healthwatch
in Devon, Plymouth and Torbay

Insight Report:

Digital Healthcare Access and System Complexity in Devon

March 2026

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Executive Summary

Digital access is now central to how people interact with NHS services. Nationally, the 10 Year Health Plan for England sets out a shift from analogue to digital, with the NHS App positioned as a key access route.

Initial scoping using NHS data provided to Healthwatch in November 2025 shows that 60.2% of Devon patients aged 13+ are registered for the NHS App, with over 64 million recorded login events, indicating that digital interaction with NHS services is already established at scale.

At the same time, Devon's NHS organisations are preparing to introduce a shared electronic patient record across the three acute trusts, with a new patient portal (MY CARE) expected to change how hospital information is accessed from 2026 onwards.

Healthwatch analysed this digital landscape through:

- Review of national and local digital strategies
- Analysis of NHS App usage data provided by NHS Devon
- Mapping of GP online systems and hospital portals
- Thematic review of 6,795 patient feedback records (2020–2026), including 1,221 referencing digital access.

Key findings

While digital services are widely used, patients often experience complexity across GP online triage systems, messaging processes and multiple hospital portals. Where systems are inconsistent or unclear, digital routes can increase rather than reduce effort.

The analysis highlights several consistent patterns:

- Digital use is established at scale, with over 60% of Devon patients registered for the NHS App and more than 64 million login events.
- Digital healthcare operates as a layered landscape, where patients may interact with the NHS App, GP triage systems and hospital portals simultaneously.
- Digital burden varies significantly between localities, particularly where care crosses Trust boundaries or multiple portals operate in parallel.
- Patient feedback most frequently highlights friction in GP online triage systems, including delays after submitting forms and uncertainty about what happens next.

This report combines system-level data with patient experience to support a clearer understanding of digital burden in Devon and inform improvements that prioritise clarity, equity and usability.

Our recommendations for NHS commissioners and providers

- Simplify digital pathways across Devon
- Improve clarity about which systems to use and what to expect
- Strengthen consistent proxy access for carers
- Invest in digital inclusion alongside system expansion
- Routinely test digital changes with patients.

As digital access continues to grow, ensuring systems are joined up, accessible and easy to navigate will be essential to help prevent digital transformation from creating unnecessary burden.

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Introduction

Digital access to health services is expanding rapidly across Devon. The NHS App, GP online triage systems and hospital portals are increasingly part of routine patient journeys. At the same time, Healthwatch continues to hear feedback from residents about difficulties contacting practices, navigating online systems and managing multiple digital platforms.

This report brings together system-level data and patient experience to understand how digital health apps and platforms are operating across Devon.

The aims of this report are to:

- Map the current digital landscape across Devon's Local Care Partnerships
- Analyse NHS App usage and variation
- Examine how multiple systems interact at GP and hospital level
- Identify themes emerging from patient feedback relating to digital access
- Explore whether digital expansion is simplifying or complicating patient journeys.

This report complements initial scoping analysis undertaken with NHS Devon data in November 2025. While digital systems continue to evolve, this report provides a structured snapshot of the digital environment and its impact on residents at the time of analysis.

System configurations described reflect a transitional landscape, with variation across services and ongoing alignment ahead of the Devon-wide EPR rollout in 2026.

Background Context

1. Digital access is now mainstream in the NHS

Digital access is no longer an additional channel in the NHS – it is increasingly a primary route into care.

The UK Government's *Fit for the Future: 10 Year Health Plan for England* sets out three major shifts, including a move "from analogue to digital".[1] The Plan describes a future in which digital access becomes a routine entry point for patients, supported by neighbourhood models of care, prevention and more personalised services.

Within this reform programme, the NHS App is positioned as a key "front door" for accessing services, managing appointments, viewing records and ordering prescriptions. National data illustrates the scale of this shift. In England, in December 2025 alone:

- 58,951,633 NHS App login sessions were recorded
- 13,158,746 distinct users logged into the app during that month.[2]

NHS England has described this as record usage, highlighting growing use for prescription ordering, appointment management and record access.[3]

The scale of use demonstrates that digital access is already embedded in daily healthcare interactions for millions of people. This means digital experience is no longer peripheral to patient experience – it is central to it.

However, the 10 Year Health Plan also emphasises reducing inequalities and improving patient experience.[1] If digital systems are difficult to navigate, inconsistent across providers, or poorly supported, they risk undermining the very aims of improved access and patient-centred care.

2. Digital access is not "one app" – it is a landscape of systems

Public discourse often refers to "the NHS App" as if it represents digital healthcare in full. In reality, digital healthcare operates as a landscape of platforms and systems.

Patients may interact with:

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[1] UK Government (Department of Health and Social Care). *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 Digital. *NHS App Statistics – December 2025 (Management Information).* https://digital.nhs.uk/data-and-information/publications/statistical/nhs-app-statistics/december-2025

[3] NHS England. *Record numbers using NHS App to manage health* (24 December 2025). https://www.england.nhs.uk/2025/12/record-numbers-using-nhs-app-to-manage-health/

- The NHS App (national platform)
- GP online consultation or triage systems (for example AccuRx, Klinik, SystmConnect)
- Hospital patient portals (for example MY CARE/MyChart, PKB, Patient Hub)
- Video consultation platforms
- Condition-specific apps
- Remote monitoring tools.

These systems are not always interoperable. They may operate under different Trusts, use different login credentials, and communicate in different ways.

Royal Devon University Healthcare NHS Foundation Trust's *Digital Strategy* explicitly recognises that expectations are rising because people experience seamless digital services in other sectors.[4] The strategy highlights the need to transform patient access and digital communication in response to these expectations.

Torbay and South Devon NHS Foundation Trust's *Digital Strategy* similarly acknowledges that staff and patients currently manage multiple systems and passwords, and that digital services must become more joined up and user-centred.[5]

University Hospitals Plymouth NHS Trust's *Digital Strategic Intent* (July 2025) includes a focus on digital citizen experience, referencing personalised care apps and use of NHS App and MY CARE (Epic MyChart).[6]

Taken together, these strategies show that digital expansion is not hypothetical – it is actively underway. However, where systems evolve independently, patients may experience them as fragmented rather than integrated. Understanding this lived experience is critical.

3. NHS App uptake and usage in Devon – scale and variation

Initial scoping using NHS data provided to Healthwatch in November 2025 shows that NHS App registration in Devon exceeds 60% of the eligible population, with over 64 million login events recorded and nearly 300 thousand appointments booked. Full dataset detail is presented in Section 3.

