integrated care academy

Digital, Data and Technology (DDaT): NHS App upskilling Evaluation report

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Contents

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Lee Doherty, Community Pharmacy Commissioning Clinical Lead, NHS SNEE ICB
Richard Miller, Deputy Head of Digital and IT, SNEE ICB
Mark Gladwell, Associate Director, Digital and IT, SNEE ICB
Sam Glover, Chief Executive Officer, Healthwatch Essex
Nicola Chalk, West Suffolk Alliance Digital Co-ordinator, and Head of Connect (role change), SNEE ICB
Tony Dean, Joint Chief Officer, Community Pharmacy Norfolk & Suffolk team
Lauren Seamons and the **Community Pharmacy Norfolk & Suffolk team**
Professor Gladwell and **Emily O'Neill**, Integrated Care Academy

This collaborative approach was essential to the depth and richness of the information collected.

About the Integrated Care Academy

Integrated care is essential to improve outcomes for people requiring coordinated health and care services. To address the key challenges in the wider health and social care system, it is crucial that we enable working across multi-organisational boundaries to bring together all the components of care and support that a person needs.

The Integrated Care Academy (ICA) brings together the four pillars of higher education, an integrated care board, local authority, and the voluntary and community sector, from which our team of experts and programme leads are drawn.

Our goal at the ICA is to enable the best possible person-centred and integrated care, responsive to the needs of individuals in the context of the people who care for them and the community they live in. We do this through co-production, education and learning, leadership transformation, workforce development, research and innovation. We strive to make our work practical, useful and useable, grounded in the realities of the challenges faced by our people, communities and workforce on a day-to-day basis.
For more information about the ICA please visit our website.

For further information about the report please contact Valerie Gladwell, Director of the Institute of Health and Wellbeing, University of Suffolk. Email: v.gladwell@uos.ac.uk.

Executive summary

Health Education England funded digital upskilling across Suffolk and North East Essex (SNEE) Integrated Care System. This funding supported a project to improve NHS App uptake and usage through community pharmacy, Patient Participation Groups (PPGs), and community organisations.

Overall Aim: To support primary care staff to engage with digital technology as effectively as possible to generate capacity, increase fulfilment and deliver the right services for patients.

Objectives:

1. To upskill the community pharmacy workforce in SNEE on the NHS App, to understand and improve its use in community pharmacy pathways in collaboration with NHS England NHS App teams.
2. To increase patient uptake and usage of the NHS App through:
    a. Community pharmacy support
    b. Supporting and connecting existing schemes such as PPGs, community groups, NHS App ambassadors, and digital champions

Workforce Training (Objective 1)

- 49 pharmacies enrolled; 98+ community pharmacy staff and 34 PPG/community group members attended NHS App training across SNEE.
- Pre-training: Only 12% had used NHS App in their role.
- Post-training: 78% reported increased usage (limited response rate: 9 respondents).

Community Pharmacy Patient Support (Objective 2a)

- 28 pharmacies participated in 9-week pilot (September-October 2024)
- 4,012 initial conversations about NHS App usage
- 2,041 patients received download and usage support
- 51% conversion rate from initial conversation to full support
- Pharmacies with high number of interventions include Green Cross (1,167 interactions), Leiston (1,023), and Hawthorn Drive (814)

PPG and Community Group Activities (Objective 2b)

- 21 PPG grants across SNEE
- 3 community group grants: Suffolk Libraries, Suffolk Family Carers, North East Essex Digital Access Support Team (DAST)
- Successfully engaged older adults, carers, rural residents, and those with long-term conditions

Successes

- Strong engagement once operational momentum was established
- Effective reach to digitally excluded groups through trusted community settings
- "Download gap" identified: 50% had downloaded NHS App but were not using it before intervention

- PharmOutcomes infrastructure successfully enabled efficient payment and data collection

Challenges

- Digital infrastructure: Poor Wi-Fi, competing apps, complex ID verification processes to access the App
- Capacity constraints: Limited pharmacy time; one-to-one support time intensive.
- System barriers: Inconsistent NHS App features across GP practices; limited proxy access for carers.
- Underrepresentation: Minimal reach to Gypsy, Roma and Traveller communities, people with disabilities, and Black, Asian and minority ethnic populations.
- Evaluation limitations: Low post-training and patient survey response rates.

Five Cross-Cutting Recommendations

1. **Adopt standardised yet locally flexible NHS App training** *(Objectives 1, 2a, 2b)*
   Develop consistent core NHS App training accessible across libraries, community groups, PPGs, and pharmacies. Incorporate forthcoming national NHS App framework guidance alongside local SNEE learning to address known challenges including carer and proxy access.
2. **Establish a coordinated, cross-setting delivery and learning network** *(Objectives 1, 2a, 2b)*
   Formalise coordination between community pharmacies, PPGs, community groups, digital champions, and NHS App Ambassadors. Structure network to reduce duplication, identify gaps, and maximise resource use across the system.
3. **Design digital upskilling programmes for sustained delivery rather than short pilots** *(Objectives 2a, 2b)*
   Allow sufficient time and resource for follow-up support, recognising that multiple contacts are often required to complete registration, ID verification, and functional use. Target upskilling to both those with and without the NHS App to tackle the download gap. Track outcomes accounting for this reality.
4. **Address system barriers across all delivery settings** *(Objectives 2a, 2b)*
   Support reliable Wi-Fi connectivity in community assets. Provide dummy NHS App accounts or training tools for demonstration. Build in additional time and resource for rural or harder-to-reach populations.
5. **Embed NHS App support within a wider digital inclusion pathway focused on equity** *(Objectives 1, 2a, 2b)*
   Coordinate initiatives to create clear pathways between settings. Enable warm handovers between pharmacies, PPGs, libraries, and community organisations, particularly for individuals requiring tailored, time-intensive support. Use co-designed approaches for underrepresented groups to avoid widening inequalities.

Future Relevance

This work directly aligns with the Fit for the Future NHS 10-year plan's emphasis on digital delivery, prevention, and community-based care. As digital health tools expand, coordinated community-focused delivery will be essential to ensure accessibility, reduce digital exclusion, and support meaningful engagement across diverse populations.

Background

Funding was received from Health Education England to support digital upskilling. The work was developed through coproduction and feedback from community pharmacy teams. A steering group comprising representatives from SNEE ICB, Healthwatch Essex, Community Pharmacy Norfolk and Suffolk guided the project, and aided project co-ordination and delivery.

Current context

We conducted a rapid review looking at digital transformation in the NHS across the UK, aligned with the NHS Long Term Plan and links with other digital initiatives such as the WHO Global Digital Strategy for Health. We then explored digital gaps in primary care, highlighting the Primary Care Access Plan and digital health targets in Suffolk and North East Essex Integrated Care Board (SNEE ICB) through its Annual Digital Report.

Scoping the needs and opportunities for digital upskilling in primary care within SNEE Integrated Care System (ICS) helped to identify community pharmacy as an area of interest. We therefore considered the importance of digital upskilling in community pharmacy and why it is important, particularly considering national, local, and contextual challenges.

The SNEE ICB Pharmacy Workforce Strategy describes the impact of digital technologies on the pharmacy workforce and outlines the need for collaborative and consistent digital upskilling to diversify the skill mix, attract and retain the workforce, and expand roles at the scale and pace required. Ideas generated through scoping conversations, alongside issues raised in existing reports, highlighted several challenges faced by the workforce that need to be considered when exploring and implementing digital resources or upskilling in community pharmacy. These included changes and expanding responsibilities for community pharmacists, such as blood pressure checks, oral contraception services and Pharmacy First initiatives, alongside changes to development and education.

Staff shortages and wider workforce pressures were also highlighted, reinforcing the need to ensure that any activity resulting from this work did not add further burden. The increasing investment in digital health tools, which may not always fit with current systems or pathways, was noted, alongside developments such as the forthcoming Federated Data Platform and the digital exclusion experienced by some patients who use community pharmacy services.
In addition to these wider challenges, local issues were identified through SNEE ICB evidence to the Health and Social Care Panel. These included threats to the closure of pharmacy access schemes, particularly in deprived areas.

Key areas

Six main areas were highlighted through a rapid review and presented to community pharmacy teams.

1. **The NHS App**

   Uptake in SNEE has been relatively low (0.1-0.36% reported within the SNEE CAN DO 5 Year Strategy Plan), despite a target to reach 30% of the population. While digital resources and ambassador schemes exist, questions remain about how well the app currently works within community pharmacy settings.

2. **Electronic Prescription Service (EPS)**

   There is a system-wide drive to increase EPS usage, but further understanding was needed around current functionality and areas for improvement.

3. **System interoperability and communication**

   Access to and communication through systems such as GP Connect, SystmOne, EMIS and warm handovers were identified as potential areas where improved interoperability could support more effective working.

4. **Additional services and pathways**

   As services such as Pharmacy First continue to develop, digital gaps associated with these pathways were highlighted as an area for consideration.

5. **Day-to-day digital inefficiencies**

   Routine digital issues were noted as contributing to delays, medication supply challenges and administrative inefficiency.

6. **Fit with existing workflows**

   A recurring theme was whether current and future digital tools align with the realities of day-to-day community pharmacy practice.

Community pharmacy feedback and steering group consultation shaped the project towards supporting NHS App training for pharmacy staff (area 1). Scoping conversations with partners relevant groups, including the SNEE NHS App working group (which concluded at the start of the project), helped reduce duplication and maximise momentum and resource.

Incentivisation and streamlined reporting were identified as key enablers. Staff confirmed that resources would be available to support patient upskilling within the pharmacy. However, while staff were willing to assist, they expressed that they may have limited capacity to provide additional time or support for patients needing more guidance or time. This may limit reach to

those experiencing the greatest health inequalities. Consequently, the project was expanded to deliver training to community groups and Patient Participation Groups (PPGs) to facilitate broader upskilling throughout the community.

Future relevance

This work aligns with the direction of the Fit for the Future NHS 10-year plan, including the steer towards digital delivery, prevention and community-based care. Digital inclusion will remain a critical consideration as digital health tools become more widespread. Community pharmacies, alongside libraries, local groups, and charities, are trusted spaces for under-represented communities and may offer opportunities to support inclusive engagement with digital health tools.

A coordinated, community-focused, and locally informed approach could help ensure that digital tools are accessible, optional, and relevant, while respecting individual choice. Providing time, clear information and opportunities for feedback will be essential to support meaningful engagement and to ensure that learning from frontline teams and communities informs future developments.

Further information and references are available in the rapid review:
https://oars.uos.ac.uk/id/eprint/5318

Aims and Objectives

Overall Aim: To support primary care staff to engage with digital technology as effectively as possible to generate capacity, increase fulfilment and deliver the right services for patients.

The objectives of the project were:

1. To upskill the community pharmacy workforce in SNEE on the NHS App, to understand and improve its use in community pharmacy pathways in collaboration with NHS England NHS App teams.

2. To increase patient uptake and usage of the NHS App through:
   a. community pharmacy support
   b. supporting and connecting existing schemes such as PPGs, community groups, NHS App ambassadors, and digital champions

Delivery Model

Learnings from an NHS App training project with community pharmacies in South West London (report can be found here), which concluded in May 2024, were used to drive the delivery model for community pharmacies in SNEE (Figure 1).

