

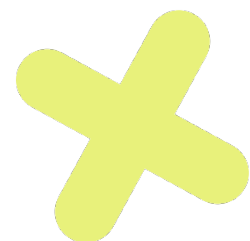


GP registration – Patient, public and carers views in Surrey and Sussex

JUNE 2026

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Context and Background

Introduction

Health Innovation Kent Surrey Sussex (KSS HIN) in partnership with NHS Surrey and Sussex undertook a real-world evaluation of a digital tool called Healthtech-1 between November – March 2026.

Healthtech-1 is an online tool that enables GP staff to collect and manage health information more easily when patients register at a practice. Patients can register online through the NHS App or the GP website. Patients will not notice any change, and people who want to continue to register in-person at a GP Practice can.

To complement the evaluation, the views of people and communities across Surrey and Sussex were sought on the general process of registering for a GP Practice.

A Public Involvement Plan was produced to ensure a robust process for capturing people's views on registering for a GP Practice, with the aim of:

- Working with people and communities in Surrey and Sussex to ensure a population and insight led approach;
- Ensuring there is an effective equalities lens applied;
- Embedding individual involvement approaches throughout;

A range of involvement methods were used between November and February 2026 to understand the views of patients, public and carers on registering for GP Practices:

- An insight review of existing community views using local and national insights on the topic.
- An Equality and Health Inequality Impact Assessment (EHIA).
- A public survey between 20 January 2025 – 10 February 2026, which received 164 responses (the survey was extended for two weeks between 16 April – 1 May 2026; this resulted in 4 additional responses).
- Attendance at the Guilford and Waverly Patient Participation Group Chairs Meeting on 28 January 2026.

The core questions sought to:

- Seek people's views on the use of online GP registration,
- Understand the reasons people register to access a GP, and
- Identify and respond to any barriers people would experience.

Methodology

Insight review

A review of community insights using the search terms “digital” “GP online registration” “digital exclusion” “access to primary care” was undertaken in December 2025. This insight was taken locally across Sussex, and Surrey and nationally.

The Insight Review has been embedded within the Insight Section of the report. The full analysis can be found in Appendix 1.

Equality and health inequality impact assessment (EHIA)

The EHIA was first assessed in January 2026 by Unity Insights, the subcontractor carrying out the quantitative evaluation. It was updated in March 2026 to reflect findings from the practice data and qualitative research carried out from January to March 2026.

Public Survey

A public survey was launched between 20 January 2026 and 10 February 2026 to seek the views of patients, public and carers across Sussex and Surrey. The survey was open for an additional two weeks between 16 April and 1 May 2026 due to the low response rate across Surrey. 164 responses were received in total.

The survey was hosted on the Your Say Sussex Go Vocal Engagement Platform, and published through the stakeholder bulletins by NHS Sussex and NHS Surrey Heartlands. A social media campaign was also used to promote the survey.

Demographic details of survey respondents

152 respondents completed the demographic questions.

- 80% of respondents lived in Sussex and 20% of respondents lived in Surrey.
- 30% of respondents were aged 66 – 75 years old, 28% of respondents were aged 76 – 85 years old, 14% of respondents were aged 56 – 65 years old, 9% of respondents were aged 46 – 55 years old, 7% of respondents were 36 – 45 years old, 4% of respondents were aged over 85 years, 2% of respondents were aged between 26 – 35 years old. 6% of respondents “Preferred Not to Say”.
- 61% of respondents were female, 30% of respondents were Male, and 9% of respondents “Preferred Not to Say”.
- 90% of respondents identified as the sex they were assigned to at birth, and 1% of respondents identified as a different sex to the one assigned at birth. 8% of respondents “Preferred Not to Say”.
- 64% of respondents identified as “White”, 54% of respondents identified as “English, Welsh, Scottish, Northern Irish, British”, 1% of respondents identified as “Jewish”, 1% of respondents identified as “Mixed”, 1% of respondents identified as “Any Other White Background”, 1% of respondents identified as “Other” listing Eurasian, and 1% of respondents “Preferred Not to Say”. 5% of respondents did not answer this question. This was a multiple choice answer, so a number of respondents clicked more than one option.
- 41% of respondents identified as “Christian”, 32% of respondents identified as having “No Religion”, 6% of respondents identified as “Atheist”, 4% of respondents identified as “Agnostic”, 2% of respondents identified as “Jewish”, 1% of respondent identified as “Buddhist” and 1% of respondent identified as “Quaker”. 13% of respondents “Preferred Not to Say”.

