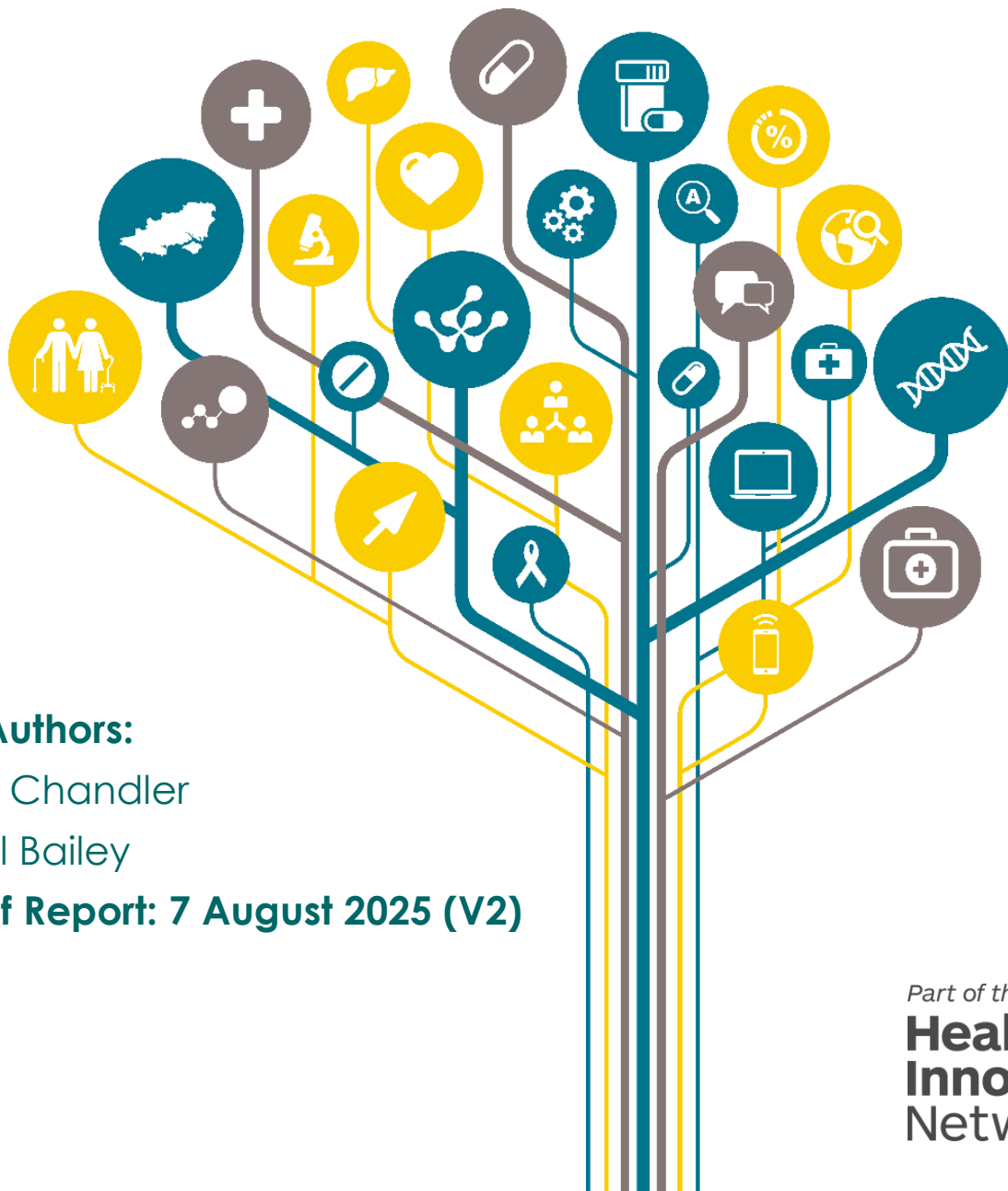




Health
Innovation
Wessex

A Qualitative Evaluation of the Hampshire and Isle of Wight ICB pilot of the NHS Healthier Together Digital Application



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Disclaimer

This report presents the findings of an independent qualitative evaluation of the Hampshire and Isle of Wight Integrated Care Board (ICB) pilot of the NHS Healthier Together Digital Application project.

The findings of this independent evaluation are those of the authors and do not necessarily represent the views of Hampshire and Isle of Wight ICB.