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[4] Royal Devon University Healthcare NHS Foundation Trust. *Digital Strategy.* https://www.royaldevon.nhs.uk/media/ozhorcyi/digital-strategy.pdf

[5] Torbay and South Devon NHS Foundation Trust. *TSDFT Digital Strategy.* https://www.torbayandsouthdevon.nhs.uk/uploads/tsdft-digital-strategy.pdf

[6] University Hospitals Plymouth NHS Trust. *Digital Strategic Intent (July 2025).* https://www.plymouthhospitals.nhs.uk/digital-innovation-services-di/

These figures from the NHS dataset demonstrate two important points.

First, digital interaction through the NHS App is already significant in Devon. This is not a marginal channel.

Second, uptake varies considerably between localities and practices. Registration rates range from approximately 30% to over 70% in different areas, indicating substantial variation in access and engagement.

This variation may reflect differences in demographics, rural connectivity, deprivation, promotion, or system configuration. It may also reflect confidence and trust in digital routes.

While registration levels are high, this data does not indicate whether patients rely on a single digital route or navigate multiple concurrent systems. Without deeper insight from residents, it is difficult to understand which factors are most influential.

National Healthwatch survey evidence suggests awareness and confidence remain uneven. In that survey, 15.2% of respondents had never heard of the NHS App, and use was highest among people aged 25–64 but dropped steeply among older adults, despite those groups being more likely to rely on health services. This suggests uptake figures alone do not show whether all groups are equally ready to rely on digital access. [7]

These national survey findings also suggest that NHS App use is often more passive than active. The most common reported uses were viewing GP records, messages and prescriptions, while activities such as booking appointments, messaging GP practices and accessing health information were less common. This suggests digital access may be expanding without people necessarily feeling confident using it to actively manage their care.[7]

4. Devon's strategic direction – OneDevon and provider ambitions

The Devon Integrated Care System Digital Strategy (2022–2027) sets out ambitions under a "Digital Citizen" theme, aiming to make it easier for people to access services digitally and reduce repeated information sharing across organisations.[8] The Strategy emphasises:

- Better information sharing
- Seamless citizen experience
- Digital access to services

[7] Local Healthwatch. *NHS App and Independent Feedback Report (March, 2026).* https://healthwatchwirral.co.uk/current-reports/

[8] Devon Integrated Care System. *Devon ICS Digital Strategy 2022–2027 (v1.7 Public).* https://onedevon.org.uk/wp-content/uploads/2023/09/Devon-ICS-Digital-Strategy_v1.7-Public_.pdf

- Supporting prevention and neighbourhood care.

Royal Devon University Healthcare NHS Foundation Trust's Digital Strategy reinforces these ambitions, linking digital transformation to improved patient experience, virtual care models, and operational efficiency.[4]

Torbay and South Devon NHS Foundation Trust similarly describes a need to modernise digital infrastructure, reduce complexity and improve usability.[5]

University Hospitals Plymouth NHS Trust's Digital Strategic Intent aligns with this direction, focusing on patient engagement, personalised data access and improved digital pathways.[6]

Across Devon, therefore, there is clear policy and provider alignment around digital expansion. The challenge is ensuring that expansion results in simplification for patients, not increased complexity.

The One Devon Electronic Patient Record (EPR) programme

Alongside the expansion of patient-facing apps and portals, Devon's NHS organisations are undertaking a major digital transformation through the One Devon Electronic Patient Record (EPR) programme. This programme aims to introduce a shared electronic patient record across the three acute hospital trusts in Devon: Royal Devon University Healthcare NHS Foundation Trust, Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust.

The programme uses the Epic electronic patient record platform, which has already been implemented at Royal Devon and is planned to go live at Torbay and South Devon in spring 2026, followed by University Hospitals Plymouth in summer 2026.

For patients, a key component of the programme is the MY CARE patient portal, which provides digital access to elements of hospital records, appointments and communication with care teams.

The long-term ambition of the programme is to support more joined-up care by enabling clinicians across organisations to access shared patient information and reduce the need for patients to repeat their medical history when moving between services.

At the time of this research (late 2025), the EPR rollout across Devon was still underway, with different hospital portals and communication systems continuing to operate in parallel while the new system is implemented.

5. Digital exclusion and inequality – evidence from Devon

Digital transformation carries both opportunity and risk.

Recent *local Healthwatch survey work* suggests that digital exclusion remains a substantial issue. Drawing on wider national evidence, the report notes that in 2025, 7.9 million people in the UK lacked basic digital skills, 1.6 million adults did not have access to a smartphone, tablet or laptop, 31% of adults did not access health services online, and 77% of those without basic digital skills were aged over 65.[7] This reinforces the risk that a rapid shift towards digital-first access may disadvantage precisely those groups most likely to need health services.

The Devon Communities Together *Rural Digital Health Inequalities* report highlights barriers linked to rural connectivity and digital readiness.[9] Rural communities may experience slower broadband speeds, less reliable mobile data and lower digital confidence.

The Health Innovations South West *Digital Exclusion Report – Patient Experience of Video Consultations* found that:

- Unreliable internet and incorrect links caused stress and anxiety
- Some participants avoided digital appointments after negative experiences
- Respondents wanted clearer guidance and more consistent systems across services.[10]

The Engaging Communities South West *Torbay Digital Inclusion Report* also identified digital exclusion risks linked to age, disability, income and confidence.[11]

The *local Healthwatch survey* also found that non-use of the NHS App was often shaped by preference as much as technical difficulty, with many respondents preferring face-to-face or telephone contact. Confidence was limited, with only 42.1% feeling able to use the app to get help, falling to 13.7% among those aged 80 and over. Respondents also highlighted the need for simpler design, better integration across systems and clearer plain-English explanations of clinical information to reduce confusion and anxiety.[7]

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[9] Devon Communities Together. *Rural Digital Health Inequalities Final Report.* https://www.devoncommunities.org.uk/sites/default/files/users/SarahNewman/Rural%20Digital%20Health%20Inequalities%20final%20report%20FINAL-compressed_1.pdf

[10] Health Innovations South West. *Digital Exclusion Report – Patient Experience of Video Consultations* https://healthinnovationsouthwest.com/wp-content/uploads/publications/FINAL-Digital-Exclusion-Report-v5a.pdf

[11] Engaging Communities South West. *Torbay Digital Inclusion Report.* https://engagingcommunitiessouthwest.org.uk/wp-content/uploads/2021/08/Torbay-Digital-Inclusion-Report-Final-Version.pdf

6. The economic and social value of digital skills – The Ripple Effect

The *Ripple Effect – Essential Digital Skills Social Value Report* strengthens the case for examining digital healthcare through an economic lens.[12]

The report introduces a Social Value Outcomes Framework that assigns monetary value to improvements in digital capability. It demonstrates that teaching digital skills leads to:

- Increased confidence
- Improved employment prospects
- Reduced social isolation
- Reduced demand on public services

In a healthcare context, improved digital capability may reduce missed appointments, improve medication management, and reduce unnecessary contact with GP reception teams.

