NHS Online Consultation webinar with Local Healthwatch organisations: further themes and responses

This document summarises additional themes and working responses arising from a consultation webinar held on 14th January 2026 with Local Healthwatch organisations on the concept of an NHS Online Trust.

The questions that have been helpfully raised will be considered as we continue our policy development and engagement to ensure any new trust has the appropriate design and functions when it begins providing care for patients from 2027.

We have provided information against the questions and themes raised where we can, as the NHS Online operating model continues to be developed.

Patient Access and Inclusion

Accessibility and inclusion - NHS Online will be compliant with accessibility information standards and will research and investigate improvements beyond these standards where particularly relevant to the pathways offered.

The intention is for NHS Online to improve access for patients where English is not their first language, to clinicians who speak different languages. Translation features will also be considered.

The plan is to build the service to allow carers or interpreters to support patients who need additional assistance. The NHS Online team is committed to addressing health inequalities and inclusion and will engage with relevant stakeholders throughout design and delivery.

Coverage – the plan is for the service to be for adults in the first instance and we will explore expanding the service over time.

Further questions around this theme included how to address issues of potential digital exclusion, and communicating and information sharing with patients. We are working through how this will work in practice and other considerations as part of our programme of work and will engage with partners to develop this further.

Patient Engagement and Communication

Engagement approach - on the establishment of NHS Online as an NHS Trust, it will be for its new Executive team to agree on its approach to patient engagement, in accordance with its legal duties, based on best practice and with the potential for innovative approaches.

Engagement plan - on groups to be engaged, the NHS Online team is developing a comprehensive patient and carer engagement plan in partnership with NHS England's Experience and Partnerships team and other stakeholders. User research is ongoing, including interviews and workshops with participants including those with protected characteristics and from different socioeconomic circumstances.

Types of groups - NHS Online will work with marginalised groups through partnerships including the VCSE Health and Wellbeing Alliance, who represents communities experiencing health inequalities. Patient views are being fed into clinical pathway design through Specialty Reference Groups whose role is to review and approve pathways.

Feedback mechanisms - once operational, NHS Online will continuously improve services using feedback from various sources including patient-reported outcome measures, experience measures, and other patient feedback mechanisms.

Further questions around this theme included assuring sufficient consultation using patient and public voice groups; signposting and advice e.g. between national and Trust websites. We are working through how this will work in practice and other considerations as part of our programme of work and will engage with partners to develop this further.

Workforce and Clinician Engagement

Clinicians' work through NHS Online – an area of interest has been on how NHS Online will attract and retain clinical staff without disrupting existing NHS services. NHS Online is designed around flexibility, allowing consultants to offer additional time during early mornings, evenings and weekends rather than replacing their usual clinic work.

Clinicians interest - we are using clinician surveys, focus groups and modelling to test and shape our approach to develop an attractive offer that can meet the needs of medical consultants within the targeted specialties to work flexibly.

Working across providers –NHS Online will follow established guidance for clinicians working across multiple employers, and will guard against the risk of clinicians overworking, for example.

Further questions around this theme included how we will support employers and consultants to work across NHS Online and other providers, and how technology will be used to underpin continuity of care. We are working through how this will work in practice and other considerations as part of our programme of work and will engage with partners to develop this further.

Technology and Digital Infrastructure

Access –The NHS App will serve as the patient-facing entry point for NHS Online. The service will connect with existing NHS systems, following information governance rules.

Safeguards - data security is a top priority for NHS Online and for all its systems to have security by design protocols built in from the outset. NHS Online will undergo comprehensive technology, clinical pathway and service testing before launch, including clinician-led testing for safety and quality assurance.

Existing examples - the team has reviewed existing virtual care delivery both within the NHS and internationally when developing the approach.

Further questions around this theme included building confidence in data security; transfer protocols between NHS Online to another NHS provider; NHS App ambassador status and quantifying the direct environmental benefit of reduced travel to appointments. We are working through how this will work in practice and other considerations as part of our programme of work and will engage with partners to develop this further.

