

The NHS App and MyChart: Views of Bromley Residents

**Report of Survey
Spring 2026**



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About Healthwatch

Healthwatch Bromley (HWB) is an independent champion for people who use health and social care services. We aim to put people at the heart of care. We ask what users like about services, and what could be improved and share their views with those with the power to make change happen.

Our sole purpose is to help make care better for people by:

- Providing information and advice to the public about accessing health and social care services and choices in relation to those services.
- Obtaining the views of residents about their need for, and experience of, local health and social care services and making these known to those who commission, scrutinise and provide services.
- Reporting the views and experiences of residents to Healthwatch England (HWE), helping it perform its role as national champion.
- Making recommendations to HWE, to advise the Care Quality Commission (CQC) to carry out special reviews of or investigations into areas of concern.

YVHSC

Your Voice in Health and Social Care (YVHSC) is an independent organisation which gives people a voice to improve and shape services and help them get the best out of health and social care provision. YVHSC holds the contract for Healthwatch Bromley (HWB). HWB staff members and volunteers speak to local people about their experiences of health and social care services. Healthwatch engages and involves members of the public in the commissioning of health and social care services, through extensive community engagement and continuous consultation with local people, health services and the local authority.

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Disclaimer

The information presented within this report describes the views and experiences of service users.

The findings provide a snapshot of experiences and key insights from these individuals. The report cannot cover the totality of experiences but can be used to guide service improvements and identify further research required.

How to read this report

The report starts with an Introduction, followed by Background, Aims and Methodology.

Key Findings and Recommendations can be found on pages 15 and 16 respectively.

The Appendices, from page 20, include:

- Demographic charts
- Survey responses
- Survey template

Introduction

The NHS App was first introduced in 2019 with the aim of helping people to book a GP appointment, view their health information online and manage their healthcare using a phone, laptop or computer¹.

The NHS 10-year Plan has put technology at the centre of the reinvention plans for the health service. At the recent launch of the plan, the former Health and Social Care Secretary Wes Streeting said,

“The NHS App will become a ‘doctor in your pocket’, bringing our health service into the 21st century”².

The goal is that by 2028 there will be a Single Patient Record and a large range of services will be available via the app. These include instant advice for non-urgent care, choosing a preferred provider, booking directly into tests where clinically appropriate and having online consultations³. The NHS App will also be the main source of patient feedback.

NHS Digital claims that the goals of the NHS App are two-fold – firstly to empower patients and put them in control of their healthcare and secondly to deliver productivity, growth and costs savings for the NHS, particularly frontline teams⁴.

The role of Digital Transformation Lead was created in 2022. Part of this role involves arranging support and education of patients in using the NHS App in a range of settings including GP practices, local halls and locally, at the Bromley Health and Well-Being Centre.

The MyChart app is part of the Epic electronic patient record system, and it covers patients’ interactions with hospital and community services.

Using MyChart on a mobile, tablet or computer, patients can manage their hospital care in a variety of ways including having test results and letters in one place, having a video appointment and sharing their health record with their GP⁵.

Training in MyChart is mainly carried out at hospitals. Guys and St Thomas’ Foundation Trust and Kings College Hospital NHS Foundation Trust has also recruited volunteers to a Digital Data Panel; one of its aims is to gain public feedback on MyChart.

Background

Healthwatch Bromley (HWB) exists to help local people get the best out of their health and social care services, amplifying their voices to help improve and shape services now, and for the future.

We aim to reach as many people as possible by carrying out engagements in a range of settings including health services and community events in the borough.

This study was carried out to find out views of Bromley residents about the NHS App and MyChart.

Participants completed a brief survey and were specifically asked about:

1. What was working well
2. What could be improved.

Digital inclusion for NHS patients means “having easy and affordable access to a suitable device with sufficient data and internet connectivity, and the digital skills and health literacy to use them safely and confidently to access NHS services”⁶.

The Good Things Foundation states that digital inclusion and exclusion are not fixed states but rather exist along a spectrum; people may gain or lose access, support and confidence to work digitally⁷.

The government’s 2025 Digital Inclusion Action Plan outlines which groups who are likely to be excluded including:

- Low-income households: more likely to struggle to afford broadband and data.
- Older people: less likely to use the internet.
- Disabled people: more likely to be impacted by the digital skills gap and struggle with accessibility.
- People experiencing unemployment and seeking work: more likely to be unable to afford broadband, data and devices.
- Young people (including those not in education, employment or training): most likely to perceive a lack of digital skills as a barrier to future work⁸.

Aims

The project's aims were to:

- Generate a report detailing the experiences of Bromley residents of using the NHS App and MyChart (a small amount of information was gathered about the NHS website)
- Identify areas of good practice
- Provide opportunities for participants to suggest how these digital services could and should be improved
- Gather participants' comments on the accessibility of the services
- Make evidence-based recommendations to policymakers and healthcare partners
- Identify any possible knowledge gaps and areas for future research.