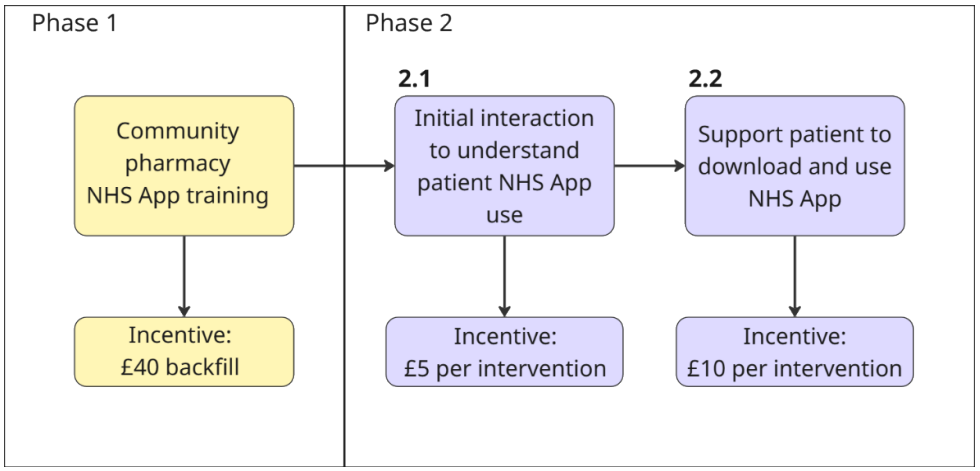

Figure 1: Community pharmacy delivery model to meet objective 1 (Phase 1, training intervention) and objective 2a (Phase 2, patient intervention).

To meet objective 1, the project offered NHS England NHS App training sessions to two staff from each participating community pharmacy in SNEE (Phase 1), with an incentive (outlined in Figure 1). These sessions were conducted online for approx. 60 minutes. Following this training, staff were invited to undertake peer-to-peer training. Staff from patient participation groups (PPGs) and community groups were also invited to these sessions to aid activities for objective 2b.

To meet objective 2a, community pharmacy staff were supported to use their training to talk to patients on their use of the NHS App (Phase 2.1) and upskill patients to understand and use the NHS App where appropriate (Phase 2.2).

Objective 2b was addressed through:

- 21 patient participation groups grants (£1,000) across SNEE to increase awareness and uptake of the NHS APP in their General Practices (GPs).
- Three community group grants (£5,000) to deliver NHS App sessions specifically to meet community needs. These sessions could be through drop-in sessions or scheduled upskilling workshops.

Both grants (for Objective 2b) invited applicants to focus activities towards addressing healthcare inequalities, with additional consideration for those working in areas with low NHS App uptake, according to the NHS App dashboard (reporting based on GP surgery locations rather than pharmacies) at the time of invitation.

Objective 1: Upskilling workforce

To upskill the community pharmacy workforce in SNEE on the NHS App, to understand and improve its use in community pharmacy pathways in collaboration with NHS England NHS App teams.

Background

Coproduction with community pharmacy staff and with additional support from the steering group, guided the development of NHS App upskilling sessions. These were initially conducted by the NHS England NHS App team but were subsequently delivered by NHS South, Central and West commissioning support unit due to team changes. Ten online, hour-long interactive sessions were delivered over Summer 2024, covering NHS App uptake and usage within SNEE, functionality, and future developments. Sessions were scheduled during lunch or after work hours as requested by staff, with Q&A addressing topics including location-specific access to NHS App tools, proxy access, and ongoing support resources. Up to two staff members per pharmacy could attend, with each pharmacy receiving £40 per person for backfill, previously identified as a key enabler for the programme.

Uptake

Following project expansion, PPG and community group staff were also invited to attend. 49 pharmacies signed up for training, with at least 98 community staff attending (some individuals shared devices with additional individuals, who were not registered). 34 individuals across PPGs and community groups attended. Recognising that not all staff would have capacity to attend, pharmacies were encouraged to cascade training internally for an additional £40 per person incentive; however, uptake for this was minimal.

The sessions, originally designed for community pharmacists, were role-specific and did not fully meet the needs of PPG and community group attendees. Consequently, links to East of England NHS App training were circulated to these groups to supplement learning. Staff were also guided towards the NHS App Ambassador scheme website; however, this is only accessible for those with an NHS email. Additional resources were not provided in this project to overcome this barrier, but future co-ordination between PPGs, community groups, and community pharmacies could enable further access.

Impact

Staff survey links were sent to individuals before attending the NHS App upskilling sessions (pre-training) and within a week of attendance (post-training).

Pre-training

A staff member from all 49 attending pharmacies completed the pre-training survey (a prerequisite for incentive payment). Most respondents held dispenser or assistant roles.

- Only 12% had used the NHS App in their role before training (Figure 2).
- However, 63% wanted to use the NHS App more in their role.
- Pharmacy first and digital prescriptions were the most common pathways and processes staff wanted to use the NHS App for (Figure 3).
- 80% had not heard of the NHS App ambassador scheme

- As shown in Figure 2, 27% of respondents reported using another digital app or solution within their role. During NHS App training, a common theme was the use of alternative digital tools that compete with or duplicate existing health information on the NHS App.

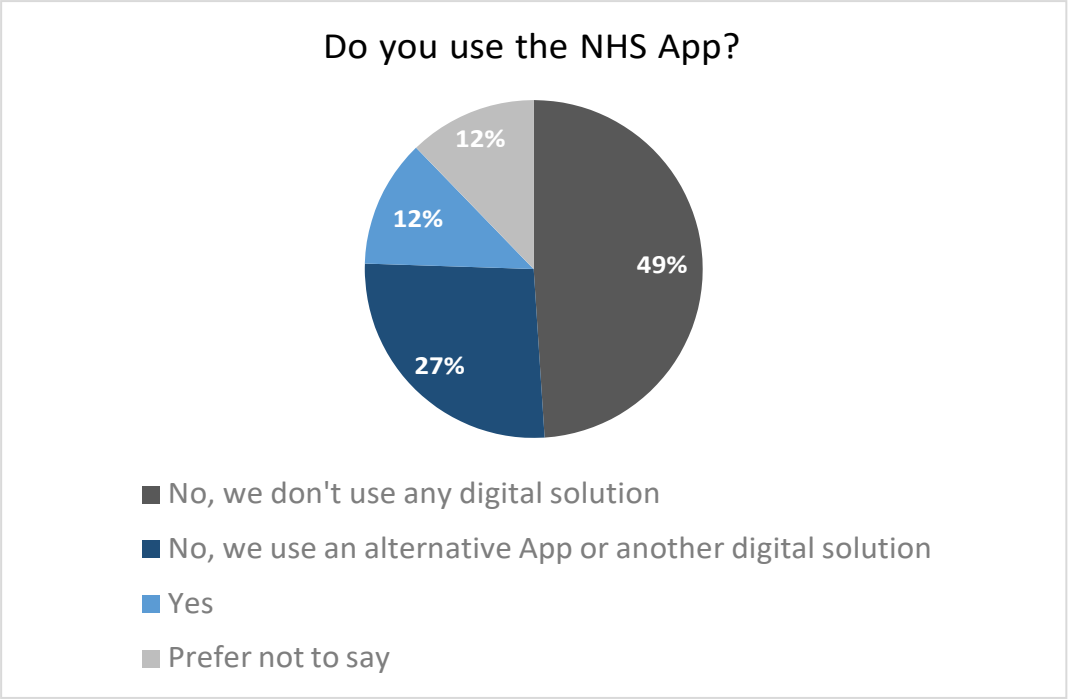

Figure 2: Pre-training use of NHS App by staff from 49 who pharmacies attended training

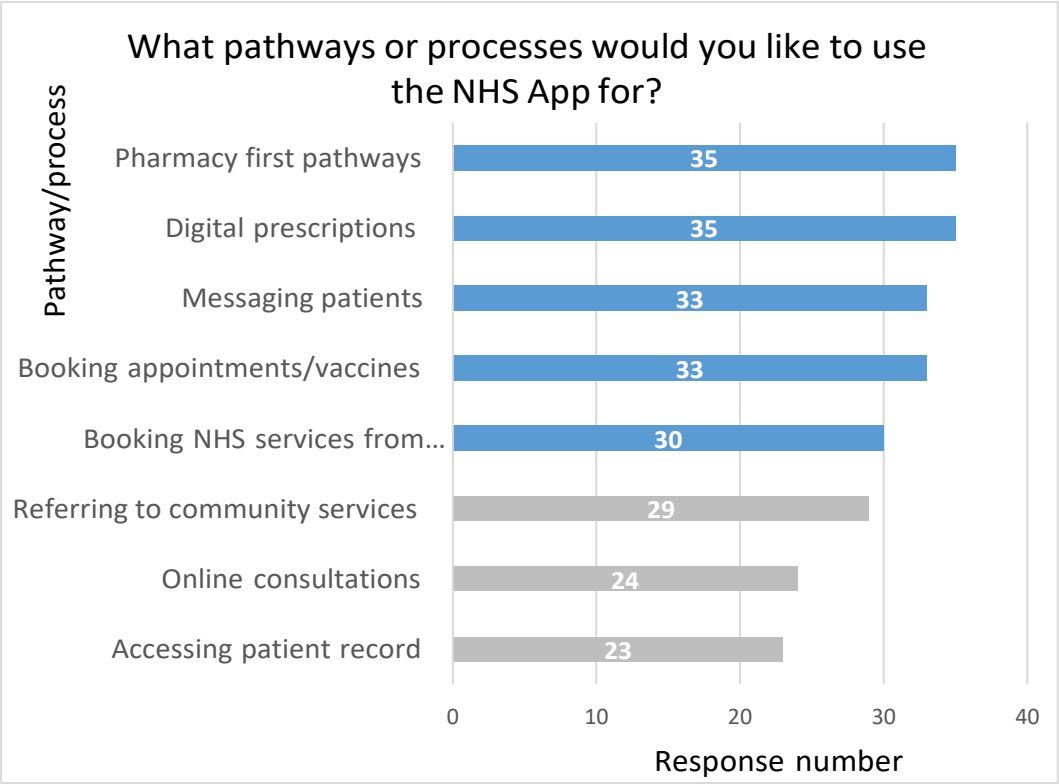

Figure 3: Most identified pathways or processes for potential use of the NHS App by pharmacy staff. Note that staff could select multiple options.

Post-training: Only 9 community pharmacy individuals completed the post-training survey, limiting generalisability.

- 78% reported now using the NHS App in their role.
- 66% stated that the training influenced increased usage.
- 67% had knowledge of the NHS App ambassador scheme, although no respondents had signed up.

Respondents rated their knowledge, confidence, and motivation using the NHS App pre- and post-training. Despite the limited sample size, findings showed overwhelmingly positive responses to the training (Figure 4).

