Local NHS Services in Sutton

Perspectives of Sutton residents on the NHS 10-Year Plan

July 2026

healthwatch Sutton

Executive Summary

This report presents findings from the Your Health, Your Sutton, Your Voice survey, developed in partnership with Sutton Primary Care Networks to understand residents' views on local health services and the proposals set out in the Government's 10-Year Health Plan for England.

Key Findings

Residents were broadly supportive of the three shifts proposed in the NHS 10-Year Health Plan. However, they emphasised that meaningful improvements in access to care must remain the priority.

Across both community and digital healthcare, the most significant issue identified was limited appointment availability. Residents viewed difficulties accessing timely appointments as a greater barrier than where care is delivered or how appointments are booked.

Shift 1: From Hospital to Community

Residents expressed a positive view on the proposal to deliver more healthcare through Neighbourhood Health Centres. However, they stressed that new facilities alone would not improve access unless they increase appointment capacity and address workforce shortages. Difficulties securing GP appointments, long waiting times, and challenges accessing specialist services, particularly mental health support, were frequently reported.

Residents also highlighted the importance of:

- Better integration and communication between services
- Accessible locations with good transport links
- Inclusive service design
- Continuity and quality of care

Shift 2: From Analogue to Digital

Most respondents reported feeling confident using digital technology to book GP appointments. However, confidence in using digital services did not translate into improved access to care. As with Shift 1, the main concern was appointment availability.

Most residents supported digital innovation but emphasised that digital services should complement, not replace, telephone and face-to-face access.

Respondents also highlighted:

- Limited flexibility in appointment booking
- Technical and usability issues
- Difficulties navigating digital systems
- Concerns about digital exclusion

Shift 3: From Sickness to Prevention

The findings suggest there is significant opportunity to engage residents in preventative healthcare initiatives when they are practical, relevant, and focused on health conditions that matter to them.

Residents were generally supportive of greater emphasis on prevention and early intervention. Nearly three-quarters of respondents indicated that they would attend or might attend future health and wellbeing events.

Condition-specific events were the most popular option, followed by general health and wellbeing sessions and support for managing long-term conditions. Residents showed a clear preference for expert-led events delivered in person, while also expressing interest in receiving health information through email newsletters and the NHS App.

Conclusion

The findings indicate overall support for the proposals of the NHS 10-Year Health Plan. However, residents consistently highlighted that reforms must deliver tangible improvements in access to care.

The most important finding was that appointment availability remains the primary barrier to accessing healthcare in Sutton. Addressing workforce capacity, improving service coordination, increasing appointment availability, and maintaining accessible services should therefore be central to the local implementation of the NHS reforms.

While Sutton residents support community-based care, digital innovation, and prevention, they are clear that these reforms will only succeed if they lead to tangible improvements in access to care and do not replicate existing challenges.

Next Steps

- Report and covering letters, with a request for a formal response, will be sent to: South West London Integrated Care Board, Sutton Primary Care Networks, South West London and St Georges Mental Health Trust, London Borough of Sutton Council
- Report will be disseminated to all key stakeholders and residents.
- Presentations and discussions will be facilitated at key groups and committees, including Sutton Health and Wellbeing Board, Sutton Alliance and Primary and Community Care Transformation Group, 4 Integrated Neighbourhood Teams
- Qualitative and quantitative comparative data to be share with all Sutton Neighbourhoods to discuss potential action.
- Discussions will be facilitated to identify ways in which the report and data can be used to develop further engagement across Neighbourhoods, informing changes to service delivery aligned with national NHS guidance.

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Introduction

About Healthwatch Sutton

Healthwatch Sutton is the independent champion for people who use health and social care services. We exist to make sure that Sutton residents are at the heart of local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area. We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our main purpose is to help make care better for people.

About this report

This report presents findings from the *Your Health, Your Sutton, Your Voice* survey, which was developed in partnership with Sutton Primary Care Networks. The survey was designed to hear directly from Sutton residents about their experiences of, and views on, local health services. The feedback we collected will help shape how health services are planned and delivered in our area. It will support future changes in line with the Government's Fit for the Future: 10-Year Health Plan for England, and guide how these changes are put into practice locally.

The 10-Year Health Plan for England

The Government's 10-Year Health Plan for England, published in July 2025, sets out a long-term strategy to redesign how health and care services are delivered over the next decade. The plan was developed in response to significant system challenges, including long waiting lists, difficulties accessing General Practitioner (GP) and dental care, workforce pressures, and poorer health outcomes in key areas such as cancer when compared internationally. [1]

The plan outlines three shifts for the future NHS:

Shift 1: From Hospital to Community

The Neighbourhood Health Service designed around you

This shift outlines the proposals for creating 'a neighbourhood health centre' in every community.

Shift 2: From Analogue to Digital

Power in your hands

This shift aims to expand the use of digital technology across healthcare by increasing adoption of the NHS App, introducing a single patient record, and enabling patients to book GP appointments online.

Shift 3: From Sickness to Prevention

Power to make the healthy choice

This shift aims to increase healthy life expectancy and reduce health inequalities by promoting healthier lifestyles and supporting disease prevention.

Approach

We conducted a mixed-methods study, combining quantitative multiple-choice and open-text questions to gather views of Sutton residents on plans proposed in the Government's new NHS 10 Year Plan. The findings from the survey will be used by health services commissioners to design and implement services that meet the needs of the local community.

The survey was primarily distributed through Sutton Primary Care Networks. The survey was divided into three sections, based on the three shifts outlined in the 10-Year Health Plan. The first two sections – From Hospital to Community and From Analogue to Digital - included two questions, one multiple choice and one open-ended that let people expand on their earlier answers. The third section - From Sickness to Prevention - consisted of 7 questions, 6 questions were multiple choice, and one question was open text. See Figure 1 in the Appendices section for the full list of survey questions. Once all responses were collected, we organised and analysed the data in Excel. We used quantitative methods to examine the multiple-choice questions and applied thematic analysis to interpret the open-text responses. See Figure 2 in the Appendices for detailed information about methodology and analysis.

The survey was open to all Sutton residents, and a total of 4,159 responses were received. Respondents were invited to provide demographic information, including age, gender, ethnicity, and whether they had a disability, impairment, access need, or long-term condition. Those reporting a disability, impairment, access need, or long-term condition could also provide further details. As all demographic questions were optional, response totals vary between categories. See Figure 3 in the Appendices for the full breakdown of demographic information. Illustrative quotations are included throughout the report to provide context and insight into respondents' experiences and perspectives. Minor edits have been made to some quotations to improve readability while preserving their original meaning.

Survey Results

01

Hospital to Community

Neighbourhood Health Centres

Proposed plans

The 'From Hospital to Community' shift outlined in the 10-Year Health Plan proposes the establishment of a Neighbourhood Health Centre in every community. These centres are intended to operate as a 'one-stop shop' for patient care, bringing together a wide range of services under one roof. This includes GPs, nurses, pharmacists, physiotherapists, social prescribers, and mental health workers, alongside services traditionally delivered in hospitals, as well as additional support such as debt advice.

Each centre would serve around 50,000 people, equating to roughly four across Sutton. The model responds to a fragmented, reactive system by promoting integrated, accessible, and continuous care closer to home.

By co-locating multidisciplinary teams and strengthening general practice, it aims to improve access, reduce service silos, and allow hospitals to focus on specialist care.

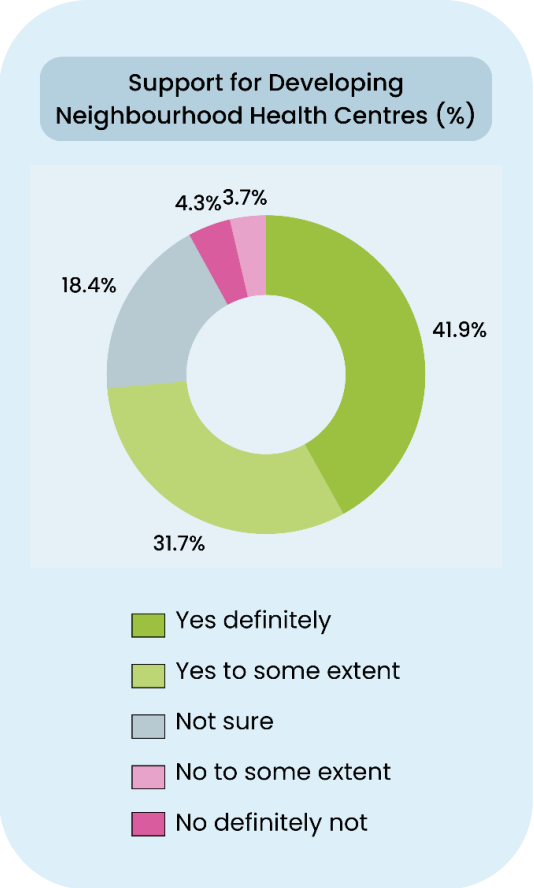
What did we ask?

As part of the survey, respondents were asked for their views on whether the proposed neighbourhood health centre model would work well in Sutton. This was followed by an open-text question, giving respondents the opportunity to explain their views in more detail and to share any additional comments or reflections on the proposal.

What did we find out?

The findings from this section indicate that most Sutton residents view the proposed development of Neighbourhood Health Centres positively, based on responses to the multiple-choice question. However, the follow-up open-text responses highlighted a number of concerns and identified key considerations relating to the planning, development, and implementation of these centres. Addressing these issues will be important to ensure that the centres are accessible, effective, and able to meet the needs of the local community.

A total of 4,159 responses were received to the first question. The findings indicate strong overall support among residents, with more than 70% expressing a positive view of the model. A further 18% were uncertain, while only 8% felt that it would not work in the local area. In addition, a correlation analysis was conducted across demographic categories to assess whether any specific groups held particularly positive or negative views of the proposal. This analysis found no significant differences between demographic groups.