Methodology

Healthwatch Bromley staff members and volunteers visit a range of health and community services across Bromley including GP surgeries, hospitals, well-being and digital cafes, to obtain feedback from service users about their experiences.

A recent focus of these engagements has been to ask patients about their experience of digital services. The 'Other' section of the Patient Experience form has been adapted to capture this feedback. (Appendix 6 and 7).

We also attended two events run by Clear Community Web⁹, a social enterprise aiming to help people feel more confident and comfortable with technology through classes, workshops and individual support.



Patient Experience Officer speaking at Digital Horizons Event March 2026

Participants

We received feedback from 149 participants in total which included:

- 77 reviews about the NHS App
- 66 reviews about MyChart
- 6 reviews about the NHS website (Appendix 7).

Of the 149 people who provided demographic information:

- 71 identified as female, 32 as male (Appendix 1)
- The majority (75) were White English/ Welsh/ Scottish/ Northern Irish/British (Appendix 5)
- 52 were over 65 years, and 54 between the ages of 25 and 64 years (Appendix 2)
- 12 did not consider themselves to be disabled (Appendix 3) and 26 did not consider themselves to have a long-term health or social care need (Appendix 4)
- 40 were retired; 20 were employed full time; 12 were unemployed (Appendix 8).

What's working well

Participants identified the following about the NHS App:



"Being able to book a GP appointment online is a game changer."



"I think it's a great tool if (you are) digitally able."



"I appreciate all the security positives on the NHS App; it makes me feel my medical records are safe."



"Really informative and everything is up to date. They also sends emails to update regularly which is really great."



"I love being able to view my medical records on the app. Helpful reminders for vaccinations and check ups."



"Once I got used to the NHS App, it became a useful tool."

What's working well

Participants identified the following about MyChart:



"I manage my son's appointments through MyChart and it's a huge help."



"I like how MyChart sends me reminder about upcoming appointments - it keeps me on track."



"I was nervous using MyChart at the beginning, my son helped me out and now I am confident."



"With the app, I can see my test results as soon as they are ready. That gives me peace of mind without waiting for a phone call."



"Really good for test results and letters and appointments."



"Very good , check appointments, get letters, see results."

What could be improved

Participants identified the following about the NHS App:



"I struggle with smart phones...relying on digital services risks leaving us behind."



"The NHS App has tiny text, and I can't find a setting to make it larger."



"Apps are too complicated for me. Everything is moving and it leaves our generation behind."



"Not very good, reports.. and blood results are not uploaded. Takes some time."



"Blood tests come back either high or low, but it doesn't seem to say whether we need medical attention."



"A lot of things doesn't appear in the app. I wish all apps were interlinked."

What could be improved

Participants identified the following about MyChart:



"Setting up the app was a bit of a pain. Verifying my ID didn't work."



"I can't figure out how to use MyChart. I am 91."



"MyChart essentially crashes and logs me out unexpectedly."



"It's a one-way communication. No messaging or communication system to health centres."



"Some features are hard to find; it could be more user friendly for older adults."



"Prefer more varied lines of communication - being able to send texts and someone to respond to messages."

Thematic Analysis – Overall

We asked participants two questions; ‘What is working well?’ and ‘What could be improved?’. This allowed us to gather qualitative feedback.

We adapted our usual theming system to make it compatible with the digital feedback for this report.

Each response was reviewed and themes and sub-themes were then applied. The table below shows the top two themes mentioned by participants based on the free text responses received.

We have broken down each theme by positive, neutral and negative.

Top 2 themes	Positive	Negative	Neutral	Total
Open to using an app	99 (80%)	22 (18%)	3 (2%)	124
Ease of use (incl. technical issues)	35 (58%)	25 (42%)	0	60

There were positive findings about people’s attitudes to using the apps with **80%** of 124 participants stating that they were open to using an app. This means that a fifth of participants are likely to need support to use the technology.

Sixty participants’ responses informed the second theme. **58%** found the apps easy to use meaning that just over **40%** of participants found it difficult to use the apps.

Thematic Analysis – By App

We identified the top three positive and negative themes for the NHS App and MyChart.

	Top three positive themes	Top three negative themes
NHS App	Open to using an app	Open to using an app
	Ease of use (technical issues)	Ease of use (technical issues)
	User friendliness of app	Digital skills
MyChart	Open to using an app	Open to using an app
	User friendliness of app	Communication with patients
	Information and Advice	Digital skills

NHS App

Participants were positive about the user friendliness of the NHS App but negative about their digital skills.

Participants responses about 'openness to use the app' and the 'ease of use' were both positive and negative reflecting the divide between those who are digitally receptive and able and those who are digitally hesitant and unskilled.

MyChart

Participants were positive about the app's user friendliness and its ability to provide information e.g. about appointments. They were negative about the app's communication function, some commented that the one-way communication structure was not helpful. Again, participants were both positive and negative about their openness to using the MyChart app and responses were negative about digital skills.

Key Findings

As noted above, this report presents the key findings and recommendations from our digital engagement exercise.

