Keeping every door open: Ensuring access beyond digital in health and care.

September 2025

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1.   Introduction

With the NHS 10-year plan published this year focusing on the shift from analogue to digital in health services, this briefing considers why we need to get this move right for people, what services can do to help and the risks to people if it isn't done properly.

It draws on people's experiences of accessing health and care digitally and by phone in Leeds. It is based on feedback from the public shared with Healthwatch Leeds between January 2020 and September 2025 via their information and advice service, outreach to healthcare and community organisations, and the [West Yorkshire Voice Network](#).

The briefing builds on previous Healthwatch Leeds reports, including Digitising Leeds: Risks and Opportunities for Reducing Health Inequalities in Leeds (2020, Healthwatch Leeds and [People's Voices Partnership](#)) and the accompanying briefing focusing on people at risk of health inequalities, [Digitising Inclusion Leeds: How does it feel for me?](#) The briefing also touches on digital in the context of reports that Healthwatch Leeds has written about people's experience of [cost of living](#), [repeat prescriptions](#), and [digital appointments](#).

1.1 Terms used in this report

Digitisation means the adaptation of a system or process to be operated with the use of computers and the internet. In the context of this report, it refers to the use of digital platforms to deliver, manage, and receive care and includes (but is not limited to):

- **GP appointment booking services** (e.g. NHS App, PATCHs, SystmOne, Patient Access).

- **Online hospital appointment booking systems.**

- **Remote consultations** via video or phone.

- **Online repeat prescription services**.

- **Patient portals** give people access to their records and test results.

- **Automated messaging** for appointment reminders or similar.

- **Digital tools to manage health** such apps and equipment to manage medical conditions, such as monitoring of blood sugar levels for diabetes.

Digital inclusion ensures that people have equal access to devices, skills, and the confidence to use digital systems. In healthcare, this means removing barriers so people can benefit from digital health and care services if they choose to.

Digital exclusion occurs when people cannot access these services. Digital exclusion can happen to anyone and often has a variety of factors contributing to it.

The 2020 Digitising Leeds report identifies eight key risk factors for digital exclusion. These are backed up by national research from the Good Things Foundation, Health inequalities and mitigating risks of digital exclusion (2024). This is well worth a read in terms of the specific barriers often faced by people with protected characteristics and others who are more at risk of digital exclusion.

1. **Low incomes.**
2. **Older age.**
3. **Literacy, language barriers and communication.**
4. **Skills, confidence and motivation.**
5. **Socially excluded / health inclusion groups** – people experiencing homelessness, substance misuse, asylum seekers, sex workers, those in contact with the criminal justice system, Gypsy, Roma, and Traveller communities, and victims of modern slavery.
6. **Privacy** – not having a private place to access digital/phone interactions that can make it difficult to discuss medical information or disclose sensitive issues.
7. **Disability, impairments and health conditions.**
8. **Trust in digital.**

- Concerns around data privacy and security (e.g. data breaches).
- Concerns about the accuracy of digital tools used in tests/diagnostics.
- Confidence in the thoroughness/appropriateness of virtual consultations.

"How can a doctor see my health over the phone?"

"I've been diagnosed with a medical condition for which I now have been recommended to take medication for the rest of my life based on one phone call. That doesn't feel properly investigated or substantiated."

Many people will have several of these risk factors, which can increase their level of digital exclusion.

2. What the national context says

A framework published by NHS England in 2023, NHS England's Inclusive Digital Healthcare Framework, provides guidance to NHS staff on ensuring that digital health services are accessible to all, and complementary to non-digital services, rather than replacing them. This framework

emphasises the need to design services that are centred on people's preferences and experiences. It recognises that giving people the opportunity to choose an option that works for them is essential when designing services that are equitable and inclusive.

More recently in 2025, [Fit for the Future – 10 year health plan for England](#) boldly outlined the 'radical shift' from Analogue to digital, with a vision for the NHS to be a leader in the technological revolution of healthcare. The plan describes how by 2028 "The NHS App will be the front door to the NHS," and how people will be able to use it to book and manage appointments, order prescriptions, view their data, and communicate with their health team. The focus on the plan is on digital inclusion and making digital accessible to as many people as possible.

For example, it outlines plans to codesign and test aspects of the NHS App with people to make sure it is inclusive and user-friendly. It also talks about providing people with the support they need for digital access.

"A digital NHS will be a force for inclusion, by giving voice, control and choice to those otherwise denied it… Our commitment is that people who have not previously been able to access and use healthcare on their own terms will, through digital technology, be able to."