However, this also means that where digital systems are complex, fragmented or inconsistent, the absence of digital skills support may increase inequality and system pressure.

Devon's digital transformation therefore sits at the intersection of service redesign and social value. Investment in digital access must be matched with investment in usability and skills support.

7. Why this research is significant in Devon

This research is significant because Devon combines:

- High and growing NHS App usage at scale *(as of November 2025)*
- Wide variation in uptake between areas
- Multiple provider digital strategies advancing simultaneously
- Rural and coastal geography
- Evidence of digital exclusion risks
- Cross-Trust patient pathways.

As digital systems expand, understanding digital burden, fragmentation and lived experience becomes critical.

Quantitative usage data tells us how many people log in. It does not tell us:

[12] Good Things Foundation / Essential Digital Skills Framework. *The Ripple Effect – Essential Digital Skills Social Value Report (v1.1)*. https://www.goodthingsfoundation.org/wp-content/uploads/2022/07/The-Ripple-Effect-essential-digital-skills-social-value-report-v1.1.pdf

- How many systems they must use to complete a journey
- Whether notifications are duplicated or conflicting
- Whether carers can access proxy functions easily
- Whether cross-Trust referrals introduce new portals
- Whether people feel confident or overwhelmed.

Healthwatch's role is uniquely placed to bridge this gap between system data and patient experience.

This detailed digital insight report is intended to inform and contribute to:

- Safer digital pathways
- Reduced duplication and confusion
- Improved proxy access for carers
- More equitable access across rural and deprived communities
- Alignment between national policy ambitions and local lived reality.

In this context, digital healthcare is not only a technology issue. It is an access, equality and experience issue for the people of Devon.

While Devon's digital ambition is clear, this report asks a simple question: as digital expands, is the patient journey becoming clearer or more complex?

Methodology

This report draws on three primary evidence sources:

1. **Strategic and policy review**
   National and local digital strategies were reviewed, including the *10 Year Health Plan for England*, the Devon ICS Digital Strategy (2022–2027), and digital strategies from Royal Devon University Healthcare NHS Foundation Trust, Torbay and South Devon NHS Foundation Trust, and University Hospitals Plymouth NHS Trust.

2. **NHS Devon data extract (November 2025)**
   Healthwatch analysed NHS App registration and activity data provided by NHS Devon. Usage data was refreshed on 30 September 2025 and login data on 16 November 2025. This data was used to map variation and system configuration across Local Care Partnerships (LCPs). Current data may now differ.

3. **Healthwatch patient feedback (April 2020 – February 2026)**
   A total of 6,795 anonymised patient experience records were reviewed. A keyword search identified 1,221 records containing explicit digital-related terms (e.g. online form, eConsult, NHS App, portal, login, password, video consultation). Thematic analysis was then conducted.

Limitations:

- Keyword searches may under-identify digital experiences where terminology is not explicit.
- Some records reference digital contact only briefly within wider concerns.
- Portal configurations and system use may have evolved since November 2025. This report therefore represents a snapshot of the digital environment experienced by patients in Devon prior to the full rollout of the One Devon Electronic Patient Record (EPR) programme, which is expected to change how hospital information and patient portals operate across the system from 2026 onwards.
- All patient feedback is anonymised. Verbatim quotes are included for illustrative purposes only and do not represent statistical prevalence.

Initial Research

Purpose of the Initial Scoping

Following the background review of national policy, provider strategies and digital inclusion evidence, Healthwatch undertook an initial system-mapping exercise to understand the digital app landscape across Devon.

This work used NHS data provided to Healthwatch by NHS Devon in November 2025. Current data may now be different.

The purpose of this initial scoping was to:

- Understand NHS App registration and activity levels in Devon
- Map GP online consultation and triage platforms
- Identify hospital portal usage across Trusts
- Assess proxy access consistency
- Analyse system-level digital complexity across Local Care Partnerships
- Develop a classification of "digital burden" based on system configuration

This section presents the findings of that scoping work.

NHS App Registration and Usage in Devon

The NHS Devon dataset* (patients aged 13+) showed:

- Total registered patient list (13+): **2,296,526****
- NHS App registrations: **1,381,422**
- Overall registration rate: **60.2%**
- All-time login events recorded: **64,504,792**
- All-time appointments booked: **291,442**
- All-time appointments cancelled: **166,484**

**Dataset refresh dates: Usage data - 30 Sept 2025, Login data - 16 Nov 2025*

***This figure reflects registered GP patients, not the resident population of Devon.*

Interpretation

1. NHS App use is established at scale across Devon.
2. Registration exceeds half of the eligible population.
3. Login volumes suggest regular and repeated use, not one-off registration.

However, uptake varies considerably by locality and practice, ranging from approximately 30% to over 70%. This variation indicates that digital engagement is not uniform across the county.

Usage data alone does not explain why variation exists, nor does it describe the complexity of the wider digital landscape patients must navigate.

Mapping the Devon Digital Landscape

The scoping exercise identified that digital healthcare access in Devon is shaped by three main layers:

1. **National Layer** – NHS App
2. **Primary Care Layer** – GP online triage and consultation systems
3. **Secondary Care Layer** – Hospital portals and digital communication platforms.

In many areas, patients interact with all three layers concurrently.

GP Online Systems

Across Devon, GP practices use a combination of:

- AccuRx
- Klinik
- SystmConnect
- In-house or hybrid digital forms.

This variation means patients moving between practices (or supporting relatives in different areas) may experience different triage routes and digital expectations.

Hospital Portals

Hospital digital systems vary by Trust:

- **Royal Devon** (Eastern/Northern/Western Devon): MY CARE (Epic patient portal)
- **Torbay & South Devon**: PKB (limited use), Patient Hub* (waiting list validation tool), transitioning to MY CARE
- **UHP (Plymouth):** MY CARE (Epic patient portal), with additional systems including PKB where applicable.

In some localities, patients may encounter two or three concurrent hospital portals.

**Patient Hub is a web-based tool accessed via SMS, used primarily for outpatient waiting list validation and referral management rather than as a full patient portal*

Defining Digital Burden (Operational Definition)

For this research, digital burden is defined as:

The cumulative system complexity experienced by a patient or carer when navigating multiple digital platforms to complete a healthcare journey.