Overall experience

We asked participants to rate their overall experience of the service they received on a scale of 1–5; where 1 = Very Poor and 5 = Very Good.

46 of the 149 participants rated their overall experience as 'Very Good'; 56 rated it as 'good' and 26 rated it as 'Poor' or 'Very Poor' (**Appendix 6**).

What's working well?

For many participants, the apps work well and there are useful features to help manage aspects of their healthcare, e.g. appointment reminders. The NHS App was praised for its user friendliness and how it has helped make the process of booking appointments and ordering prescriptions easier for some people.

Respondents who were positive about the MyChart app appreciated the convenience of getting test results e.g. X Rays and consultant letters from the app rather than waiting to receive for a letter in the post.

What could be improved?

Some feedback indicated that patients are unable to understand the test results that they receive, e.g. blood tests and others have difficulty with the size of the text displayed on the NHS App.

Some patients were frustrated after having difficulty logging back into MyChart and were unable to understand how to use the code to do this. Others reported that the apps were too complicated for them to use.

For both apps, some participants were disappointed that they were only able to receive messages but not to reply to them, whilst others said that their preference would be for both apps to be linked so that information is all in one place.

While many participants were positive about the apps, it is important to note that 20% of both men and women were negative or neutral about their digital experience, as were 22% of those who were unemployed and unable to work. Respondents aged 35–44 and 65–74 years were notably more negative and neutral about the apps compared to other age groups at 26% and 30% respectively.

Recommendations

1. Healthwatch Bromley will continue to collect digital data as part of our regular engagements – larger sample sizes across different communities will be useful to explore themes and trends in health-related digital knowledge locally. We will add an additional question to capture the needs of those who do not use apps:

If you do not use the NHS App/MyChart please let us know why?

In addition, in line with the 10-year Plan's intention to use the NHS App for patient feedback we will also add this question:

Would you use the NHS App to give feedback on the care you receive?

2. 42% of participants in our study found that the apps were not 'easy to use' suggesting it needs to be more user-friendly. A recent report by Healthwatch Leeds entitled The NHS App: What People in Leeds Really Think¹⁰ reported that:

"The App currently lacks translation options and accessibility features such as screen reader compatibility, making it inaccessible for many people, including people with visual impairments and those whose first language isn't English."

Future updates should aim to make these apps more straight-forward and accessible.

3. Some of our findings are consistent with those published by the government stating that digital exclusion is not limited to the older population. In Bromley, there are several digital cafes, and these generally target older residents. We recommend providers consider training models like those used by Clear Community Web as they focus on wider digital awareness and skills development and reach out to a broader range of people.

4. Many people require in person support for both the NHS App and MyChart. The plan for a Single Patient Record means that in the future all GP and hospital information will appear on the NHS App. It is not clear yet when or how this will happen, so it makes sense for training and support for the NHS App and MyChart to be provided together in the community, to continue to support patients in the interim and prepare for this transition.

Healthwatch Bromley is arranging a Digital Information Event in September 2026 and have invited both the South East London Integrated Care Board (SEL ICB) Digital Change Manager (NHS App) and the MyChart Helpdesk Lead, to speak at this event.

Recommendations

5. NHS England recently updated some features of the NHS App, which posed two problems for both users and trainers. Firstly, neither were aware that the updates were happening nor how it would change the appearance of the app; secondly not all users apps were updated at the same time which caused additional confusion.

We recommend that In future, clear advance information about any changes to the apps should be communicated to the Digital Transformation Leads at the Primary Care Networks who can then disseminate the information locally.

6. We recommend that the remit of the Kings Digital Patient Panel is extended to ask panel members about their experience of using the NHS App. It is essential to involve patients in the ongoing development of the apps, to better meet their needs and improve accessibility and functionality.

7. Healthwatch Lambeth completed a report in March 2026 entitled: **Local Healthwatch NHS App and Independent Feedback Report¹¹** This raised concerns about the consequences of both the rapid shift in the NHS towards 'digital-first models' and the recent decision to abolish Healthwatch:

"A new patient experience directorate within the Department of Health and Social Care (DHSC) will bring patient voice 'in house' and take over the statutory functions of HWE."¹²

The HW Lambeth report states:

"Local Healthwatch's statutory independence allows it to act without fear or favour, challenge poor practice and expose system failings without being constrained by internal priorities. Moving this role in-house not only places the organisation receiving feedback in charge of interpreting and acting on it, but also removes people's choice to anonymously share feedback with an independent organisation"

A strong recommendation of this report is that careful thought and planning are carried out to ensure that the independent voice of patients continues to be heard in the future.

References

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6. <https://www.england.nhs.uk/long-read/supporting-digital-inclusion-in-general-practice-10-top-tips/>
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12. <https://www.gov.uk/government/publications/health-bill-abolishing-healthwatch-equality-impact-assessment/health-bill-abolishing-healthwatch-england-and-local-healthwatch-equality-impact-assessment>

Acknowledgements

Healthwatch Bromley would like to thank everyone who shared their feedback.