Whilst the emphasis in the plan is clearly to encourage as many people as possible to use, and want to use digital, there is an acknowledgement in the conclusion that: "For those who prefer or rely on in-person care, that choice will remain."

3. The good stuff - what people tell us they like about digitisation

We want to start with the good stuff. We know from what people tell us that for many people, digitised health and care services can make their experience of interacting with health and care services better in the following ways:

- Being able to do tasks remotely can give people a greater degree of convenience, flexibility, and autonomy.

"I like using e-forms and systems when contacting my NHS GP as it saves hanging on to a telephone and means I can request most things without having to go into the surgery."

- Booking appointments online or via an app can work better for people when their health condition or disability makes it difficult to text or answer a phone call.

- Patient portals like the NHS App can give people easy access to medical records, appointments, prescriptions, and test results, helping them actively manage and engage with their health.

"It's so much easier ordering from the [NHS] app, it makes it clear when I need to order again."

- Many health services in Leeds now offer virtual phone or video appointments. Speaking to a GP over the phone can be more comfortable for some people than attending an in-person appointment. It may also reduce the need to travel.

"I could book a telephone appointment which was easier for me due to work commitments."

- Trusted digital platforms can provide some people with easier access to reliable information about their health and how to manage their health and care.

4.   Why choice still matters

It is clear from the 10-year plan that there is real push towards 'digital by default' both to improve efficiencies in the NHS but also leading for better experiences for many as outlined above. This is alongside a clear

commitment to try and make digital ways of accessing healthcare accessible for as many people as possible.

However, the commitment to offering choice is still stated in the plan, and it is absolutely vital that this is not lost in the shift from analogue to digital. There is a significant proportion of the population who either rely on or prefer non-digital ways of accessing health and care support. This will inevitably continue to be the case, despite all the promises in the ten-year plan to upskill people and communities and make digital technology more accessible. There are some people for whom digital will always remain out of reach.

There are various reasons why people now and, in the future, will continue to need the choice of non-digital ways of engaging with healthcare including:

- Wanting in-person human interaction or the ability to have a two-way conversation about certain aspects of their healthcare.
- Communication, cognitive or accessibility needs or personal situations result in barriers to digital access.
- Lack of digital skills and confidence.
- Personal preference.
- Mistrust of digital tools and systems.

Healthwatch Leeds has heard of health and care services completely replacing or reducing non-digital ways of accessing care and support. For example, currently, there is no way to make initial contact with Leeds City Council's Adult Social Care service face-to-face. Instead, people looking for information about support or wanting to make a referral are directed online or to a phoneline.

Someone recently contacted us with concerns that their GP was no longer allowing them to phone and make appointments, instead asking everyone to book online via PATCHS. Although non-digital options were offered – either to phone and go through the online triage form with a receptionist or walk to the surgery to fill out a paper triage form - they felt that these options made it more difficult for people without digital access to book an appointment.

"Older people are not techno-savvy. Others who have technology may well have older laptops, etc, that are very slow. My own laptop does not allow me to fill in forms online…. This is ageist and unfair to all age groups, especially those on low incomes."

We are hearing about a reduction in face-to-face offers across the health and care system in Leeds. When a phone is the only 'non-digital' option provided, this can also be difficult for people, especially when they are

experiencing mental health distress. We have heard this especially in relation to autistic people and the organisations that support them.

"When I am in crisis, I can sometimes lose my ability to speak, so have nowhere to go. I would go for text services like SHOUT or Samaritans for their text service, but there isn't a local option."

Deaf people and those with other health needs can also face barriers when healthcare services rely solely on phonelines to make appointments. Without alternative contact methods, they risk missing out on care.

"I'm judged, feel frustrated and can't access because of autism and hearing loss."

While some people like elements of phone appointments, others face logistical barriers to them, including:

- Appointments being given a wide timeframe which can make it difficult for people to ensure their availability, particularly those who are working.
- Unreliable signal or lack of phone credit.
- Can reduce the quality of interactions feel impersonal.

"When I phone, I forget what to say, and it feels rushed. I prefer face to face."

"It's difficult to describe a pain over the phone as you can't show them where it is. It doesn't work."

If choice in how to access services is lost, there will be real risks to many people and their health.

5. Risks of the shift from analogue to digital for people

We have identified the following six risks to people and their carers associated with the increasing shift from analogue to digital.