Digital burden increases where:

- Multiple hospital portals operate simultaneously
- GP triage systems vary within the same locality
- Proxy access is inconsistent across platforms
- Care crosses Trust boundaries
- Communication routes are duplicated or unclear.

Digital burden is therefore a structural system measure, not a reflection of resident capability.

Local Care Partnership Analysis

Using system configuration data (**Current data may now be different.*), Healthwatch classified digital burden by LCP.

This classification is presented visually in the table overleaf.

On the pages following the table these are represented as example case studies for each LCP area to visually represent how digital burden may look to a typical patient from that area affected by digital burden.

These illustrative case studies are based on system configuration data and typical scenarios identified in the scoping analysis. They have been created using AI assistance to demonstrate how digital burden may be experienced by residents in different localities.

NB. *It is important to note that many of these illustrative case studies reflect a system in transition. The planned Devon-wide Electronic Patient Record (EPR) programme, expected from mid 2026, aims to introduce a more unified patient portal (MY CARE) and may reduce some of the fragmentation identified in this analysis. At the time of writing, many systems described remain in transition ahead of this implementation.*

Overview of Apps and usage by LCP Area

Locality	GPs	NHS App Uptake	GP Triage Systems	Hospital Portals	Proxy Access	App Load (Total/**Typical**)	Digital Burden	Notable Risks / Likely Digital Issues
Torbay	10	**40–60%** Medium–High	Mostly Klinik + accuRx	PKB + Patient Hub + MY CARE (future portal)	**Full** (NHS App) **Partial** (PKB / Hub)	9–12 / **6–9**	**Very High**	Fragmented portals; duplicate notifications; frailty; complex referral loops; MY CARE transition
Plymouth	23	**45–75%** Mixed–High	accuRx, SystmConnect, in-house systems	UHP + PKB + some MY CARE crossover	**Full** (NHS App) **Partial** (UHP video/Hub)	8–11 / **5–8**	**High**	Deprivation-driven variation; cross-trust movement; high digital volume; inconsistent triage usage
South Devon	20	**40–60%** Medium–High	Mixed across practices	PKB + Patient Hub	**Full** (NHS App) **Partial** (PKB / Hub)	7–10 / **3–6**	**Medium–High**	Two-portal complexity; inconsistent triage; older populations; mixed coastal-rural digital confidence
Eastern Devon	45	**60–75%** High	Mostly accuRx / SystmConnect	MY CARE	**Full** (NHS App) **Partial** (MY CARE proxy still limited)	6–9 / **4–7**	**Medium**	GP-side fragmentation; inclusion health needs; pressure on demand; variation despite high activation
Northern Devon	16	**35–55%** Medium–Low	Mostly accuRx	PKB + MY CARE	**Full** (NHS App) **Partial** (PKB / MY CARE)	6–8 / **3–6**	**Medium–Low**	Rurality; broadband issues; lower digital confidence; sporadic trust crossovers
West Devon	5	**30–45%** Low–Medium	Mixed	MY CARE (limited crossover)	**Full** (NHS App) **Partial** (MY CARE)	5–7 / **3–5**	**Low**	Low population density; lower digital volume; rural connectivity challenges; fewer digital interactions

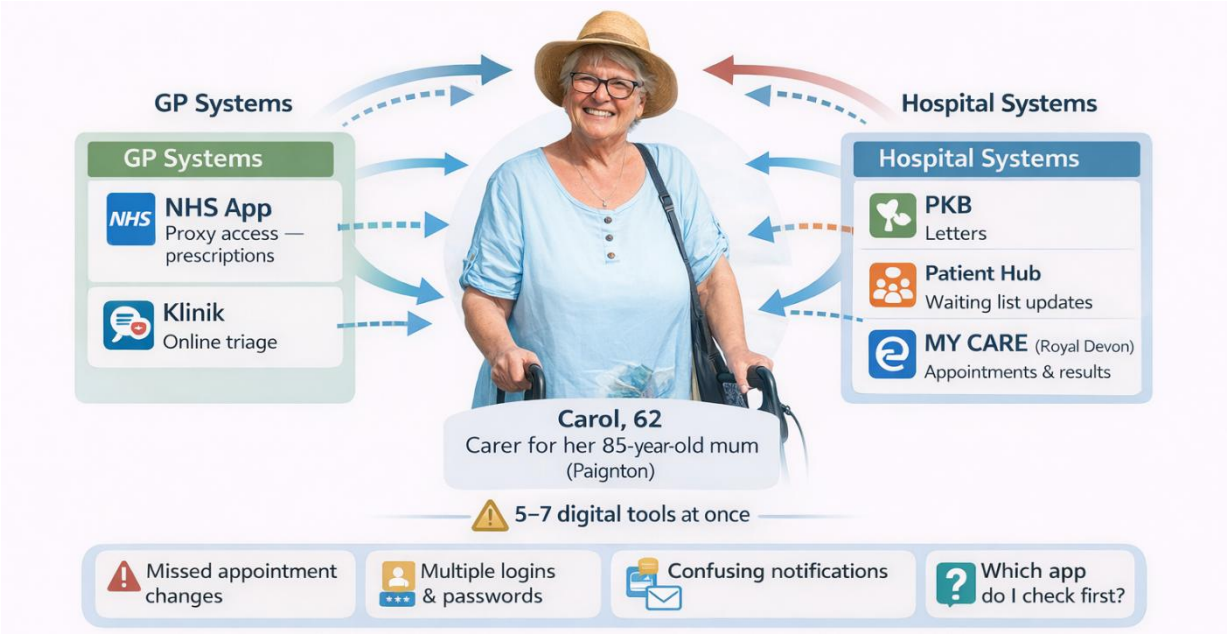
**Some systems listed (e.g. Patient Hub) are task-specific tools rather than full patient portals, contributing to a fragmented user experience.*