Key considerations from resident feedback

The second survey question invited respondents to provide additional comments on the proposed model, with 3,390 respondents submitting a response. A thematic analysis of these comments identified four key themes: **access to healthcare services**, **integration of healthcare services, accessibility of healthcare services, and quality of care.**

Together, these themes highlight the key considerations that must be addressed to ensure healthcare provision in Sutton is accessible, timely, and meets the needs of all residents. The findings also provide valuable insight into perceptions of the current healthcare system, as well as residents' concerns and aspirations regarding the proposed Neighbourhood Health Centre model. This feedback should play an important role in informing the design and implementation of the new centres, helping to ensure that future healthcare provision meets the needs of the whole community.

Key considerations:

01: Access to healthcare

02: Integration of services

03: Accessibility

04: Care quality

The analysis is particularly significant given the low levels of satisfaction reported with existing services. Following the finalisation of the coding framework, a frequency analysis was conducted to examine the distribution of responses across the identified codes. The results indicate that only around 20% of respondents expressed satisfaction with current healthcare provision, suggesting widespread issues within the existing system. These findings emphasise the need to better understand and address the factors driving dissatisfaction. Addressing these issues will be critical to ensuring that current challenges are not replicated in the development and delivery of the Neighbourhood Health Centre model.

20 %

are satisfied with the current health services in Sutton

01 Access to Healthcare Services

This theme explores Sutton residents' experiences of accessing GP and other healthcare services, highlighting the key barriers they encounter when seeking care. Survey responses indicate that difficulties are experienced across both primary and secondary care settings.

The most commonly reported challenges include difficulties obtaining GP appointments, long waiting times, problems navigating the healthcare system, and limited access to specialist services, particularly mental health support.

Respondents also identified a range of factors they believe contribute to these issues, including capacity pressures, workforce shortages, administrative complexities, and wider resource constraints within the healthcare system

> ***"One of the main issues is that people often don't seek medical help because timely GP appointments are difficult to obtain. Even when patients are seen, the standard 10-minute appointment limits how much can realistically be addressed."***

The following sections outline the main barriers identified by respondents, alongside suggestions from residents on how the proposed Neighbourhood Health Centres could help address these challenges and improve access to care. The last part of this section summarises factors contributing to the challenges, identified by the respondents.

Healthcare Access Barriers

Primary Care

Appointment Availability and Consultation Methods

Survey responses identified several challenges related to appointment availability and delivery methods. The most frequently reported issue was difficulty securing GP appointments, with many patients describing insufficient appointment availability.

Respondents also reported difficulties accessing face-to-face appointments, expressing concerns that some health issues were managed remotely when in-person consultations were considered more appropriate. In addition, Sutton residents highlighted concerns about the standard 10-minute consultation length, which was often perceived as insufficient for addressing complex or multiple health needs.

Barriers Associated with Triage Systems

Survey responses highlighted significant difficulties associated with GP triage systems, which are often required before an appointment can be booked. Patients reported that these processes create additional barriers to access, making it more difficult to secure timely appointments and receive appropriate care.

Long Waiting Times

Long waiting times were identified as a key barrier to accessing healthcare. Residents reported delays at multiple stages of the care pathway, including when making initial contact with their GP practice, requesting administrative support, accessing follow-up services, and obtaining appointments with the appropriate healthcare professional. These delays were perceived to negatively affect both access to care and the overall patient experience.

"Face-to-face appointments are difficult to get, and I find that the time spent in the waiting room is getting longer. At my last appointment, I waited 30 minutes to see a nurse. Ideally, you want to spend as little time as possible around other sick people, so having more medical centres in Sutton would be helpful."

How could the development of Neighbourhood Health Centres improve access to the primary care?

Key recommendations:

- Improve appointment availability across primary care services
- Reduce waiting times from initial GP contact through to follow-up and specialist care
- Streamline care pathways to ensure more timely access to treatment and support
- Increase the availability of face-to-face appointments to meet patient preferences and needs
- Enhance triage systems to make them more effective, accessible, and patient-centred
- Simplify the process for booking longer appointments (e.g., double or triple slots) when clinically required
- Ensure appointment lengths are sufficient to address patients' needs comprehensively

Secondary care

Survey findings indicate that Sutton residents face significant barriers to accessing secondary and specialist care services, for example diabetes care. While some respondents were satisfied with the referral process, many reported long waits for follow-up appointments, which limited timely access to specialist support. The analysis also highlights significant delays in specialist referrals, particularly for mental health services, where some residents reported waiting more than a year to receive care.

"It is currently difficult to see a GP. It is also difficult to see specialist diabetic doctors or nurses, as my surgery only has diabetic doctors available one morning a week, so I may have to wait up to two weeks for an appointment."

Access barriers to mental health support

What's the situation now?

Survey findings indicate that Sutton residents face significant barriers to accessing mental health services. Respondents highlighted long waiting times, difficulties accessing appropriate support, and a need for improvements across mental health services. Concerns were also raised about the reliance on GPs as the primary route into mental health care, with some residents feeling that specialist support is not always available when needed. In addition, respondents identified gaps in provision for children and young people, highlighting the need for greater investment in early intervention and ongoing support.

Key issues

Delayed Support and Limited Access to Services

Survey responses suggest that many residents experience difficulties accessing timely mental health support. Respondents reported that access is often dependent on GP referrals, which can delay assessment and treatment. In urgent situations, some residents felt that being directed to A&E was not always an effective route to care, citing long waiting times and limited immediate support. In addition, some expressed a preference for greater availability of talking therapies, noting concerns that medication is not always the most appropriate treatment option.

> ***"Accessing mental health support can be difficult, as assessments often require a GP referral. When immediate help is needed, people are sometimes directed to A&E, which can discourage them from seeking support and may even worsen their condition. Long waits in A&E often result in being sent home with a future appointment rather than receiving immediate care."***

Reliance on GPs as the Main Access Point

Survey findings indicate that some residents view the reliance on GPs as the primary gateway to mental health services as a barrier to accessing appropriate care. Respondents suggested that GPs may not always have the specialist expertise, capacity, or resources required to meet more complex mental health needs, highlighting the importance of direct access to specialist support where appropriate.

Inadequate Support for Children and Young People

Some respondents raised concerns about the availability of mental health support for children and young people. Participants emphasised the importance of Child and Adolescent Mental Health Services (CAMHS) and suggested that many young people are experiencing difficulties without timely access to appropriate support.

> ***"This is a valuable and necessary idea, but mental health services are already under significant pressure, with long delays and limited staffing. There is also a perception of 'gatekeeping' by reception staff and digital systems, which can make it more difficult to access appointments or feel confident in seeking support. If these issues were addressed, it could be highly effective."***

How could the development of Neighbourhood Health Centres improve access to mental health services?

Neighbourhood Health centres could address these issues by focusing on ensuring that services are more accessible, timely and preventative rather than reserved for crisis situations.

Key recommendations:

- Reduce waiting times for mental health services
- Ensure easier access to mental health support for adults and children
- Simplify the process of accessing mental health support by removing bureaucratic and logistical barriers

Perceptions of Sutton residents on causes of barriers to healthcare access

Survey analysis revealed that Sutton residents identified specific factors across healthcare services, which contribute to barriers in accessing healthcare. These include significant capacity challenges, largely attributed to underfunding, resource limitations, workforce shortages, and increasingly complex patient demand. Resource constraints are perceived as the principal factors affecting service delivery, ultimately limiting the ability of existing facilities to effectively manage routine patient needs. Respondents feedback points to uncertainty about how newly developed health centres with be adequately staffed and further feedback emphasised that expanding physical infrastructure alone, such as constructing new health centres, would be insufficient to address these challenges without corresponding increases in funding and staffing levels.

> ***"I believe the NHS should invest in the hospitals and surgeries already established in Sutton instead of building four new premises. The biggest problem I've encountered over the past 15+ years is not where surgeries or healthcare centres are located, but that current surgeries and hospitals are simply unable to cope with day-to-day demand due to underfunding and understaffing."***

> ***"Community-based services are a good idea, but they need to be properly funded and staffed. There is already a shortage of GPs and other health professionals, and mental health services have long been underfunded. I am concerned that community services may be developed by transferring funds from hospital budgets, as hospitals may not be able to provide essential services if their funding is reduced."***

Key perceived contributing factors

Workforce Shortages

Respondents frequently highlighted workforce shortages as a major factor contributing to pressures across health services. Concerns centred on the limited availability of doctors, specialist clinicians, and other healthcare professionals, which was perceived to reduce access to appropriate care. Difficulties in securing timely appointments, particularly with specialist services such as diabetes care, were reported to contribute to long waiting times, patient dissatisfaction, and poor experiences of healthcare services.

Pressure on A&E

Respondents felt that challenges in accessing primary and community healthcare services placed additional pressure on A&E departments. When timely appointments or appropriate care pathways are unavailable, people turn to emergency services as an alternative. This was considered to contribute to increased demand within A&E departments and was associated with concerns about extensive waiting times.

Underfunding

The underfunding of healthcare services was identified as a longstanding concern. Respondents expressed apprehension that shifting funding from hospital-based services to community initiatives could place further strain on already pressured hospital services. There was a perception that insufficient investment limits the capacity of services.

Poor Management

Some respondents felt that available resources were mismanaged leading to ineffective outcomes for patients and improperly utilising the time of medical professionals and other staff.

Mental Health Services Specific

Respondents identified administrative and bureaucratic complexity within the mental health system as a key barrier to accessing support. Some perceived gatekeeping within referral and assessment processes, which contributed to delays in care and prolonged waiting times. As a result, some people became discouraged from seeking mental health support.

02 Integration of Healthcare Services

This theme explores residents' experiences of how healthcare services work together across the local system. Responses highlighted issues with fragmented care, poor communication between services, and challenges navigating support across multiple providers. The theme focuses on the extent to which services are coordinated, connected, and able to provide seamless care that meets people's needs.