- **Making it more difficult for some people to access care.**

- **Increasing health inequalities.**

- **Reducing independence and placing additional pressure on families and carers.**

- **Virtual consultations affecting people's motivation to engage with services and self-management of health.**

- **Communication – negatively affecting understanding and interpretation of information.**

- **People accessing incorrect information from unreliable sources and Artificial Intelligence (AI).**

5.1 Making it more difficult for some people to access care.

By not offering meaningful non-digital alternatives to make and attend appointments, we are making it more difficult for people who are digitally excluded to access care. This is particularly an issue for people trying to access their GP and can lead to people delaying or giving up seeking treatment or seeking alternatives such as going to A&E or calling NHS 111.

Even for people with some level of digital skills and confidence, apps and online systems are not always well designed and user-friendly, which can result in poorer access and user experience.

5.2 Increasing health inequalities.

Our 2020 Digitising Leeds report highlighted that those already facing health inequalities due to other factors are also more likely to be digitally excluded.

People on lower incomes are at greater risk of experiencing digital exclusion (UK Consumer Digital Index, 2024). This can be due to costs associated with accessing devices, Wi-Fi, or mobile data. Current engagement by Healthwatch Leeds on neighbourhood health (2025) shows that low income is a factor affecting people of all ages, with

younger people on state benefits more likely to report not being able to use the internet daily compared to the general population.

As technology continually changes, devices and systems become obsolete within a few years. People who aren't able to regularly buy new devices or keep systems up to date are at a disadvantage.

"I have an old phone that uninstalls apps to save on memory. I ended up missing out on being referred into an important chest x-ray because I was only sent a message on the NHS App and never received a notification."

Low literacy, complicated healthcare jargon, and language barriers impact access to digital healthcare. [18% of adults in the UK struggle to understand written information](#) (Literacy Trust, 2024), and [over 4 in 10 people find health content hard to understand](#) (Health Education England).

In 2024, West Yorkshire Voice spoke to women supported by ASHA Neighbourhood Project in South Leeds. Many of the women said they relied on family or community groups to navigate healthcare due to their limited ability to read and write English.

"I can't read much of English, so I am confident with using my usual paper routine. Having to use the app would throw me off

completely. I prefer to talk by phone/in person, it's where I feel most confident and can still advocate for myself."

For some people with disabilities or health conditions, the lack of non-digital appointment booking options makes accessing GP services challenging.

"I think this is discriminatory as not everyone can use and has access to digital technology, e.g. my parents can't use online services. My father has had a stroke, and my mother has mobility problems with her hands."

Navigating online services can also be challenging for those experiencing poor mental health.

"If you've got a mental health condition, how are you going to access the internet, you're struggling just to get through."

One person told us that due to mental health difficulties, they often lock themselves out of their PATCHs account, meaning that they must regularly travel to their GP surgery for support from the receptionist to unlock it. Even when they can log in, they still struggle to make a booking independently and rely on their partner for help.

Digital confidence and lack of digital skills are real issues for many people, with 23% of adults in the UK identified as having "very low digital capability" (UK Consumer Digital Index, 2024). This is especially the case for older people who often feel left behind, as evidenced by the 2024 Age UK report Offline and Overlooked. With older people already facing health inequalities and as the main users of health and social care services (British Geriatrics Society, 2025), we really need to be thinking about how to get it right for them.

Some people tell us that there is limited help to understand and use digital technology.

"I have tried the surgery reception for IT help but they "don't know" and there is no go to NHS IT Helpdesk, so I'm left at times struggling with a system that isn't intuitive for me."

"I had to register on an app so that my [blood sugar] readings could be accessed by professionals. It took three hours to register and work out."

With systems frequently changing, people don't always feel kept up to date about what's changed, and this can feel confusing.