***PKB generally used for specific services (e.g. MSK self-referral), alongside other communication routes*

Example Case Studies by LCP Area

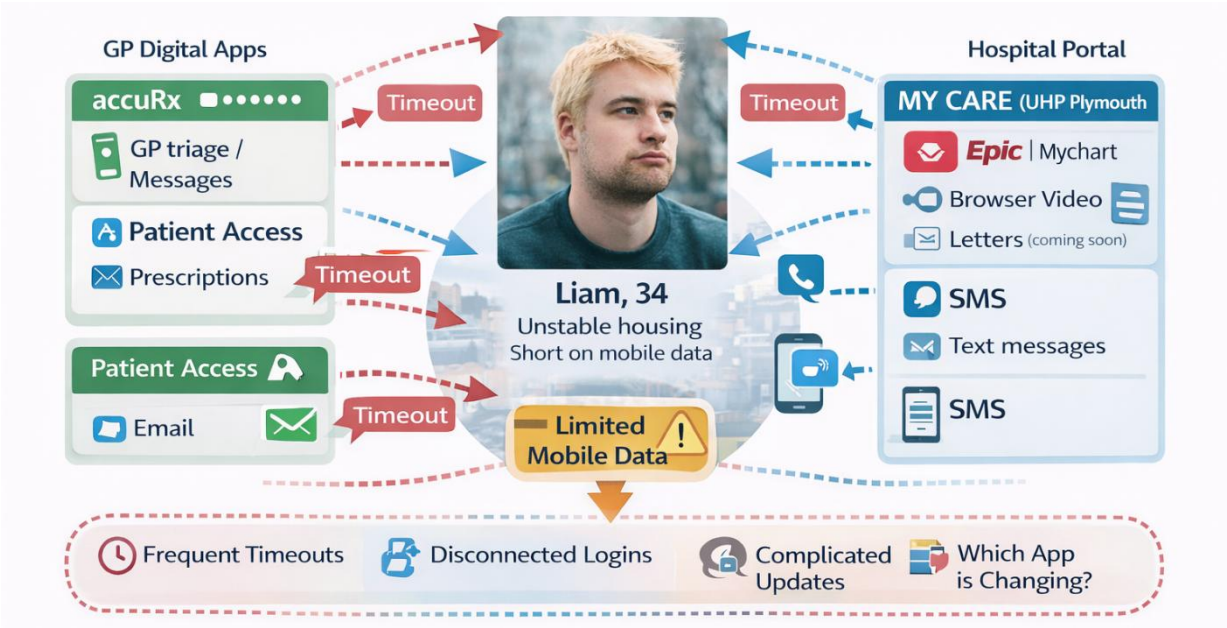
Torbay - Case Study

Carol, 62, from Paignton manages her 85-year-old mother's care using NHS App (proxy), Klinik for GP triage, PKB and a Patient Hub system for referral updates at Torbay Hospital, and MY CARE following a Royal Devon referral, juggling up to seven digital tools at once. With different portals displaying information in different ways, she fears missing appointment changes as her mother's mobility declines and feels exhausted by multiple logins, wishing for one clear, unified system.



Plymouth - Case Study

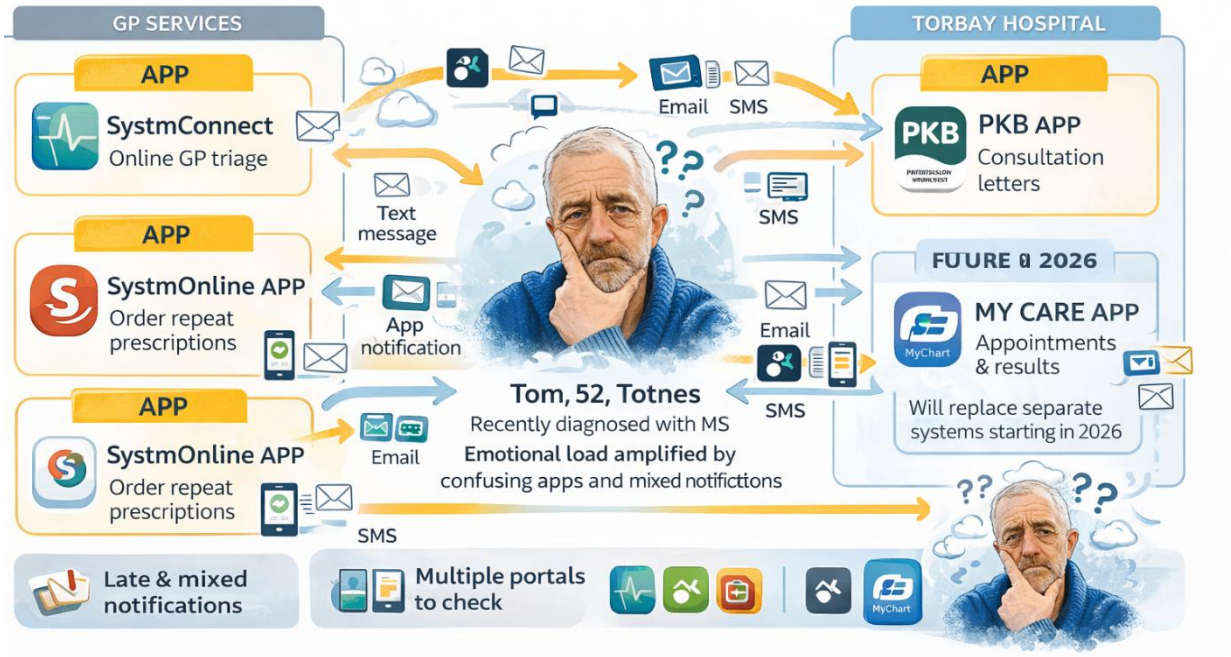
Liam, 34, works unstable hours and moves frequently, using accuRx and Patient Access for GP care while attending mental health clinics online, with outpatient letters soon moving to MY CARE and notifications arriving via multiple apps and SMS. Reliant on digital contact but often short of mobile data, he feels uncertain about system changes and wants one clear, stable digital route with guidance that reflects chaotic living circumstances.



*Note: MY CARE (Epic MyChart) is referred to by both names in the diagrams but relates to the same patient portal.