Integration emerged as a key priority for many respondents. Participants described the difficulties created by disconnected services, including the need to repeatedly share the same information, navigate multiple providers, and travel between different locations to access care. Many also highlighted the importance of stronger communication and collaboration between healthcare professionals, greater use of multidisciplinary teams, and better integration of digital tools with existing services. Addressing these issues will be critical to ensuring that Neighbourhood Health Centres provide joined-up, person-centred care and improve the overall experience of accessing healthcare in Sutton.

> ***"One of the problems with current NHS services is the lack of coordination between departments. Patients are often required to move between multiple services in search of answers, as each department works independently. Bringing more services together in one location could improve communication between teams, helping to connect symptoms more effectively and reach diagnoses more quickly. This approach may also reduce the risk of patients being prescribed unnecessary or multiple medications."***

Key considerations

Fragmented Services and Poor Communication

Respondents highlighted concerns about limited communication and coordination between healthcare services, healthcare professionals, and digital systems. Many felt that disconnected services made the healthcare system difficult to navigate and contributed to delays in appointments, referrals, and access to appropriate care.

Some respondents expressed concern that co-location alone would not deliver meaningful improvements unless services, systems, and professionals were better integrated.

Siloed Approaches to Care

Survey findings suggest that some residents perceive healthcare services as operating in isolation from one another. Respondents reported that complex health needs requiring input from multiple services could be difficult to manage, leading to challenges in coordinating care and treatment.

Services Spread Across Multiple Locations

Respondents highlighted challenges associated with accessing services across different locations. Attending multiple appointments at separate sites was described as time-consuming, inconvenient, and potentially costly, particularly for individuals with complex health needs or mobility and transport challenges.

> ***"Co-location is not the same as integration, so simply bringing services together in one place is not enough. Without understanding how the integrated team would actually operate, it is difficult to comment meaningfully. There is also a risk that it could take essential staff away from other settings, affecting the safety and effectiveness of services."***

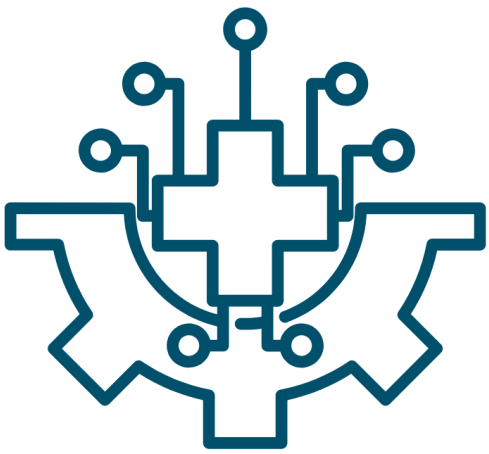
How could the development of Neighbourhood Health Centres address integration of different healthcare services?

The development of neighbourhood health centres could address these issues first and foremost by improving the connection and communication between different healthcare services, providers and medical professionals in Sutton. This includes aiming to use a shared database for patients with a single patient record.

Neighbourhood health centres should address these issues by focusing on improving connection and communication between different health care services and staff. This includes ensuring that patient information can be shared appropriately across services via a coherent holistic patient record, ensuring that referrals to different services can be made more easily and clearly for patients. As well as this, patients felt that increased multi-disciplinary team working that could be assisted by improving connection and communication between different services was important for effective health care.

Key recommendations:

- Improve connection and communication between different healthcare services
- Ensure better signposting and referral system between different healthcare services
- Improve patient records and data sharing such as having a single patient record
- Increase multidisciplinary working to ensure more effective and timely treatment



03 Accessibility & Inclusion

This theme explores the accessibility and inclusion within the current healthcare provision, and suggestions for the proposed Neighbourhood Health Centres. Responses focused on the location and suitability of healthcare facilities, ease of access for different population groups, and the extent to which services support people in navigating and engaging with care.

Residents consistently highlighted accessibility and inclusion as fundamental considerations for the future Neighbourhood Health Centre model. While many valued the convenience and proximity of existing GP practices, there were concerns that centralising services could make care less accessible for some people. Respondents stressed the need for well-located premises with good transport links, adequate parking, and facilities that accommodate a range of access needs. Respondents also identified challenges relating to appointment systems, service navigation, and communication about proposed changes. These findings underline the importance of designing services that are easy to access, understand, and use for all members of the community.

"I strongly object to the scale of this merger. Managing 50,000 patients across four sites suggests a shift towards a more 'industrial' model of healthcare, which may reduce local accessibility. As a working professional, I already find booking appointments weeks in advance to be a significant barrier. I am concerned that further centralisation will make it even more difficult for people in employment to access timely care and could increase travel times for those who currently rely on being close to their local surgery."

What's the situation now?

Many respondents reported that their current GP surgeries are easily accessible due to their proximity to where they live and expressed concerns about losing this convenience if key services are relocated. Survey findings also indicate that accessibility is influenced not only by location but also by how services are organised. In particular, opening hours and appointment booking systems were identified as important factors affecting residents' ability to access care. These findings suggest that maintaining convenient local access, alongside flexible and inclusive service arrangements, will be essential to ensuring that healthcare is accessible to all members of the community.

Key considerations for accessibility and inclusion

Accessibility of premises

An important requirement for making neighbourhood health centres effective and to meet the needs of Sutton community is placing them in suitable and accessible premises. Key considerations include:

- the location of the centres
- access by public transport
- availability of parking
- accessibility of facilities
- size of the centre

Flexible opening times and booking system

Some respondents felt that current opening times of services meant that those with other commitments, such as work, childcare or other caring responsibilities were unable to access care when they needed to. With others additionally finding current booking systems to be inaccessible and complex to use.

Difficulties navigating services and insufficient information about upcoming changes

Respondents felt that services are sometimes difficult to navigate and that there was insufficient information available about the upcoming changes to services and were especially concerned about engaging with elderly service users.

How could the development of Neighbourhood Health Centres ensure accessible and inclusive healthcare provision?

Respondents emphasised that accessibility and inclusion should be central to the design and delivery of Neighbourhood Health Centres. A key consideration was the location of the centres, with many residents stressing the importance of maintaining convenient access to commonly used services. There were concerns that relocating services further away could make healthcare more difficult to access, particularly for older people, disabled people, carers, and those who rely on public transport. Respondents highlighted the need for centres to be located in suitable premises with good transport connections, adequate parking, and facilities that are fully accessible to people with a range of physical, sensory, and mobility needs. Respondents also felt that opening hours should be flexible enough to accommodate people with work, childcare, and other caring responsibilities.

In addition, residents identified appointment booking systems and the navigation of healthcare services as areas requiring improvement. Many reported difficulty understanding how services are organised and where to seek support when needed. To address this, respondents emphasised the importance of providing clear, accessible information about the proposed changes, including how services will be structured, how care can be accessed, and where patients can go for advice and support.

Key recommendations:

- Ensure Neighbourhood Health Centres are located in convenient, easily accessible locations
- Avoid relocating services further from communities, particularly for vulnerable groups
- Provide centres with good public transport links and adequate parking.
- Ensure premises are fully accessible for people with physical, sensory, and mobility needs
- Offer flexible opening hours to accommodate work, childcare, and caring responsibilities
- Improve appointment booking systems to make access easier
- Simplify navigation of healthcare services and support pathways.
- Provide clear, accessible information on service changes, access routes, and available support

04 Care Quality

This theme explores residents' experiences and perceptions of the quality of healthcare services in Sutton. Responses focused on factors that influence care quality, including continuity of care, person-centred approaches, communication, staff expertise, and patients' involvement in decisions about their treatment. The theme also considers residents' views on how the proposed Neighbourhood Health Centres could affect the quality and experience of care.

Quality of care emerged as a key priority for respondents, who emphasised the importance of receiving personalised, continuous, and holistic support. While many residents reported positive experiences with their GP practices, some expressed concerns that larger Neighbourhood Health Centres could reduce continuity of care and make services feel less personal. Respondents highlighted the value of building trusted relationships with healthcare professionals and stressed the importance of effective communication, appropriately trained staff, and involving patients in decisions about their care. These findings suggest that maintaining high-quality, patient-centred care should be a central consideration in the development and implementation of Neighbourhood Health Centres.

> ***"The main issue is the feeling that the surgery does not want to see you, as you are often directed to the pharmacy. After having blood tests, I was not asked to see a doctor; instead, I was given a link, which turned out to be a private company, with no discussion about whether this was appropriate."***

What's the situation now?

Respondents reported varied experiences of healthcare services in Sutton, with some expressing high levels of satisfaction and others identifying challenges that affected the quality of their care.

Some expressed concern that aspects of care they currently value could be lost through the transition to larger Neighbourhood Health Centres.

A key issue raised was the lack of continuity of care. Many respondents reported difficulty seeing the same healthcare professional consistently and having to repeat their medical history to multiple clinicians. In contrast, those who were able to build ongoing relationships with healthcare professionals valued the trust, understanding, and personalised support this provided.

Many respondents highlighted the importance of personal, relationship-based care and felt that smaller GP practices were often better able to deliver this. They valued being known by staff and seeing healthcare professionals who understood their individual circumstances.

Effective communication and patient involvement in decisions about care were also seen as important. Some respondents reported limited follow-up after tests or referrals, unclear explanations about changes to their care, and being directed to alternative services without sufficient discussion of available options.

Respondents emphasised that both clinical and administrative staff play an important role in patient experience. While many described positive interactions with staff, some raised concerns about administrative staff carrying out responsibilities such as patient triage and questioned whether they had received appropriate training.