"I tried to book an appointment […] went on the NHS App and it directed me to PATCHS, when I went there it said, 'your surgery
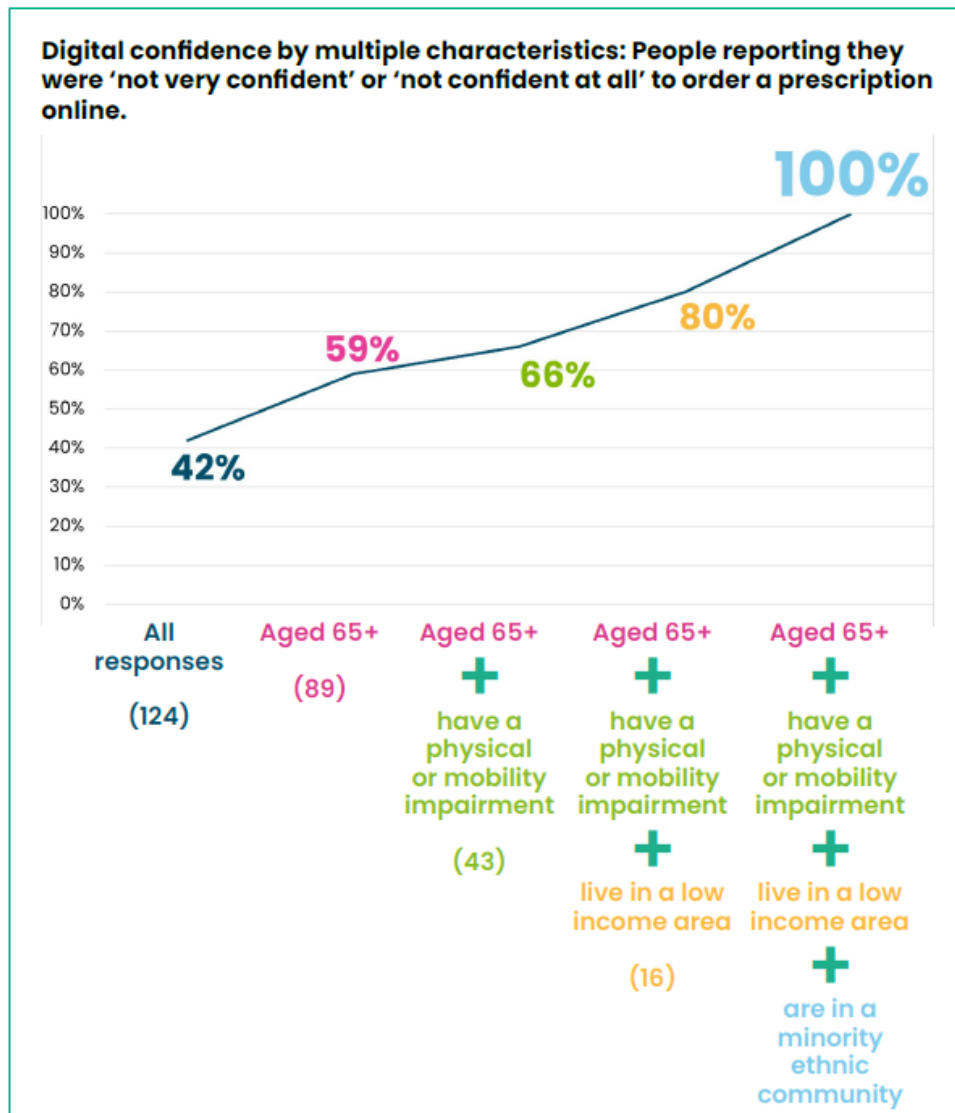
does not use this service' so that I went back and it sent me to PATCHS with the same message."

Whilst there are initiatives in Leeds, such as 100% Digital and Solidaritech (see Appendix 1), that are doing good work to support digital inclusion, there is still a vast amount to do in order to achieve anywhere near the vision of digital inclusion outlined in the ten-year plan.

There can be the incorrect assumption that just because people own a digital device, that they are confident to use it for everything, including managing their healthcare. This is absolutely not the case, as demonstrated by [the 2024 Healthwatch Leeds Check-in report that explored people's experience of ordering repeat prescriptions,](#) which ran a targeted survey with people who were more likely to face digital barriers. Whilst 82% of survey respondents said they owned a digital device such as a smartphone or tablet, only 58% said they had some degree of confidence in ordering a prescription digitally.

"My mother-in-law has a phone, but she doesn't know how to use it to do stuff online. She was made to feel that she was being difficult and that the GP surgery had to make an exception for her because she couldn't do it online."

In this report, we also found a correlation between people experiencing multiple factors relating to health inequality and lower confidence in using digital. The findings showed that the more 'health inequality factors' that were relevant to a person, the lower their reported confidence was in using online prescription services. This can be seen in the chart below.

Digital confidence by multiple characteristics: People reporting they were 'not very confident' or 'not confident at all' to order a prescription online.

	All responses (124)	Aged 65+ (89)	Aged 65+ + have a physical or mobility impairment (43)	Aged 65+ + have a physical or mobility impairment + live in a low income area (16)	Aged 65+ + have a physical or mobility impairment + live in a low income area + are in a minority ethnic community
%	42%	59%	66%	80%	100%

If we don't get the move to digital right and make sure that there are meaningful non-digital alternatives in place, we face a real risk of

increasing health inequalities of people who are already at risk of poorer access, outcomes and experiences of health and care.