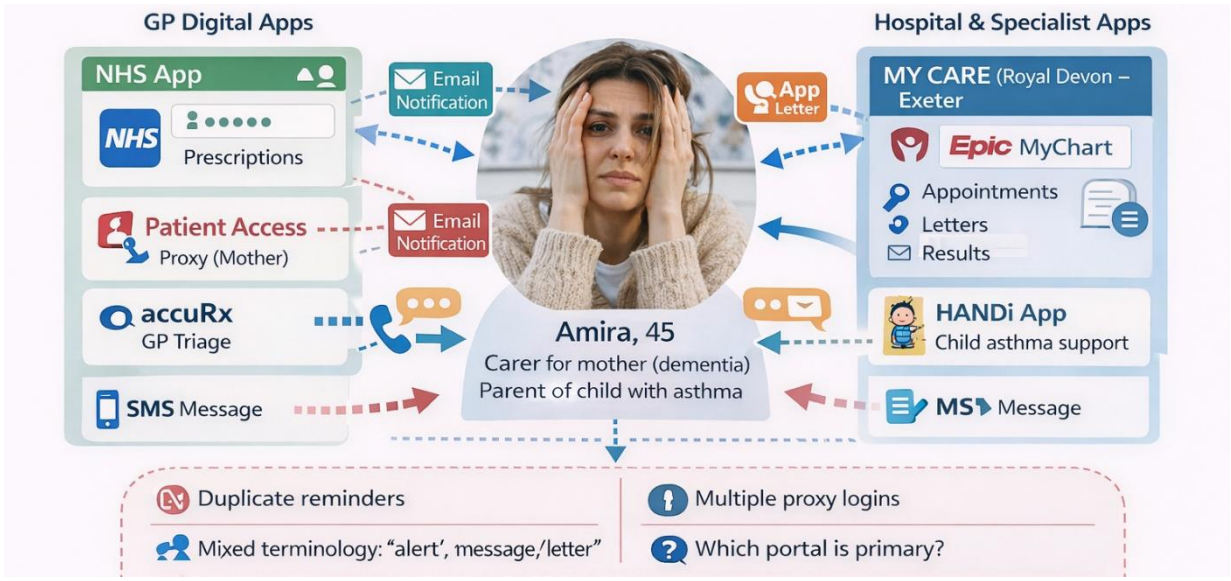
South Devon - Case Study

Tom, 52, from Totnes, recently diagnosed with MS, uses SystmConnect and SystmOnline at GP level, while Torbay Hospital sends neurology letters via PKB and referral-related updates through Patient Hub, with MY CARE due to replace multiple systems. As notifications arrive late or differ between email and SMS, he struggles to track which portal holds which information, and the emotional weight of his diagnosis is intensified by digital fragmentation, leaving him wanting one clear, reliable route.



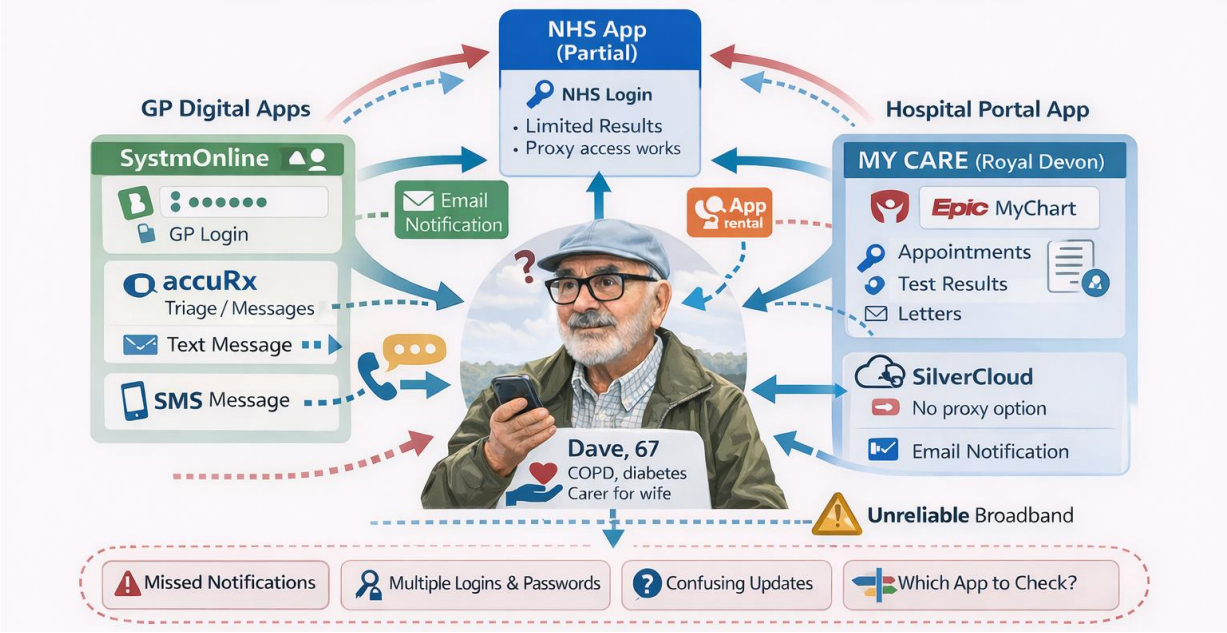
Eastern Devon – Case Study

Amira, 45, in Exeter cares for her mother with dementia and a child with asthma, using the NHS App, Patient Access and accuRx at GP level, MY CARE for hospital letters and the HANDi App for asthma support, often receiving duplicate or differently labelled notifications. Managing two proxy arrangements across systems with inconsistent terminology and limited integration between GP and hospital platforms leaves her overwhelmed and wanting clear guidance on which portal is primary.



