



Why digital-first GP
access risks excluding
older people

CARE ON HOLD

Reducing loneliness in later life

Raising awareness of the impact of digital-first NHS booking processes on socially isolated and lonely older adults, especially the challenges they face in accessing GP appointments.

Contents

About Re-engage	3
Executive summary	4
Key recommendations	6
Research overview	7
The state of the nation	8
England	9
Real experiences: Bill's story	11
Scotland	12
Wales	13
UK-wide barriers to access	14
The human impact of digital-first care	16
Real experiences:	
Ada's story	16
Doris's story	17
Rose's story	18
Conclusion	20
References	22

CARE ON



Human connection

Embed in NHS digitalisation strategies the right for people to choose between digital or offline access when using health services, ensuring that digitalisation does not replace the option of meaningful, non-digital contact.



Offline access

Include in GP contracts a condition that analogue routes remain available by making non-digital access a protected component of health digitalisation policy, so that no one is required to go online to receive care.



Listening

Ensure older people are directly involved in shaping digital health policy and service design, so decisions reflect the needs and experiences of those most affected.



Data transparency

Centrally collect and publish data from Integrated Care Boards (ICBs) and health boards on both digital and analogue access, broken down by age, gender, disability and ethnicity, to make the impact of digitalisation visible and identify any groups disproportionately affected.

About Re-engage

Re-engage is a national charity dedicated to ending social isolation and loneliness in later life. We support over 6,600 people aged 75 and over, with the help of around 6,000 volunteers across the UK, bringing regular companionship and connection to older people who are lonely or socially isolated.

As we age, our social circles diminish, and we often find ourselves surrounded by fewer people. For millions of people aged 75 and over, this can lead to profound loneliness and social isolation - Re-engage exists to change that. Every year, we help thousands of older people reconnect with the world around them, bringing friendship, laughter, and trust back into their lives through our free, volunteer-led services. These include a range of face-to-face social gatherings which are held in volunteers' homes and community settings, and online and telephone befriending services, which ensure that those who are homebound or unable to attend groups still have regular, friendly chats and stay connected to the outside world.

Our commitment goes beyond service provision; we strive to create lasting change for older people through our research and policy work. We're committed to amplifying the voices of those aged 75 and over, ensuring they are heard and are part of policy and decision-making that directly affects them.

This report raises awareness of the issues many lonely or isolated older people face when trying to access General Practitioner (GP) services, as told by members of the general public and Re-engage beneficiaries.

You're probably better with your illness.

I give up and hope for the best.

I am 81 and have not been able to have a wellbeing check since I moved here 5 years ago. The NHS is now a reactive system and not a proactive system. I have never been able to see my GP.

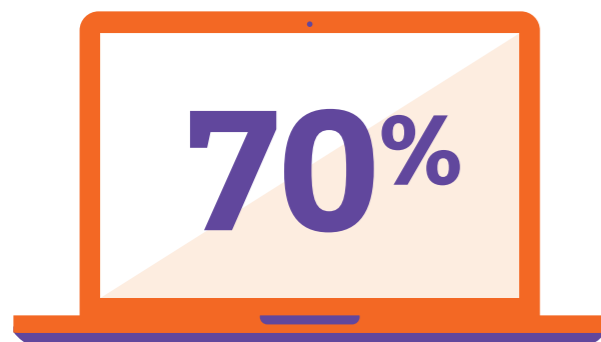
Executive summary

Older people across the UK are being excluded from GP services as the NHS shifts to digital-first access.

Low levels of internet use among the older population, hard-to-navigate systems, and the removal of traditional booking routes are leading to delayed care and increased pressure on emergency services. For older people who are living with loneliness or are isolated, this erosion of access to vital healthcare services and, importantly, human connection, only further exacerbates their situation. Ensuring older people have genuine choice - digital and non-digital - is essential to prevent widening health inequalities.

The UK has an ageing population, and although internet usage among older adults is growing, significant gaps remain in the number of older adults who are able to access online services [1, 2, 3, 4]. According to the 2025 Re-engage annual survey, 67% of older people report having internet access, yet only 42% go online “sometimes” or “frequently”. According to our data, usage also varies across the UK: just 20% and 16% of older people in England and Scotland respectively go online frequently, compared with 48% in Wales.

These disparities matter. As GP services shift towards digital-first systems, older people report frustration at being excluded and disconnected from healthcare. Many describe this feeling using terms such as “inadequate”, “disadvantaged”, and even “discriminated against” because they lack the skills, experience or confidence to navigate online systems. This exclusion has real consequences for health outcomes and wellbeing and increases pressure on existing NHS services.



said they do not have the equipment and knowledge to book a GP appointment online without help*

Key findings

Our report paints a bleak picture of older people’s experiences of accessing GP services in an increasingly digital world. Respondents to our GP access survey expressed a clear preference for telephone and in-person interactions, and reported feeling they were being left behind by digital-first approaches.