Declaration of Interest Statement

Health Innovation Wessex supports innovators to bring their innovations to the NHS as well as provide an evaluation service more broadly to our members and others. On occasion, we evaluate innovations that we have also supported. Whilst these evaluations are independent, for transparency we disclose our dual role where applicable. This is not the case for this evaluation.

Acknowledgements

We would like to thank the NHS Healthier Together Digital Application project team, and parents and carers of the service, for their participation in this evaluation.



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Executive Summary

Introduction

The Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) pilot of the NHS Healthier Together Digital Application project commenced in October 2022 and evaluation activities were completed in March 2024. The evaluation was undertaken by Health Innovation Wessex. This report described insights from the qualitative data only to provide learning for the stakeholders involved in delivering this project¹.

Background

The evaluation focused on the NHS Healthier Together digital application, designed to improve access to healthcare for children and young people in the Wessex area. The app's primary function is to enable parents to access primary care, where necessary, for their children more easily by providing a user-friendly platform for assessing their child's health and symptoms.

Findings

Insights from the patient and carer survey provided valuable perspectives on the app's user experience and functionality. This indicated the app's ability to provide a streamlined process for parents to access healthcare services through its triage system using the traffic light model (red, amber, green) to direct parents to an appropriate service or self-care advice based on the severity of their child's symptoms. It is suggested that consideration is given to further evaluation that triangulates parent decisions in response to the app and the impact on primary and secondary services of the HT app.

The pathway to increase uptake of the app was the engagement of primary care practices to register parents and allow access to the practice via the app. An increase in a child related infection causing concern provided the HT team greater access to GP practices to increase uptake of the HT app. However, there was wide variance across individual practices as to their success in engaging parents to register on the HT app.

¹Due to significant limitations with the available quantitative data, this report focuses only on the qualitative data at the request of Hampshire and Isle of Wight ICB. The quantitative data, and its limitations, are documented by Health Innovation Wessex separately and can be made available on request. Therefore, the reader is asked to note that the findings reported here relate to qualitative data only and should take this limitation into consideration.



Conclusions

Overall, this qualitative evaluation underscores the positive impact of the NHS Healthier Together digital application in improving access to healthcare services for children and young people. The feedback collected presents valuable insights that can be leveraged to further refine and improve the app's user experience and functionality.

Recommendations

Based on the findings, it is recommended that ongoing collaboration with stakeholders and continuous feedback loops are established to ensure the continued enhancement and effectiveness of the NHS Healthier Together digital application. Moreover, targeted user training and awareness campaigns could further promote the app's utilisation and benefits.

To support demonstration of impact on both primary and secondary care it is recommended that once use has increased, an analysis of impact is undertaken using a recommended quantitative dataset.

Consideration of using a Learning Health System* approach as an effective strategy to support the system to gather insights and adapt as necessary is recommended.

* A learning health system (LHS) is a way of describing a systematic approach to iterative, data-driven improvement. Learning health systems are able to learn from the routine care they deliver, and improve it as a result – as part of 'business as usual' ([Developing learning health systems in the UK: Priorities for action | The Health Foundation](#)).



1. Background

1.1. Overview of Healthier Together

Healthier Together: Improving the quality of care for children and young people in Wessex (Healthier Together) is a Wessex-wide project commissioned by Hampshire and Isle of Wight ICB (HIOW ICB), www.healthiertogether.nhs.uk

The NHS Healthier Together app (hereafter referred to as 'the HT app') aims to enable parents to access appropriate healthcare advice and care for their child² more easily than via existing routes (for example, contacting their GP practice or going directly to an emergency service). This alternative route allows parents to directly access clinical information through the HT app and receive advice that will direct them to the most suitable care based on the child's health and symptoms of concern.

The initial step on the HT app triages the parent through a traffic light system (red, amber, green). If the child has red flag symptoms, the parent is signposted to the emergency department or 999. If they have amber symptoms, they are signposted to NHS 111 (online or phone) or their GP practice, and the HT app sends an email to notify the practice of the need for a consultation. The aim is for the GP Practice or Hub to triage the request the same day and contact the parent. If the child has no red or amber symptoms, the parent is reassured (green symptom list) and provided with self-care information and the location of their nearest pharmacy. Healthier Together anticipates that this approach has the potential to significantly reduce unnecessary primary care activity or the use of emergency services.