5.3 Reducing independence and placing additional pressure on families and carers.

Digital exclusion leads to a loss of autonomy, which can negatively impact people's relationship with accessing healthcare. With the increasing shift to digital, many people who have independently managed their health needs for years, are now feeling reliant on the support of others.

"Technology has stopped me being able to order it by myself"

"My parents really struggled when they were told about the change. They are not used to using technology and are not a fan of everything being forced online. For the first time, they needed my help. [...] I worry that not everyone has someone available to show them how to place an online order."

Digital exclusion also places additional pressure on unpaid carers or family members to navigate online systems. This can be particularly challenging when carers have other commitments, such as work or family and are not always on hand to support.

"It feels they are forcing us to do everything via PATCHs and if we cannot use it, they don't care if it makes life difficult for us. I am a carer, and it's just another thing I have to worry about."

Having to rely on others also compromises people's privacy, as they may not want to have to share confidential health details with family members. For those who don't have family or carers who can help, it is even more difficult or impossible. Some turn to community groups for help, but again, there are privacy issues, with people feeling uncomfortable sharing personal health information with people they don't know.

Carers can also face barriers when managing digital healthcare on behalf of others. Many systems lack the functionality for handling multiple profiles. This can lead to confusing messages and unclear information about who is being contacted.

"My number is the contact number for myself and my mum as she is deaf [...] I get texts from the GP practice for both of us. Texts can be hard to understand as they don't address who they are trying to contact."

5.4 Virtual consultations affecting people's motivation to engage with services and self-management of health.

Whilst meeting with a healthcare professional over the phone or via a video call is more convenient for some, remote consultations don't work for everyone. Receiving diagnoses or test results over the phone can feel impersonal, and the practical and logistical aspects of phone consultations can also affect motivation and engagement.

"A family friend made the brave decision to ask for mental health and alcohol dependency support to be only offered with calls in the daytime, whilst at work, and in both scenarios, not at times when he could hear or take the calls. The mental health support was closed after missing three calls due to my friend not being able to pick up. An opportunity to support someone who is finally reaching out to seek support lost by poor access processes and now he has given up again."

Other people told us how the move to phone consultations for things like physiotherapy affects their motivation to do their exercises.

"I think it's the phone appointments. I saw him [physiotherapist] once, and then he just rings me once a

month to check I've done my exercises. I always say 'yes', but I can't feel a difference, and don't know if I'm doing them right, so I end up not doing them, and he has no way of checking if I'm doing the right things over the phone."

5.5 Digital communication – negatively affecting understanding and interpretation of information.

Some people tell us how digital and virtual modes of communication can feel very different from face-to-face, affecting how they understand information. Some people have told us that being given information via a phone consultation can feel overwhelming and that it feels harder to ask questions. Another talked about the move of their group therapy session online.

"When you move [it] onto Zoom, you take away all the things in my opinion that made it a supportive, safe, engaging place to be. It's very hard to speak on Zoom because everyone's scared of interrupting each other, and it feels forced. You can't even get eye contact or gauge someone's body language, or clock if someone is maybe dropping off a bit during the session."

Some deaf people have told us that the digital BSL interpretation service used by GP services lacks the nuance of an in-person interpreter, which can lead to people missing vital information or relying on family or friends to provide clarity.

We increasingly have instant digital access to our medical records via the NHS App and other patient portals. People tell us that sometimes they don't understand information that is written about them or feel that what's written about them isn't done in a compassionate and person-centred way. Many people find out test results via their digital patient record, and without a wider explanation, which can be confusing or cause anxiety. It's important to see patient-facing digital records as an extension of someone's care and give the same consideration to communication and compassion as for face-to-face interactions.

5.6 People accessing incorrect information from unreliable sources and Artificial Intelligence (AI).

Digital healthcare information can be a vital resource. We have been told that some people get more healthcare information from their NHS App than from their GP surgery. However, there is a danger of misinformation when people turn to search engines, social media, and AI platforms to understand their healthcare. 1 in 10 UK adults have been affected by health

misinformation (Patient Information Forum, 2024), rising to 1 in 5 for people from diverse communities. Additionally, 8 in 10 adults agree that access to trusted health information would help them manage their health.