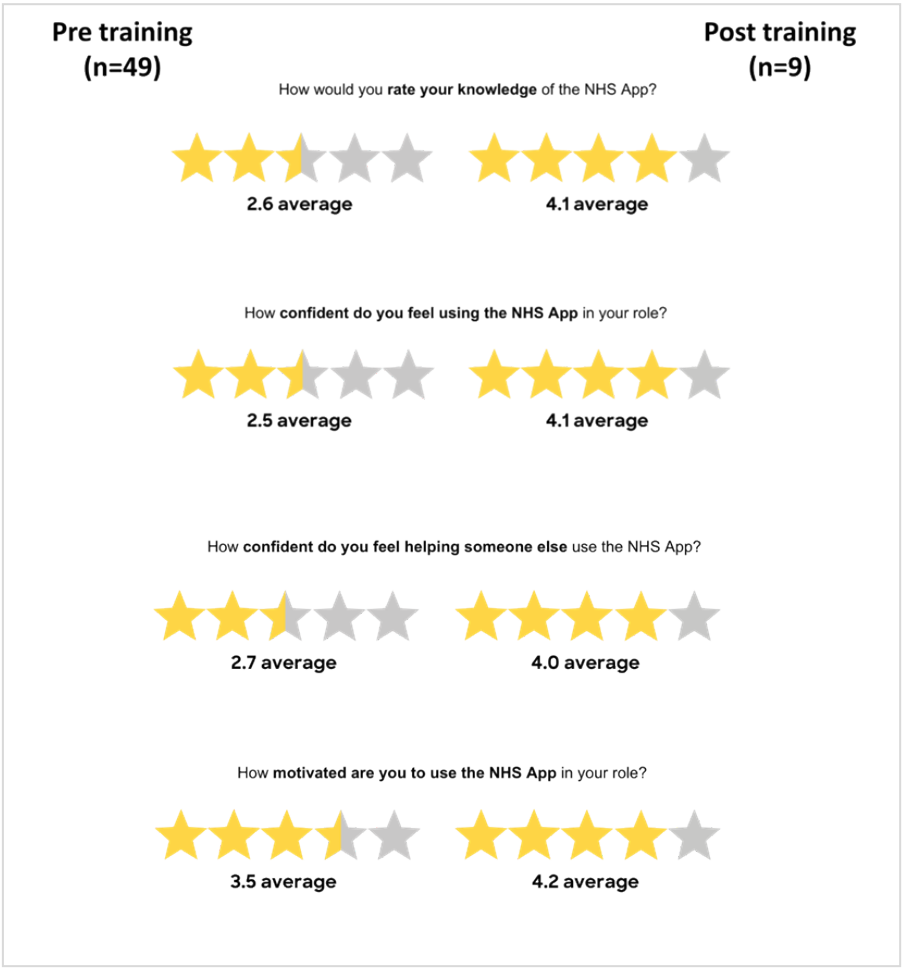

Figure 4: Comparisons of pre and post ratings after training on NHS App

Learnings

Training delivery

While the interactive format received positive feedback, fixed scheduling created capacity barriers for busy pharmacy staff. Future training should adopt a blended approach: on-demand modules with integrated assessments for flexible, measurable learning, complemented by optional interactive workshops for discussion and context-specific guidance. This model would also better facilitate the peer-to-peer training cascade that saw limited uptake in this programme.

Digital infrastructure challenges

There is limited sharing of NHS App place-based training resources across diverse community settings (pharmacies, PPGs, libraries, community groups), however the NHS App videos and links were a useful resource referenced in patient upskilling. Furthermore, 27% of pharmacy staff used alternative digital solutions (including BeWell, Healthera, ProScript apps), highlighting the fragmented digital health infrastructure. Competing tools may undermine NHS App adoption and create confusion among both staff and patients regarding which platform to use within care pathways, especially where there are established payment structures. Improved integration between digital health tools and clearer guidance on when the NHS App should be the primary solution would reduce duplication and streamline the user experience.

Role-specific training

Pharmacy-focused content inadequately served PPG members and community volunteers, who required more generalised support. Future frameworks could include NHS App training for distinct roles, locality-specific content reflecting regional NHS App functionality variations and use cases relevant to each role's responsibilities.

Growing and expanding NHS App ambassadors

Several PPG members expressed interest in becoming NHS App ambassadors; however, the current programme restricts participation to NHS staff only. Expanding eligibility to trained community volunteers could significantly enhance community reach and trust.

Evaluation limitations

The low post-training survey response rate (9 of 132+ attendees) severely limited impact evaluation. Future programmes should integrate post-training survey completion into incentive structures.

Future recommendations

1. Effective training should balance standardised core content with local flexibility, addressing both regional service variations and specific community needs.
2. A coordinated training network would enable cross-setting knowledge exchange, best practice sharing, peer support for trainers, and timely updates as NHS App functionality evolves.
3. Training could be linked with current digital champion and NHS App ambassador schemes to reduce resource-intensity.
4. Coproduction approaches should remain central to ensuring training remains relevant, accessible, and responsive to the realities of community needs.

Objective 2a: Upskilling patients through community pharmacies

To increase patient uptake and usage of the NHS App through community pharmacy support.

Background

The interval between NHS App training and patient intervention was longer than anticipated due to staff changes and the time required to establish PharmOutcomes infrastructure. PharmOutcomes is a nationally used digital platform that enables community pharmacies to record service delivery, securely share data with commissioners, and accurately facilitate claims and payments. Implementing PharmOutcomes was essential for the efficient administration and reimbursement of community pharmacy payments within this project. While this required considerable time and effort, it is expected to deliver long-term system benefits by facilitating future digital health projects.

This nine-week community pharmacy pilot (September and October 2024) was informed by a South West London pilot https://www.magonlinelibrary.com/doi/abs/10.12968/jprp.2025.0025, enabling staff to proactively discuss the NHS App with patients and offer download and usage support. The project built upon South West London learnings by incorporating additional measures into the PharmOutcomes template and expanding reach beyond the over-65s age group. This is important to increase digital tool uptake across all groups at risk of digital disadvantage in SNEE, beyond age alone, particularly those identified within CORE20PLUS5 who face the poorest health outcomes and the greatest health inequalities if digitally excluded.

Figure 5 outlines the patient pathway flow diagram. Pharmacy staff recorded information on PharmOutcomes using templates (Appendix A) corresponding to two service components:

- Initial interaction with a service user to understand their current NHS App use (Phase 2.1) - £5 per intervention
- Support to download and use the NHS App (Phase 2.2) - £10 per intervention

Participating community pharmacies were remunerated under the SNEE ICB payment mechanism. Activity data was extracted regularly from PharmOutcomes to monitor progress, with activity thresholds adjusted in line with engagement rates. Final data collection occurred in October 2025.

Community pharmacies were equipped with:

- Supporting training documents from the upskilling sessions
- Reference guide demonstrating NHS App functions
- Checklist of PharmOutcomes questions and NHS App functions aligned to training
- Physical materials to support conversations (NHS App Quick Start and Getting Started leaflets)
- QR code linking to a patient feedback survey

Staff received regular communications throughout the nine-week period, with targeted support and encouragement provided to pharmacies showing lower engagement. As part of their participation agreement, staff committed to delivering the service consistently for nine weeks and engaging with monitoring and evaluation activities which included Microsoft Forms surveys. Retrospective reporting on PharmOutcomes remained open until week 10.

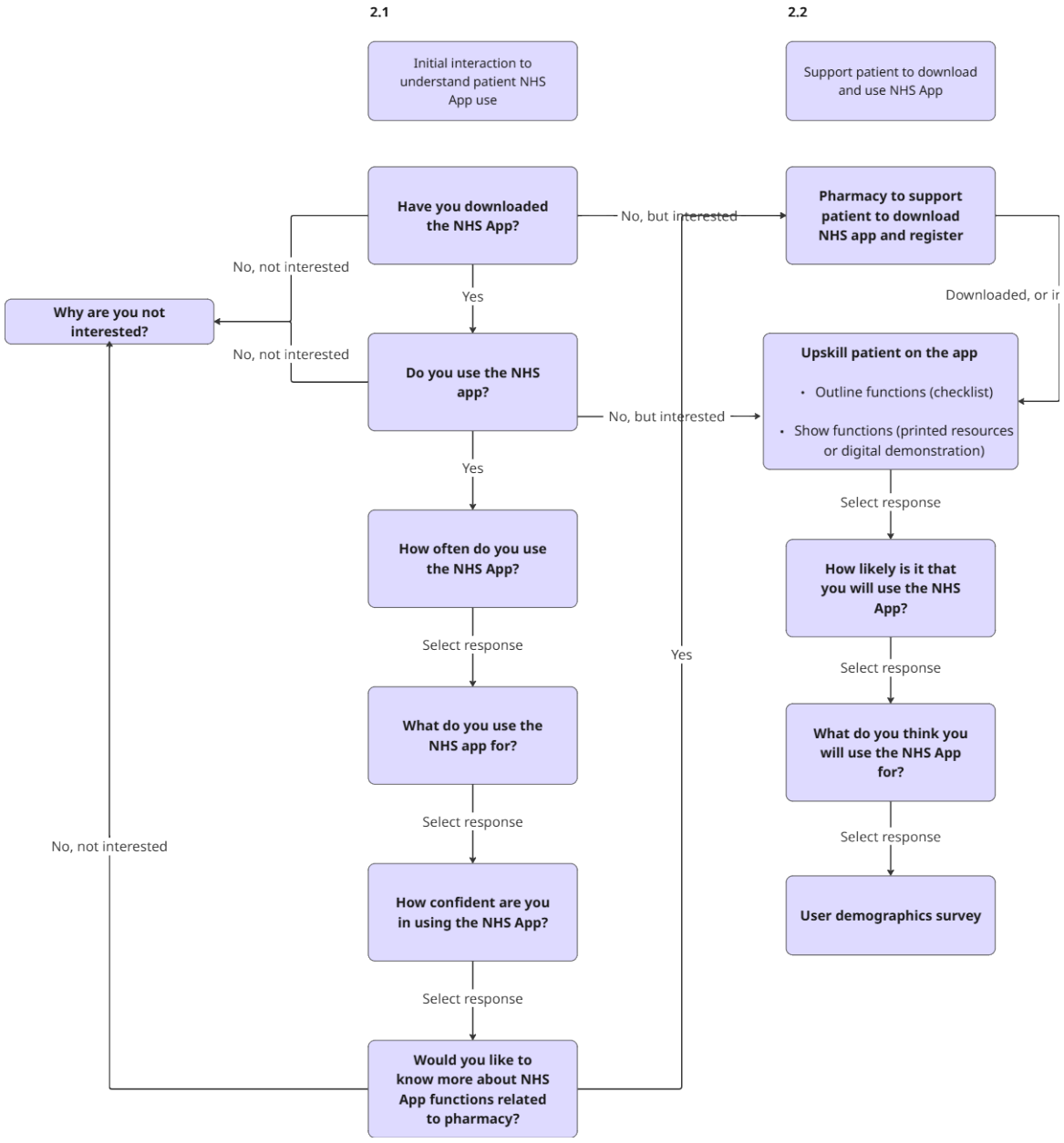

Figure 5: Flowchart to show patient pathway for Phase 2, including points staff recorded information into the PharmOutcomes template.

Uptake

To participate, community pharmacies were required to have enrolled at least one staff member for NHS App training (Objective 1). Pharmacies were initially invited to participate through pharmacy leads who were steering group members, with 18 expressing interest. However, an additional 10 pharmacies proactively sought involvement during the first three weeks of the pilot and were added over time, bringing the total to 28 participating pharmacies across SNEE. Table 1 details the participating pharmacies by county and timing of sign-up, and

their respective IMD deciles.Eight of the 28 pharmacies (29%) served areas with IMD deciles 1-4.