Older people described rising frustration and an increased sense of exclusion, with some reporting they no longer attempt to book GP appointments, instead turning directly to emergency services. Others have self-treated, potentially risking significant complications.

Face-to-face contact with healthcare professionals is a vital form of social connection for many older people who are already lonely or socially isolated. When these interactions are replaced or delayed, the emotional impact is profound. Many described feelings of rejection, inadequacy and stress:

“[we] feel anxious and stressed if we require an appointment with our GP.”



62%

said they do not have someone to help them make a booking online*

Loneliness and social isolation are closely linked to physical and mental health, and in the UK and many countries, loneliness is recognised as a public health issue. Older people who are more isolated find it harder to access digital services without support. Ensuring equitable access to GP services, both digital and non-digital, must be a priority for UK governments.

Many older people lack the technology, internet access, or digital skills required to use online booking systems and age-related health conditions may further limit their ability to engage digitally. When traditional routes to GP access are reduced or removed, the result is exclusion.

*Of people who responded to our GP access survey in Spring 2025.

Pushing a ‘digital-first’ approach not only exacerbates loneliness and isolation but also widens existing health inequalities. From our work with older people, we identified three core issues driving negative attitudes towards GP services:

- A lack of human connection
- Barriers to accessing GPs (including booking and consultations moving online)
- Loneliness and social isolation.



visit practices in person*

Older people told us that digital-first systems leave them feeling dependent on others and, in some cases, dehumanised. With only a small percentage of people 75 and older going online frequently, many are at risk of being cut off from vital healthcare. Without reliable alternatives such as telephone or in-person booking, some people delay or avoid care altogether.

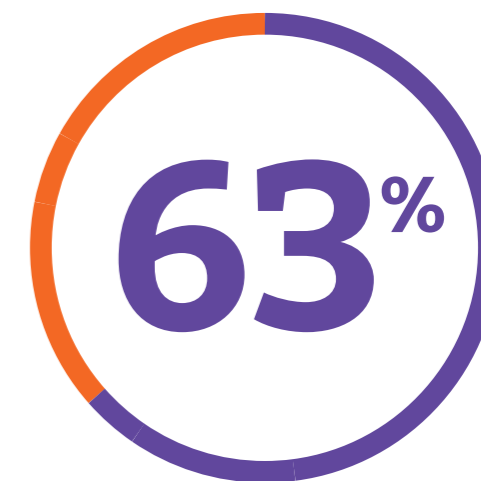
Historically, GPs have provided more than medical treatment; they have offered reassurance, human connection, and signposting to wider support. As the NHS increases its focus on prevention and social prescribing, this role is more important than ever. Losing this interaction deepens loneliness and isolation, which are proven to increase the risk of poor health outcomes and mortality.



disagree GPs should continue to move towards online services*

The digital transformation of GP services offers opportunities to improve efficiency and access, but true equity requires choice. Older people must be able to decide whether to engage digitally or face-to-face, with both routes respected and supported. GP booking systems must be designed to be inclusive, personalised, and accessible to all.

GP services are a vital lifeline for lonely and socially isolated older people. The new ‘digital-first’ approach must enhance care, not create new barriers. This report sets out what must happen to help older people continue to access GP services, and reduce the risk that more older people become lonely and isolated as a result of future healthcare design.



agree online GP services increase feelings of isolation and loneliness*

Key recommendations

To make digital health systems inclusive, accessible, and equitable - particularly for lonely and socially isolated older people - we call on the UK's governments to:

- 1 Embed in NHS digitalisation strategies the right for people to choose between digital or offline access when using health services, ensuring that digitalisation does not replace the option of non-digital contact.
- 2 Include in GP contracts a condition that analogue routes remain available by making non-digital access a protected component of health digitalisation policy, so that no one is required to go online to receive care.
- 3 Ensure older people are directly involved in shaping digital health policy and service design, so decisions reflect the needs and experiences of those most affected.
- 4 Centrally collect and publish data from Integrated Care Boards (ICBs) and health boards on both digital and analogue access, broken down by age, gender, disability and ethnicity, to make the impact of digitalisation visible and identify any groups disproportionately affected.

Older people across the UK – especially those who are lonely or socially isolated – must have fairer, equitable access to primary care, regardless of digital skills or connectivity.

Digital health services must become more inclusive, usable and effective, and shaped by the lived experiences of older people, leading to better uptake, fewer barriers, and more equitable outcomes. The impact will be fewer people being distanced from support, which will in turn reduce the risk of exacerbating loneliness.

Research overview

To ensure this report reflected the real experiences and priorities of older people across the UK, we used a mixed-methods approach that combined direct consultation, evidence review, and stakeholder analysis among people aged 75 and over.

Our research started in winter 2024 with a broad consultation through Time Together, our magazine distributed three times a year to thousands of our older beneficiaries. We invited readers to share the issues that mattered most to them. Health emerged as a key concern, with particular anxiety around the digitalisation of GP services. These themes were further explored by the Re-engage research group (a UK-wide group of current users of our services and volunteers.)