The HT app was co-designed with parents and has been piloted in Sovereign Primary Care Network (PCN), Gosport, since January 2021. Healthier Together's current operating model is that parental access to the full functionality of the HT app is only available to those whose PCN has been fully on-boarded³. Parents registered with practices in other primary care networks can download a "light" version, which does not offer access to local primary care service, i.e. notifying the GP Practice of the need for an appointment but will advise when this is required. All families in the HIOW area can now access the Healthier Together website, which provides advice, regardless of whether their practice has been on-boarded to the HT app.

Healthier Together developed the HT app with funding from NHS Digital and further funding was secured from HIOW ICB in 2021 to roll out the app to all

² The app is used for children between 0-19 years.

³ This involves the practice completing a simple Online Registration Form and booking an onboarding slot with the Healthier Together app team to implement the system.

PCNs across HIOW. Healthier Together approached Health Innovation Wessex (previously named Wessex Academic Health Science Network) to provide an independent evaluation of the impact of the HT app parental advice module to support its spread and adoption within the ICB and potentially to other parts of the UK.

1.2. Evaluation Timeline

Health Innovation Wessex first scoped this evaluation in June 2021 with the client, Healthier Together project lead Dr Sanjay Patel, and the client's app developer, Cenigma.

Due to subsequent delays in onboarding GP practices and slow uptake in the first nine months of implementation, the evaluation activities were paused until the project team felt there were enough users to provide a robust evaluation.

Qualitative data collection by the evaluation team commenced in October 2022 and continued until September 2023.

Planned quantitative data collection to answer original evaluation questions was not possible due to lack of available data to measure impact on primary care. This report provides the details of the qualitative evaluation undertaken only.

2. Evaluation Framework

2.1. Evaluation Questions

The following qualitative evaluation questions and methodology were identified during the scoping session in June 2021.

Table 1 Evaluation Questions and Proposed Methods

Evaluation Question	Proposed Methods
1. Are parents who use the HT app satisfied with the advice given by the HT app?	Parent survey
2. If parents are not satisfied with the recommendation, why not?	Parent survey The parent survey also asked what alternative course of action they would have taken if they had not used the HT app.
3. What do Healthier Together and HIOW ICB view as the benefits and challenges to	Journaling of the implementation of the HT app using a co-developed template completed manually by the project team and then shared back to the evaluation team for analysis.



implementing the HT app across HIOW ICB?	
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3. Methods

Health Innovation Wessex used qualitative data collection methods and analysis to support the evaluation and to answer the evaluation questions in Table 1.

3.1. Qualitative Data Sources and Methodology

A parent survey collaboratively designed with the Healthier Together team was delivered via the HT app. The survey targeted those who enabled notifications and received either a red, amber, or green response on the app. If the parent chose to 'opt out' rather than receive notifications, they would not have received the survey. Survey questions were designed to answer the evaluation questions. See **appendix one** for survey questions mapped against evaluation questions. The survey appeared on the app between 01 March 2023 and 30 June 2023.

An implementation record template - a journal - (**appendix two**) was developed to track efforts made by the HT team to engage primary care practices to use the HT app, and to encourage parents to register and use the app. The HT app is widely available for parents to download. However, a key strategy to increase HT app uptake was to recruit GP practices to promote and enable parent registrations on to the HT app. The HT app is also promoted directly to parents via emergency departments, schools, and other community settings.

Analysis of the implementation record sought to understand what hindered or enabled the engagement of both GP practices and parents with the app, sequentially recording the 'story' of HT app adoption. This would provide insights into what implementation approach worked or did not work and draw out any changes to the implementation strategy made by the project team as a result of reflection and learning. By providing a timeline of implementation activity, this record could potentially reveal effective strategies, including significant events during the implementation story, which impacted on app registration and use.

4. Findings

4.1. Parents' perception of the HT app and response to advice

Five hundred and thirty-seven parents responded to the survey during a four-month period in 2023. The total number of parents registered on the HT app at this time was 16,000, and they used the app 43,000 times (reported by the