Table 1: Pharmacies participating in NHS App patient upskilling across SNEE. Grey shading indicates pharmacies that joined within the first three weeks after launch. IMD deciles are mapped from 2019 data using: English indices of deprivation 2019: Postcode Lookup

County	Time of sign-up	Pharmacy name	Postcode	IMD decile
Suffolk	Beginning	Green Cross Pharmacy	IP8 4DU	6
Suffolk	Beginning	Rushmere Pharmacy	IP4 4EL	6
Suffolk	Beginning	Croasdales Pharmacy Cornhill	IP33 1BJ	6
Suffolk	Beginning	Croasdales Pharmacy Mount Farm	IP32 7EW	10
Suffolk	Beginning	Woodbridge Road Pharmacy	IP4 2PH	4
Suffolk	Beginning	Station Pharmacy	IP30 9HD	10
Suffolk	Beginning	Queen Street Pharmacy	IP18 6EQ	5
Suffolk	Beginning	Wickham Market Pharmacy	IP13 0QU	6
Suffolk	Beginning	Aldeburgh Pharmacy	IP15 5AR	6
Suffolk	Beginning	Acer Road pharmacy	IP12 2GA	9
Suffolk	Beginning	Leiston pharmacy	IP16 4BZ	5
Suffolk	Beginning	Haverhill pharmacy	CB9 8HF	4
Suffolk	Beginning	L&R Pharma Ltd T/A Pharmacy2Go	CB8 7SG	5
Suffolk	Beginning	Belstead Hills Pharmacy	IP2 9LF	5
Suffolk	Beginning	Nacton road pharmacy	IP3 9NA	6
Suffolk	Beginning	Hawthorn drive pharmacy	IP2 0QQ	2
North East Essex	Beginning	Cavalry Road Pharmacy	CO2 7GH	5
North East Essex	Beginning	Holland Pharmacy	CO15 5UH	4
North East Essex	During	Prettygate Pharmacy	CO3 4NW	9
North East Essex	During	Nayland Road Pharmacy	CO4 5EG	5
Suffolk	During	Long Melford Pharmacy	CO10 9JL	8
Suffolk	During	North Street Pharmacy	CO10 1RF	4
Suffolk	During	Manor Court Pharmacy	IP28 7EH	7
North East Essex	During	Connaught Avenue Pharmacy	CO13 9PT	6
North East Essex	During	Pier Avenue Pharmacy	CO15 1QE	1
Suffolk	During	Boots Market Hill	CO10 2EA	4
Suffolk	During	Boots-Applegate	CO10 0GL	3
North East Essex	During	Boots-Tollgate West	CO3 8RG	7

Figure 6 illustrates the cumulative growth of patient interventions across the reporting period (including retrospective reporting in week 10). Intervention activity demonstrated exponential growth, particularly from week 7 onwards, with the most substantial increases occurring during the concluding stages of the pilot.

By the end of the project (including retrospective reporting at week 10), participating pharmacies had completed:

- **4,012 initial interactions** (2.1) exploring patients' current NHS App use
- **2,041 full support interventions** (2.2) helping patients download and use the NHS App

There was an increase in patient engagement through the community pharmacy upskilling pilot over the 10-week reporting period. Initial and download and use interactions (2.1 and 2.2) rose steadily in the early weeks before increasing sharply from weeks 5 and 6 onwards, with running totals shown in Figure 6. The conversion rate from initial interaction to full support (2.1 to 2.2) averaged approximately 51% across the pilot period, indicating that roughly half of patients engaged in conversations about the NHS App proceeded to receive download and usage support.

Although twenty-eight pharmacies were signed up to the pilot, twenty-two actively participated by reported patient interactions. Nine pharmacies reported more than 150 initial interactions (Figure 7), with the majority reporting over 100 download and use interactions. Notably, North Street and Cavalry Road pharmacies had much lower conversion rates to download and use interactions than others with high initial interactions. Although it was not possible to explore the reasons behind this, due to time limitations, further work to investigate conversion approaches would be beneficial. Overall, the pharmacies with the highest uptake were:

- Green Cross Pharmacy (1167 total interactions)
- Leiston Pharmacy (1023 total interactions)
- Hawthorn Drive Pharmacy (814 total interactions)
- Nacton Road Pharmacy (740 total interactions)
- Belstead Hills Pharmacy (446 total interactions)
- North Street Pharmacy (404 total interactions)

Those with the highest conversion rate were Leiston Pharmacy (98%), Nacton Road (95%), Hawthorn Drive (94%) and Green Cross Pharmacy (90%), however it is acknowledged that different approaches, access additional resources and time, and other factors, may influence these numbers.

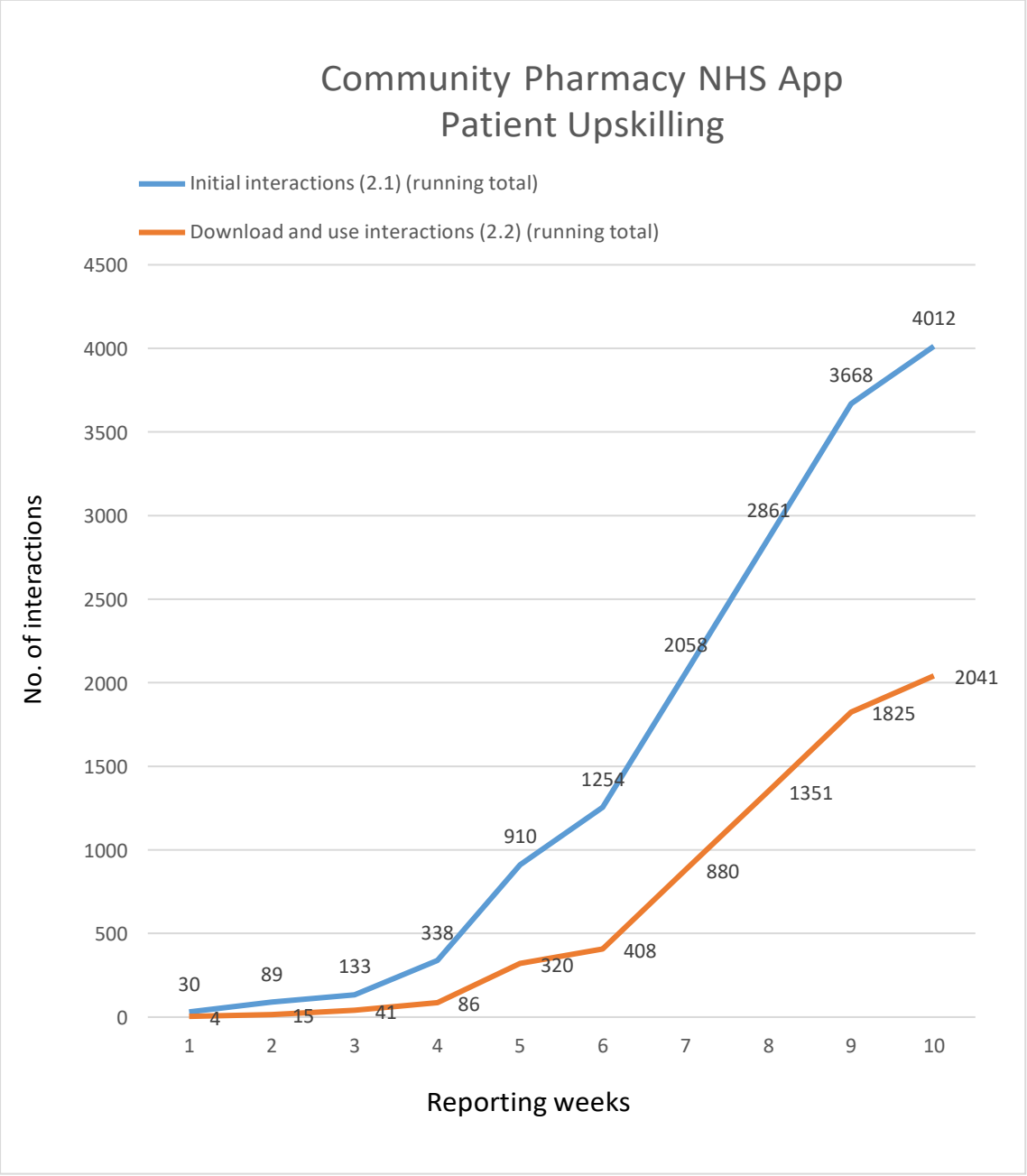

Figure 6: Cumulative growth in community pharmacy–led NHS App patient upskilling interactions (no. of interactions reported by staff via PharmOutcomes) over the pilot period, showing an acceleration in both initial engagements (2.1) and successful download and use interactions (2.2) in later reporting weeks.

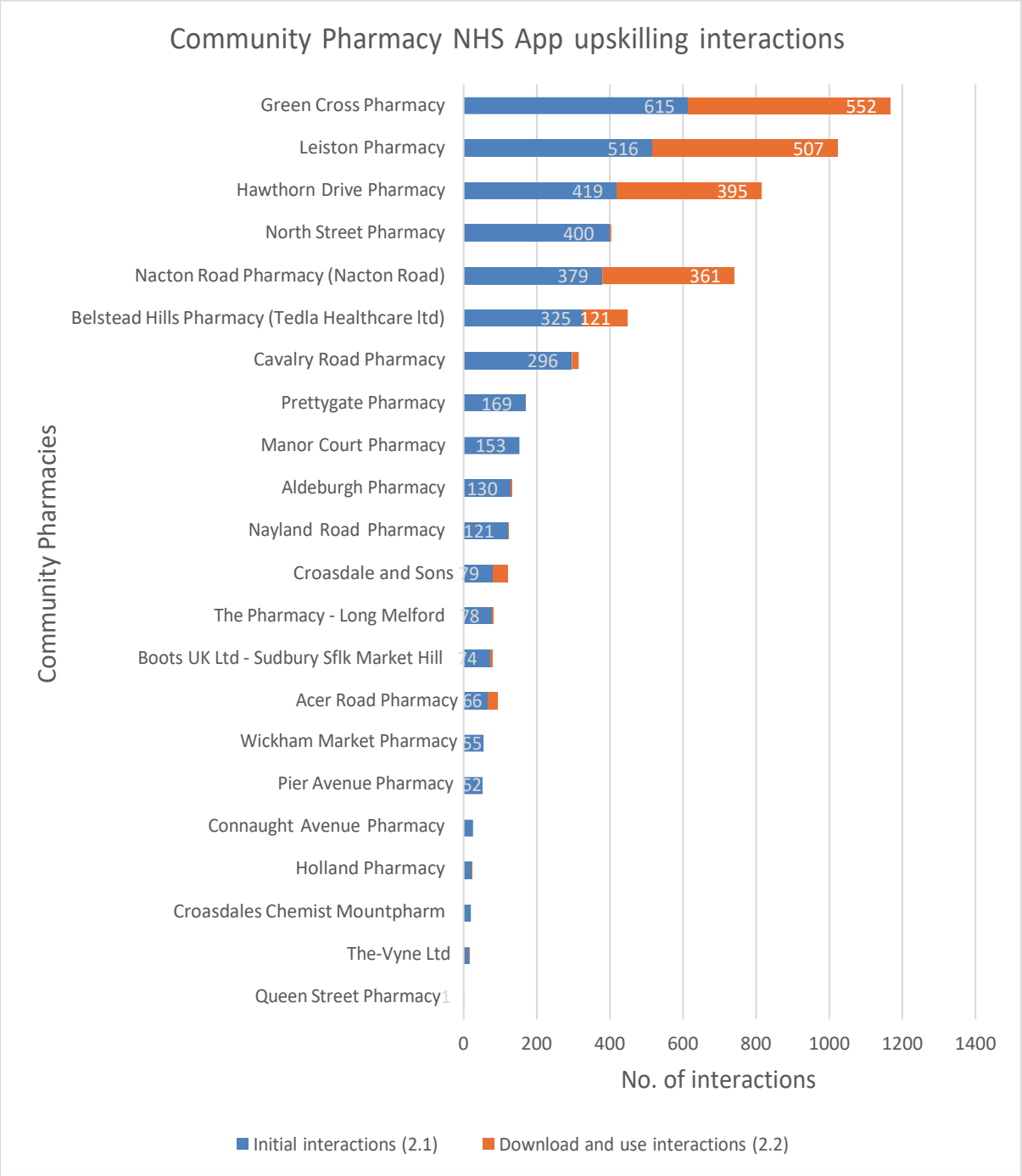

Figure 7: Distribution of NHS App patient upskilling interactions by community pharmacy, showing number of initial engagements (2.1) and successful download and use interactions (2.2) across participating pharmacies across Suffolk and North East Essex.