> ***"My GP has been excellent over the years and knows both me and my family well. Having that understanding of our health history and background leads to better care. She has listened to our concerns when temporary doctors did not, helping to ensure that serious issues did not escalate."***

Key factors contributing to good quality of care

- **Continuity of care** – enabling patients to see the same healthcare professionals and build trusted relationships over time.
- **Clear communication** – ensuring information, test results, referrals, and treatment decisions are explained effectively and consistently.
- **Person-centred care** – tailoring services to individual needs, circumstances, and preferences.
- **Patient involvement in decision-making** – supporting informed choices and ensuring patients feel listened to and involved in their care.
- **Holistic and coordinated care** – providing joined-up support that considers the whole person rather than treating issues in isolation.
- **Appropriately trained staff** – ensuring both clinical and administrative staff have the skills, knowledge, and expertise required for their roles.
- **Positive patient-staff interactions** – fostering respectful, responsive, and supportive relationships between patients and healthcare professionals.

How could the development of Neighbourhood Health Centres ensure a provision of good quality of care?

Key recommendations:

- Ensure continuity of care by enabling patients to see the same healthcare professionals where possible.
- Improve coordination and information sharing between services to support joined-up care.
- Deliver person-centred care that recognises and responds to individual needs.
- Ensure all staff are appropriately trained to provide safe, effective, and high-quality care.

Other Feedback

This section summarises additional feedback provided by respondents that did not fit within the key themes presented above.

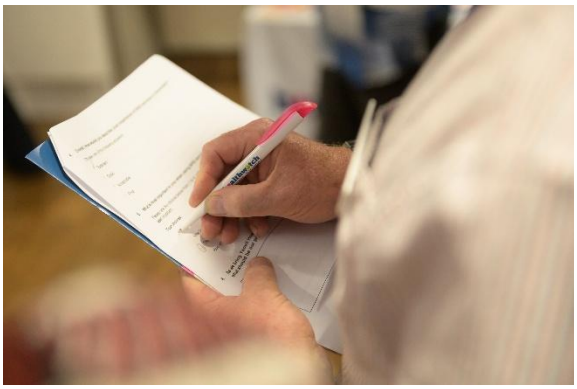
Scepticism about the Benefits of the Plan

While many respondents welcomed the ambition behind the proposed reforms, some expressed scepticism about whether Neighbourhood Health Centres would deliver meaningful improvements to their healthcare experience. These respondents questioned whether the proposed changes would address existing challenges, including difficulties accessing appointments, service capacity pressures, and poor coordination between services.

Some residents felt that similar initiatives had been proposed previously without resulting in noticeable improvements. Others emphasised the need for clear evidence that the new model would improve patient outcomes, access to care, and the overall experience of healthcare services. These findings highlight the importance of engagement with residents, and clear communication about the aims and benefits of the reform.

Concerns About Service Replacement

Respondents were generally supportive of the proposed model but stressed that it should be implemented as an additional layer of support within the local healthcare system, rather than as a substitute for existing services. Many residents felt that the new model could improve access to care and increase service capacity, but only if current provision is maintained. Many emphasised the importance of retaining access to their regular GP and valued the continuity, familiarity, and personalised care that existing practices provide.



02

Analogue to Digital

NHS App

Proposed plans

The shift 'From Analogue to Digital' aims to embed digital technology across healthcare provision in England. Central to this is a single, secure patient record and a greatly expanded NHS App that will act as a "doctor in your pocket" and the main front door to NHS services by 2028, enabling everything from advice and appointments to care planning, medicines management, and support for carers and children. Currently, the NHS app enables patients to book, reschedule and cancel appointments, as well as communicate directly with their healthcare team. Additionally, the NHS app can be used to request repeat prescriptions, or check test results, where unabled.

What did we ask?

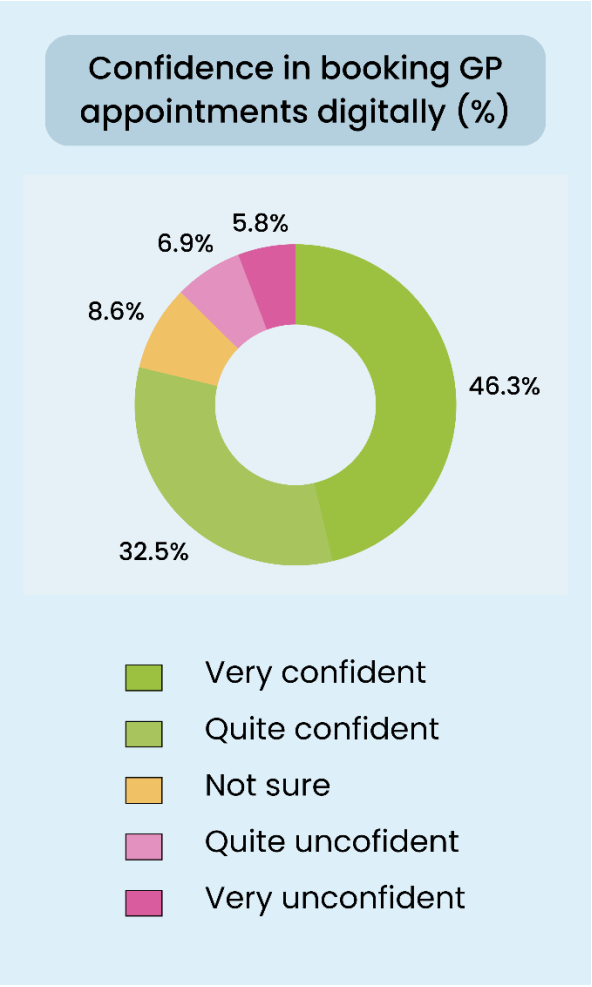
In the survey, Sutton residents were asked how confident they feel using digital devices, such as a smartphone, tablet, laptop, or computer, to book a GP appointment online. This was followed by an open-ended question inviting respondents to share anything that would make booking a GP appointment online easier for them.

What did we find out?

The results indicate that most Sutton residents feel confident using digital devices to book GP appointments. However, they also highlight a range of multifaceted issues, concerns, and barriers that people continue to encounter when accessing healthcare digitally.

Confidence in Booking GP Appointments Using Digital Devices

A total of 4,159 responses were received to the first question. Findings show that the majority of respondents have high confidence level in booking GP appointment using a digital device. Nearly half of respondents (46%) reported feeling very confident, while 32% said they were quite confident. A smaller proportion felt less assured: 9% were unsure, 7% were quite unconfident, and 6% were very unconfident.

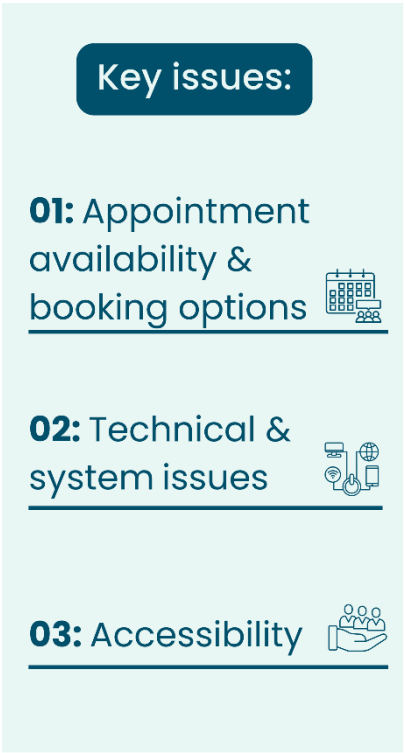


Key Perspectives on Digital Systems

Respondents were subsequently asked whether anything could make it easier for them to book a GP appointment online. It is important to note that, since the data were collected in early 2026, there have been developments and improvements to the NHS App. Hospital patients across all NHS trusts in England can now check their referrals and appointments through the app.[2]

A total of 2,881 respondents answered this question. It is important to note that most respondents who answered were either quite confident or very confident in using digital technology, based on their responses to the preceding question. As this survey was conducted online, we recognise that it is less likely to have captured the views of people with lower levels of digital confidence, and their experiences may therefore be underrepresented.

To better understand respondents' views, we carried out a thematic analysis of the responses and identified three key themes: **Appointment Availability and Booking Options, Issues with Digital Systems,** and **Accessibility**. All themes are explained in more detailed in the following sections.
These themes closely mirror those identified in the previous section on Neighbourhood Health Centres, suggesting that the successful implementation of both shifts will depend on addressing similar underlying challenges.
While the question specifically invited suggestions for improving digital appointment booking, many respondents also provided broader reflections on their experiences of accessing and navigating GP services. Consequently, the analysis captures not only recommendations for improving digital booking systems but also wider concerns relating to their accessibility, usability, and effectiveness.



01 Appointments:

Availability & Booking Options

This theme examines challenges related to the availability of GP appointments, including within the NHS app, and the processes used to book them. It focuses on barriers such as limited appointment supply, restricted booking windows, and system constraints that affect when and how patients can secure care.

> ***"Whenever I've tried to book a GP appointment online, none have been available. In those circumstances, having the skills or confidence to use a digital device is irrelevant."***

Survey findings show that improving online appointment booking depends on both availability and the design of booking systems. Respondents emphasised the need for more appointments, greater flexibility in booking times, and access to multiple booking channels alongside digital options. Current limitations, such as low availability and inflexible or indirect booking processes, reduce the effectiveness of online systems. Addressing these issues is key to making digital booking more accessible, reliable, and responsive to patient needs.

Below we present specific issues that people encounter in relation to the appointment availability and booking options.

Availability of Appointments

What's the situation now?

Limited overall appointment availability and limited appointment availability in the NHS app

Survey responses in this section indicate that residents in Sutton face significant challenges in accessing GP services, primarily due to limited appointment availability. This issue was also identified as a key barrier to accessing healthcare in the previous section on neighbourhood health centres. Consequently, any efforts to reform healthcare services must address appointment availability to improve patient experience and overall satisfaction with healthcare provision.