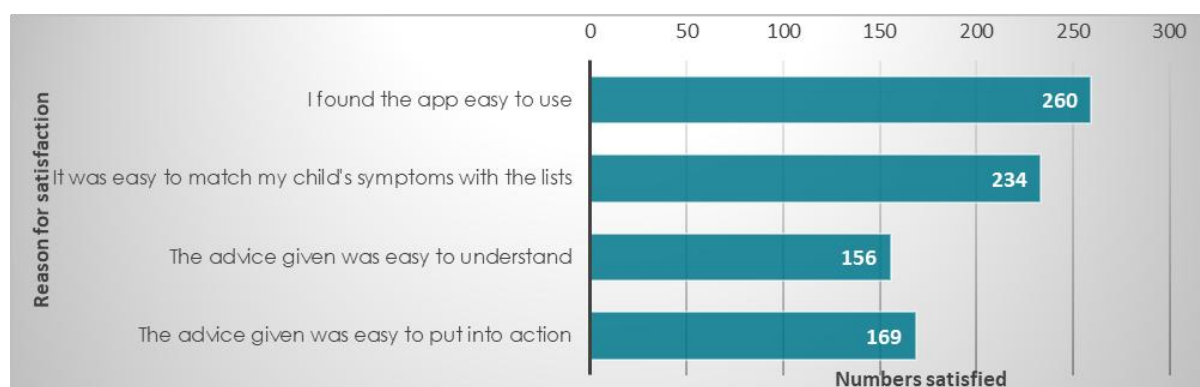
HT team). Of these, the HT app team believe between 2-3,000 parents received the survey. This suggests an approximate response rate between 18 and 27%. This response rate is seen as sufficient to be deemed representative for the population⁴. Parents were able to opt out of the survey notification. Parents only received the survey following receipt of advice (red, amber, green), and if they sought advice via the app within 10 days of the original query, they were not sent a second survey.

The HT team provided the Health Innovation Wessex team with collated results of the survey. Child characteristics of this survey cohort were as follows:

- 46% were boys, 54% were girls and 1% defined as other.
- 86% of parents responding were mothers and 14% were fathers.
- 85% of parents spoke English as their first language. Of the remaining 15%, Polish, Hindi, Urdu, Romanian, Bengali and Igbo were other first languages reported.
- 67% were White, 13% were Asian or Asian British, 7% Black, African, Caribbean, or Black British, 6% mixed or multiple ethnic groups and 7% were either other or preferred not to say.

In response to satisfaction with the app, 87% were satisfied overall. Figure 1 shows reasons why parents were satisfied with the app. They had an option to tick more than one.

- Of the sample that were satisfied (N=467), 56% found the app easy to use.
- Fifty per cent found it easy to match their child's symptoms to the lists provided.
- For advice given, and ease of putting that advice into action, there was less satisfaction; 33% and 36% of parents selected these reasons, respectively.



⁴ Best Practices for Survey Research Reports Revisited: Implications of Target Population, Probability Sampling, and Response Rate - American Journal of Pharmaceutical Education (ajpe.org)

Figure 1. Satisfaction with app features

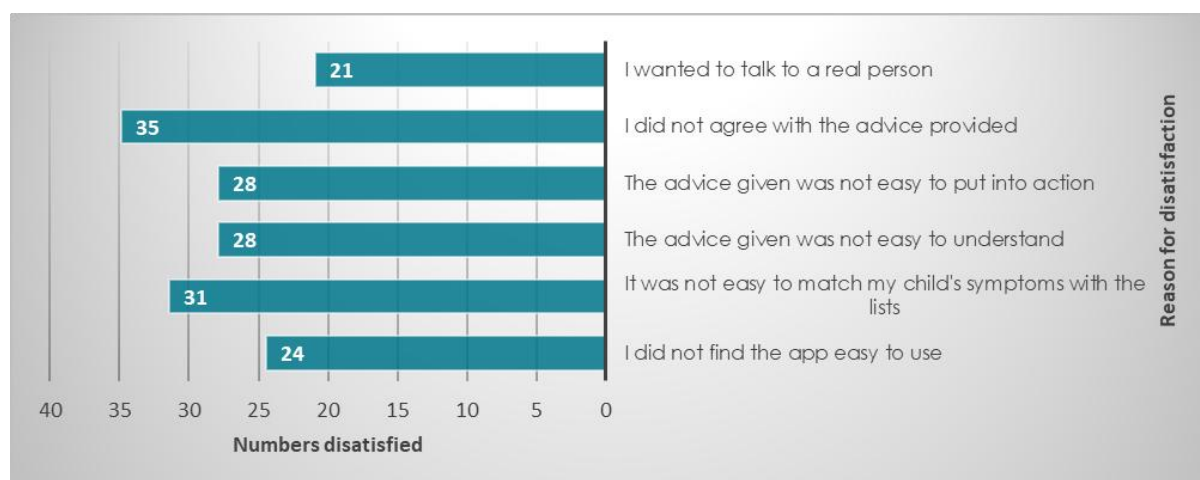


Figure 2. Reasons for dissatisfaction

- Of the 13% (N= 70) who were not satisfied with the app, see Figure 2, (again, parents may have selected more than one option) the reasons for dissatisfaction from that cohort were as follows:
 - 30% wanted to talk to a real person.
 - Fifty percent did not agree with the advice given.
 - For the advice given not easy to understand or put into action 40% of the dissatisfied respondents gave these reasons.
 - 44% felt it was not easy to match their child's symptoms with the lists.
 - 34% did not find the app easy to use.

