additional choice has the potential to benefit many people.

However, evidence from HWW's local engagement and from national Healthwatch research consistently shows that patient experience of digital health services is highly variable. Digital access, confidence, health complexity, disability and social circumstances play a significant role in shaping whether people can benefit from online care. Digital-first models will not reduce inequalities by default and may risk widening them unless inclusion, supported access and meaningful choice are embedded as core design principles.

Patients in Worcestershire have fed back to us that they value choice and convenience, but they also consistently emphasise the importance of clear communication, continuity of care, timely escalation to face-to-face services when needed, and reassurance that they will not be 'lost' in the system. Local

and national Healthwatch evidence highlights that weaknesses in referral processes and unclear accountability can have a significant negative impact on patient wellbeing and confidence.

This document contains insufficient detail on how the ambition will be realised, in particular, the way in which continuity of care will be maintained across digital and face-to face pathways. Continuity of care is a central concern for patients and underpins confidence, safety and experience across elective pathways. HWW defines continuity of care as being:

- clinical continuity, requiring care to be coherent, coordinated and clinically appropriate over time
- informational continuity, requiring care supported by accurate and complete information following the patient seamlessly between professionals and providers
- relational continuity, requiring patients to know who is responsible for their care and feel recognised, listened to and supported.

Local and national Healthwatch evidence consistently shows that when any of these elements break down—particularly at points of referral, transfer or escalation—patients experience anxiety, delay and deterioration in trust. This response therefore considers the proposed Online NHS Trust through the lens of how well it preserves and strengthens continuity of care, especially where patients move between digital and face-to-face services and between national and local providers.

HWW's response is informed by extensive local engagement, including work on Digital Access to Healthcare, alongside national Healthwatch evidence. The following submission focuses on ensuring that the proposed Online NHS Trust complements rather than fragments existing services, embeds strong hybrid pathways, and delivers equitable, safe and person-centred care. These issues are explored in detail in our responses to the consultation questions below.

2. Specific responses

Question 1: What insights can you share on people's use of digital health services in your local area?

HWW engagement shows that use of digital health services is not equitable across the local population. While some residents regularly use online systems and value their convenience, a significant proportion either do not use the internet or lack the confidence, equipment or connectivity to engage reliably with digital health services.

Responses from local residents surveyed recently indicated that digital access varies widely by age, disability, income, housing circumstances and language, with rural connectivity also raised as a concern. Many people reported that online systems "work well when they work", but can be confusing, inaccessible or anxiety-provoking when problems arise.

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

Local feedback indicates that people are most successfully supported when digital access is:

- Personal and hands-on, often through voluntary sector organisations, libraries or community hubs
- Delivered by trusted local organisations rather than through digital information alone
- Accompanied by reassurance that non-digital routes remain available

Examples of tools which people found effective include "How to" video clips through the above channels and online including You Tube. Such tools, with step-by-step instructions are an increasingly common and accepted way for providing additional support for those who can access them.

In surveys and anecdotal feedback, participants have told HWW that "having someone to show me makes all the difference", highlighting that digital confidence is built through support, not assumption.

Question 3: How can we help patients understand how the Online NHS Trust will work in practice?

HWW believes that patients will need:

- Clear, plain-English explanations at the point of referral about what the Online NHS Trust is and how it differs from local services
- Reassurance that choosing an online pathway will not delay or restrict access to face-to-face assessment
- Information in accessible formats, including alternatives for people with sensory impairments, learning disabilities or limited English

Local patients have told us they feel anxious when "it's not clear who is responsible for my care".   There needs to be more clarity regarding the responsibility for clearly explaining the pathway to the patient to enable them

to make an informed choice, recognising that this is not going to be possible for busy healthcare professionals to achieve during a standard consultation. Clear accountability and communication will be essential, specifically clarification is needed to describe how patients can opt out of virtual pathways and how this choice is explained at referral.

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

HWW believes that communication should:

- Clearly explain how the Online NHS Trust will operate alongside existing local services
- Avoid presenting online care as the default or preferred option
- Present the option as part of patient's choice, using learnings form Choose and Book
- Be co-created and tested with patients who are digitally excluded or who have had negative experiences of remote care

HWW evidence shows that trust is undermined when digital changes feel imposed rather than explained.