A common response to the question on how to improve digital GP appointment booking was the concise statement: "Appointments being available." This response underscores the significant difficulties Sutton residents experience when trying to book GP appointments, largely due to limited availability.

Survey responses indicate that appointment availability through the NHS app is very limited, with many users unable to book appointments digitally. As a result, patients often have to contact GP practices by phone instead, highlighting the current limitations of digital systems in improving access.

"Is there anything that would make it easier for you to book a GP appointment online?"

"Appointments being available"

"Appointment availability is almost non-existent at present. I still need to telephone and join a queue."

"There seem to be very few appointments available online. However, if you call at 8am, you can usually get an appointment with a nurse or doctor."

Appointment Booking Options

Appointment booking options are currently constrained by limited flexibility, restricted access times, and reliance on specific channels. While digital systems such as the NHS app are expanding, respondents emphasise the importance of maintaining multiple booking routes and improving functionality to better meet diverse patient needs.

Key issues

Appointment Booking Options: Digital and Human Interfaces

Survey findings indicate that Sutton residents consider non-digital routes to healthcare access essential. Many respondents emphasised the importance of maintaining telephone contact and accessible reception services, particularly for individuals who are unable to use digital channels. Respondents frequently reported that online booking systems can be complex and difficult to navigate, highlighting the need for alternative methods of accessing services.

Appointment Scheduling Constraints

Findings show that booking GP appointments is often inflexible and difficult to access. Many patients are required to engage with a "first come, first served" system at 8am, where appointments are "taken too quickly," disadvantaging those unable to access services at that time. Booking systems frequently lack flexibility, limiting the ability to arrange appointments in advance or at convenient times. Additionally, respondents stated that inability to choose an appointment for a suitable time creates barriers for accessing healthcare.

Restrictions on Patient Choice and Proxy Booking

Respondents highlighted the importance of being able to select a specific doctor, noting that this functionality is often limited within digital systems. Additionally, existing systems do not consistently support booking appointments on behalf of others, creating barriers for individuals managing care for children or elderly relatives who may struggle with technology.

Suggestions for improvements

Respondents identified several ways to improve their experience of accessing healthcare through digital platforms. A key priority was increasing the availability of appointments that can be booked through the NHS App. There was also strong support for more flexible booking options, including the ability to book appointments in advance, throughout the day, and outside the traditional 8am release window. Respondents highlighted the importance of offering both routine and same-day appointments, alongside 24/7 access to booking systems, to better accommodate different needs and schedules.

Improvements to digital systems should focus on simplicity and functionality, allowing users to easily select a surgery, choose a preferred GP, and book a suitable time. Respondents also highlight the need for systems that enable trusted individuals to manage appointments on behalf of others.

Crucially, digital services should complement rather than replace traditional channels. Maintaining telephone and face-to-face options is viewed as essential to ensure equitable access for all patients.

> ***"It would be helpful to book appointments in advance rather than having to submit a request at 8am. As a teacher, it is already difficult to find suitable appointment times, and the current system often only offers limited, immediate options instead of allowing planning for non-urgent appointments, such as during school holidays."***

Key recommendations:

- Increase the number of appointments available to book through digital platforms
- Provide more flexible booking options, including advance booking, a wider range of appointment times, and access outside the 8am release window
- Offer both routine and same-day appointments through digital systems
- Enable 24/7 access to appointment booking services.
- Simplify booking processes, making it easier to select a surgery, preferred GP, and appointment time
- Allow trusted individuals, such as family members or carers, to manage appointments on behalf of patients
- Maintain telephone and face-to-face access alongside digital services to ensure inclusive access for all patients

"It should be easier to book appointments for family members, including children and elderly relatives. For example, my parents struggle with technology and often spend a long time on hold to arrange an appointment, so it would be helpful if I could make bookings for them."

02: Technical & System Issues

This theme explores how digital system design and performance impact access to healthcare services. It covers challenges with logging in, identity verification, navigation, and platform functionality, as well as wider issues such as poor integration between healthcare systems and the use of triage-based processes.

Survey findings show that digital system issues are a major barrier to accessing GP services, even for confident technology users. Common problems include login and verification difficulties, unreliable system performance, limited functionality, for example, not being able to book appointments or view referral information, poor integration across healthcare services, and complex triage processes.

> ***"While I am reasonably confident using digital devices, there are several issues that make online GP booking difficult or frustrating. Online systems are often confusing, inconsistent between practices, and do not clearly show what appointments are actually available. Many systems give the impression that no appointments exist, even when patients are later told to call instead, which undermines confidence in the***
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These challenges reduce usability, undermine trust in digital services, and limit their effectiveness, highlighting the need for more reliable, user-friendly, and fully functional systems. The sections below outline the specific system-related issues reported by users.

Key issues - Unreliable and difficult to use digital systems

Reliability of the digital systems:

Survey results indicate that system performance is inconsistent, with respondents reporting issues such as apps not functioning properly, error messages, and processes appearing to complete without being recorded. The NHS app, the primary digital access point, is frequently unreliable.

As a result, users are often required to switch to alternative routes, such as the website or telephone booking. This highlights a lack of integration and consistency across digital platforms, adding unnecessary complexity to accessing GP services.

Respondents also described instances where processes appeared to be successfully completed, such as booking an appointment, but were not accurately recorded or actioned within the system. In some cases, users only discovered these failures upon arrival for an appointment that had not actually been booked.

Usability:

Respondents also highlighted significant barriers to accessing and using the GP app, particularly in relation to account activation and usability. This points to administrative or system-level issues that prevent some patients from engaging with digital services altogether. Findings highlight concerns about the complexity and usability of NHS digital services. Respondents described current systems as difficult to navigate, with a lack of clarity and user-friendly design affecting the overall experience. This complexity appears to reduce confidence in using digital platforms and may act as a barrier to access especially for those who find using technology challenging.

> ***"I am confident using my laptop and the NHS App, but when I last booked an appointment through it, I was told it was confirmed. However, when I arrived at the surgery, the appointment had not been processed."***

Key issues: Limited functionality: appointment booking, referrals and system integration

Appointments: Survey results demonstrate that the functionality of digital systems in accessing healthcare is often limited. Some users are unable to view or book appointments through the NHS app, or find that their GP practice does not support online booking.

Referrals: Many noted that details of referrals are not consistently displayed, and that updates on waiting lists are often missing or incomplete. These gaps in functionality create difficulties for users trying to monitor their treatment and progress, leading to frustration and reduced confidence in the system.

Administrative limits:

Some users found they were limited to two appointment bookings, meaning those with routine check-ups scheduled for existing conditions are unable to book more appointments online.

> ***"My surgery doesn't allow me to book any appointments if there are already 2 pre-booked appointments that have been made. My diabetes nurse books the appointment six months in advance and a blood test in advance of that, so I am then unable to book any appointments on-line."***

System integration:

Respondents also pointed to a lack of integration between different healthcare systems and the NHS app., which can make the app feel unreliable and limit its usefulness as a central tool for managing healthcare needs.

> ***"Make everything available on the app. At present, not everything is shown, for example, I am on a waiting list for surgery, but the app does not display this or confirm that a referral has been made, which is quite frustrating when trying to get updates."***

Triage processes within digital systems

Findings highlight dissatisfaction with triage-based digital systems used for accessing appointments. Respondents highlighted that triage platforms can be difficult to use, long and lack user-friendly design, with processes perceived as unnecessarily complex and inefficient. Some respondents also reported that they found triage bases systems and forms unsuitable when attempting to clearly explain multiple conditions or complex conditions or ensure appropriate care pathways. These experiences contribute to a perception that digital systems are inefficient and less reliable than traditional routes, reinforcing hesitation to use online services.

> ***"My GP surgery requires you to use the Anima system to book appointments. (…) you can only book an appointment during office opening hours (…). If your issue does not fit into a neat category you have to resort to selecting an inappropriate one (risking the GP not prioritising your appointment appropriately). You are also forced to answer irrelevant and intrusive questions."***

> ***"Yes, I would like to be able to book a pre-bookable appointment rather than having to repeatedly complete triage forms, especially when a doctor has asked me to make an appointment."***

How this could be improved?

Key recommendations:

- Improve system reliability to reduce errors, failed processes, and access issues
- Simplify login, registration, and verification processes
- Enhance usability through more intuitive and user-friendly design
- Expand functionality to allow direct appointment booking and access to referral information
- Ensure consistent access across GP practices, including support for online booking
- Improve integration between systems to create a more seamless experience
- Streamline triage processes to reduce complexity, length, and delays
- Remove unnecessary administrative limits on online bookings to allow easier access
- Improve appointment booking functionality by:
    - Providing a calendar-style view of available appointments.
    - Offering a wider range of appointment types, services, and healthcare professionals.
    - Allowing patients to book further in advance and access a broader range of time slots.
    - Enabling patients to indicate whether an in-person or remote appointment is most appropriate

Other feedback

Additionally, other feedback provided was that respondents felt they were better able to express their concerns when talking to a person, both over the phone or in person. This additionally meant they felt they had a better chance of receiving an appointment suitable for their needs in a timely manner. Until patients feel that digital services can ensure these outcomes where patients feel like they can express their issues and receive sufficient timely care they will not feel motivated to use it.

03 Accessibility

This theme explores issues of accessibility, inclusion, and exclusion in relation to digital systems used to book GP appointments. It examines challenges faced by people in navigating and using these platforms, particularly among groups at greater risk of digital exclusion. The section focuses on usability barriers, access to technology, and the broader implications for equitable access to healthcare services.

Survey findings indicate that digital healthcare systems can create barriers for some users, particularly elderly, disabled, those with limited digital skills or access to technology as well as those with multiple or complex health conditions. Complicated, non-user-friendly designs and assumptions of digital literacy reduce confidence and usability, while language barriers further limit accessibility. These challenges contribute to digital exclusion and raise concerns around inequality in access to care.