Once parents have entered their child's symptoms they are provided with three options of colour coded advice. Red advises the parent to contact emergency services, amber advises the parent to contact NHS 111, pharmacist or their GP and green provides advice for the parent to care for their child at home.

The results indicate some difference between advice provided by the app and what the parent chose to do for their child.

- Of 38% advised to contact emergency services, 28% chose to do so.
- Of 44% advised to contact their GP, pharmacist or NHS 111, 50% did so.
- Finally, of the 18% advised to provide care at home, slightly more, 22%, provided care at home.⁵

A total of 80% of parents followed HT app advice.

⁵ Over this period, the breakdown from the app of advice parents received was that 4% were advised to contact emergency services; 27% contact their GP/pharmacist/NHS111; and 69% to provide care at home. This possibly indicates that the people receiving red or amber coded advice are more likely to have completed the survey than those receiving self-care advice, (provided by the client post evaluation for the report).



Figure 3 shows the reasons why 20% of parents chose a different action to advice provided by the HT app.

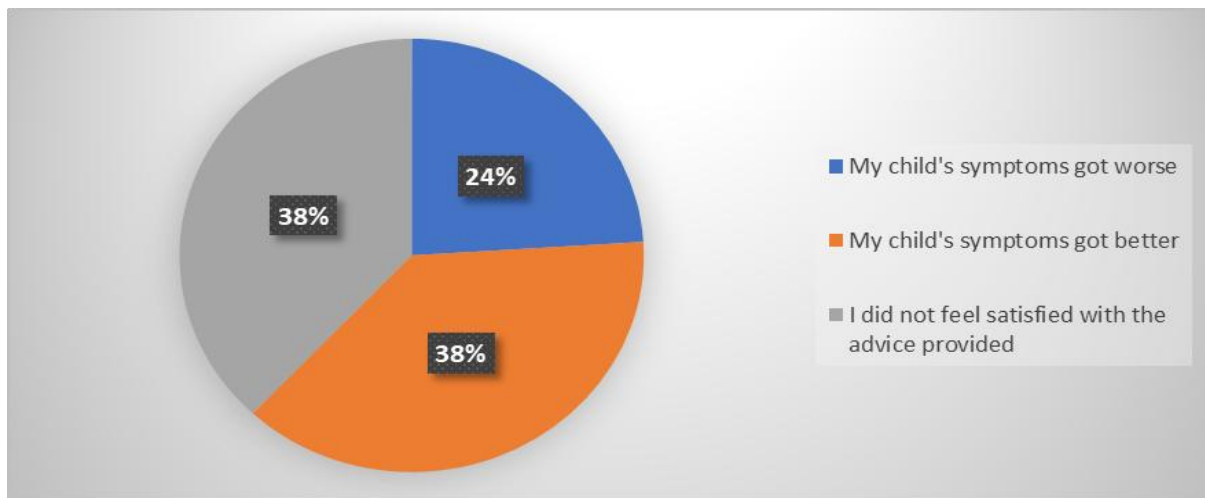


Figure 3. Reasons for different actions from advice provided by HT app

Figure 4 shows the options the respondents to the survey would have taken if the app were not available.