A second consultation in spring 2025 focused specifically on access to GP services, enabling us to understand how strongly older people value face-to-face primary care, the challenges they frequently encounter, and the impact of digitalisation on their ability to secure timely appointments. This UK wide survey received 926 responses from older people and captured real-world experiences of accessing GP services. The survey explored both positive and negative encounters, revealing how digital-first approaches shape older people's ability to get the care they need.

To build a fuller picture of how digital access is being implemented at system level, we submitted Freedom of Information (FOI) requests to all ICBs in England and to health boards across Scotland and Wales, and asked what steps they are taking to ensure that older people without internet access are not disadvantaged by the digital-first approach.

Responses to our FOI requests showed a clear commitment from decision makers to keep GP services accessible, outlining several pathways towards health equality.

However, insights from our survey suggest that access to GPs is not as straightforward as ICBs and governments assume, and many older people are being locked out and left behind. Across the UK, governments have set out ambitions for digitalising healthcare. While safeguards are promised, evidence consistently shows that older people remain at risk of exclusion due to limited internet use, infrequent online engagement, and reliance on overstretched analogue systems.

Without sustained investment in inclusion and stronger protections for telephone and in-person booking, digital transformation risks widening health inequalities and deepening chronic loneliness.

One day I will be an emergency and will leave it till then.

I do not have internet (I am 94 years old) and find that having to rely on help from others to access my GP or prescriptions takes away my independence.

The state of the nation - digital by default

UK OVERVIEW

Across the UK, health systems are undergoing rapid digital transformation. While these changes aim to modernise and improve access, older people, especially those who are lonely or socially isolated, face growing risks of exclusion.

Our analysis of national policies, FOI responses, and Re-engage survey data shows that although governments in England, Scotland and Wales are pursuing different routes to digitalisation, the consequences for older people are strikingly similar:

- Limited digital use
- Reduced access to traditional booking routes
- Deepening concerns about losing control over their own healthcare.

Digital transformation offers real opportunities for efficiency and prevention. But without stronger safeguards, transparent data, and the active involvement of older people in service design, digital-first systems risk turning GP access into yet another barrier for those who already feel left behind.

England

“The NHS will become a fully digitally enabled service, operating 24/7 both online and offline” - NHS 10-year Health Plan ‘Fit for the Future’

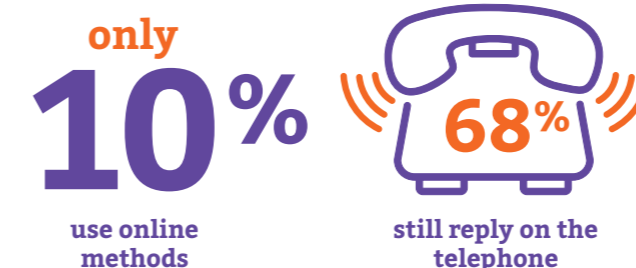
England’s public health system is undergoing significant change [5]. The 10-year plan aims to transform healthcare in England through three major shifts:

- from hospital to community
- from analogue to digital
- from treatment to prevention.

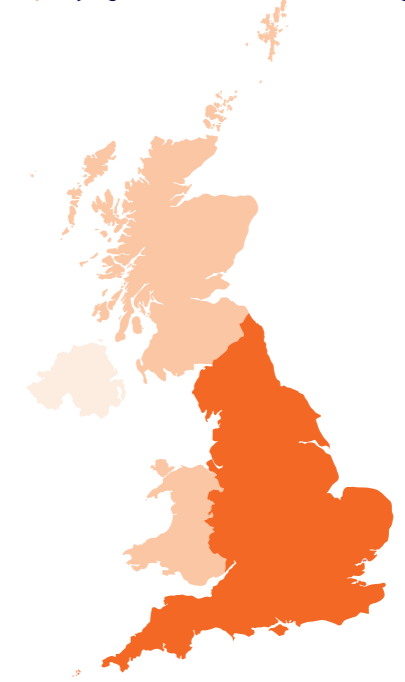
The ambitions are clear: technology should make booking appointments, accessing records, and managing care much easier and more efficient.

In response to our FOI requests, ICBs in England told us they are already working to deliver this vision, with 79% reporting that GP practices in their areas offer three booking options: online, telephone, and in-person.

Many are also introducing digital inclusion strategies, training programmes, and partnering with voluntary and community organisations to ensure older people are not left behind. These measures recognise that digital exclusion should be considered a health inequality, and it is reassuring to see attempts made to mitigate risks through community initiatives.



Yet the reality for older people contradicts this positive digital-first narrative. In England, internet use decreases with age; 75% of those aged 75 to 79 use the internet at home, but this decreases to 59% for 80 to 84-year-olds and to 41% for those age 85 and above [6]. According to the Re-engage 2025 annual survey, 60% of Re-engage beneficiaries aged 75 and over living in England have access to the internet but only 20% go online frequently. Instead, the majority of older people still rely on the telephone (68%), with one in five visiting practices in person (21%) and only 10% using online methods [7].