PharmOutcomes data also allows us to understand the demographic profile of users engaged.

Age: Users of initial interactions (2.1) (n=4,012) spanned many age categories, however over half (51%) were over 65 years old (Figure 8).

Outcodes: The most common outward code (outcode) reported from users of initial interactions were IP8 (666), IP2 (590), CO10 (393), IP16 (326), IP3 (326), CO3 (231), CO2 (156)

and IP28 (152). The numbers for download and use interactions (2.2) were IP8 (566), IP2 (412), IP3 (312) and IP16 (292).

Ethnicity: Ethnicity was only collected for 46% of users engaged across both types of interactions. Of ethnicity reporting collected, the majority were White British (97%).

Gender: Gender was disclosed by 92% of users. Of these, 54.5% were female, including trans women, and 45% were male, including trans men, the additional 0.5% encompassed those who preferred to self-describe or were non-binary.

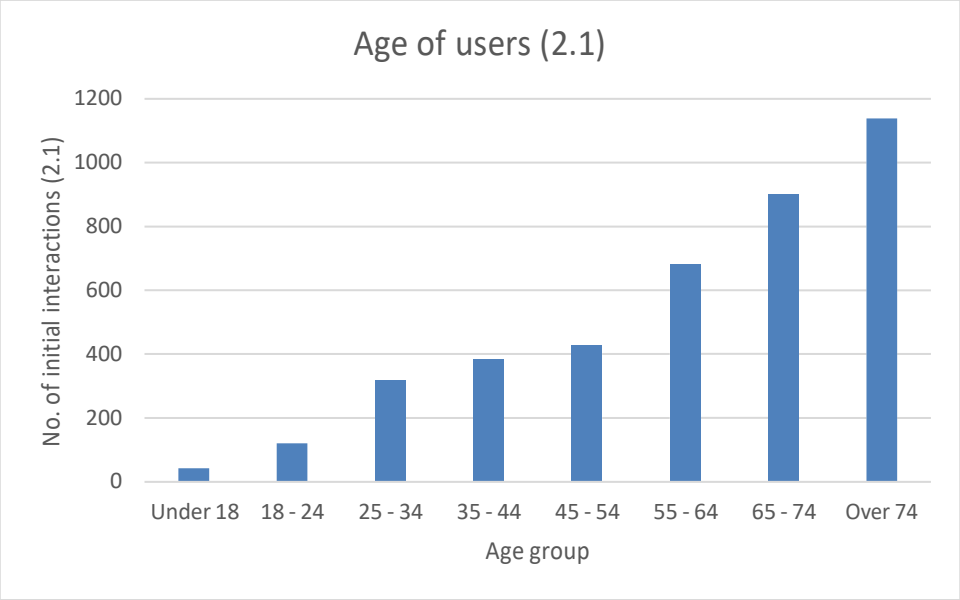

Figure 8: Age distribution of users engaged through initial community pharmacy NHS App upskilling interactions (2.1), reported by staff through PharmOutcomes.

Impact

PharmOutcomes data

As outlined previously, a total of 4,012 individuals had an initial conversation with community pharmacy staff exploring current NHS App use (2.1). These interactions supported awareness-raising and improved understanding of the NHS App and its functions. Of those engaged:

- 61% (2,435) had not previously downloaded the NHS App. Among this group, 1,546 wished to receive support to set up the App for the first time (2.2), while 889 did not wish to download it. The most frequently cited reasons for not wanting to download the App included lack of time, lack of interest in using digital tools for health, and limited access to a suitable device or internet connection. This highlights age-related digital exclusion as a key barrier: 78% of the 889 individuals who did not wish to download the app were aged over 65, compared with only 21% among those who did want to download it.

- 39% (1,577) had already downloaded the NHS App prior to the interaction (56% under 65, 44% over 65). The majority of these individuals (1,447) were already using the NHS App, most commonly on a monthly basis, primarily to manage digital prescriptions, access health records, and book appointments.

Following the initial conversation, 2,041 patients proceeded to receive download and/or functionality support for the NHS App (2.2). Outcomes for these individuals were as follows:

- 45% (926) were supported to download the App but were unable to complete the process within the pharmacy. Most of these individuals (622) were guided using printed reference materials and leaflets. Pharmacy staff noted that some patients did not have their phone available at the time, instead learning how to access the NHS App via a computer or receiving information to enable support from family members outside the pharmacy.
- 26% (531) already had the NHS App downloaded and registered and received support focused on improving functionality and use.
- 19% (393) were supported to download the NHS App and successfully completed login within the pharmacy.
- 9% (191) were supported to download the NHS App but were unable to complete identity verification within the pharmacy setting.

The high proportion of patients unable to complete download or identity verification during pharmacy visits indicates a need for further exploration of underlying barriers. These may relate to pharmacy-level constraints, such as Wi-Fi reliability, availability of time and private space for digital support; system-level factors, including the complexity of registration and verification processes; and patient-level barriers, such as access to devices, digital skills, and confidence. Understanding the relative contribution of these factors will be essential in determining whether improvements in pharmacy infrastructure, additional resources, or stronger integration with wider community-based digital support (e.g. PPGs, libraries, and community groups) would most effectively improve completion rates.

Community pharmacy staff feedback

Survey questions were co-produced with community pharmacy staff using feedback from initial project stages, with wording often drawn from pharmacy applications. Nine pharmacies completed the post-pilot survey. The small number of respondents limits generalisability, nevertheless respondents represent 32% of participating pharmacies.

Project impact on staff practice

- 78% reported using the NHS App more in their role due to the project
- All staff rated their knowledge, confidence to use and upskill others, and motivation to use the NHS App in the future at 4-5 stars (out of 5)

Perceived benefits of the project

Staff most frequently identified the following benefits of the project (% of staff selecting each option; multiple responses permitted):

- Increased awareness and understanding of the NHS App (100%)
- Better uptake and use of the NHS App (89%)
- Better access to NHS records (86%)
- Better access to self-care tools and information, especially for long-term conditions (78%)

Patient engagement
All surveyed staff reported that patients were interested and willing to participate; however, 44% noted that it was sometimes challenging to complete the questions or communicate the information in the time that they had with the patient. This reinforces the value of complementary support within the community which can offer more in-depth time and support.

Population groups reached
Community pharmacy staff reported engaging with the following groups as part of the project (% of staff selecting each option; multiple responses permitted):

- Young people aged 0-25 (67%)
- Older people aged 65+ (56%)
- People with long-term conditions (56%)
- People who want or need more accessible information (56%)
- People who would not usually use digital health tools (45%)
- Carers (45%)

Notably, engagement with Gypsy, Roma and Traveller communities was rarely reported, alongside other groups including people living in areas of high deprivation, people with disabilities, people with autism, people living in rural communities, and Black, Asian, and global majority communities. However, it is noteworthy that some pharmacies with the highest levels of interaction serve communities in IMD deciles 1–4, particularly Hawthorn Drive (IMD 2) and North Street Pharmacy (IMD 4) (Table 1, Figure 7).

Barriers and enablers
The most frequently reported barrier for using the NHS App for pharmacy-related processes was technology challenges for older individuals (3 responses), while easy access and convenience of the NHS App was the top enabler reported (4 responses).

Patient feedback
Patient survey completion was low (11 responses), potentially due to the digital nature of the survey.

NHS App awareness and usage

- Most respondents were aware of the NHS App before the pharmacy intervention
- 50% had already downloaded the App, but only a small fraction had actively used it prior to the intervention

This finding reveals a knowledge gap, as patients may be captured in NHS App uptake statistics but lack knowledge of how to use the App effectively.

Experience and confidence:

- 90% rated their experience with the pharmacy support as excellent or good.
- When asked about confidence using the NHS App after the upskilling, 33% felt very confident while 55% felt quite confident.

Learning outcomes
When asked what they had learned, respondents most frequently detailed (respondents could select multiple options):

- What the NHS App is (25%)
- How to order prescriptions (15%)
- How to nominate a pharmacy (15%)
- How to see GP health records (15%)
- How to download/set up the App (15%)

Impact on future use

- 70% said the information made it easier for them to use the NHS App
- 71% were likely or very likely to use the NHS App in the future
- Respondents indicated they would primarily use the App for prescriptions and appointment booking.

Learnings

Pilot momentum and performance

The pilot demonstrated strong effectiveness once operational momentum was established, and additional pharmacies were involved. Intervention activity, particularly during the concluding weeks, indicated that pharmacies became increasingly efficient at integrating NHS App conversations into their workflows. This suggests that further pharmacy-led digital health interventions may benefit from extended delivery periods, especially to account for fluctuations in activity across the year.

Different approaches

It is assumed that pharmacies adopted different approaches to delivering the intervention, as uptake varied among those that engaged. Some pharmacies had extremely high conversion rates from Phase 2.1 to Phase 2.2 while other pharmacies reported very low conversion. It is understood that ID checks for NHS App sign-up, which require patients to have their identification to hand, and adequate internet, may reduce the conversion of interactions from Phase 2.1 to Phase 2.2. Further exploration of these differences could inform future interventions.

Future evaluations should include structured case studies or learning sessions with high-performing pharmacies to document implementation approaches, identify effective techniques for different patient groups, and create a toolkit of strategies for wider dissemination. Understanding what distinguished high-engagement pharmacies from lower-engagement sites would inform more targeted support and onboarding for future initiatives.

The "Download Gap"

Patient survey data revealed that 50% of respondents had already downloaded the NHS App but were not actively using it before the pharmacy intervention. This gap indicates that national NHS App uptake figures may overestimate functional digital health literacy. Pharmacy-based support effectively bridges this gap by moving patients from passive download to active, confident use. This finding emphasises the need for ongoing "how to use" support beyond initial download campaigns, and positions community pharmacies as valuable partners in sustaining digital health engagement.

Multi-setting support

Pharmacy staff reported that interventions were sometimes challenging to complete or communicate, and specific patient barriers included technology challenges for older individuals and internet access limitations. Identity checks and internet issues may require additional time or multiple interactions to overcome. These findings suggest that pharmacy support alone may not be sufficient for all patients. Linking pharmacy interventions to additional community support settings-such as libraries offering digital skills sessions, PPG-led peer support groups, or dedicated digital navigator services-could create a more comprehensive support ecosystem. Future iterations should map local digital inclusion resources and establish referral pathways for patients requiring extended or specialized support.

Reach

The pilot demonstrated broad age reach. However, minimal engagement was reported with Gypsy, Roma and Traveller communities, people with disabilities, people with autism, rural communities, and Black, Asian and minority ethnic populations. This suggests that pharmacy-based interventions, while effective for general populations, may require targeted co-design and culturally adapted approaches to reach marginalised groups. Future work should involve community representatives from these groups in developing tailored engagement strategies, considering factors such as trust, accessibility, language, and cultural appropriateness of materials and delivery methods.