- 73% of respondents identified as being “Heterosexual/Straight”, 3% of respondents identified as “Bisexual”, 2% of respondents identified as “Gay Man”, 1% of respondents identified as being “Lesbian/Gay Woman”. 21% of respondents “Preferred Not to Say”.
- 49% of participants identified as having a health problem/disability which has impacted on daily activities over the last 12 months. Conditions listed include mental health condition (8%), neurodivergence (8%), physical impairment (32%), sensory impairment (11%), long-standing illness (17%) and learning disability/difficult (2%). 22% of respondents did not respond.
- 19% of respondents identified as a “Carer”. Carer responsibilities listed: child with special needs (5%), parent (3%), spouse/partner (8%), and friend (3%). 81% of respondents did not respond.
- 9% of respondents were current or former serviceman or woman’s household. 5% of respondents had serviced in the UK Armed Forces.



Insights from people and communities

The process of registering at a GP Practice

- 55% of respondents stated that it was “Easy” or “Very Easy” to register at a GP Practice, whilst 11% of respondents stated that it was “Hard” or “Very Hard” to register.
- 30% of respondents stated that the process of registering at a GP Practice was “OK”, and 4% of respondents did not answer this question.
- The majority of respondents completed a paper form to register at a GP Practice (69%). 14% of respondents registered online, with other respondents requiring the assistance of receptionist and/or a carer, friend or family member (9%). 2% of respondents were not able to register at a GP Practice.
- A minority of respondents experienced challenges in registering for a GP Practice (11%), with reasons listed including: long waiting times at the reception desk, not having identification or proof of address, not able to use the online form, unable to travel to the GP Practice to provide registration form, and staff unable to help register patients.
- The lack of accessibility within the registration form and process, and minimal information about the process of registering for a GP Practice were also listed as challenges. This was particularly the case for respondents who listed they had a health problem/disability. However, a few respondents highlighted the online registration option which suited their needs and lifestyle.
- There were examples provided of when a patient’s paper registration form was lost and/or it had taken a significant amount of time to register a patient resulting in a negative impact of patient’s care.

“It would be much easier to do online than in person as it is difficult for me to get to the surgery within their normal working hours”.

“It took a month from sending off my online registration form, despite the NHS website saying the process should take 5 working days. I had to chase up after I had not heard anything”.

Reasons for registering at a GP Practice

- Most respondents registered for a GP Practice when they moved house and/or were new to an area (83%).
- A minority of respondents (33%) had registered due to the need for immediate care from the GP Practice, reasons listed included needing: medication (13%), routine care (8%), a referral (4%), vaccinations (3%), urgent care (3%), specialist service (1%) and screening test (1%).
- Once registered, 74% of respondents had got the help they needed, 11% of respondents had got some of the help they needed and 4% of respondents did not get the help they needed. 11% of respondents did not answer this question.

“It used to be the accepted norm to register with a GP Practice for one’s overall health”.

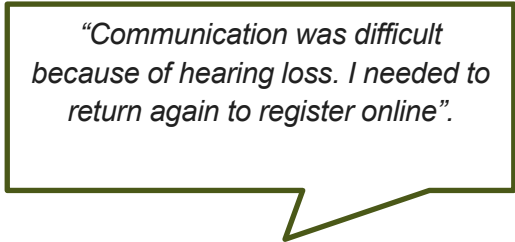
“I registered because I became pregnant and needed care”

Digital exclusion and low digital confidence

- Many respondents identified a lack of digital confidence or skills in registering for a GP Practice online, particularly older adults, disabled people, and global majority communities.
- Digital systems are seen as confusing or difficult to navigate for some users.
- Making mistakes, forgetting steps, or damaging devices were key concerns.
- Poor, no access and/or cost of the device, data, or broadband continues to exclude some individuals. Concerns raised that online-only systems risk excluding elderly, disabled, or digitally excluded people. Rural communities report poor connectivity and limited support.