We are grateful to staff who allowed us to gather feedback across the various venues in Bromley where we collect information and talk to members of the public including GP surgeries, hospitals, the Bromley Health and Well Being Centre, community events and wellbeing and digital cafes.

We would like to thank Caspar Kennerdale and staff at Clear Community Web for allowing us to attend two of their events.

We would also like to thank Healthwatch Bromley staff, committee members and our volunteers, interns and work placement students for their time and effort in collecting participant feedback.

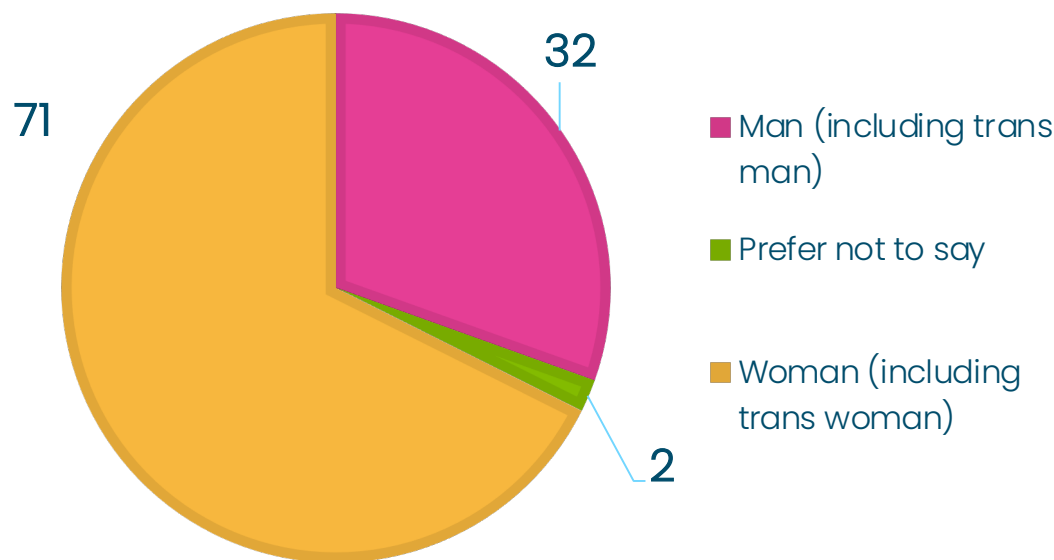
Appendices



Photo courtesy of NHS Digital

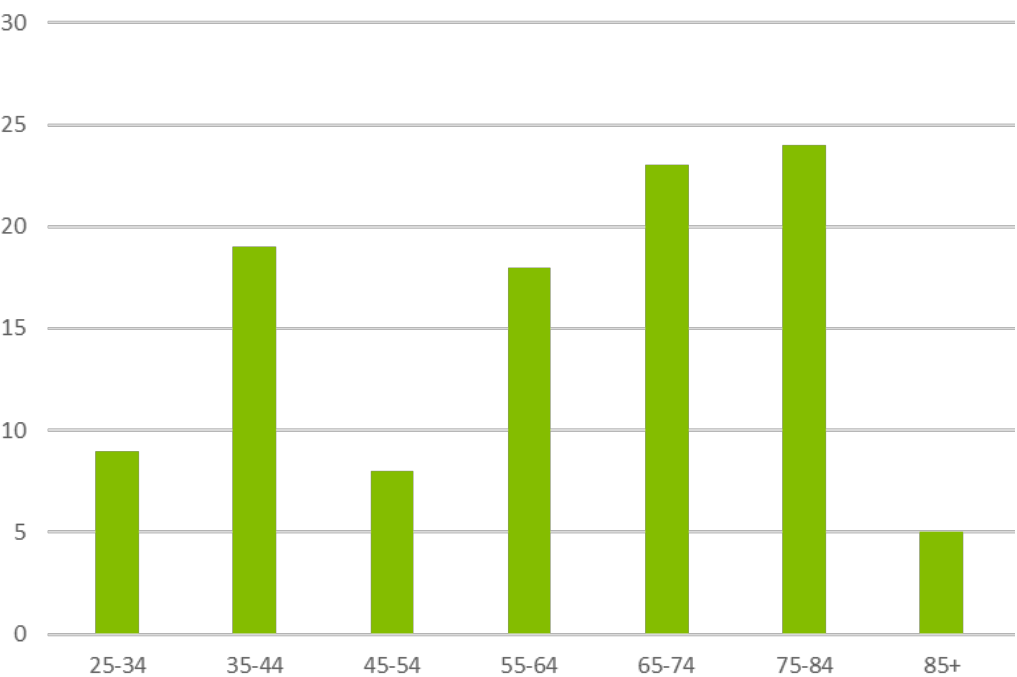
Survey Responses: Appendix 1

Which gender do you identify with?