Question 5: What are the main benefits of the Online NHS Trust for patients in your local area?

For some Worcestershire residents—particularly those who are digitally confident or managing stable conditions—the Online NHS Trust may:

- Reduce travel and associated costs
- Offer greater flexibility around work or caring responsibilities
- Improve access to specialist advice beyond local capacity
- Support access to earlier treatment

However, local evidence suggests these benefits will not be shared equally, and may be limited for people with complex needs, or those facing digital barriers unless mitigations are embedded.

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

HWW has significant concerns, informed by both local engagement and national Healthwatch evidence on referral experiences.

The risk of referral fragmentation and "black holes"

The Healthwatch England report *Referrals: improving experiences and closing "black holes"* highlights that around one in seven patients experience problems with their referral, such as it being delayed, lost, rejected or not sent, and that three quarters of those patients report a negative impact on their health and wellbeing. This demonstrates that referral pathways are already fragile for many patients and HWW have particular concerns about the risks relating to MDT working across national and local systems.

The introduction of a new national digital provider risks increasing fragmentation unless referral responsibility, tracking, escalation and accountability are exceptionally clear, visible to patients and supported by non-digital routes. HWW considers referral integrity to be a patient safety issue and recommends mandatory referral confirmation standards and named accountability at each stage of the pathway. Without robust safeguards, patients may be unsure who is accountable for their care, particularly when moving between local services and a national online provider. Without sufficient transparency patients will not understand how to get help if there are issues with functionality or if the App is not sufficiently tailored to capture their needs. Currently there is not sufficient focus on governance and accountability across new pathways.

The risk of increasing digital exclusion and inequalities

Local evidence shows that barriers to care are more strongly linked to digital exclusion and social deprivation than geography alone. A digital-first national model risks disproportionately benefiting those who are already confident and connected, while increasing the likelihood that others disengage or fall through gaps in referral and follow-up processes. Referral problems are likely to compound these inequalities if patients are unable to track or challenge delays digitally. HWW has seen significant differences in NHS App readiness across its population and limited take up in many areas.

Specifically, HWW regularly receives feedback which suggests that AIS standards are not being met consistently and encourage the Trust to ensure that virtual pathways do achieve these standards.

In addition, HWW would like to understand how local variations in diagnostic capacity will be managed to ensure that the pathway does not lead to increasing wait times further along the pathway for those unable to travel.

The risk that elective pathways are unsuitable for online delivery

Many elective outpatient assessments—particularly first appointments and complex cases—depend on physical examination and diagnostics. Without clear, specialty-specific criteria and rapid escalation routes, online pathways may lead to repeat appointments, delayed diagnosis or late conversion to face-to-face care, increasing the risk of patients becoming "lost" in the system.

HWW has concerns about how achievable the diagnostic element of the pathway is given that diagnostic capacity is currently very challenges in a number of areas and specialties. HWW would like assurance that the NHS Community Diagnostic Centres currently being developed have the capacity to support virtual pathways and that there are processes in place to support funding allocation where patients receive their initial consultation out of area or if they travel into Worcestershire from outside the county for diagnostic work up.

Workforce and quality

Effective digital consultation requires specific skills and supervision. HWW recommends that NHS Online demonstrates how clinicians are trained, quality-assured and supported to deliver safe and effective online care.

Diagnostics and funding

Diagnostic capacity needs to be treated as a system-wide risk. NHS Online pathways must be fully funded end-to-end, including clear arrangements for cross-ICB diagnostics and reimbursement.

Mitigation

HWW recommends that these risks are mitigated by:

- Clear, published referral standards for the Online NHS Trust, aligned with Healthwatch England's recommendations for stronger minimum standards across elective pathways
- Robust referral tracking and confirmation processes that are visible and understandable to patients
- Named responsibility for referral management at each stage of the pathway
- Guaranteed, timely escalation to face-to-face care when clinically indicated

- Non-digital routes for tracking referrals and raising concerns

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

HWW can support design by:

- Engaging with communities least likely to access digital services
- Testing patient information and communications through our known channels including voluntary sector organisations
- Providing ongoing local feedback on patient experience as the service develops

Local involvement should continue beyond initial design into implementation and evaluation.