Care Pathways and Integration

Suitability - NHS Online is designed to deliver end-to-end care for patients where possible, supporting them through diagnosis and treatment. Initial clinical areas have been identified because significant elements of these pathways can be delivered virtually. The referral criteria will make it clear to GPs and other referring practitioners that the service design is to support patients with episodic care and not designed for patients with complex needs requiring multi-disciplinary support or frailty.

Safe care - NHS Online will have appropriate clinical governance arrangements to underpin safe care and/or manage issues as they arise in a safe, consistent way.

Interface between providers – where patients need to transfer to other providers, whether for surgical procedures, physical diagnostic tests, complex conditions, or simply through personal preference, patients should not need to repeat diagnostic tests or initial consultations. Optometrists in primary care will be able to refer patients to NHS Online, in line with patient choice.

Further questions around this theme included circumstances where NHS Online pathways will continue into follow-ups and monitoring including Patient Initiated Follow-Up (PIFU); operational protocols where patients may need to transfer from NHS Online to another NHS provider and how NHS Online will most effectively

integrate with neighbourhood care plans. We are working through how this will work in practice and other considerations as part of our programme of work and will engage with partners to develop this further.

Governance, Safety and Accountability

Naming – the intention is for NHS Online to be legally constituted as an NHS Trust and therefore the legal name will have to include 'NHS Trust'. We will look at options around branding.

Corporate governance – the governance model will be the same as any NHS Trust and therefore a Board of Governors is not applicable as that structure relates to Foundation Trusts.

Clinical governance - accountability will sit with the Trust Board. Clinical governance arrangements and clinical leadership structures will be designed to ensure delivery of high quality services. NHS Online will be regulated by the CQC, and will have effective systems for handling and responding to complaints.   It will also have policies to identify, investigate and act upon clinical incidents in line with other NHS providers.

Impact assessment - is being developed as part of the process to establish a new Trust and an equality health impact assessment is regularly reviewed. The NHS Online team is committed to addressing health inequalities and will ensure the new Trust prioritises inclusion and the processes that underpin it. The aim of this consultation is to ensure that we are aware of any issue or unintended consequences and can therefore reflect those in the ongoing development of the programme. The Secretary of State will consider consultation responses and equalities impacts before making the final decision to establish the Trust.

Further questions around this theme included options around public-facing branding and communications, and these are being explored.

Financial and Operational Model

Commissioning arrangements – elective care services are commissioned by ICBs, with patient referrals operating under patient choice arrangements similar to how patients can currently choose between providers with different waiting times. The engagement plan will include discussion with ICBs on commissioning arrangements.

Additional capacity – NHS Online will create additional capacity for patient care by attracting clinicians to give small additional amounts of time to NHS Online.

Cost savings - the absence of physical care sites for the provision of patient care will contribute to it being a highly productive organisation with low overheads relative to physical care providers.

Further questions around this theme included contract and tariff arrangements and policies to clarify the distinction between NHS Online work and working for the wider NHS. We are working through how this will work in practice and other considerations as part of our programme of work and will engage with partners to develop this further.

Clinical Quality and Outcomes

Safety standards - NHS Online will only deliver care in areas where clinicians have determined it can be provided safely and to a standard equivalent to in-person care. The concept is for the service to systematically capture and analyse data including patient-reported outcomes and experiences, benchmarking against in-person care providers where relevant.

Continuity - NHS Online is being designed to introduce flexibility, that means patients will not need to wait for a named clinician to be available to continue their care. The NHS Online technology platform will provide any suitably qualified clinician with all of the relevant information they need to support patient care in a flexible way.

Choice of clinician - On whether patients can choose a preferred clinician based on personal reasons (for example cultural preferences to request a clinician of a particular gender for sensitive healthcare discussions), the service will aim to accommodate such requests.

Reducing variation in care - by standardising pathways through clear protocols, NHS Online aims to reduce some of the variation that currently exists between different providers.

Thank you for your engagement to date on the developing NHS Online consultation (closing date Monday 9 March 2026). The themes and points Local Healthwatch organisations raise through the consultation will help to inform the policy programme and will be worked through as we continue to ensure any new trust has the appropriate design and functions when it begins providing care for patients from 2027.