Language, literacy and communication barriers

- Limited English proficiency and low literacy make digital forms and instructions hard to understand.
- Some cultural and religious factors prevent the sharing of certain personal details.
- People often rely on receptionists or family members to interpret information.
- Patients highlighted the importance of plain, clear communication during registration.



“Communication was difficult because of hearing loss. I needed to return again to register online”.

Administrative and documentation barriers

- Many respondents preferred registering in-person due to concerns with the online process.
- Incorrect requests for proof of identification or address continue to block access. People without fixed addresses, those in temporary accommodation, or Gypsy, Roma and Traveller communities face particular challenges.
- Issues were identified with the inability to transfer medical records, link family members, and manage proxy access through the registration process. There was a suggestion to address this issue, particularly as this would reduce the administrative burden for patients (carers were identified as at high risk of experiencing this).

Trust, privacy and safety concerns

- There were clear concerns about privacy and confidentiality of digital systems.
- Some fear sharing personal information online or submitting identification and/or photos.
- The respondents to the survey preferred face-to-face registration for reasons of trust, safety, or cultural comfort.
- Global majority communities raised highlighted fears that the online GP registration could be linked to immigration checks.

Accessibility challenges for disabled people and those with health conditions

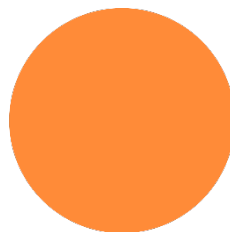
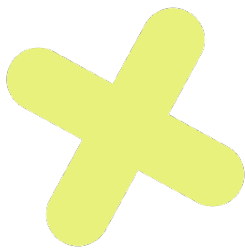
- Online systems are often incompatible with screen readers or not available in Easy Read. Cognitive and memory-related barriers reduce digital engagement.

- Mobility issues mean online options can be positive — when accessible.
- People with sensory or learning disabilities need clearly supported alternatives.

Need for Genuine Choice, Clear Information and Human Support

- Strong agreement that both online and face-to-face options must be available for registering with a GP Practice.
- Patients want clear instructions, transparent processes, and updates throughout registration.
- Confusion noted around how to register, how records transfer from previous GP practice and how to link family members through the NHS App.
- Staff attitudes and training significantly influence experiences - some reported unhelpful interactions, while others praised efficient or supportive staff.
- Support from Voluntary, Community and Social Enterprise organisations, and assisted digital routes remain essential.

“Excellent practice but staff just gave out forms, not assistance. It was almost as though they didn’t understand the process”.



Recommendations for GP Practices and NHS Surrey and Sussex

Improve staff awareness and training

- Ensure GP reception and frontline staff understand registration processes, including patient rights, particularly that ID or proof of address is not required.
- Provide training on inclusive registration practices for people without fixed addresses e.g. Gypsy, Roma and Traveller communities.
- Provide a consistent approach to the practice registration process and support for patients who need help to register.

Maintain choice

- Ensure both online and in-person registration options are always available. Keep the digital offer optional, as it risks excluding older adults, disabled people and digitally excluded groups.

Improve communication (clarity, accessibility, cultural awareness)

- Use plain English and culturally aware communication.
- Provide language-friendly services, including translation support.
- Ensure patients receive clear and transparent instructions on how to register.
- Develop communications about data security (e.g. leaflets) to build trust.

Address digital exclusion and build confidence

- Actively promote and support digital inclusion (skills, confidence, access).
- Provide clear guidance on how to use digital services.
- Work with Voluntary, Community and Social Enterprise organisations to provide assisted digital support and signposting.