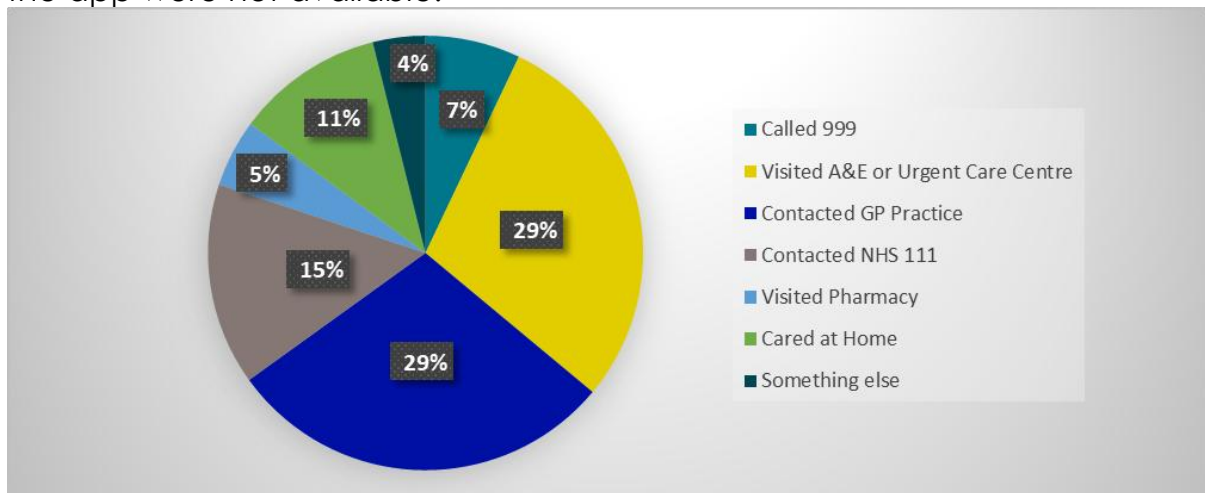


Figure 4. Parent options in absence of HT app

36% would have taken emergency action (999, A&E or urgent care), of which 7% would have contacted 999. 29% would contact their GP and 15% would contact NHS 111. Of the 38% advised by the HT app to contact emergency services it was not possible to identify the proportion that contacted 999 or attended the emergency department. The survey asked what category they were advised and what action they took by category. An additional survey question broke out the red option between ED and 999 with only 7% calling 999 if the app was not available. We do not know the proportion between



advised or actual selection of ED and 999 with the app. The parent decides which service to use. Future evaluation could explore parents' decisions and the impact the HT app has on both primary and secondary care services.

Table 2 provides a summary comparison of the survey responses between HT app advised action, actual action taken and if the app was not available action parents would have taken in the same circumstances. This provides a snapshot at the time of the survey⁶. Following use of the app, survey respondents were 8% less likely to attend ED, 1% more likely to attend primary care and 11% more likely to adopt a self-care approach compared to not having access to the app.

Overall, the differences between advised, actual and anticipated without the app suggests the app is not widely out of step with the parent and the parent's actions for their child. Repeating the same survey at different timepoints will provide a more confident assessment.

Table 2 Summary of advised, actual and anticipated actions when app not available

Action category	Survey data n=537*		
	Advised action	Actual action	Action anticipated if app not available
Red selected	38%	28%	36%
Amber selected	44%	50%	49%
Green selected	18%	22%	11%
Total	100%	100%	96%
Something else	0**	0**	4%
Total			100%

Parents were asked to rate the HT app overall between one (low satisfaction) and five (high satisfaction). 67% of parents gave a rating of five. Other

⁶ As noted in previous footnote parents completing the survey seems skewed towards more unwell children than those advised by the app (app data).



parents rated between three and four with very few opting for a rating of one or two (see Figure 5).