Patient survey

The low patient survey response rate limits the representativeness of patient feedback. The digital-only format likely excluded less digitally confident patients who would have provided valuable insights into barriers. . Future evaluations should integrate additional feedback methods to increase accessibility and response rates.

Future recommendations

1. This project showed good engagement and impact for pharmacy-led NHS App support, with PharmOutcomes working well to track interventions and understand reach and impact. However, longer-time frames are required in the future to maximise impact, as the best uptake was recorded in the latter stages of the project.
2. Explore and address barriers to NHS App downloads within pharmacies including Wi-Fi reliability to improve completion of NHS App downloads and ID verification during patient interactions.
3. Investigate different approaches of pharmacies and use learnings from those with high uptake and conversion rates to inform future upskilling initiatives.
4. Embed community pharmacy interventions within a wider digital inclusion pathway, with clear referral links to libraries, PPGs, and community groups for patients requiring additional time, skills, or access to devices and internet.
5. Reach into underrepresented groups through community pharmacy interactions was low. Targeted, co-designed approaches are needed to reach underrepresented groups, ensuring pharmacy-led digital support reduces rather than reinforces existing health inequalities.

Objective 2b: Upskilling patients through PPGs and community groups

To increase patient uptake and usage of the NHS App through supporting and connecting existing schemes such as PPGs, community groups, NHS App ambassadors, and digital champions.

Background

Through scoping work, a need for additional community-based support to boost NHS App awareness, uptake, and usage in SNEE emerged. This was reinforced by feedback received from community pharmacy staff during patient upskilling work, who reported additional time to communicate and support beyond the brief interactions within the pharmacy would aid meaningful use of the NHS App. This is especially important to improve healthcare access in deprived areas, individuals with multiple health conditions, and/or with limited trust and interactions with traditional NHS services, where digital health tools could deliver the greatest benefit.

Libraries, and local community groups provide trusted, accessible spaces where people can explore digital health tools and receive support and could be co-ordinated with PPGs and community pharmacy contacts. This integrated approach could ensure individual needs are met, especially for those overcoming some of the greatest barriers such as digital isolation. However, it is appreciated that this approach may not reach those most vulnerable or disengaged from community assets.

Small grants were created to help empower PPGs and local community groups to undertake NHS App sessions and upskilling activities to meet the needs of their users, and to help understand their barriers and enablers for the NHS App. These grants were issued between August 2024 and February 2025 and were co-ordinated to provide cover across SNEE .

Uptake

PPGs and community groups were invited to express interest, and to explore sessions they could deliver to increase uptake and usage of the NHS App especially in groups with low engagement with the NHS App (uptake and usage, as defined by the NHS App dashboard and using the data published at the time of the Expression of Interest, and who may be under-represented in community pharmacy engagement (Objective 2a).

A greater response from PPGs was received than anticipated, with competitive applications received from Suffolk and North East Essex. Twenty-one PPG grants of £1,000 were issued (Table 2) and three grants were given to community groups across SNEE (Table 3).

As part of the grants, PPGs and community groups committed to supporting NHS App-related activities with two key objectives:

1. Increasing awareness and providing training on NHS App functionality

2. Driving NHS App adoption through tutorial sessions and drop-in clinics for patients, communities, and groups

Table 2: Patient Participation Group (PPG) General Practices receiving NHS App grants (£1,000), showing IMD deciles and NHS App registrations for each practice acquired prior to project initiation. Data sourced from the NHS App dashboard; Suffolk and North East Essex average uptake 56% at the time of data capture (June 2024), with IMD deciles mapped from 2019 data using: English indices of deprivation 2019: Postcode Lookup.

General Practice Name	County	NHS App registrations (uptake)	IMD decile
St James Surgery	North East Essex	48.32%	3
North Clacton Medical Group	North East Essex	48.10%	4
Leiston Surgery	Suffolk	46.60%	5
Mayflower Medical Centre	North East Essex	52.63%	2
Haverhill Family Practice	North East Essex	52.30%	4
Victoria Surgery	Suffolk	50.22%	5
Ravenswood Medical Practice	Suffolk	52.59%	5
Stowhealth	Suffolk	52.78%	6
Botesdale Health Centre	Suffolk	50.10%	9
Glemsford Surgery	Suffolk	56.20%	5
Hardwicke House Group Practice	North East Essex	54.07%	6
Great Bentley Surgery	North East Essex	53.06%	7
Creffield Medical Centre	North East Essex	59.23%	5
Swan Surgery	Suffolk	58.56%	6
Market cross surgery	Suffolk	56.65%	7
Woolpit Health Centre	Suffolk	55.37%	9
Tiptree Medical Centre	North East Essex	59.87%	6
Mersea Island Medical Practice	North East Essex	58.16%	9
Framfield House Surgery PPG	Suffolk	57.40%	10
Framlingham Medical Practice	Suffolk	58.56%	9
Ambrose Avenue Group Practice	North East Essex	68.50%	9

Table 3: Community groups receiving community grants (£5,000), showing group description taken from the applications received, and county.

Community group	Description	County
Suffolk Community Libraries	Runs 45 library branches, three mobile libraries and three pop-up libraries across Suffolk.	Suffolk
Suffolk Family Carers	Registered charity providing support for unpaid family carers of all ages.	Suffolk
Essex County Council Digital Access Support Team (DAST)	Service offering learning sessions, resources, and support points to help with basic digital skills, accessing services, and getting connected to bridge the digital divide.	North East Essex

Recipients of the grants were asked to define their intended reach and impact. Grant feedback forms and surveys were designed based on measuring the intended reach and impact applicants detailed. Communities which PPGs and community groups intended to reach included:

- Older people (aged 65+ years old)
- People living in rural communities
- People with long-term conditions (please detail in other)
- Young carers (5-15 years old)
- People who need or want more accessible information
- People attending the GP
- GP staff
- Young adult carers (16-24 years old)
- Adult carers

Impact

PPGs

Only 6 PPGs completed a grant report, these were: Swan Surgery, Framlingham Medical Practice, Hardwicke House Group Practice, Haverhill Family Practice, Market Cross Surgery and Glemsford Surgery. The following impact draws on feedback from these PPGs.

Activities

PPG grant funding supported a combination of structured, opportunistic, and population-wide NHS App engagement approaches. Market Cross Surgery delivered repeated NHS App demonstrations within PPG meetings, with small groups of approximately six participants attending 90-minute sessions. These sessions combined verbal explanation, visual aids, website content, and digital waiting-room noticeboards to reinforce learning.
Hardwicke House Group Practice focused on high-volume opportunistic engagement, delivering training to PPG members, staff, and patients during clinics and a Health Awareness

Day. The open nature of the funding allowed approaches and NHS App promotion to be embedded into current activities and established communications with patients.

Victoria Surgery appointed two NHS App Ambassadors and ran three dedicated “NHS App Days”, promoted via social media and waiting-room posters. Patients were encouraged to bring their own devices, enabling hands-on support with downloading, registration, and navigation. Additional support was provided during flu and COVID vaccination clinics to maximise reach. Framlingham Medical Practice undertook a series of waiting-room drop-in sessions, with PPG members distributing flyers, supporting app set-up, and demonstrating key functions. Haverhill Family Practice delivered three pop-up sessions in the waiting room, reporting elevated levels of patient engagement each morning. Swan Surgery opted for surgery-wide promotion rather than formal sessions, distributing QR-coded cards linking to online guides and planning to integrate NHS App training into a forthcoming PPG-led menopause education event.

Reach

Engagement ranged from small, intensive sessions to large-scale population reach. Market Cross Surgery engaged approximately six individuals per session across multiple meetings. Framlingham Medical Practice reported direct interaction with 575 patients, while Hardwicke House Group Practice estimated engagement with over 500 people through clinics and events. Haverhill Family Practice reported that “each morning session proved popular”, with numerous informal patient interactions. Collectively, the programme reached well over 1,000 individuals across Suffolk and North East Essex from the six PPGs which feedback.

These six PPGs confirmed that the sessions successfully reached groups identified as being at higher risk of digital exclusion. This included older people, patients living in rural communities, individuals with long-term conditions, and people who would not usually use digital health tools (Figure 9). Engagement also extended to patients attending GP appointments, PPG members, GP staff, and wider healthcare staff, supporting consistent messaging and reinforcement across primary care settings.

Challenges

Several PPGs reported barriers for older patients using digital tools, like the NHS App. Market Cross Surgery noted “lots of concerns around the older population using digital technology”, requiring additional reassurance and time. Victoria Surgery identified practical barriers, including inconsistent Wi-Fi and patients not having appropriate identification available to complete NHS App registration. They also highlighted the challenge of allocating sufficient time “not just to download and set up the app but explain the features and show patients how to access each page”. This was similarly noted in patient upskilling through community pharmacies.

Framlingham Medical Practice reported that limited PPG capacity constrained the number of sessions that could be delivered, while Swan Surgery highlighted difficulties in finding individuals with the confidence and expertise to run NHS App education sessions. Moving forward, incorporating existing NHS App ambassadors and digital champions would help to ensure capacity.