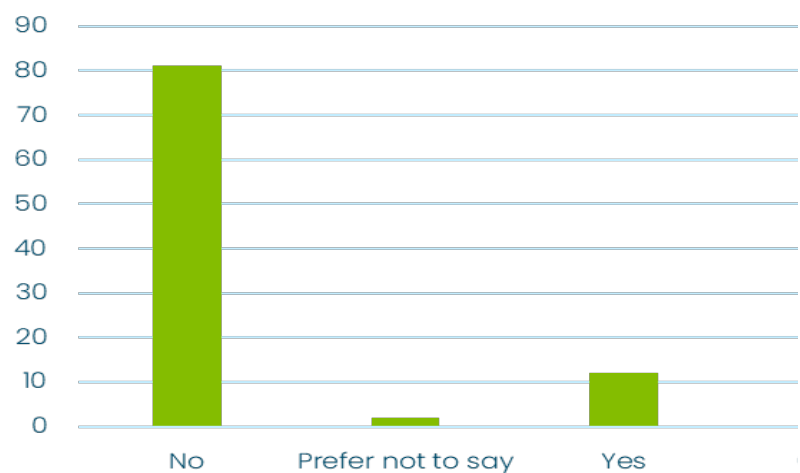
Appendix 2

Which age group are you in?



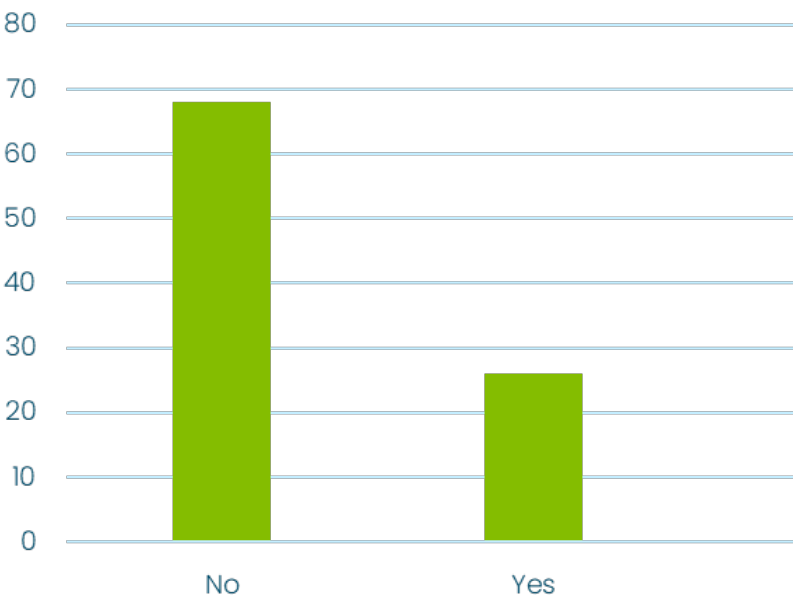
Survey Responses: Appendix 3

Do you consider yourself to be disabled?