Older people might resort to self-treatment - as seen in Rose’s case study on page 18 - raising risks of missed diagnosis, unsafe self-care and for those seeking support for connection, a risk of chronic loneliness with serious consequences for mental and physical health.

While NHS England policy promises a future of seamless digital access, older people remain reliant on analogue systems that are overstretched and slowly being turned off.

Without stronger safeguards and sustained investment in inclusion, the digital-first vision risks widening inequalities, leaving older people at greater risk of poorer health outcomes including loneliness and the resultant increased risks of cardiovascular and immune system issues, as well as cognitive decline [8, 9, 10].

In order to combat loneliness among older people, healthcare transformation must take into account that early intervention and prevention care principles are imperative when it comes to managing loneliness.

Helping healthcare workers to anticipate and address loneliness before it escalates will help individuals to maintain a sense of control and wellbeing; this prevention-first approach helps mitigate the negative effects of loneliness on physical and mental health. Other benefits include helping older people feel a sense of belonging and alleviate feelings of loneliness as well as taking proactive steps which lead to better relationships and connections.

Earlier prevention helps reduce pressure on acute services, promotes better spending and reduces health inequalities.

“Not everyone has support from a family member or friend to help them understand the changes, then navigate a complex online system. I can imagine it will be a huge issue for many of our older people.”

REAL EXPERIENCES:

Bill's story

Bill is 81-years-old and has been registered with his local GP for over three years, a practice covered by the Lancashire and South Cumbria Integrated Care Board (ICB).

At the beginning of October 2025, Bill visited his GP to request an appointment in person. Despite visiting mid-week within the surgery's advertised core hours, he was told he couldn't book an appointment face-to-face. His daughter then went into the surgery to check if this information was correct, and was advised that he would have to go online and fill out a form, or phone in and go through an automated service where he would have to offer information to a computerised system.

Once back home, the pair first tried to access an appointment through Bill's NHS app, but they had no luck, so they went to the surgery website online. Bill first had to set up a new account to access his surgery booking platform, then link his NHS account to the new account - which didn't work. It took Bill and his daughter nearly an hour to work out how to set up an account, fill out the online questionnaires, and submit the request.

Bill admitted “If I had to do it myself, I'd have given up.”

The process was complex, with long forms, authentication of access codes, and no information or support provided by the surgery to simplify the process.

In response to our FOI request, Lancashire and South Cumbria ICB issued this statement:

"Practices are required to ensure patients can contact their practice by phone or walking in throughout core hours. Digital options such as online booking provide another option to contact the practice, and patients should have the same experience whatever approach they use to get in touch. Any patient who is unable to access a practice via digital methods would contact the GP Practice in person or via telephone." The ICB also explicitly stated that 100% of GP practices in their area offer booking via telephone and in-person.

Bill's daughter said:

“Dad is relatively digitally-savvy, and in good health with a support network around him. However, this experience was confusing for him, and for me too. I suspect our experience is being repeated up and down the country, but not everyone has support from a family member or friend to help them understand the changes, then navigate a complex online system. I can imagine it will be a huge issue for many of our older people.”

Bill's case reveals a stark gap between policy and practice.

While official bodies believe multiple access routes exist, patients like Bill are being funnelled into digital-only systems. For those without family support, the consequences could be serious: missed appointments, untreated conditions, and growing isolation.

This story underscores the need for change. A lack of human connection, offline access and dialogue, created a frustrating and serious situation. Bill was fortunate to have his daughter by his side, but many others do not have these support networks and consequently would be left to tackle their healthcare needs unchecked.

Scotland

The Scottish Government's ambition for "renewing our NHS" was set out by the First Minister in January 2025, and aims to deliver a more accessible, person-centred NHS by shifting the balance of care from acute services to the community.

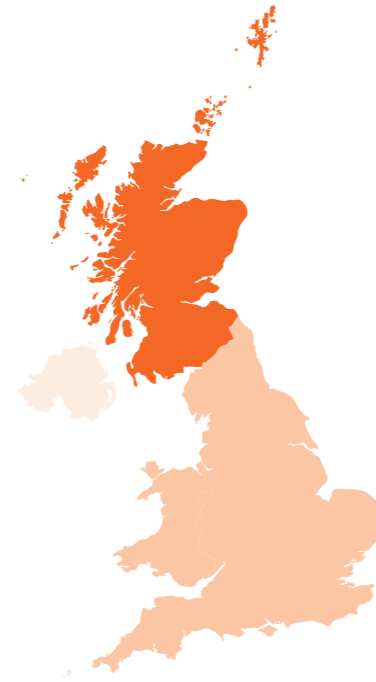
Guided by three documents – the Operational Improvement Plan [11], Population Health Framework [12], and Health & Social Care Service Renewal Framework [13], the Scottish Government aims to use "digital and technological innovation to improve access to care." However, it is difficult to determine the true state of digital healthcare in Scotland because the information is not readily available, nor was it forthcoming via our FOI requests.