Improve accessibility of digital systems

- Ensure online services are compatible with screen readers and are available in Easy Read formats
- Design services with cognitive accessibility and simpler navigation in mind

Build trust around privacy and data use

- Ensure digital services are secure and clearly communicated as such.
- Reassure patients about confidentiality and use of personal data.
- Address specific concerns (e.g. fears about immigration checks).

Limitations of this report

There are limitations with the involvement approach, which are important to be recognised.

There is a gap of insight from the following people and communities:

- LGBTQ+ people (mainly Trans and Non-Binary People) – concerns about sharing identify documents, and mismatch between legal and preferred name.
- Pregnancy, maternity and new mothers – further insight needed.
- Younger children and young people under 25 years old – young adults often need to self-register when starting university, moving for work, and living independently.
- Carers – often manage multiple digital accounts.
- Gypsy, Roma and Traveller communities – high levels of inequality with access to GP services.
- Reduced participation from some Surrey communities and dispersed rural populations, where digital infrastructure challenges are more pronounced.

Appendix – Insight review

All sources can be found at the [Sussex Insight Bank](#).

Date	Group/Community	Source	Key Findings and Recommendations
April 2025	<ul style="list-style-type: none"> Gypsy, Roma and Travellers (GRT) 	Friends, Families and Travellers: Health Inequalities Small Grants – Final Report	<p>Access to primary care was one of the most consistent sources of frustration among GRT communities. People described being unable to register with GP surgeries in-person and online, turned away due to not having proof of address or ID, or struggling to communicate with reception staff. In many cases, the receptionist became the barrier, not the gateway. People were told to use digital forms, turn up with documents, or call back later. For those without fixed addresses or consistent phone numbers, these instructions were unworkable.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Frontline staff may not understand NHS registration guidance, which states that patients do not need ID or proof of address to register. Ensure all GP reception staff receive training on registration rights, with specific reference to people without fixed addresses. Provide alternative registration pathways for patients with no ID or internet access (e.g., supported in-person sign-up with FFT). Assign named GPs or health advocates for patients from GRT communities to ensure continuity. Use plain, culturally aware communication — recognising that people may feel embarrassed or unsure when asking for help.

2018	<ul style="list-style-type: none"> • Older People • Global Majority Communities • People with low literacy 	<p>NHS care: Online Consultations with your GP/practice – a consultation with BME Communities in Brighton & Hove, Trust for Developing Communities</p>	<p>90% of participants engaged with did not understand written English. Some of the personal details and information cannot be translated due to religious and cultural barriers, which is one of the major barriers patients face when accessing their GP. Bangladeshi older generation do not have any access to the internet – prefer to speak with receptionist. Black Minority and Ethnic community members are technology shy. Using the online service and booking an interpreter can be challenging. Concerns about the confidentiality of medical records whilst using online services. The benefit of using an online service is that the patient can seek help from the family members. The online services will enable patients to seek help from family and friends to interpret for them. Hence, they will not need to go through the process of booking an interpreter to see their GP. In some cases, where there is a mobility issue, an online service will be useful.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • A language friendly online service will be one of the important factors. • Digital inclusion has to be promoted and encouraged, as the BME community members are not confident with internet and computer use. • Target the digital service and ensure it is optional. • Ensure the digital service is encrypted and use promotional leaflet to ensure patients are clear on how their data is secure.
2021	<ul style="list-style-type: none"> • Older People • People with a disability • People living in areas of 	<p>Locked out: Digitally excluded people's experiences</p>	<p>Many participants remain digitally excluded because they are unfamiliar with technology. Older participants were more likely to have never used the internet or a</p>