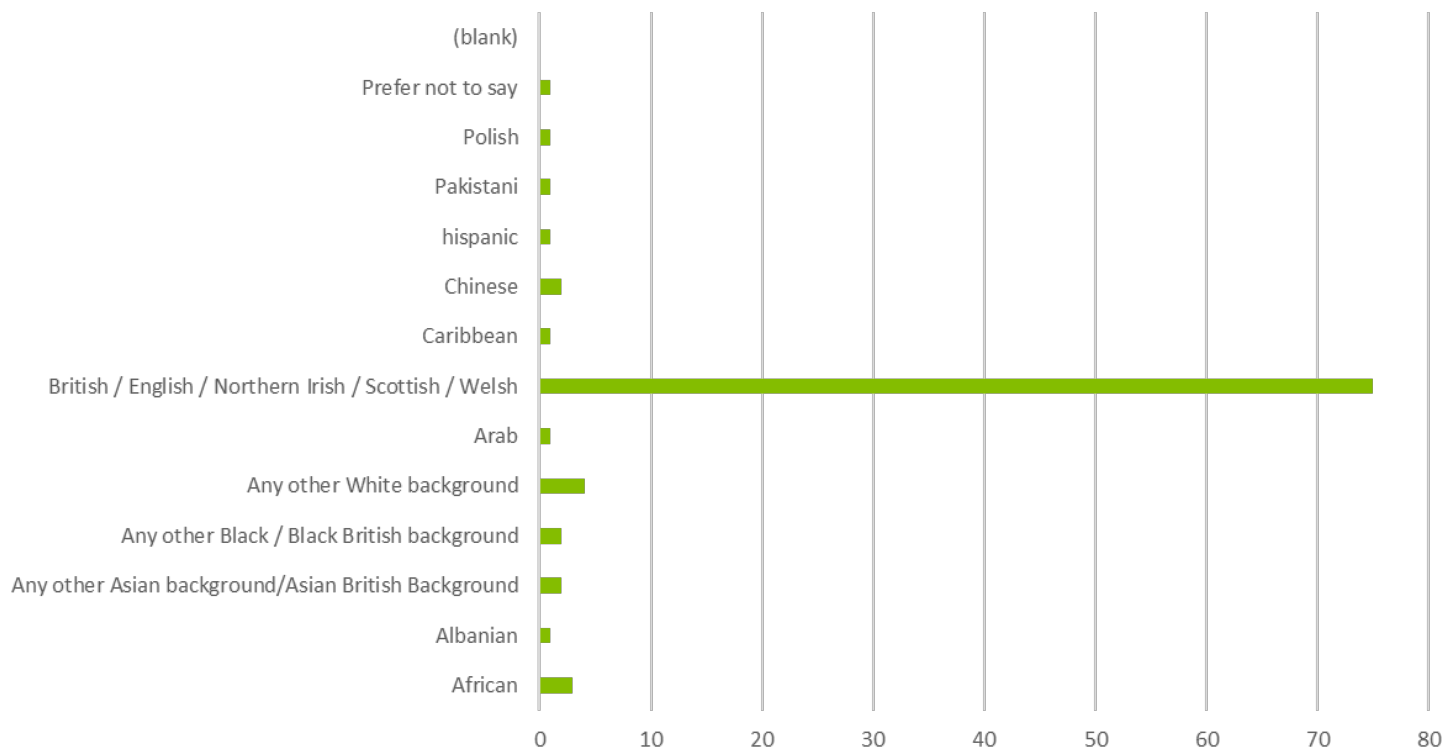
Appendix 4

Do you consider yourself to have a long-term condition?



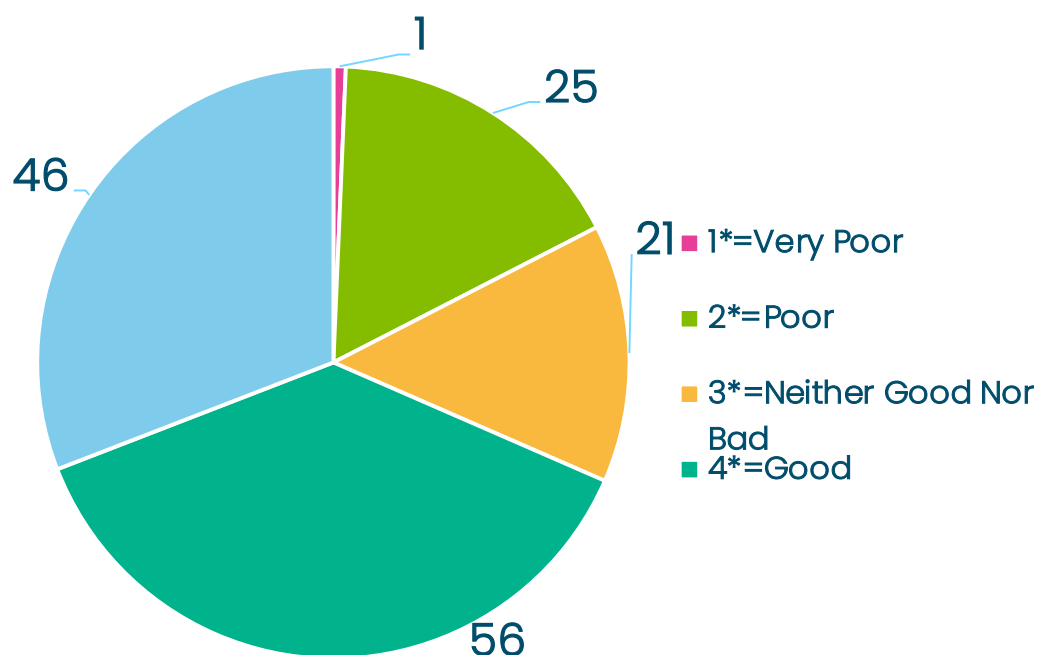
Survey Responses: Appendix 5

Which is your ethnicity?



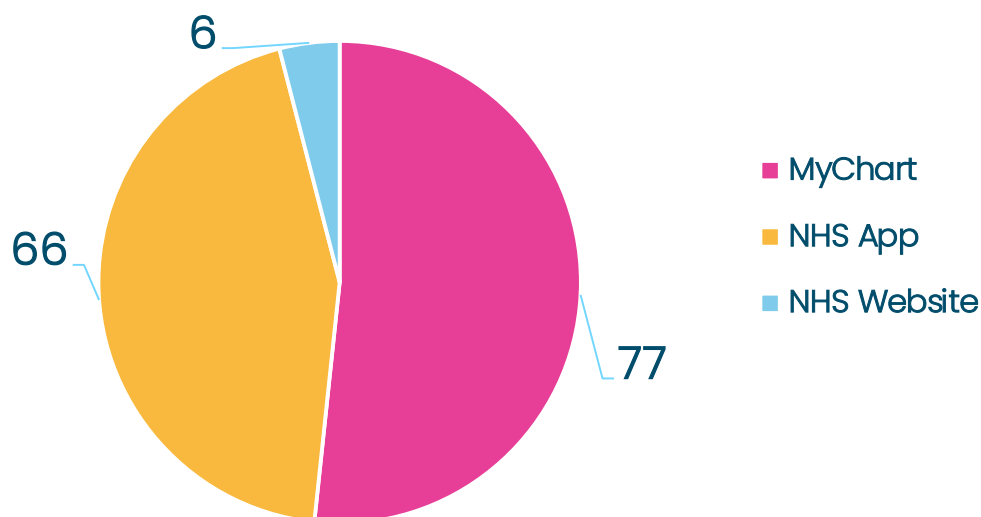
Appendix 6

How would you rate your overall experience?