What we do know is NHS Education for Scotland (NES) and the Scottish Government are planning to introduce a "Digital Front Door" service (also known as 'MyCare') through the existing national digital health and care service app. This Digital Front Door will be developed and enhanced over the next five years and aims to make it easier for people to access health and social care services online, receive communications, find local services, and access and update their personal information.



In response to our FOI requests, most health boards in Scotland stated they were unable to provide details on the booking options available to patients in their area, citing independent contracts.

Nevertheless, many emphasised that "NHS Scotland is committed to a 'digital-first' strategy across healthcare" and confirmed they are working locally to align with the national approach. They described efforts to ensure equitable access by maintaining multiple booking routes, such as in-person and online appointments, while also training staff and engaging with patient feedback groups to identify and address barriers. Collectively, these responses offer some reassurance that steps are being taken to ensure that older people, especially those without internet access, are not disadvantaged by the shift towards digitalisation.



According to the Scottish Health and Care Experience Survey [14], in 2024, 76% of the population reported that it was fairly easy or very easy to contact their GP in the manner they preferred. However, this data is not available broken down by age, meaning it's not possible to determine how accessible GP appointments are for those aged 75 and over.

Data from our 2025 annual survey shows that 67% of older people involved in Re-engage in Scotland have internet access but only 16% are frequent users, the lowest of any of the UK nations. These findings highlight the importance of collecting age-specific data and involving people aged 75 and over directly in shaping digital health policy and service design, ensuring that services reflect their needs and real-world experiences.

Given the limited data available, and the fact that it cannot be broken down by age, there is still uncertainty about how accessible digital routes are for people aged 75 and over. This raises important questions about how easily older people in Scotland who do not use the internet can access GP services.

Without stronger safeguards to protect analogue access routes, the 'Digital Front Door' risks leaving older people disadvantaged and at risk of being locked out of the healthcare they need.

Wales

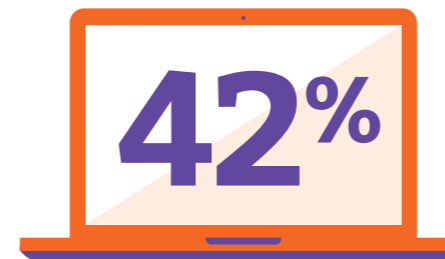
In 2024, Digital Health and Care Wales – an NHS Wales Special Health Authority working in partnership with the Welsh Government – published its Organisational Strategy 2024-2030 [15].

While it does not directly deliver health and social care services, the authority works closely with service providers, including managing the national contract for GP systems across primary, community and mental health settings. As part of this, a new Primary Community and Mental Health directorate has been established, which is "working with local authorities and health boards across Wales to lead a digital transformation programme for community and social care information."

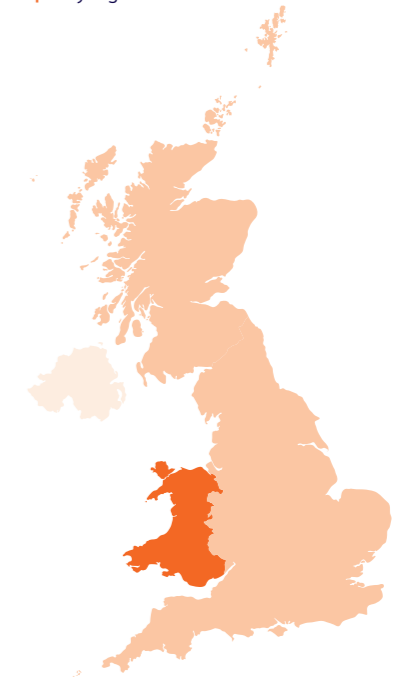
In line with developments in England and Scotland, Wales has also introduced a national app, now available for every GP surgery, which enables patients to view their healthcare records online as well as access treatment digitally.

In response to our FOI requests, health boards in Wales informed us "the NHS England 10-year plan does not apply in Wales; neither does 'digital by default'."

This was reflected in the responses received, whereby health boards were either unable to provide information on the booking options available to patients or stated that 100% of the GPs in their area were able to provide offline booking methods (by telephone or in person).



of Re-engage older people have access to the internet and go online frequently



Given this, health boards in Wales did not outline the steps they are taking to mitigate the impact of digitalisation of services on older people without access to the internet. However, the majority of health boards clarified that despite a digital-first principle being introduced, "improving access through the addition of digital options, for example through the use of the NHS App... does not assume a default position." They emphasised their commitment to equitable access by maintaining all existing routes. In 2024, Cardiff and Vale University Health Board also noted they had "worked with the Older People's Commissioner for Wales to input into the 'Access to GP Practices in Wales A Guide for Older People.'"

Overall, responses conveyed a consistent sentiment that older people would not be disadvantaged by the ongoing shift towards digital-first.

While data in the National Survey for Wales highlights challenges in accessing GP appointments across Wales, the picture for older people remains complex. Although 81.5% of those aged 75 and over report using the internet [16], and Re-engage data shows relatively high levels of access among older people in Wales, only half go online frequently. This suggests that while it is clear Wales is ahead of both England and Scotland regarding internet access, around half of the older people in Wales may still struggle to engage with digital routes.