	<p>deprivation/socio-economic</p> <ul style="list-style-type: none"> • People with limited English 	<p>of remote GP appointments, Healthwatch</p>	<p>mobile phone. They were worried about damaging expensive devices because they don't know how to use them properly, and weren't sure how to start using them.</p> <p>Old age and disability can impact people's confidence and prevent them from accessing technology and digital healthcare platforms. For example, one older person had tried to learn to use technology but couldn't remember what to do later, reducing their confidence in using technology next time.</p> <p>Several participants feared that their privacy and confidentiality would be compromised online and preferred to stay digitally excluded.</p> <p>People with limited English proficiency, especially the elderly, struggle to express their needs over the phone. They tend to rely on body language and facial expressions to communicate with their doctors during in-person appointments, making remote appointments difficult.</p> <p>People unable to afford technology are primarily digitally excluded.</p> <p>Those with mobility issues said remote care made it easier for them to avoid difficult trips to the practice to register. People with caring roles also found it easier to register for a GP without worrying about leaving their loved ones alone.</p> <p>People expressed the desire for choice over digital services.</p> <p>Recommendations:</p>
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			<ul style="list-style-type: none"> • Clear information on the methods of registering for a GP – online and in person always offered. • Work in partnership with VCSE to provide signposting to digital support. • Ensure patients are aware of their rights to access.
2025	<ul style="list-style-type: none"> • Older and younger adults • People with a sensory, physical, learning disability • People with mental health condition • People from global majority communities • Gypsy, Roma, Traveller • Women, Men • TNBI • LGBTQi • Rural communities • Carers 	NHS GP Patient Survey	<p>Challenges:</p> <ul style="list-style-type: none"> • Digital literacy/confidence gaps • Reliance on family/carers for assistance • Device/internet access barriers • Accessibility of online forms (screen readers, easy-read) • Cognitive and mental health challenges • Document requirement barriers (proof of address, photo ID) • Mistrust/fear around immigration data • Difficulty providing proof of ID/address, and lack of fixed address • Historical mistrust of services • Language/literacy barriers • Proxy registration burden (carers, parents) • Administrative friction affecting women disproportionately • Privacy concerns (legal name vs chosen name) • Anxiety about misregistration • Preference for face-to-face for safety/trust • Limited broadband / mobile coverage • Less access to assisted digital support • Pay-as-you-go data cost barriers • Homelessness / unstable accommodation impacts • Managing registrations for multiple dependents - proxy access challenges • Administrative burden high when juggling caring responsibilities

			<p>Positives:</p> <ul style="list-style-type: none"> • Online registration can speed up the process of getting NHS login credentials, repeat prescriptions, and access to online appointment booking. • Supports quicker access to primary care services and online patient records. • Patients can register anytime, anywhere, without needing to visit the practice in person. • Especially beneficial for working adults, carers, and people with mobility issues. • Patients value avoiding queues and travel.
2021	<ul style="list-style-type: none"> • Women, Men • TNBI • LGBTQi • Carers • Non Binary • Religion/Faith 	Healthwatch GP Report Hackney	<ul style="list-style-type: none"> • Proxy registration burden (carers, parents) • Administrative friction affecting women disproportionately • Privacy concerns (legal name vs chosen name) • Anxiety about misregistration • Preference for face-to-face for safety/trust • Document compatibility issues (name mismatches) • Modesty/privacy concerns for ID photos • Language/digital etiquette barriers • Carers can sometimes register dependents online, allowing them to coordinate care and manage health needs efficiently. Reduces the need for multiple in-person visits.
2024	<ul style="list-style-type: none"> • Pregnancy and Maternity 	Current experience and future potential of facilitating access to digital NHS primary care services in England: the Di-Facto mixed-	<ul style="list-style-type: none"> • Time-critical access to GP/midwifery services • Temporary housing/address instability • Stress during early pregnancy interacting with digital systems

		methods study	
2023 – 2024	<ul style="list-style-type: none"> Rural communities 	Healthwatch Norfolk, Patient and professional experiences of using digital tools in primary care	<ul style="list-style-type: none"> Limited broadband / mobile coverage Less access to assisted digital support For rural communities or people with disabilities, online registration removes the barrier of traveling long distances to a surgery. Helpful for patients with chronic conditions or mobility limitations.



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