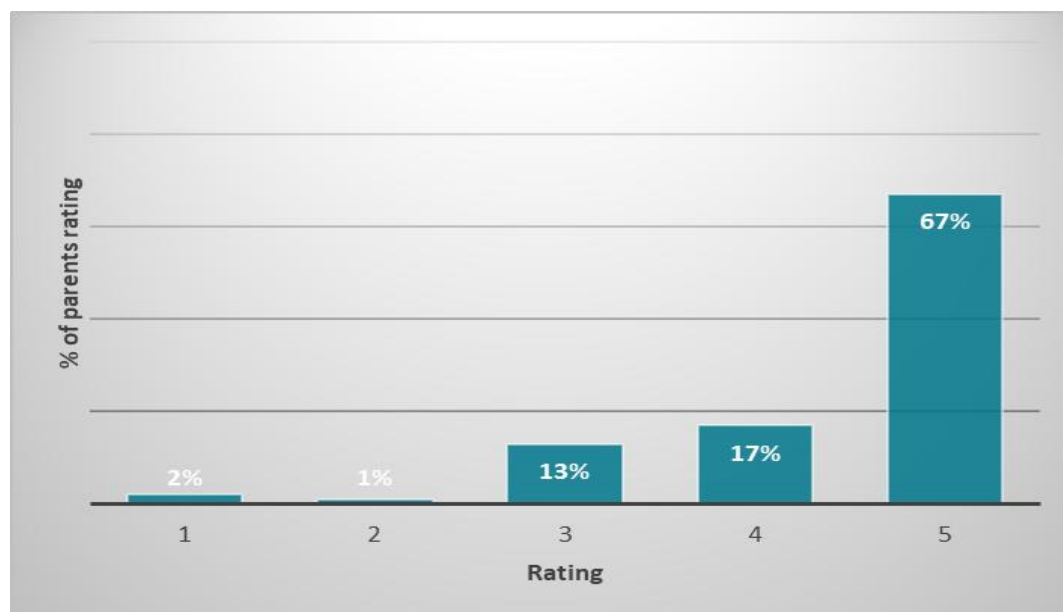


Figure 5. Parents' rating of the HT app

In summary, 87% of parents were satisfied with using the app and found it easy to use and that it matched their child's symptoms. However, there was less satisfaction with advice given, and the parents interpretation was that the advice was not easy to action. Most parents (80%) followed advice given, with 20% not responding to advice either due to their child's symptoms improving or worsening, or they did not like the advice given. Overall, 67% of parents gave the HT app a top rating of five.

The parent survey suggests that overall parents find the HT app easy to use and are mostly satisfied. However, some parents are finding matching the child's symptoms and advice provided more difficult.

4.2. Implementation record

The HT team provided information on primary care network (PCN), GP practice registrations and total numbers of children registered on the HT app. Strategies to engage and register GP practices supporting the HT app were supplied. This was a key objective in the HT team's strategy to increase uptake of the app in HIOW. The following relates to the period between January 2022 to June 2023.

15,412 children were registered on the HT app across PCNs and GP practices in HIOW by 30 June 2023. Of this number, 143 children were unallocated to a PCN.



All forty-two PCNs were onboarded, and the average number of children registered on the app per PCN was 364 (range 82-1771). 141 individual GP practices were registered, with an average number of children registered per practice of 109 (range 1- 642). These wide ranges may suggest some PCNs, and some practices are more effective in engaging parents to use the HT app. This would require further exploration at practice level.

Three major events had potential to impact the uptake of the HT app. In autumn 2022, there was an exceptional rise in strep A infections among children under 10 years, leading to an increase in scarlet fever⁷, which may indicate more parents downloading the app. The more invasive and serious iGAS strain of streptococcus also slightly increased⁸. The second important event was the HT app receiving Highly Commended in the Health Service Journal Value Awards Paediatric Care Initiative of the Year category in 2021. Both these had the potential to increase uptake of the HT app. Separately, the HT app also received an award from the Royal College of Midwives in May 2023 for Outstanding Contribution to Midwifery Services: Digital for the maternity version of the HT app. All these events may have contributed to increased engagement of GP practices adopting the app and promoting it to their patients.

Appendix 3 displays the strategies to improve GP practice engagement and registration to encourage parents to use the HT app. Activity increased compared to the previous nine months and proved more effective from October 2022. This may have been in response to the rise of, and concern in relation to, streptococcal infections. Due to previous groundwork, the HT app could leverage support from the Local Medical Committee and clinical leads to be a readily available solution in response to these concerns. Implementation strategies adopted by the HT team included Facebook advertising, direct email, providing promotional leaflets and presentation slides to PCNs and GPs, and communicating through the Local Medical Committee. Once engaged, webinars were offered. The process included an initial signup followed by the HT team engaging the practice to register and promote the availability of the app to parents on their list.

In summary, given the strategies attempted by the HT team to improve GP practice engagement and registration, it was a rise in streptococcal infections in October 2022 that resulted in increased uptake of the HT app. GPs concerned by this increase in a child related infection provided the HT team

⁷ Group A streptococcal infections: report on seasonal activity in England, 2022 to 2023 - GOV.UK (www.gov.uk)

⁸ Group A streptococcal infections: report on seasonal activity in England, 2022 to 2023 - GOV.UK (www.gov.uk)

greater access to GP practices. From 30 June 2023 there is a wide variation in parental uptake of the app across those GP practices who have access to this option. This indicates the need for more strategies to engage parents.

5. Conclusions

- 87% of parents were satisfied with using the app and found it easy to use.
- Most parents found that the symptoms list in the HT app could be matched to their child's presentation.
- Following use of the app, survey respondents were 8% less likely to attend ED, 1% more likely to attend primary care and 11% more likely to adopt a self-care approach compared to not having access to the app.
- The most common reason for dissatisfaction was parents disagreeing with the advice, and therefore the subsequent course of action, provided.
- Future evaluation could explore parents' decisions and the impact the HT app has on both primary and secondary care services.
- The implementation record from participating practices indicates strategies that were effective at encouraging uptake.