UK-wide barriers to access

Our Freedom of Information (FOI) requests revealed that access to booking GP appointments is uneven across the UK, with notable contrasts in the availability of offline options. Telephone and in-person appointment booking was reported as available in 81% of English ICBs, 71% of Welsh and 21% of Scottish health boards.

However, the picture remains incomplete because 17% of English ICBs, 14% of health boards in Wales, and 71% of health boards in Scotland stated they were unable to provide this information. The high proportion of Scottish health boards unable to report on GP surgeries in their area is because most GP practices in Scotland operate as independent contractors and manage their own appointment booking systems.

Although ICBs and health boards across England, Scotland, and Wales state that older people can access appointments via telephone or in-person, our evidence shows that this does not reflect the reality experienced by many. Our 2025 GP access survey found one in three older people (33%) reported booking in their area can only be completed online.

Challenges and mitigations: what older people told us

Older people consistently described the challenges of booking GP appointments, with many recounting long telephone queues and growing frustration at the increasing reliance on digital systems. For those who are offline or socially isolated, these barriers create a serious disadvantage and heighten the risk of exclusion from care. Many also expressed deep concerns about the decline in face-to-face contact, which they see as essential for not only assessing their physical health needs but also for providing connection and reassurance.

Barriers to access: the digital divide

A significant digital divide continues to block older people from accessing healthcare. According to Uswitch, one in five people aged 65 and over (20%) do not have domestic internet access. This age group is also the most likely to have internet access but not use it (7%), compared to a UK average of 2%. Overall, fewer than three-quarters (73%) of those aged 65+ both have internet access at home and use it [17].

Findings from our 2025 annual survey paint an even starker picture for over 75s: 33% reported having no internet access, and a further 23% said they rarely or never use it. As a result, fewer than half (43%) of Re-engage beneficiaries have internet access at home and actively use it.

Our research and data show that in the wider older population, people aged 75 and over are consistently less digitally connected across all three nations. Wales demonstrates a stronger digital profile among older people, with both national and Re-engage data suggesting comparatively higher levels of engagement, but even in Wales, 52% of those aged 75 and over do not go online frequently.

It is not only internet access that is acting as a barrier for older people as GP services increasingly move online, but other factors including:

- Low confidence and mistrust**
 Older adults often lack digital confidence and experience anxiety when engaging with online services [18]. Concerns about privacy, data security, and rising fraud significantly contribute towards the reluctance of older adults to transition to digital GP services [18, 19, 20].
- Physical and cognitive challenges**
 Impairments such as poor eyesight, hearing loss, arthritis, reduced dexterity, memory loss and dementia can make digital interfaces challenging to navigate [21].
- Financial barriers**
 Many older adults on low and fixed incomes struggle with essentials such as heating and food, and cannot afford nor prioritise expenditure on devices or internet access. The decline of local libraries reduces opportunities to use shared technology with support from knowledgeable staff [22].
- Disconnection from GPs and the loss of person-centred care**
 36% of older people responding to our 2025 survey reported feeling cut off from care. Many described GPs overlooking their health issues, and some isolated individuals said they no longer attempt to contact their GP at all, instead turning to NHS 111 or accident and emergency departments in hospitals. The inability to secure in-person appointments further deepens feelings of frustration and diminished trust. This disconnection undermines the patient's right to request professional help with their physical health needs, but also exacerbates loneliness and poor mental wellbeing. Many survey respondents reported feeling rejected, inadequate, stressed and undervalued.

What's working: examples of best practices

Responses to our FOI requests show that across the UK, a number of health systems are taking digital exclusion seriously and working to ensure equitable access for all.

The Black Country has combined device provision with community-based digital skills support, while Bristol, North Somerset and South Gloucestershire have been clear that phone, face-to-face and online access must all remain. Coventry and Warwickshire advise they have maintained walk-in access for those who prefer non-digital routes, and Devon, Dorset, and Greater Manchester have embedded digital inclusion into their equality impact processes, ensuring new systems include analogue alternatives and meet accessibility standards.

Other areas are investing in community partnerships and practical support. Leicester, Leicestershire and Rutland is mapping digital poverty and working with the Good Things Foundation to provide devices, data and digital hubs. North Central London has allocated targeted funding to strengthen digital inclusion programmes, while North East London is piloting tools to assess digital equity. Somerset has built public engagement into its digital planning, and Staffordshire and Stoke-on-Trent is focusing on workforce training, accessible communication and redistribution of surplus IT equipment.

Beyond England, Scotland and Wales offer further examples of good practice.

In Orkney, GP practices continue to offer telephone and in-person booking, with trained reception staff and printed materials.

In Wales, Cardiff and Vale University Health Board requires GP practices to staff phone lines throughout core hours, provide accessible printed information, and demonstrate compliance with equality and sensory-loss communication standards through an annual return.