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

From a patient perspective, success should be measured not only by activity levels or waiting time reductions, but by experience, safety and equity.

The Healthwatch England report *Referrals: improving experiences and closing "black holes"* shows that communication, clarity and reliability of referral processes are central to patient wellbeing and satisfaction, and that satisfaction rises significantly when patients receive clear information and choices.

HWW recommends that evaluation includes:

- Explicit assessment of whether continuity of care is maintained or improved, including patient-reported experience of knowing who is responsible for their care
- Evidence that clinical and informational continuity are preserved across online, hybrid and face-to-face pathways
- Monitoring of duplication, repeated assessments or delays arising from transitions
- Assessment of continuity impacts for groups at higher risk of disengagement, including people with complex needs or limited digital access
- Measures of referral integrity, including how quickly referrals are confirmed and whether patients understand what will happen next

- Patient-reported experience of communication, clarity and support across online and hybrid pathway (PROM / PREM)
- Monitoring how often patients using online pathways require escalation to face-to-face care, and whether this introduces additional delays
- Outcome and experience outcome by deprivation, disability, age and digital confidence
- Evidence that national digital delivery does not increase uncertainty, duplication or loss of continuity
- Safety outcomes including learning from safety and governance issues

A successful Online NHS Trust will be one where patients feel informed, supported and confident that their referral is progressing—not simply one that meets throughput targets.

Question 9: What should the Trust learn about capturing and responding to patient complaints?

HWW understands from the feedback of local patients, that they value complaints systems that are:

- Easy to access without relying on digital tools
- Clear about responsibility when multiple providers are involved
- Transparent about learning and improvement

HWW frequently hears that people are discouraged from complaining when systems feel complex or impersonal.

Question 10: How should people's experiences be captured and used for service improvement?

Patient experience should be captured through multiple routes, including non-digital methods, and should include the voices of those who disengage or decline digital care. Learning should be shared openly and used to improve both digital practice and escalation to face-to-face care. Local Healthwatch intelligence should be recognised as a key source of independent insight.

Question 11: Do you have any wider comments that you would like to share?

HWW supports innovation that improves access to elective care. However, local evidence demonstrates that digital access is not universal, and that many patients continue to value face-to-face contact, continuity and

reassurance. Patients have told us they want digital options to add to, not replace, existing services.

HWW believes that the Online NHS Trust will only succeed if it is built on realistic assumptions about digital capability, clearly recognises the limits of online care, and embeds equity, quality and patient voice at its core. Continued involvement of local Healthwatch organisations and local communities will be essential to ensuring the model delivers benefits that are felt by all patients.

3. Conclusion

HWW supports innovation with the potential to improve access to elective care, recognising the role digital approaches play in expanding choice and flexibility for some patients. In line with Healthwatch's statutory duty to represent the views and experiences of local people and to promote equality in access to health services, our evidence highlights variation in digital access, confidence and suitability across the population.

The proposed Online NHS Trust represents significant system change. Its success should be judged by resulting improvements in patient experience, choice, safety, equity and continuity in practice, not simply by any increases in digital activity or throughput. In particular, HWW is concerned that without clear accountability, robust referral tracking, timely escalation to face-to-face care and accessible non-digital routes, some patients—especially those who are digitally excluded or have complex needs—may experience increased confusion, delay or disengagement.

As the statutory consumer champion for health and social care, HWW has a responsibility to highlight where proposed changes may unintentionally widen inequalities or weaken continuity of care. Digital services should complement, not replace, existing local provision, and patients should be meaningful informed and supported. Without explicit safeguards for clinical, informational and relational continuity, the proposed Online NHS Trust risks exacerbating existing weaknesses in elective pathways rather than resolving them.

Healthwatch Worcestershire is in a good position to continue working with DHSC, NHS England and system partners to support co-production, gather patient insight and help evaluate the impact of the Online NHS Trust as it develops. Ongoing involvement of Healthwatch and local communities will be essential to ensuring that this new model delivers high-quality, inclusive elective care that reflects the lived experience of patients and works for all.