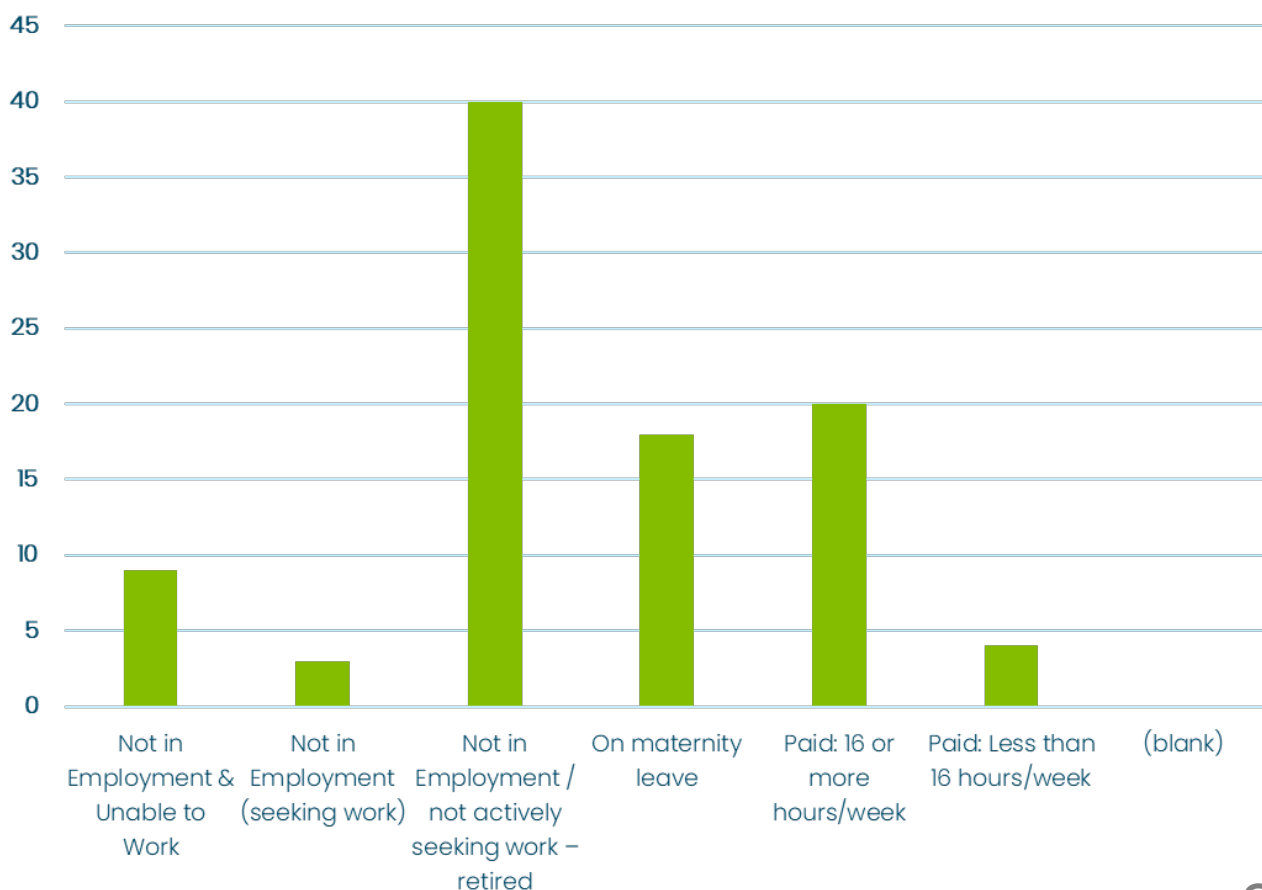
Survey Responses: Appendix 7

Which digital service/app did you use?



Appendix 8

What is your employment status?



Appendix 9

Digital Patient Experience Form

Name of service.....

Your experience

1. What is working well?

.....

.....

.....

.....

.....

2. What is not working well? /What could be improved?

.....

.....

.....

.....

.....

3. How do you rate your overall experience? (please tick your answer)

☐5 = Very good ☐4 = Good ☐3 = Neither good nor bad ☐2 = Poor ☐1 = Very poor

Tell us a bit about you

It would really help to know a little more about you so that we can better understand how people's experiences of local health and social care services may differ and supports our focus on improving equality, diversity and inclusion. **These questions are completely voluntary.**

What gender do you identify yourself as: (please tick your answers)

- ☐ Man (including trans man)
 ☐ Woman (including trans woman)
 ☐ Non-binary
 ☐ Other.....
 ☐ Prefer not to say

Which age group are you in?