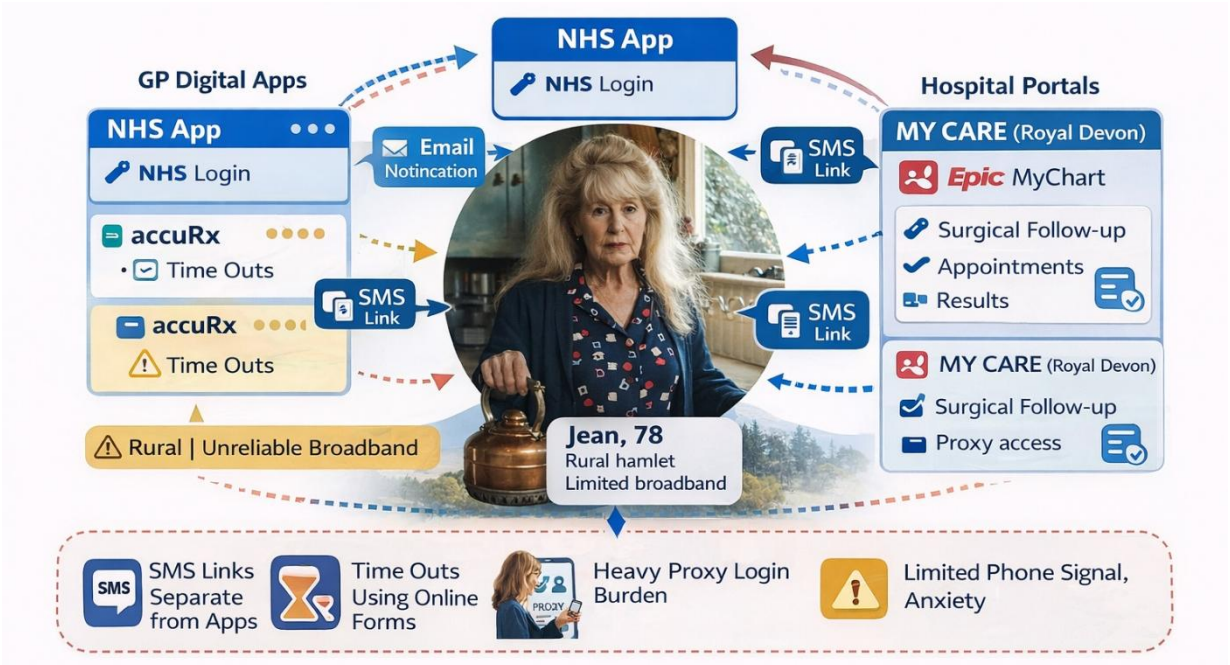
Northern Devon - Case Study

Dave, 67, in rural North Devon manages COPD and diabetes while caring for his wife, navigating SystmOnline, accuRx, the NHS App and MY CARE, each with different notifications and inconsistent information. With unreliable broadband, login failures and limited proxy access across platforms, he feels overwhelmed and unsure which system to check, worrying he may miss important updates.



West Devon - Case Study

Jean, 78, lives in a rural hamlet with limited broadband and relies on her daughter's proxy support to navigate the NHS App, accuRx triage, UHP video links and MY CARE, where messages arrive inconsistently via apps and SMS. With forms timing out and multiple platforms to manage, Jean feels anxious about missing appointments and, despite preferring telephone contact, is often pushed back towards digital routes she finds difficult to use.



Key Analytical Themes Emerging from Scoping

1. **Complexity is uneven**

Digital burden is not distributed equally. Some localities operate with significantly more system layers than others.

2. **Burden is structural, not behavioural**

Lower uptake does not necessarily mean higher complexity. High burden areas may also have moderate uptake.

3. **Cross-Trust referrals amplify burden**

Where patient pathways cross between Royal Devon, TSDFT and UHP, additional portals may be introduced.*

4. **Proxy access remains inconsistent**

Carer burden increases where proxy functions differ between platforms.

5. **High uptake does not equal simplicity**

Eastern Devon shows high activation but still moderate system complexity.

**It is important to note that many of these patterns reflect a system in transition. The planned Devon-wide Electronic Patient Record (EPR) programme, expected from mid 2026, aims to introduce a more unified patient portal (MY CARE) and may reduce some of the fragmentation identified in this analysis.*

Why This Matters

The initial scoping demonstrates that:

- Digital systems in Devon are widely used.
- The landscape is structurally complex.
- Variation exists between localities.
- System design may contribute to increased patient burden.

However, system configuration data does not tell us:

- How patients experience this complexity.
- Whether confusion leads to missed appointments.
- How carers manage multiple systems.
- Whether digital routes feel simpler or more stressful.
- Whether rural connectivity materially affects outcomes.

The next phase of research must therefore gather qualitative and quantitative feedback from residents to understand lived experience within this mapped landscape.

Findings from Healthwatch Feedback

This section presents the findings as segmented themes.

Please Note: *All commentary featured in this report is included as verbatim to illustrate the themes identified from the data analysis. Not all comments are included in this report and some comments relate to more than one theme.*

Data sources used in this section

This section draws on two key evidence sources, referenced in this section:

1. **Healthwatch Spotlight Report: Access to GP Services (Dec 2024)**, covering feedback recorded between 1 April 2023 and 30 September 2024, including 501 individual patient experiences, plus wider community insight. The report highlights recurring concerns linked to contacting practices by phone and online, delays in triage and responses to online submissions (including systems such as eConsult), and accessibility issues for some groups.
2. **Healthwatch CRM dataset (patient experiences)** covering **3 April 2020 to 5 February 2026** (6,795 records). A keyword-based search was used to identify records with explicit digital terms (for example: *online form, eConsult, NHS App, app, portal, login, password, video consultation*). This identified 1,221 records (18.0%) that contained at least one explicit digital keyword.

   ***Note** – this approach will not capture all digital experiences (under-identification), and it may include a small number of records where digital terms are mentioned only briefly (over-identification).*

Across both sources, the most consistent digital themes relate to GP contact routes, online triage/forms, and the practical burden placed on patients when digital routes fail or are unclear.

Theme A – GP online triage and eConsult-style forms: delays, barriers and workarounds

The GP Access Spotlight Report (Dec 2024) identifies appointment booking systems as a leading concern, including "delays being triaged for an appointment" and "delayed responses to submissions to online booking systems such as eConsult", and reports that online systems can be "switched off completely" at times.

This aligns with the wider CRM dataset, where 209 records explicitly referenced GP online triage/consultation tools (including terms such as

eConsult, online triage, or online form). Across those records, recurring issues include:

- People completing online forms but not receiving timely responses
- People being directed back to the phone after completing online steps
- Online routes not working for people without suitable devices, internet access, or confidence
- Delays affecting time-sensitive needs (for example repeat medications).

Patient quotes (CRM dataset):

"Doctors do not read the online forms and just send a link for an online appointment which I stated several times that I do not have the facilities to do."

"Almost impossible to speak to anyone. E-consults seem to have a 2-week turnaround time at the moment…"

"Not informed that a medication review was required prior to reordering. Completed the online form and two months later still cannot reorder medication…"

"Two econsult forms filled in… GP text saying ring surgery for a call. Tried for 90 mins but got cut off!!"

Why this matters: the evidence suggests digital triage can become an extra step rather than a simpler route, particularly when it ends in a phone queue or a delayed response.

Theme B – Anxiety and accessibility: digital triage can be harder for some groups

The GP Access Spotlight Report includes specific insight from local Autism Ambassadors who described GP triage forms as lengthy and stressful, and raised concerns about the uncertainty of waiting for a call back (including being told an appointment will be "am or pm" rather than a specific time), which can intensify anxiety and "waiting mode".

While the CRM dataset is not designed to provide prevalence estimates for specific groups, it contains digital-related feedback that echoes this theme – particularly where digital processes increase uncertainty and reduce the sense of control.

What this suggests: digital access routes may be experienced very differently depending on someone's needs, communication preferences, and ability to manage uncertainty. This reinforces the need for patient-led insight to understand which parts of digital pathways create the most stress, and for whom.

Theme C – Digital messages and notifications: not always clear, timely, or joined up

Digital communication can improve access when it is consistent, but it can also create confusion where messages are delayed, unclear, or do not match what the patient expects.

In the CRM dataset, 328 records referenced digital messages (including texts/SMS, emails, or notifications). These records span multiple contexts (GP, hospital, and other services), so they should be treated as an indicator of how often digital messaging appears in patient narratives – not as a direct measure of quality.