> ***"It should be simple to book an appointment online - just select the surgery, choose a doctor, and pick a suitable date and time. The current system is too complicated, especially for older people. I recently gave up trying to book an appointment online because it was too difficult."***

Accessibility and inclusion remain key challenges in the use of digital systems for booking GP appointments. While digital services are expanding, not all patients are able to engage with them equally. Maintaining alternative booking options, alongside more inclusive and accessible digital systems, is essential to ensure equitable access and prevent exclusions from healthcare.

Barriers to Digital Healthcare Access

Some respondents highlighted concerns regarding the accessibility and inclusivity of digital healthcare platforms. It suggests that current systems may be overly complex and designed with the assumption that all users possess a baseline level of digital literacy and access to appropriate technology. Survey results indicate that many respondents are not comfortable or confident using digital technology. As healthcare services increasingly move online, there is a risk that these people may be excluded from accessing care.

Key considerations

System Complexity and Literacy Constraints

Respondents felt that digital systems were often overly complex, particularly for those with limited digital literacy, unfamiliarity with navigating digital interfaces, or multiple and complex health conditions. Common challenges included adapting to changes in app interfaces and navigating appointment booking systems that appeared to favour users who could enter information more quickly. Respondents also reported that contacting their GP practice by phone was often more convenient when arranging multiple requests during a single interaction, which they found difficult to do through digital channels.

Limited Access to Technology

Some respondents reported limited access to the technology required to use digital services, including smartphones, laptops, and tablets. Others highlighted a lack of supporting resources, such as identification documents, needed to set up digital access. Concerns were also raised about relying on publicly available devices, such as those in libraries, as these may not provide the level of privacy necessary for respondents to feel comfortable and confident when accessing digital healthcare services.

Limited Information and Support

Respondents reported limited guidance and support for using digital services, often finding it unclear what services were available, how to use them, or how to resolve issues when they arose. Inconsistent communication and concerns about service reliability reduced confidence in digital services. Some respondents also felt that staff were either impatient when providing assistance or unsure how to resolve technical issues.

Excluded Groups

Survey results indicate that some groups are disproportionately affected by the growing reliance on digital technology to access healthcare, particularly older people, disabled people, and those whose first language is not English. This highlight concerns that increasing digitalisation may widen existing inequalities in access to healthcare, creating additional barriers for those who are already at greater risk of exclusion.

"Consideration needs to be given to people with visual impairments. Telling someone to ask for help takes away their privacy. This also applies to anyone struggling with the digital world, being told to rely on a friend or neighbour is not always appropriate. Not everyone has children or someone they feel comfortable sharing personal information with, so an individual's right to privacy must be respected."

"For people like me whose first language is not English, speaking to someone directly, even briefly, gives me more confidence that I am choosing the right option and explaining my situation correctly."

"This is not an easy or accessible option for many neurodivergent people. Even current online booking systems can be overwhelming, confusing, and exclusionary, particularly when they rely on rigid questions with limited or unsuitable answer options. For example, the current Anima Health system is often difficult to navigate (even for neurotypical individuals), forces patients into inappropriate choices, and can be very distressing to use. Patients should always have the option to book GP appointments by phone with their surgery, to ensure fair access for neurodivergent individuals and others who struggle with or lack confidence in digital systems."

Additional factors that contribute to accessibility barriers

- Appointments are not held once they have been clicked on, therefore those entering details more slowly miss out on booking their appointment
- Inconsistent app appearance and interface when updates occur make app use difficult especially for elderly and less digitally literate users
- No confirmation when requests are submitted online
- Often no option to cancel appointment or service in the app
- Inconsistent use of digital services across practices can be confusing for patients
- Triage and subsequent prioritisation process is not transparent enough

"A dedicated mobile phone app, rather than a website based app that my practice insists on using to book all appointments. It's mildly frustrating when you fill in the form, just for the page to refresh or not load and have to start the process all over again. The NHS app sometimes is difficult to login, when doing the picture captcha selection, the images are difficult for me to see, and I have relatively good eyesight! I really feel for others who have vision difficulties with getting through that process."

Suggestions for improving inclusion and accessibility across digital healthcare access

To improve accessibility and avoid digital exclusion, respondents emphasised the importance of maintaining multiple access routes to healthcare, including telephone, and in-person access. They highlighted the need to improve the usability of digital services, particularly for disabled and elderly, people with low digital confidence, or complex health needs. Respondents also called for clearer guidance on how and when to use digital services, what to expect from processes such as online triage, and where to seek help if issues arise. To support this, staff should be adequately trained to assist patients and resolve common digital problems. Many respondents also suggested providing additional support, such as video guides, in-person training, chat services, or helplines, to help people use digital healthcare services more confidently.

Key recommendations:

- Maintain multiple routes to healthcare access, including online, telephone, and in-person services
- Ensure digital services are accessible and easy to use, particularly for older people, disabled people, and those with low digital confidence
- Provide clear guidance and signposting on how to access services, book appointments, and use online triage systems
- Train staff to help patients navigate digital systems and resolve common technical issues
- Offer a range of support resources, including tutorials, helplines, live chat, and in-person assistance
- Provide reasonable adjustments and alternative communication options, such as large-print formats and email communication for people who are hard of hearing
- Regularly review digital services to identify and address barriers to access and inclusion

Other Feedback:
Concerns and Opinions

This section presents additional feedback from respondents on the broader implications of increasing reliance on digital technology in healthcare. It captures concerns, perceptions, and personal experiences related to digital systems, including trust in NHS infrastructure, the suitability of digital care, and expectations for how technology should support access to services.

Survey findings highlight a cautious attitude towards digital healthcare, shaped by concerns about system reliability, data security, and the effectiveness of NHS digital infrastructure. Previous negative experiences, such as errors or unresolved issues, have reduced confidence and contributed to scepticism about further digital developments. Respondents also emphasised that digital services are not suitable for all types of care and should not replace face-to-face interactions. Trust is further influenced by concerns around data privacy and the role of external providers. Overall, there is a clear expectation for simpler, more transparent, more reliable, and user-friendly systems that enhance, rather than complicate, access to healthcare.

> ***"While I am personally confident using digital systems, they are not always fair or responsive to individual needs. Many people still need the option to speak to someone directly. Technology should support healthcare processes, not replace them. There is concern that over-reliance on digital systems may disadvantage the most vulnerable. Additionally, there are worries that the NHS may not be using the most up-to-date technology, which could raise security risks."***

What's shaping perceptions?

Respondents expressed **scepticism about the effectiveness and reliability of NHS digital systems.** Concerns were raised about **outdated infrastructure, poor system performance**, and platforms that are not sufficiently responsive to user needs. Previous negative experiences, such as unresolved errors or inaccuracies, have further undermined trust.

There are also significant concerns about **data privacy, security**, and the handling of personal information, particularly regarding who has access and how data is used. In addition, many respondents feel that digital systems are overly complex and do not consistently function well, limiting their usefulness.

Key Concerns

Key concerns focus on system reliability, complexity, and trust. Respondents highlighted that digital platforms are often difficult to use and do not always function as expected, which undermines confidence in their effectiveness. Data privacy and security are also significant issues. Respondents expressed uncertainty about how their personal data is stored, who can access it, and how it may be used. Concerns about data sharing and the involvement of external providers further contribute to a lack of trust in digital systems.

> ***"Use of the NHS app should not be mandatory. Paper records and in-person appointments are far more helpful for some people. Also, I completely oppose any further privatisation of NHS services and the use and monetising of patient data by existing private companies that have contracts with the NHS, including Palantir."***

Expectations and Preferences

Respondents expect digital systems to be simple, reliable, and user-friendly, enabling easier access to healthcare rather than adding complexity. There is a clear preference for technology that supports and enhances existing services, rather than replacing them. Maintaining access to face-to-face care remains a priority, alongside ensuring transparency around data use and security. Overall, respondents want well-functioning, trustworthy digital services that improve access while accommodating different needs and preferences.

03

Sickness to Prevention

Healthy Lifestyle

Proposed plans

The third shift in the 10-Year Health Plan sets out an ambition to move the NHS from treating sickness to preventing ill health. Its goals are to reduce health inequalities, increase healthy life expectancy for everyone, and raise healthier generation of children. The approach focuses on mobilising action beyond the health system by working with businesses, employers, local authorities, and communities to make healthier choices easier and more sustainable. The plan prioritises action on tobacco and vaping, obesity, poor diet, harmful alcohol use, and physical inactivity, alongside expanded access to nutritious food for children, stronger mental health support, improved vaccination and cancer screening, and wider availability of effective weight-loss treatments.

What did we ask?

The survey sought feedback on residents' interest in attending health events aimed at supporting people to learn more about looking after their health. Follow-up questions invited respondents to share their preferences regarding event topics, preferred times, and modes of participation, providing insight into how future events could be best designed to meet community needs.

What did we find out?

Overall interest in health events

A total of 4,159 respondents provided feedback on their interest in attending the events. Interest levels were mixed, with 28.1% saying they would attend, 27.3% saying they would not, and 44.6% indicating they might attend.This high level of uncertainty suggests there may be opportunities to increase awareness or adapt event formats to better reflect local needs and preferences.

Would you be interested in attending health events to learn more about looking after your health?