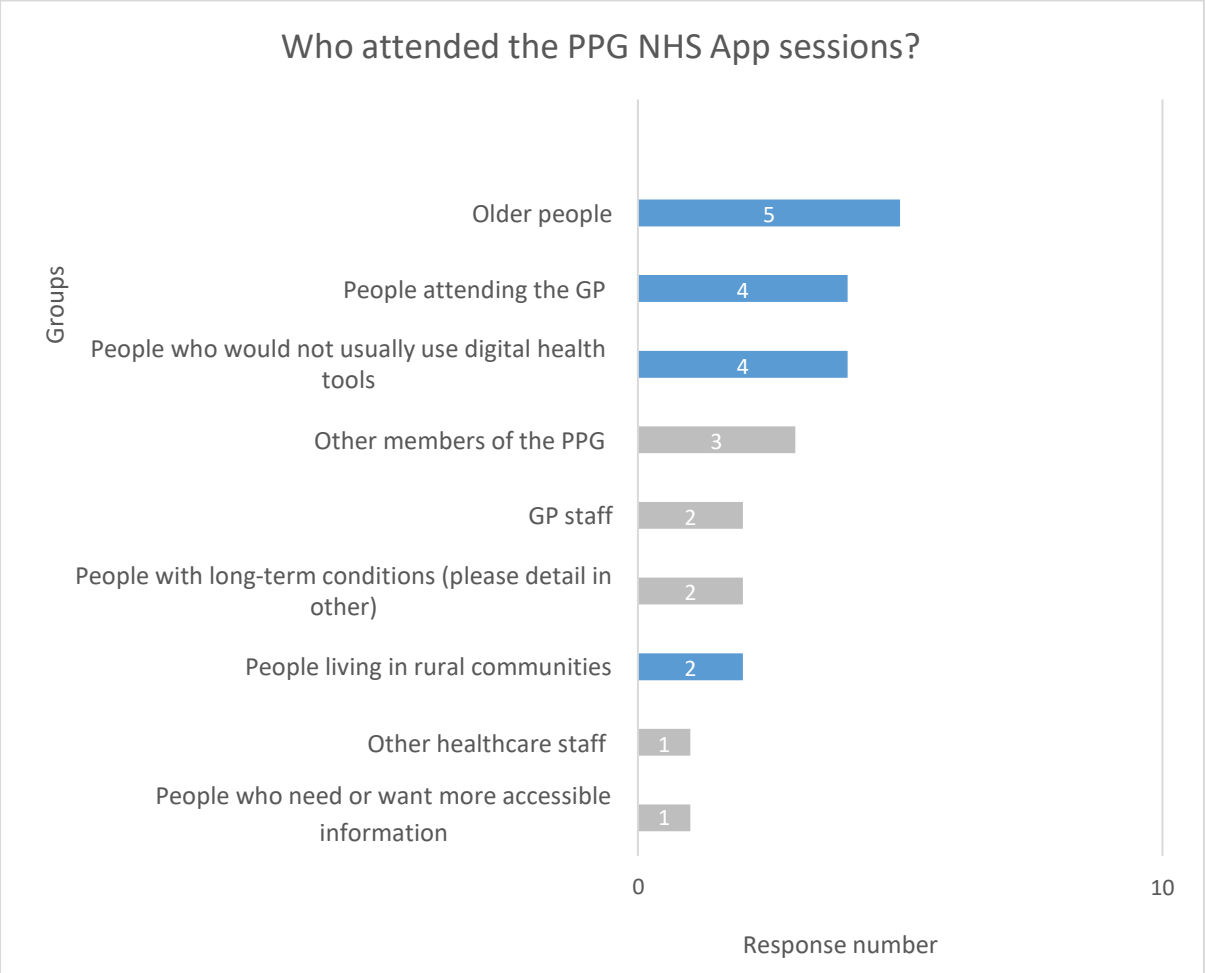

Figure 9: Reach of PPG NHS App sessions funded through PPG grants. Responses are taken from grant reports completed by participating PPGs, with multiple responses permitted (n=6).

Benefits

Across all PPGs, feedback demonstrated a clear and consistent positive impact, which often extended beyond awareness and use of the NHS App.

Several PPGs highlighted benefits in reducing in digital exclusion, particularly among older patients and those previously reluctant to engage with digital tools. Victoria Surgery specifically reported “reduced digital exclusion among underserved communities”.

Framlingham Medical Practice reported that many patients stated the app was “easier than expected” after hands-on support. Haverhill Family Practice observed a “reduction in patient fears and misconceptions on digital tools” following the pop-up sessions. Hardwicke House Group Practice highlighted system benefits, noting that embedding the NHS App into day-to-day health management “reduces contacts with the GP practice as information is available via the app”.

Future

PPGs consistently highlighted the importance of sustained funding and ongoing promotion. Swan Surgery stated that “continued funding for this type of promotion is essential, the job is

ongoing". Victoria Surgery recommended expanding delivery beyond NHS premises, suggesting that sessions should be "frequently available in community centres and day centres". Hardwicke House Group Practice reinforced the value of embedding NHS App awareness into routine care rather than treating it as a standalone initiative.

Community groups

NEE DAST and Suffolk Family Carers ran their NHS App activities across the 6-month grant period. Suffolk Community Libraries conducted a short pilot series of sessions over an 8-week period, aligning with patient upskilling through community pharmacies.

Evaluation feedback was received via survey from Suffolk Family Carers and the North East NEE DAST, while representatives from Suffolk Community Libraries had an online discussion and feedback board. Feedback from the three community groups align, particularly around the importance of trusted community settings, one-to-one support, and the complexity of NHS App registration for older adults and carers.

Activities

Suffolk Family Carers delivered NHS App promotion through a blended, sustainable model integrated into their core offer. This included ongoing website and social media promotion, self-help videos, and structured inclusion of NHS App content within regular family carer group meetings and training workshops. This ensured repeated exposure over time rather than reliance on one-off sessions, allowing carers to revisit information.

NEE DAST delivered frequent NHS App tutorials and drop-in sessions across NEE, primarily within GP surgery settings, offering face-to-face support with registration, login, and navigation. Over 50 sessions were delivered at high frequency (three to five sessions per week over a six-month period), reflecting the level of demand for individual support and mirroring the library experience that NHS App uptake often requires sustained, one-to-one engagement rather than group-based teaching.

Suffolk Community Libraries offered a range of drop-in sessions and workshops, using feedback boxes to help cover aspects of the NHS App that users valued the most. A toolkit was developed by a member of staff, and channels of communication were created between staff to share experiences and learnings. Library staff found that one-to-one support was essential and could be useful for future directions due to the complexity of identity verification, login processes, and proxy access, particularly for older adults and carers managing care on behalf of others. Sessions were advertised through a variety of methods in the community, including leaflets on the 'Be Well' bus, talking to local groups, posters, and social media posts.

Reach

Suffolk Family Carers reported engagement with over 100 individuals, with NHS App content embedded within ongoing training and support, enabling longer-term reinforcement, particularly for carers whose digital needs evolve over time.

NEE DAST attendance varied, with some sessions lacking any engagement, and some having thirty attendees. They reported that venue influenced footfall, especially due to the drop-in nature of the events. Nevertheless, the high frequency of sessions over six months resulted in sustained reach throughout the period, with over 700 people estimated to have been reached throughout the sessions, given the numbers provided.

Suffolk Community Libraries reported significant variation in attendance by location, with rural areas receiving limited uptake. Factors influencing uptake included differences in promotion methods, variable Wi-Fi reliability, the presence of competing digital health initiatives, and limited preparation time. These contextual factors suggest that lower attendance in some locations should not be interpreted as a lack of need. Instead, the findings point to the importance of targeted and sustained support to enable libraries to engage effectively with their communities. Further resourcing, such as through upcoming digital awareness initiatives, could strengthen capacity to deliver tailored support for digital health tools and contribute meaningfully to reducing health inequalities.

All three community groups reached a broad range of digitally excluded groups. Suffolk Family Carers and DAST reached older people, rural residents, people with long-term conditions, adult carers, and individuals requiring accessible information. Suffolk Family Carers also engaged young adult carers aged 16–24. Suffolk Community Library staff detailed that their attendees were in their late 70s and 80s, medically vulnerable, recently widowed, or managing care for a partner with early dementia.

These insights reinforce the critical role of community-based delivery alongside clinical initiatives in providing accessible and equitable digital support. As digital health tools continue to expand, community settings are particularly well placed to reach individuals who require additional time or tailored support, lack access to digital devices or reliable internet, or are less likely to engage with support through traditional NHS pathways. Without provision, these groups remain at heightened risk of widening health inequalities.

Challenges

Suffolk Family Carers identified reliance on internet connectivity as a limitation, noting that delivery was “restricted to locations with internet connection” due to video-based training with live Q&A. This mirrors challenges identified by Suffolk Community Libraries, where poor or unstable Wi-Fi frequently disrupted NHS App registration and verification, leading to frustration and incomplete setups.

DAST reported that some GP surgeries were “probably not the best locations” for sessions. Library feedback helps explain this further, indicating that physical environment, privacy, Wi-Fi reliability, and the ability to provide unhurried one-to-one support all significantly affect outcomes.

Across all three settings, a consistent challenge was the complexity of NHS App login and verification processes. Suffolk Libraries reported that delays in ID verification, inconsistent user journeys, and unclear error messages often prevented completion within a single session. As

identified in community pharmacy upskilling (Objective 2a), repeated contact and follow-up are often necessary and should be factored into future initiatives.

Suffolk Family Carers highlighted frustration among carers that NHS App features were inconsistently enabled by GP practices, noting that carers "regularly said that some of the features available in the App were not available to them". Suffolk Community Libraries reported similar confusion, with users often assuming GP or hospital systems should be accessible via the NHS App. Proxy access for the NHS App is currently limited for carers who share the same GP, severely limiting its application to carers. It is understood that this is a complex issue, and that work is continuing to address this.

Staff from Suffolk Community Libraries expressed a need for a dummy account which could be accessed and used to demonstrate the functionality of the NHS App, without using the patient's device. Not only would this help patients interact with the functions before downloading, but it would also minimise the risk of exposure to sensitive patient information.

Moving forward, linking local PPGs and NHS App Ambassadors and digital champions, with dummy NHS App accounts, to community sessions could broaden support and offer local knowledge of which features are available. Feedback throughout the project points to system-wide need for clearer understanding and communication of the NHS App and features available across locations.

Benefits

Both Suffolk Family Carers and NEE DAST reported increased awareness and understanding of the NHS App, improved uptake, and greater confidence in using digital tools to manage health and wellbeing. Suffolk Family Carers additionally reported reduced fears and misconceptions around digital health tools among carers. DAST highlighted a qualitative benefit of increased patient empowerment, noting that NHS App use created "more opportunity to take ownership of your own health information and choices". This aligns strongly with Suffolk Community Libraries' findings, where approximately half of attendees left sessions successfully logged in and actively using the app, and many others gained clarity and reassurance even if setup could not be completed immediately.

Across all community settings, benefits extended beyond technical outcomes. Participants valued receiving support in trusted, non-clinical environments and reported increased confidence, reduced anxiety, and improved understanding of how different digital health systems fit together.

Learnings

Flexible and local delivery

PPGs and community groups used a mix of structured sessions, opportunistic engagement, and population-wide promotion, allowing NHS App support to be embedded into existing activities. There was poor attendance across some rural areas, but flexibility enabled delivery to be adapted to local capacity, audiences, and settings, supporting both depth of engagement and wider reach.

Reach to digitally excluded groups

Delivery through PPGs, libraries, and community organisations successfully reached older people, carers, rural residents, and individuals with long-term conditions. Sessions in accessible, non-clinical spaces showed higher engagement from those less likely to access digital support through NHS settings than community pharmacy interventions (Objective 2a). This reinforces the value of community-based provision alongside clinical initiatives.

Time-intensive support

NHS App registration, login, identity verification, and navigation were frequently cited as too complex to complete in a single session, particularly for older adults and carers. Repeated contact and one-to-one support, with support from family members where relevant, were offered as future directions for community sessions to help build confidence, reduce anxiety, and enable meaningful use of the NHS App over time.

Infrastructure limitations

Reliable Wi-Fi, adequate privacy, and sufficient time for unhurried support were consistent enablers of effective NHS App uptake, while poor connectivity and limited capacity frequently disrupted sessions and prevented completion. System-level issues also created barriers, including inconsistent availability of NHS App features across GP practices and limited proxy access for carers. These challenges undermined confidence and perceived usefulness, highlighting the need for clearer communication about local functionality and realistic expectation-setting during support sessions.

Local capability

PPGs and community groups reported variation in capacity and confidence to deliver NHS App support, with sustainability strongest where NHS App Ambassadors, digital champions, or trained facilitators were in place. Strengthening links between PPGs, community organisations, and existing digital champion networks would improve resilience and continuity of delivery. Beyond NHS App uptake, community-based digital support contributed to wider outcomes, including reduced digital exclusion, improved confidence, reduced anxiety, increased patient empowerment, and potential reductions in GP practice workload, supporting a preventative, inequalities-focused digital health approach.

Suffolk Community Library staff contributed towards a discussion board, including reflections for future NHS App sessions. This feedback could guide further NHS App projects, with comments connected to integration, different types of session, reconnecting with individuals, and additional resource required (Figure 10).