6. Recommendations

Based on the findings, it is recommended that ongoing collaboration with stakeholders and continuous feedback loops are established to ensure the continued enhancement and effectiveness of the NHS Healthier Together digital application. Moreover, targeted user training and awareness campaigns could further promote the app's utilisation and benefits.


To support demonstration of impact on both primary and secondary care it is recommended that once use has increased, an analysis of impact is undertaken using a recommended quantitative dataset.

Consideration of using a Learning Health System¹ approach as an effective strategy to support the system to gather insights and adapt as necessary is recommended.



Appendices

Appendix One: Parent Survey Questions

Survey questions for parents on app	Evaluation question
Were satisfied with the app because (tick all that apply): <ul style="list-style-type: none">• I/we found the app easy to navigate• It was easy to match my child's symptoms with the questions/statements provided.• The advice given was easy to understand.• The advice given was easy to put into action.	(3) Are parents who use the app satisfied with the advice given by the HT app?
Were not satisfied with the app because: <ul style="list-style-type: none">• I/we did not find the app easy to use• It was not easy to match my child's symptoms with the lists.• The advice given was not easy to put into action.• The advice given was not easy to put into action.• I/we did not agree with advice provided• I/we wanted to talk to a real person.	(4) If parents are not satisfied with the recommendation, why not?
Which option did the app advise you to take– red (emergency), amber (advice from health professional), or green (care at home)? Please select a traffic light 	(6) Are there indications that the HT app avoids unnecessary activities in the healthcare system by parents concerned with their child?



Which option did you actually follow, red (emergency), amber (advice from a health professional), or green (care at home)? Please select a traffic light



If the Healthier Together app had not been available, what would you have done instead?

- I/we called 999 for an ambulance
- Visited ED or urgent care centre
- Contact GP practice
- Visited pharmacist
- Contacted NHS 111
- Cared at home
- Something else

How would you rate your overall experience of Healthier Together?

1 2 3 4 5



Appendix Two: Implementation journal - tracking table

Detail a planned strategy, e.g., to onboard GP practice ^a	Date strategy started	Date strategy stopped ^b	Explain ^c	Did you adapt or change this strategy ^d	Date of change to strategy or adaption made	Major events that occurred during the implementation of the HT app ^e

^a Provide enough information that provides detail of the strategy e.g., onboarding GP practice – **how**: introduction, forms of communication, who was contacted (GP, practice manager), who are the gatekeepers. Onboarding the GP practice includes registering parents. Please detail separately different strategies to encourage direct registration of parents on the HT app. For example, sending reminders is a separate strategy.

^b Strategy might be continuous, only enter a date if relevant

^c Provide a detail account of problems or other important factors that **hindered** or **enabled** success of this strategy. For example, successful recruitment of some practices and lack of recruitment of other practices (why did they not onboard?). Can you explain the difference? Also, successful recruitment of practices has not always led to registration of patients. Can you explain? Include what you learnt or your reflections (like a diary).

^d Describe any changes to your approach. The objective is to **track and record** what you needed to change or adapt in your approach. Consider impact on your time, commitment, and energy to roll out the app (perhaps grade 1-5 little to greater) for each change to strategy to gauge the value of effort vs success of parent registrations.

^e Provide dates of events (and the interval if over months or days etc.), if applicable, that impacted on either GP readiness to onboard or recruit parents to register, or parents registering. Sequence them with your strategies.



Appendix Three: List of Engagement Activities

Engagement Activities	2022												2023						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Contacted PCN Directors ^a	█																		
Webinars to GPs ^b x 4		█																	
Promotion leaflet to GP practices ^c		█																	
Added banner to website ^d		█																	
Facebook advertising								█	█	█	█	█	█	█					
Promotion by Clinical lead Southampton and HIOW ICB to PCNs ^e										█									
Promotion via Wessex Local Medical Committee ^f										█					█				
Wessex Local Medical Committee webinars - strep A ^g												█	█						
Wessex Local Medical Committees - nurse teaching session ^h																	█		
Wessex Local Medical Committees - podcast ⁱ																		█	
NE Hants TARGET meeting ^j																		█	
Direct email to 15 targeted practices														█	█	5 went live			
Promotion of the HT app to practices ^k												█	█	Key uptake point by GP practices:					

Rise in streptococcal infections