A report by the King's Fund (2024) shows that Artificial Intelligence (AI) platforms present further concerns, as they have been found to produce health-related information with fake references, misleading information, incorrect advice, and fabricated testimonials.

Worryingly, a recent study by UNESCO (2024) found GPT-2, Llama2, and ChatGPT have a tendency to reinforce harmful gender and racial stereotypes across education, healthcare, and employment.

These findings highlight the risks of AI amplifying historical biases, particularly those disadvantaging women and marginalised groups. If people cannot access trusted healthcare sources, they may turn to AI-driven platforms that could perpetuate misinformation and inequalities in medical advice.

6. Conclusion

Digital healthcare has the potential to offer convenience and efficiency, but for many, digital exclusion creates significant barriers to care.

Many services assume their users have the digital access, skills, connectivity, and confidence to use digital technology. However, those unable to use digital services can struggle to book appointments, access prescriptions, or receive timely medical support. This is especially true for older adults, people with disabilities and communication needs, people with low literacy, language barriers or on low incomes, and socially excluded groups.

When healthcare services rely too heavily on digital systems without alternatives, existing health inequalities worsen, leaving some without essential care.

To ensure equitable access, healthcare must offer both digital and non-digital options. Digital inclusion initiatives can help people develop confidence and skills, but services must also maintain accessible, offline pathways.

Without this balance, the shift towards digital risks widening disparities in healthcare access, making it harder for the most vulnerable to get the care they need.

7.   Recommendations

1. **Ensure non-digital options are always made available.**

    - Ensure that paper-based, in-person, and phone options remain available alongside digital services and make sure these are proactively communicated to people.

2. **Make sure that digital modes of delivery aren't compromising quality or engagement.**

    - People's feedback on digital or virtual service delivery should be actively and continuously sought and acted on to ensure services are meeting needs and that digital delivery doesn't compromise the quality of experience or engagement.

    - Levels of engagement with digital or virtual services should be monitored, and where people have disengaged, efforts should be made to understand why.

3. **Improve digital support and training**

    - Provide accessible support and training for those wanting to learn how to use digital healthcare services, ideally within GP practices.

    - Increase digital confidence-building initiatives, especially for older people and those with language barriers.

- When things become digitised or online platforms or apps change, make sure people are kept up to date and provided with any support needed to manage the change.

4. Healthcare staff awareness

- Staff should be trained to understand digital exclusion, ask about needs and not make assumptions about people's level of digital skills and confidence.

5. Ensure inclusive digital services

- Systems should be co-designed and tested with people and their carers to ensure they are user-friendly and inclusive for users with low literacy, disabilities, and limited digital access.

- Improve the functionality for unpaid carers or family members managing multiple profiles on digital healthcare systems.

- Ensure alternative contact methods (text, online chat) are available for those who cannot use phonelines.

6. Read our recommendations in conjunction with [Health Inequalities and mitigating risks of digital exclusion](#) (Good Things Foundation, 2024).

This short publication aligns with the recommendations above, but provides more detailed solutions and mitigations to the risk of digital

exclusion. It is helpfully segmented into recommendations for different roles in the health and care system: system or strategic commissioning; service implementation or delivery; workforce development or management, and service design or user research.

Appendix 1: Initiatives helping with digital inclusion

Initiatives like [100% Digital Leeds](#) and [Solidaritech](#) are championing programmes that aim to improve digital inclusion in Leeds.

100% Digital Leeds collaborates with partners across healthcare, VCSE, and the public sector to promote equal opportunity to digital tools and services. Their work helps people access digital aspects of health and care services by:

- Raising awareness among health and care staff about digital exclusion and how it impacts access to services.
- Providing support to frontline staff to support people to learn about digital tools, such as [developing training for staff at Lingwell Croft Surgery](#) to increase their confidence in supporting people to use PATCHs and general discussions of digital inclusion.
- Offering access to loaned devices, through Leeds Libraries and partner organisations, and skills training to help people manage their health more independently.
- Collaborating with Local Care Partnerships to develop [Digital Health Hubs](#) which offer 22 spaces in Leeds (as of November 2023) for people to access health and care services digitally in a safe and supported setting. [Solidaritech](#) refurbishes tech devices to give to digitally excluded asylum seekers and refugees, providing a much-

needed lifeline to access online education, health care, and other community services helping people to set up lives in the UK.

Bradford City Council, as a City of Sanctuary, set a strong example of good practice by donating their old devices to Solidaritech, enabling them to be repurposed for digitally excluded people.