- ☐ Under 18
 ☐ 18 to 24
 ☐ 25 to 34
 ☐ 35 to 44
 ☐ 45 to 54
 ☐ 55 to 64
 ☐ 65 to 74
 ☐ 75 to 84
 ☐ 85+
 ☐ Prefer not to say

What is your ethnicity?

White

- ☐ English / Welsh / Scottish / Northern Irish / British
 ☐ Gypsy or Irish Traveller
 ☐ Irish
 ☐ Roma
 ☐ Any other white background.....

Asian / Asian British

- ☐ Asian British
 ☐ Indian
 ☐ Bangladeshi
 ☐ Pakistani
 ☐ Chinese
 ☐ Any other Asian/Asian British background.....

Black, African, Caribbean, Black British

- ☐ Black British
 ☐ African
 ☐ Caribbean
 ☐ Any other Black, African, Caribbean background.....

Mixed, Multiple Ethnic Groups

- ☐ White and Asian
 ☐ White and Black African
 ☐ White and Black Caribbean
 ☐ Any other mixed / multiple background.....

Other Ethnic Groups

- ☐ Arab
 ☐ Any other ethnic group.....

☐ Prefer not to say

Do you consider yourself to be disabled?

- ☐ Yes.....
 ☐ No
 ☐ Prefer not to say
 ☐ Not known

Do you consider yourself to have a long-term condition or health and social care need?

- ☐ Yes.....
 ☐ No
 ☐ Prefer not to say
 ☐ Not known

What is your religion?

- ☐ Buddhist
 ☐ Christian
 ☐ Hindu
 ☐ Jewish
 ☐ Muslim
 ☐ Sikh
 ☐ Spiritualism
 ☐ No religion
 ☐ Prefer not to say
 ☐ Other religion.....

What is your sexual orientation?

- ☐ Asexual ☐ Bisexual ☐ Gay man ☐ Heterosexual/straight ☐ Lesbian
☐ Pansexual ☐ Prefer not to say

Are you currently pregnant or have you been pregnant in the last year?

- ☐ Currently pregnant ☐ Prefer not to say
☐ Currently breastfeeding ☐ Not known
☐ Given birth in the last 26 weeks ☐ Not relevant

What is your employment status?

- ☐ In unpaid voluntary work only ☐ Not in Employment (student)
☐ Not in Employment & Unable to Work ☐ Paid: 16 or more hours/week
☐ Not in Employment / not actively seeking work - retired ☐ Paid: Less than 16 hours/week
☐ Not in Employment (seeking work) ☐ On maternity leave
☐ Prefer not to say

Are you an unpaid carer?

- ☐ Yes ☐ No ☐ Prefer not to say

Which area of the borough do you live in?

- | | |
|--|---|
| ☐ Beckenham Town and Copers Cope Ward | ☐ Hayes and Coney Hall Ward |
| ☐ Bickley and Sundridge Ward | ☐ Kelsey and Eden Park Ward |
| ☐ Biggin Hill Ward | ☐ Mottingham Ward |
| ☐ Bromley Common and Holwood Ward | ☐ Orpington Ward |
| ☐ Bromley Town Ward | ☐ Penge and Cator Ward |
| ☐ Chelsfield Ward | ☐ Petts Wood and Knoll Ward |
| ☐ Chislehurst Ward | ☐ Plaistow Ward |
| ☐ Clock House Ward | ☐ Shortlands and Park Langley Ward |
| ☐ Crystal Place and Anerley Ward | ☐ St Mary Cray |
| ☐ Darwin Ward | ☐ St Paul's Cray |
| ☐ Farnborough and Crofton Ward | ☐ West Wickham |
| ☐ Other..... | ☐ Out of Borough |

How we use your information

The information you share with us will also be accessed by our national body Healthwatch England and shared with local health and care commissioners and providers. This helps us spot trends both nationally and locally to identify areas for improvement. We may use quotes in our reports, but we will not use any information that will identify you. Our full privacy statement can be found at:

[Privacy Policy - Healthwatch Bromley](#)

Confirmation of consent

☐ I consent to sharing my information with Healthwatch Bromley as part of the Patient Experience Programme.

Thank you for sharing your experience! We recognise that health and care issues can be an extremely personal matter and we are appreciative of you giving us your time.

Do you want any further information from Healthwatch Bromley? If yes, please leave your details

Name..... Phone/Email.....

Glossary of Terms

CQC	Care Quality Commission
DH	Denmark Hill
DHSC	Department of Health and Social Care
HWB	Healthwatch Bromley
HWE	Healthwatch England
KCH	King’s College Hospital
LBB	London Borough of Bromley
N/A	Not Applicable
PRUH	Princess Royal University Hospital
SEL ICB	South East London Integrated Care Board
YVHSC	Your Voice in Health and Social Care

Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available. If you have any comments on this report or wish to share your views and experiences, please contact us.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

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