Patient quotes (CRM dataset):

"No help… it took 9 days… all I got is a text to say appointment in 9 days…" (context: multi-service contact described)

"Tried to get appointment in pain… GP text saying ring surgery for a call. Tried for 90 mins but got cut off!!"

The GP Access Spotlight Report also reflects how poor contact experiences can lead to people delaying care or "giving up trying", which may apply whether the route is telephone or online.

Theme D – NHS App: valued by some, but access and inclusion issues remain

In the CRM dataset, 37 records referenced the NHS App directly. This is a smaller set than GP online triage references, but it still provides useful insight into the types of issues people raise.

Some feedback is positive when the NHS App provides timely information:

Patient quote (CRM dataset):

"Attended for annual check up and two weeks later all my results available on NHS App – brilliant service."

Other feedback suggests barriers when access depends on digital identity requirements or device access:

Patient quote (CRM dataset):

"I can not access medical records on NHS ap… they both need you to have a mobile phone number to sign in, I don't have [one]…"

Implication: even where digital platforms exist, access may still be constrained by practical requirements (device, connectivity, account setup),

reinforcing the need for local support and alternative routes.

Theme E – Portals and login problems: small numbers, but high friction when it happens

A smaller number of CRM records referenced specific patient portals (for example MY CARE) or portal access issues (for example login/PIN problems). This appears less frequently than GP triage in the dataset, but where it occurs it can create high friction for the individual.

Patient quotes (CRM dataset):

"Struggling to log in to MyCare… 3 digit pin wasn't working."

"The app is a pain. Trying to remember passwords is a difficult thing to older patients."

"Communication is particularly great – the department uses the platform 'my care' which means that you can access forms instantly."

What this may suggest: portal systems can work well when they are stable and easy to access, but even basic login failures can block access and create additional contact demand.

What this evidence means

Taken together, these sources suggest that the most consistent digital experience issues identified in Devon are likely to be:

- **GP online triage/forms** – response times, usability, and what happens after submission.
- **Clarity of contact routes** – when to use online vs telephone vs in-person, and what to expect.
- **Accessibility and anxiety** – especially for people who find uncertainty and call backs difficult.
- **The practical burden of failure** – when digital routes lead to repeat effort (online form + phone queue).
- **Inclusion barriers** – where NHS App access depends on device/account requirements.

Conclusion

The combined evidence from national policy, Devon system mapping and patient feedback presents a clear picture.

Digital access is now embedded in mainstream NHS delivery. Nationally, the NHS App is used at scale, and Devon's own data shows registration exceeding 60% of the eligible population as of late 2025. At system level, provider strategies across Royal Devon, Torbay and South Devon, and University Hospitals Plymouth all describe ongoing digital expansion and a move towards more online interaction.

However, digital healthcare in Devon is not delivered through a single, unified platform. It operates as a layered landscape of NHS App access, GP online triage systems, and multiple hospital portals. Initial scoping analysis demonstrates that this landscape varies significantly by locality, with some areas experiencing high structural complexity due to multiple concurrent portals and cross-Trust pathways.

Patient feedback indicates that the most consistent digital concerns relate to:

- Online GP triage systems and response times
- Uncertainty about what happens after submitting online forms
- Digital messages that require additional follow-up contact
- Practical barriers to NHS App or portal access
- The cumulative effort required when digital routes fail or duplicate work.

Importantly, the evidence does not suggest that digital access is inherently negative. There are examples where digital platforms are described positively, particularly where information is timely and easily accessible. However, where systems are inconsistent, delayed or unclear, digital access can increase rather than reduce burden.

Taken together, the evidence suggests that digital healthcare in Devon is expanding rapidly, with NHS App registration exceeding 60% of the eligible population and multiple provider portals operating concurrently across Local Care Partnerships.

However, high levels of registration do not necessarily mean high confidence, high understanding or equitable access. Usage is established and growing, while structural complexity varies significantly between localities. Patient feedback identifies friction points, particularly in GP online systems and communication processes.

Next Steps – Our Key Observation

The next phase of this Digital Health Apps engagement should therefore focus on understanding lived experience within this mapped system configuration. This includes examining:

- How patients navigate multiple platforms in practice
- Where duplication or confusion occurs
- How carers experience proxy access
- Whether digital routes reduce or increase overall effort
- Which groups experience the greatest digital friction.

By aligning system-level data with resident experience, Devon can ensure that digital expansion supports equity, clarity and improved patient experience rather than unintended complexity.

What We Recommend

Based on this evidence, Healthwatch recommends that partners across Devon:

- **Work towards reducing duplication** between GP systems, hospital portals and the NHS App wherever feasible.
- **Improve clarity of communication**, including clear guidance on which platform to use and what patients should expect after submitting online forms.
- **Strengthen proxy access consistency** to reduce burden on carers supporting family members.
- **Invest in digital inclusion and support**, particularly in rural and higher-need communities, aligning digital expansion with skills development.
- **Test digital changes with patients**, especially those who report anxiety, access barriers or repeated contact failures.

Digital transformation in Devon is progressing rapidly. Ensuring that systems are clear, joined up and accessible will be essential to prevent digital access becoming digital burden.

Stakeholder Response from NHS Devon

"We are grateful to Healthwatch in Devon, Plymouth and Torbay for bringing together people's experiences of digital healthcare access and systems in Devon.

This report provides valuable insight into how people are experiencing digital routes into care across our systems.

It is encouraging to see that digital services, including the NHS App, are now supporting access for many people at scale.

At the same time, the findings show that for some people digital access can create additional effort, particularly where multiple systems, unclear processes or accessibility barriers exist.

We were already aware this challenge existed and are committed to seeking to improve digital access for all.

We recognise the issues highlighted in relation to GP online triage, messaging and notifications, portal access, proxy access and the wider challenge of navigating different digital platforms across services. These are important findings, because digital transformation must make care easier to access, not harder.

NHS Devon is committed to working with provider organisations, primary care, local authorities, the voluntary sector and people with lived experience to improve clarity, consistency and inclusion in digital healthcare. This includes supporting clearer communication about which routes to use, improving the experience of digital access wherever possible, maintaining alternative routes for those who need them, and ensuring that future digital developments are shaped by patient feedback.

We welcome Healthwatch's recommendations and the constructive challenge this report brings. As digital services continue to develop across Devon, we will continue to work with partners to reduce unnecessary complexity and to ensure that digital innovation improves access, equity and patient experience for all our communities."

NHS
Devon

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