These examples show that some areas are taking steps to reduce the risk of digital exclusion, but meaningful access for older people is only achieved when services are designed around their needs, preferences and capabilities, and when non-digital routes remain fully protected.

Our FOI requests revealed that health bodies are attempting to mitigate these impacts through contractual guidance, digital inclusion programmes, and community partnerships, but despite these measures, the experience of older people is they often fall short of addressing the lived reality. Even in areas demonstrating strong practice, support remains inconsistent, fragmented and heavily dependent on local initiatives.

The examples across England, Scotland, and Wales show what can be achieved, but they also highlight the absence of a coherent national approach. Without stronger expectations, clearer standards, and sustained investment, too many older people will continue to face avoidable barriers to accessing their GP.



“If I didn’t have Ruby, I’d be in dead trouble. I tell you, I really would.”

The human impact of digital-first care

REAL EXPERIENCES:

Ada’s story

Ada is 80-years-old and lives in Kent. She is enrolled in Re-engage’s Call Companion service. She explained that without help she would struggle to book appointments and attend consultations. Ada began by describing how challenging it is to book appointments by phone.

“You could ring up at 8am and you might get an appointment, but obviously everyone rings at 8, don’t they?”

Ada explained that because of significant mobility issues in her hands, she can’t use the technology required to arrange GP appointments.

“I’ve got an iPad, but I find it very difficult to use because I have dyslexia, but more than anything I’ve got really bad hands... arthritis. I’ve had seven operations for my hands, three on one, four on the other and I ended up with metal in my hands which impairs me for using things.”

For the past nine years, her close friend Ruby - a retired nurse - has supported her with both booking and attending GP appointments.

“My friend Ruby books my appointments for me, she goes online most of the time.”

“I’m partially deaf and wear a hearing aid and if I don’t hear what a consultant said it could be nasty to be honest, so she comes to make sure everything goes well.”

Ada explained “I’m very lucky, [Ruby’s] lovely.”

“If I didn’t have Ruby, I’d have to go to the doctors myself because they don’t take telephone calls for prescriptions...I think it’s disgusting really that they don’t take prescriptions on the phone.”

“Without Ruby I’d have to get a taxi there as I certainly couldn’t walk that far. To get there it would be £6.50 – so £13 just to book an appointment.”

Ada repeatedly highlighted how fortunate she is to have a friend like Ruby, whose practical help and steady presence make it possible for her to access a system that would otherwise be out of reach.

Many older people live with the same kinds of mobility limitations, sensory impairments, and difficulties using technology, but they don’t have anyone to step in for them. Without a supportive network, lonely and isolated older people face significant barriers to accessing their GP - from booking appointments to understanding medical advice - leaving them at real risk of going without the care they need.

REAL EXPERIENCES:

Doris’s story

At 95-years-old, Doris has lived through the rise of the internet, but she never imagined that accessing her local GP would become one of her biggest challenges.

For months, Doris tried to contact her surgery in Hastings. But despite her efforts, she didn’t get an appointment until the system flagged her as needing an annual review.

“They say ring by 8 o’clock, which you do... and then they’re too full up to take any more.”

Prior to the checkup, Doris hadn’t seen a doctor since leaving hospital three years ago. As a result, she’s learned to manage her own health, saying: “I’ve learnt to treat myself for years.” But self-care has its limits - especially when reassurance and continuity of care are missing.

Doris added: “It’s terrible if you can’t see your doctor just to reassure you.”

Doris doesn’t use the internet. She relies on the phone - a lifeline that’s increasingly unreliable. “I am nearly 95 and do not have the internet. I rely on the phone, and they [the GP] are always full. They say come to the surgery, but I cannot get there.”

Her words reflect a growing concern among older adults: being digitally excluded means being medically and socially sidelined.

“I’m lucky,” Doris said. “I have a very good daughter and son who are marvellous and look after me very well.” But she’s acutely aware that many people her age don’t have family nearby. For them, the lack of accessible healthcare can deepen loneliness and isolation, and in Doris’ words “something’s got to be done.”

REAL EXPERIENCES:

Rose's story

Rose - a 92-year-old Re-engage tea party beneficiary living alone in North Somerset – shared her experience of difficulty when a small lump on her hand gradually grew from the size of a pea to a walnut. As the lump increased, her ability to grip everyday objects declined. Holding a mug became difficult, and carrying a hot drink became impossible.

Rose speaks to her surgery over the phone or she travels in person, explaining that being in her 90s, she is not interested in using a computer. She said: "I'm not going to re-learn as it's too late." Rose told us it's very important to her that she can take care of her appointments herself, and does not want her relatives to help her with booking as she values autonomy and confidentiality.

When Rose sought medical advice, she said she didn't feel listened to; one staff member suggested she used a straw, a solution that Rose felt was unsuitable for hot liquids, and another suggested she use her other hand to hold a cup despite Rose explaining that was not possible due to a previously broken elbow.

A doctor eventually assessed the lump but described it as "cosmetic" and Rose was placed on a waiting list for a minor operation despite her clear explanation of its impact on her daily life.