Yes – 28%

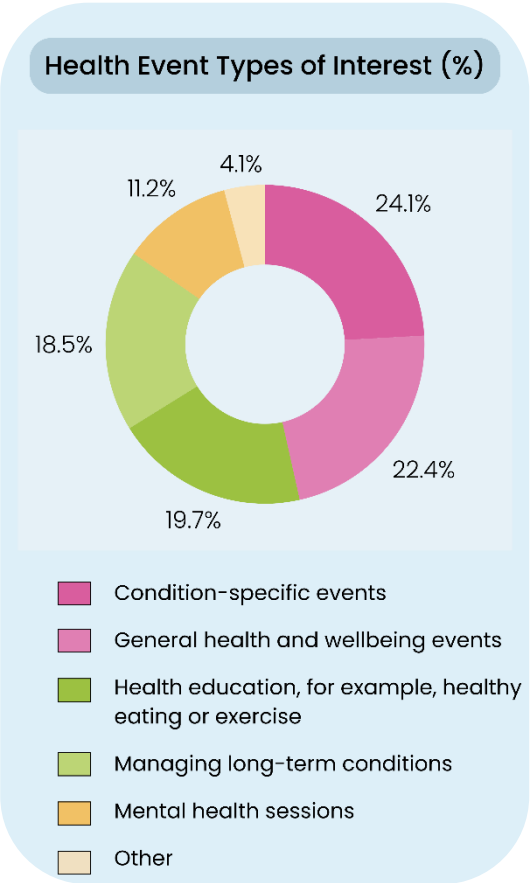
No - 27%

Maybe – 45%

Types of health events

To explore this further, respondents were asked which types of health events they would be most interested in attending. A total of 2,987 people answered this question, providing insight into the topics most likely to engage residents and inform future event planning.

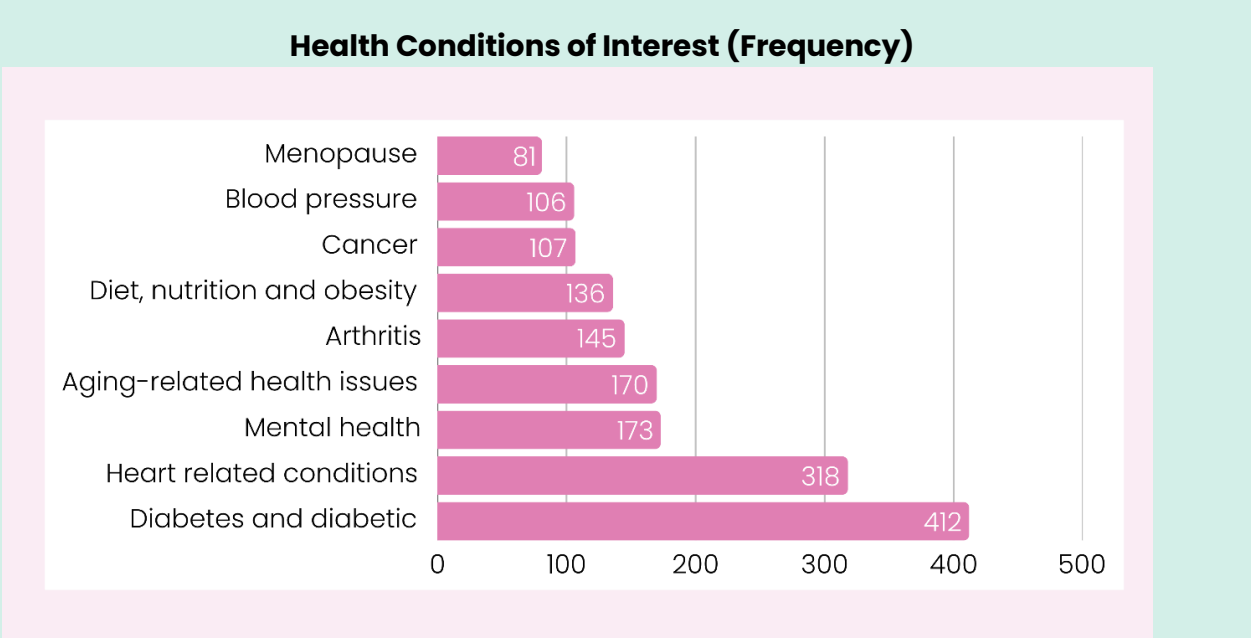
The findings show that condition-specific events were the most popular, selected by 24% of respondents. This was followed by general health and wellbeing events (22%), health education sessions, for example, focused on healthy eating, exercise, and screening programmes (20%), and events on managing long-term conditions (18.5%). Mental health sessions were the least frequently selected option, with 11% of respondents expressing interest.



Health events with a focus on a specific health condition

To better understand residents' priorities, respondents were asked a follow-up open-text question about the health conditions and disabilities they would most like to learn about at future events. A total of 1,569 respondents answered this question, providing valuable insight to help inform the planning of future activities. Responses were first analysed using an inductive approach, allowing themes and codes to emerge directly from the data. This analysis identified diabetes as the most frequently mentioned health condition, with 391 respondents referring to *diabetes* and a further 21 mentioning *diabetic* conditions. Together, these responses highlight diabetes as the topic of greatest interest for future events.

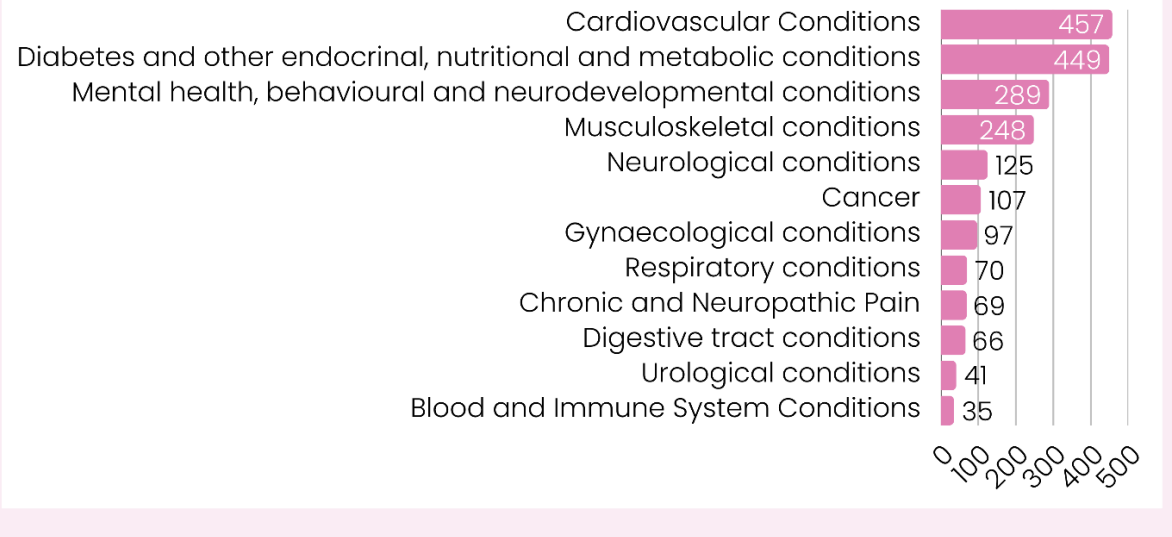
Heart-related conditions were the second most frequently mentioned topic (n = 318), followed by mental health (n = 173). Ageing-related health issues also featured prominently, with a combined total of 170 responses, comprising mentions of *age-related* conditions (n = 143), *ageing* (n = 14), and *elderly* (n = 13). These findings suggest a strong interest among residents in learning more about long-term health conditions, cardiovascular health, mental wellbeing, and issues associated with ageing.



To ensure consistency in the analysis, a secondary coding process was undertaken, grouping responses into standardised condition categories aligned with National Institute for Health and Care Excellence (NICE) classifications.[3]

Following this recoding process, *cardiovascular conditions* emerged as the most frequently mentioned category. This group included responses relating to *heart conditions* (n = 323), *hypertension* (n = 34), *stroke* (n = 30), and *circulatory* conditions (n = 28). The second most frequently identified category was *diabetes and other endocrine, nutritional and metabolic conditions*, which received a total of 449 responses. *Mental health, behavioural and neurodevelopmental conditions* ranked third and encompassed a diverse range of topics, including *anxiety* (n = 34), *ADHD* (n = 25), *autism/ASD* (n = 21), and *depression* (n = 19).
The prominence of these categories highlight residents' interest not only in physical health conditions but also in mental health and neurodevelopmental needs, suggesting a demand for a broad range of health-related information and support at future events. The chart below demonstrates results from the additional analysis.

Health Conditions of Interest Grouped by NICE Classification

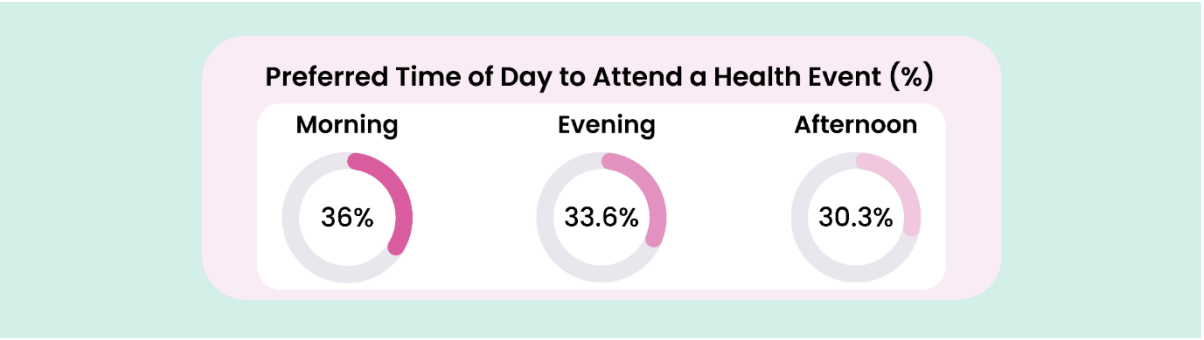


Preferred times and delivery formats for health events

The next three questions in this section examined respondents' logistical preferences for health events, including preferred time of day, delivery mode (online versus in person), and event format.

