Qualitative evaluation of the national rollout of the NHS App in England

This research explored the challenges of introducing the NHS App into general practice, particularly during and after the COVID-19 pandemic. We focused on assessing the complexity of this new healthcare technology, exploring and highlighting the many factors that influenced the app's rollout.

Key Insights:

1) The NHS App exposed challenges in the healthcare system
   a) Many patients noticed that their health information did not match across different NHS services (e.g., GP vs. hospital records).
   b) The app was more useful for people managing long-term conditions through their GP (e.g., ordering prescriptions, checking test results).
   c) However, those needing specialist care (e.g., for Parkinson's, HIV, diabetes) found the app less helpful.

2. Understanding and using the NHS App was not always easy
   a) Patients needed a good understanding of the healthcare system to use the app effectively.
   b) Many relied on GP staff to help them access the app and navigate its features.
   c) Not all features (like booking appointments) were available to everyone, as individual GP practices controlled what app functions were enabled (according to whether the app was able to meet practice needs and priorities, and guidance from policymakers).

3. The NHS App did not always fit well with how GP practices worked
   a) Online appointment booking was designed as a simple transaction, but in reality it was much more complex for practices to provide this access (for example, the huge number of different types of appointments available).
   b) Access to medical records varied between practices, with some restricting access due to privacy concerns (GDPR) or staff uncertainty about how to enable access to patients on their IT systems.

4. The COVID-19 pandemic increased awareness of the NHS App
   a) The introduction of the COVID Pass made the app more valuable to both patients and GP practices.
   b) Despite extensive user research, the app's design focused more on patients, rather than healthcare staff who needed to provide access for patients to use it and enable features.
   c) Some GP practices received more support than others, leading to an inconsistent rollout.

5. Patients found some features very useful
   a) Online prescription ordering was especially valued.
   b) Security features like fingerprint scanning were appreciated, particularly by those with sensitive medical conditions.
   c) Access to medical records helped some patients feel more in control of their health, but the usefulness of the app changed over time as features were added, removed, or became less relevant.

6. Finding the right balance between access and safeguarding is difficult
   a) Many people wanted access to their own health records, but practices had to balance this with protecting patient privacy, knowledge about enabling access, and additional workload.
   b) Some GP staff worried about how patients might interpret old medical information without proper guidance.

Conclusion

The NHS App rollout highlighted existing gaps in the healthcare system, as well as challenges in technology adoption, patient support, and GP practice workflows. While it provided benefits like easier prescription ordering, issues around unclear value, access, privacy concerns, and system integration meant it did not fully meet the needs of all patients or practices. The COVID-19 pandemic boosted knowledge and interest in the app, but long-term engagement likely depends on improving communication, support for GP staff, and ensuring digital tools do not worsen health inequalities.