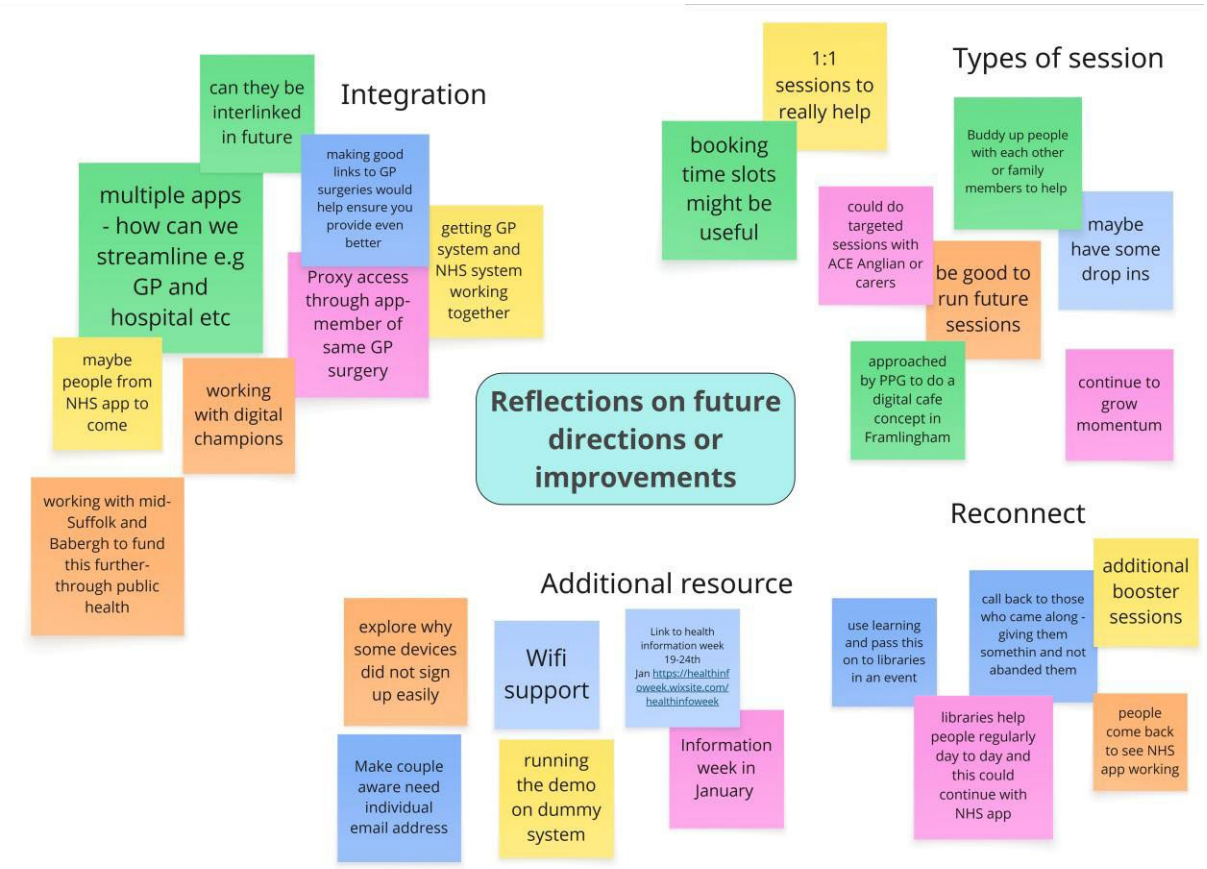

Figure 10: Discussion board on reflections on future directions or improvements for the project, showing contributions from Suffolk Community Libraries. Contributions have been broadly grouped into themes of integration, session type, reconnecting with individuals, and additional resources.

Future recommendations

1. Delivery should empower community groups to embed NHS App support into existing activities and trusted settings.
2. Face-to-face support is essential, including one-to-one sessions and follow-up to build confidence, complete registration, and support functional use.
3. Infrastructure and system barriers should be addressed, including reliable Wi-Fi, adequate space, clear guidance on proxy access, and the use of dummy accounts for demonstration.
4. Local facilitators should be strengthened through networks and training, linking NHS App Ambassadors, digital champions, and community staff.
5. Community-based support should be integrated with wider digital inclusion pathways, creating coordinated routes to additional resources for patients needing extra time, skills, or access to devices.

NHS App dashboard

Although we cannot trace the cause of changes in NHS App uptake and usage registered on the NHS App dashboard (NHS App dashboard - NHS England Digital) it is a valuable tool to observe trends, which this project may have contributed towards.

At the time of the expression of interest call for patient and community involvement (June 2024), the NHS App dashboard reported that 56% of GP patients aged over 13 in SNEE were registered on the NHS App. By completion of the programme in December 2025 (with the most recent monthly registration data from November 2025), this had increased to 66%.

New monthly registrations rose notably in September and October, increasing by 10% and 17% respectively compared with the previous months. This coincided with the period during which the community pharmacy intervention and some community group workshops were delivered. Monthly NHS App logins (usage) also increased across SNEE, with the most notable rises occurring in September and October, showing month-on-month increases of 12% and 13%, respectively.

However, a similar pattern of increased NHS App uptake and usage was observed across other ICBs during the same period, and annually September and October appear to be months of NHS App uptake and usage increase. These changes may have been influenced by external factors, such as seasonal illness, vaccination requirements, and national NHS App programmes and campaigns. As a result, increases in uptake and usage cannot be directly attributed to this project.

Overall Recommendations

Five cross-cutting recommendations emerged from the evaluation objectives:

1. Adopt standardised yet locally flexible NHS App training
(Objectives 1, 2a, 2b)
Develop a consistent core NHS App training model that can be accessed and delivered flexibly across libraries, community groups, PPGs, and community pharmacies. The forthcoming national NHS App framework is expected to support this standardisation and should explicitly address known challenges such as carer and proxy access, which remain a barrier to uptake and effective use. Alongside national guidance, local learning from Suffolk and North East Essex must be incorporated to ensure delivery reflects place-based needs and reaches diverse urban, rural, and coastal populations.

2. Establish a coordinated, cross-setting delivery and learning network
(Objectives 1, 2a, 2b)
Build on the informal collaboration established through this project by formalising coordination between community pharmacies, PPGs, and community groups, and connecting digital champions and local NHS App Ambassadors. A structured delivery and learning network would reduce duplication, identify gaps in provision, and maximise the effective use of resources across the system. It would also increase understanding of NHS App use and function in different GPs and localities to inform future projects.

3. Design digital upskilling programmes for sustained delivery rather than short pilots
(Objectives 2a, 2b)
Uptake and conversion increased in later stages of delivery, and repeated one-to-one support was often required to complete registration, ID verification, and functional use. Future NHS App pilots and programmes should allow sufficient time and resource for follow-up support. Tracking registrations and outcomes should account for the reality that multiple contacts are often required to complete registration, verification, and meaningful use across all delivery settings. In further long-term projects, prevention could be measured through coordination with additional datasets.

4. Address system barriers across all delivery settings
(Objectives 2a, 2b)
Use learning from this project to help support reliable Wi-Fi connectivity in community assets. Delivery would also benefit from access to dummy NHS App accounts or equivalent training tools, enabling staff to demonstrate functionality confidently without relying on live user data. Additional time and resource could be built into projects aiming to reach rural or harder-to-reach populations, where access challenges are greater.

5. Embed NHS App support within a wider digital inclusion pathway focused on equity
(Objectives 1, 2a, 2b)
Coordinate future NHS App and digital inclusion initiatives across the region to create clear pathways between settings. Underrepresented groups require trusted settings, co-designed approaches, and clear referral routes between community pharmacies, PPGs, libraries, and

community organisations to avoid widening inequalities. The project showed that community groups were effective in reaching underrepresented populations, PPGs provided strong links to general practice, and community pharmacies drove overall uptake. Future projects should enable warm handovers between these settings, particularly for individuals requiring more tailored, time-intensive support.

Appendix

A: Evaluation Framework

This evaluation aimed to describe the implementation of NHS App training to community pharmacists, and the impacts of patient upskilling within community pharmacies, PPGs, and community groups in SNEE. This was a pilot project, with measurements focused on four outcomes, anticipated within community pharmacy coproduction work.

Outcome 1: Increased workforce knowledge of the NHS App, ultimately contributing to improved patient outcomes and healthcare accessibility.
Measured through pre and post training and upskilling staff surveys.

Outcome 2: Increased public knowledge, improved downloads, and usage by patients in SNEE, especially those in areas of high deprivation and/or facing health inequalities, leading to improved patient outcomes and healthcare accessibility.
Measured through PharmOutcomes, reach assessed through anonymous demographic data and uptake and usage supported by NHS App database data.

Outcome 3: Better understanding of barriers and enablers of NHS App use within community pharmacy, PPGs, and community groups in SNEE ICS to inform further work digital which enhances integration with the wider system.
Measured through upskilling staff survey and group discussion.

Outcome 4: Feedback to share to aid future developments and expansion of upskilling through community pharmacy.
Measured through PharmOutcomes data and upskilling staff surveys and group discussion.

B: PharmOutcomes templates

2.1

2.1.1: Have you downloaded the NHS app?
If the patient answers 'yes' move on to question **2.1.2**
If the patient answers 'no' ask if you can support them to download the NHS app. If yes, progress to **Stage 2**.
If they do not want to download, please record why (I do not have access to a device to use it, I do not have access to the internet, Already use another digital tool, Not interested in using a digital tool/app for these functions, I do not have time, Other)

2.1.2: Do you use the NHS app? E.g. to order your medicines, book appointments, view health records
If the patient answers 'yes', move on to question **2.1.3**
If the patient answers 'no' ask if you can support them to know more about the NHS app especially its functions related to pharmacy. If they accept, move to **Stage 2**.

2.1.3: How often do you use the NHS App?
Ask them to select from the following: Daily, Weekly, Monthly, A few times a year, Never, Prefer not to say
Move to question **2.1.4**

2.1.4: What do you use the NHS App for?
Ask them to select from the following: digital prescriptions, accessing my records, booking appointments or vaccines, online consultations, messaging my GP, other (please specify), prefer not to say
Move to question **2.1.5**

2.1.5: How confident are you using the NHS App?
Ask them to select from the following: Very confident, Quite confident, Neutral, Not confident, Not at all confident, Prefer not to say
Ask if they would like to know more about NHS App functions related to pharmacy. If yes, move to **Stage 2.**

2.2

2.2.1: Pharmacy to support patient to download NHS app and register (this may take time to activate, patient can come back to pharmacy if appropriate).

If patient has already downloaded & registered the NHS app then **move on to 2.2.2.**

Patient supported to download and completed login, verified ID and has access to the service. **Move to 2.2.2**

Patient supported to download but unable to complete download in pharmacy (E.g. internet access). **Move to 2.2.2**

Patient supported to download, but unable to complete login and verify ID in pharmacy. Encourage return if additional support needed. **Move to 2.2.2**

2.2.2: Pharmacy to upskill patient on the NHS i.e. ordering their own medicines, viewing health records, selecting a pharmacy, booking appointment etc.

Briefly outline NHS App functions, especially those related to pharmacy using checklist as a guide.

Show functions either through the newly downloaded app or using printed reference guide, as per patient interest. Give out printed resources where possible to support.

Move to question 2.2.3

2.2.3 How likely is it that you will use the NHS App?

(Extremely Likely, Likely, Unsure, Unlikely, Extremely Unlikely)

2.2.4 What do you think you will use the NHS App for?

Ask them to select from the following: digital prescriptions, accessing my records, booking appointments or vaccines, online consultations, messaging my GP, other (please specify)

Ask them to complete the quick feedback form

Complete intervention