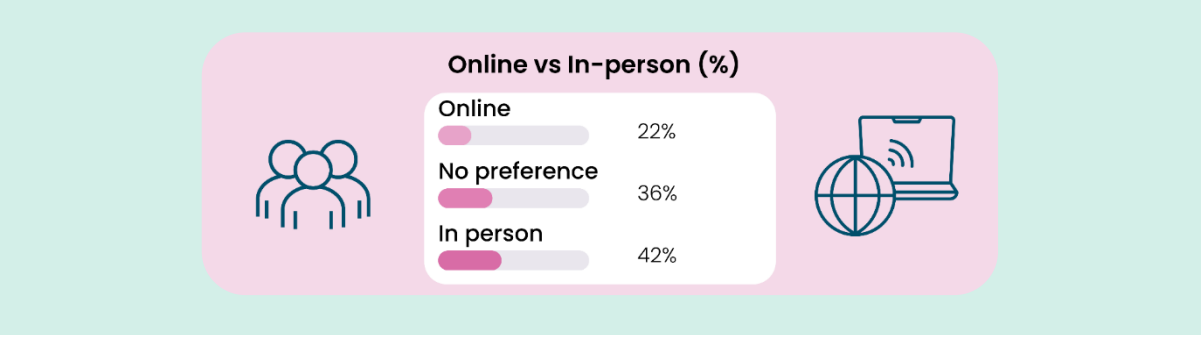
Time of a Day

In terms of preferred timing for events, responses were fairly evenly distributed. Morning sessions emerged as the most popular option, selected by 36% of respondents, followed closely by evening sessions at 33.6%, and afternoon sessions at 30.3%.



Online vs In-person

Survey analysis also showed that the majority of Sutton residents prefer to attend health events in person (42%). This was followed by respondents indicating no preference (36%), while online events were the least popular option, selected by 22%.



Preferred event delivery methods

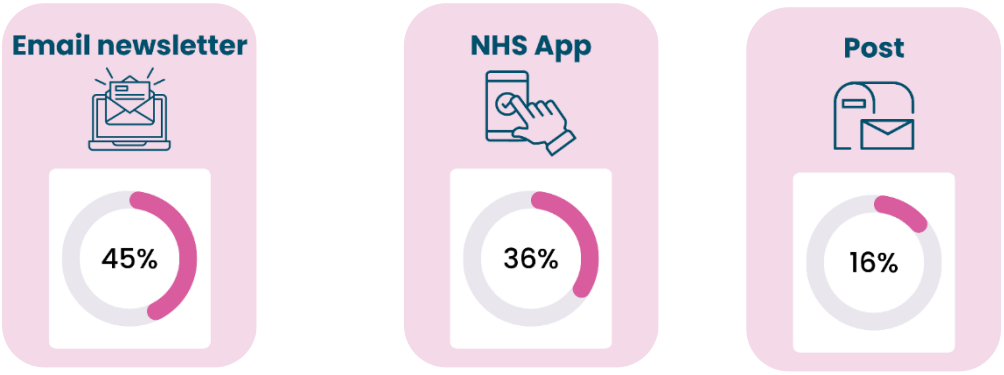
The third survey question explored respondents' preferences for how health events should be delivered, including formats such as talks with healthcare professionals, interactive workshops, and pre-recorded materials.

The most popular option was expert-led talks and Q&A sessions with healthcare professionals, selected by 73% of respondents. This was followed by peer support sessions (36%) and interactive workshops (34%).

Pre-recorded formats were less popular, with 20% of respondents selecting pre-recorded video and 16% selecting pre-recorded audio. Additionally, 14% of respondents indicated no preference, while 3% selected 'other'.

Remote health information

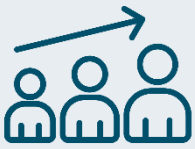
The final survey question explored respondents' interest in receiving health and wellbeing information remotely, as well as their preferred method of delivery. The majority of respondents indicated that they would be interested in receiving such information, with only 27% stating that they were not interested. Email newsletters emerged as the most popular format, with over 45% identifying this as their preferred method. This was followed closely by the NHS App, selected by 36% of respondents, while postal delivery was the least popular option, chosen by 16%.



Shift 3 - Recommendations

- Use feedback outlined in the Shift 3 results section to develop a plan for future public health events and other engagement activities in Sutton.

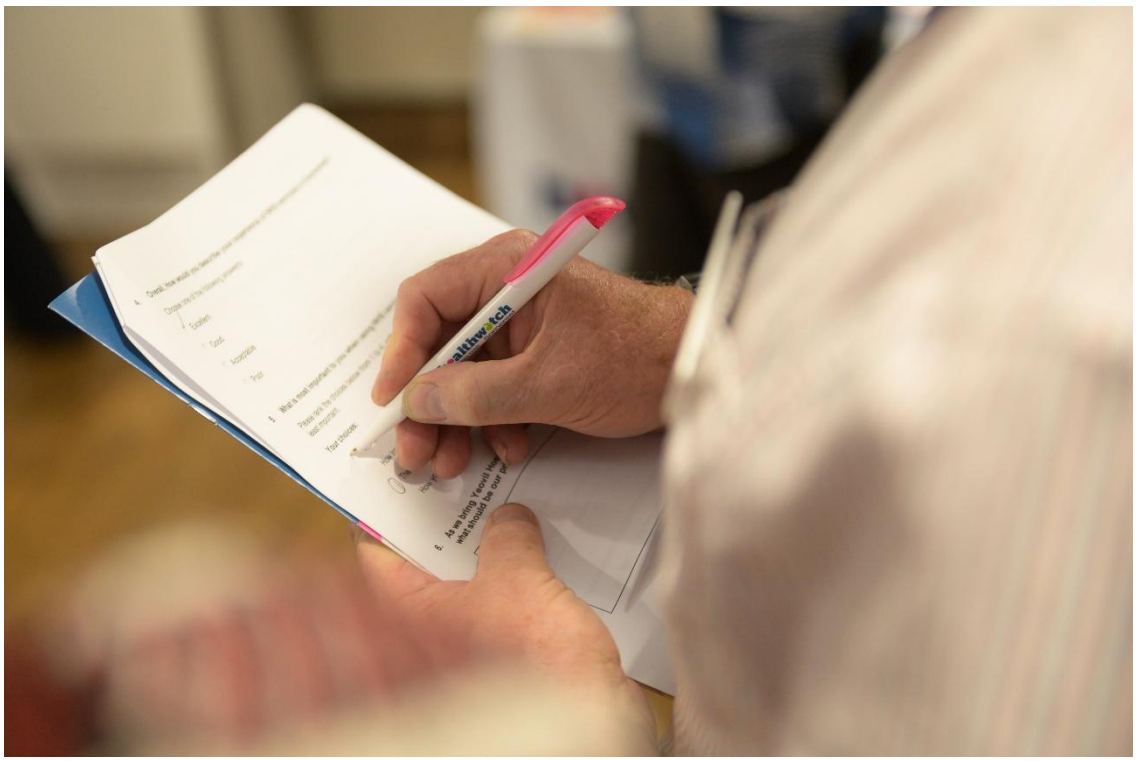
Demographic Summary

Category	Summary
Age range 	Respondents ranged in age from 18 to over 80 years. The largest age group was 65–79 years, representing 38% of respondents, followed by those aged 50–64 years (32%). Respondents aged 18–49 years accounted for 22%, while those aged 80 years and over made up 8%. Just over 1% of respondents preferred not to disclose their age.
Gender 	63% of respondents identified as female, 36% as male, <1% as non-binary and 1% preferred not to disclose.
Ethnicity 	Most respondents (78%) identified as White. This was followed by Asian and British Asian respondents at 10%, and Black and British Black respondents at 3%. Smaller proportions included individuals from Mixed or Multiple ethnic groups (2%) and Arab backgrounds (less than 1%). Additionally, 2% of respondents selected "Other," while 4% preferred not to disclose their ethnicity.
Disability 	Most respondents (67%) expressed that they aren't disabled, don't have impairment, access need or long-term condition while 25% did. 4% of respondents selected that they have a different condition which they think is relevant. 4% also selected prefer not to say.

Limitations

In this study, we received 4,156 responses through the digital survey and only 3 responses via printed copies. This suggests that we may not have effectively reached people who are digitally excluded or less confident using digital technology. As a result, the experiences and views of these groups may be underrepresented in the findings.

Additionally, the survey was primarily promoted through the Primary Care Network mailing list and distributed to people registered with a GP in Sutton. Consequently, the views of people who are not registered with a GP in the borough, or who have limited engagement with local primary care services, may be underrepresented. This may affect how fully the findings reflect the experiences of the wider Sutton population.



Next Steps

- Report and covering letters, with a request for a formal response, will be sent to:
  - South West London Integrated Care Board
  - Sutton Primary Care Networks
  - South West London and St Georges Mental Health Trust
  - London Borough of Sutton Council

- Report will be disseminated to all key stakeholders and residents.

- Presentations and discussions will be facilitated at key groups and committees including:
  - Sutton Health and Wellbeing Board
  - Sutton Alliance and Primary and Community Care Transformation Group
  - 4 Integrated Neighbourhood Teams

- Qualitative and quantitative comparative data to be share with all Sutton Neighbourhoods to discuss potential action.

- Discussions will be facilitated to identify ways in which the report and data can be used to develop further engagement across Neighbourhoods, informing changes to service delivery aligned with national NHS guidance.

References

1. Department of Health and Social Care. (2025). Fit for the future: 10 year health plan for England. https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

2. NHS England. (2026, April 28). Hospital patients can now check appointments in the NHS App. https://www.england.nhs.uk/2026/04/hospital-patients-can-now-check-appointments-in-the-nhs-app/

3. National Institute for Health and Care Excellence. (n.d.). Conditions and diseases. https://www.nice.org.uk/guidance/conditions-and-diseases

4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

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Granfers Community Centre 73-79 Oakhill Rd, Sutton SM1 3AA

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