More than a year passed. The lump had grown to the size of a walnut, and Rose still could not enjoy a hot drink. She felt increasingly restricted and frustrated by the lack of progress. Eventually, after approximately 18 months of waiting, Rose - feeling she had no other option - took matters into her own hands. Drawing on her background as a nurse, she said:

"I sterilised a Stanley knife on the stove, put my hand on the worktop and shoved the knife into the walnut size lump."

Rose was able to remove the lump and was left with only a "pinprick" on her skin. When she later informed the surgery of what had happened, she said they were "quite taken aback." Rose didn't blame them personally, but she felt that the system itself had failed her.

Rose explained she feels that the system is no longer set up with people in mind "They don't have the interaction whereby you're a patient not an animal."

Rose believes the core problem lies not with individual staff but with the structure they are required to work within. She feels the system is overstretched, poorly organised, and increasingly impersonal.

"Sometimes you get brushed off as if you aren't worth anything."

Rose's story highlights the profound impact that communication, empathy, and timely care can have on a person's wellbeing. Fortunately, Rose's story of self-treatment has a happy ending, but steps must be taken to reduce the frequency of these kinds of stories.

Bill (page 11) and Doris's (page 17) stories demonstrate the devastating impact online booking systems are having on isolated and lonely older people. After being turned away from trying to book an appointment in-person and told to book online, Bill reflected "If I had to do it myself, I'd have given up." His words highlight a deeper reality. Re-engage only hear the stories of those who are already connected to a loneliness charity, older people who have sought support or been referred because of their loneliness and isolation.

Beyond this, there are hundreds more who remain invisible, older people who may be lonely and socially isolated, unable to contact their GP, without networks to help them navigate appointments. These older people are left to face loneliness entirely on their own, while also enduring untreated physical and mental health conditions for which they have abandoned seeking help. Therefore, the impact of social isolation and loneliness on access to GPs cannot be understated and must be considered in the development of strategies and technology in healthcare.

Beyond this, there are hundreds more who remain invisible, older people who may be lonely and socially isolated, unable to contact their GP, without networks to help them navigate appointments.

Conclusion

The continued shift toward digital-first GP access distances older people, particularly those who are lonely or socially isolated, from vital health services.

This is particularly concerning given the role of GPs in identifying loneliness and supporting those who are lonely or isolated. It is also worrying given the negative effect of loneliness on physical and mental health. Appropriate safeguards must be built into health service design to avoid the service itself deepening loneliness or social isolation for people aged 75 and over.

Health bodies must assess how digital-first systems affect lonely and socially isolated older people and ensure mitigations are put in place, particularly where access is reduced.

Digital literacy programmes and access to devices can bridge part of the gap, but true equity requires choices to be available. Older people must be allowed to decide whether to engage digitally or face-to-face, with both routes respected and supported, and without risk of denial of service. Health bodies and decision makers must adopt a dual model that is both digital and non-digital, and designed to meet diverse needs. Only through inclusive, patient-centred approaches can digital transformation

genuinely enhance care for older people. Without reliable alternatives such as telephone or in-person booking, older people are left isolated, with some delaying or avoiding care altogether. A balanced model that encompasses digital and non-digital, and is efficient and human, is both achievable and necessary.

Historically, GPs have provided more than medical treatment; they have offered human connection, reassurance, and signposting to wider community support. With the NHS prioritising an increased focus on prevention and the growth of social prescribing, this role is increasingly important.

Losing this interaction deepens loneliness and isolation, both of which are proved to increase the risks of poor health outcomes and mortality. This report sets out practical actions needed to help older people access GP services, and reduce the risk of more older people falling into loneliness and isolation as a result of the design of healthcare services.

I think the need to see a GP in person is important, contact is the basis of humanity. GPs can often see more about the whole person when face-to-face.

Using online does give a feeling of loneliness and separation from other humans.

Our key recommendations

WE CALL ON UK GOVERNMENTS TO:

- 1 Embed in NHS digitalisation strategies the right for people to choose between digital or offline access when using health services, ensuring that digitalisation does not replace the option of non-digital contact.
- 2 Include in GP contracts a condition that analogue routes remain available by making non-digital access a protected component of health digitalisation policy, so that no one is required to go online to receive care.
- 3 Ensure older people are directly involved in shaping digital health policy and service design, so decisions reflect the needs and experiences of those most affected.
- 4 Centrally collect and publish data from Integrated Care Boards (ICBs) and health boards on both digital and analogue access, broken down by age, gender, disability and ethnicity, to make the impact of digitalisation visible and identify any groups disproportionately affected.

References

- [1] The Health Foundation, "Our ageing population: how ageing affects health and care need in England," 2021.
- [2] Office for National Statistics, "Population and household estimates, Wales: Census 2021," 2022.
- [3] National Records of Scotland, "Projected Population of Scotland: 2022-based," 2025.
- [4] F. Mubarak and R. Suomi, "Elderly Forgotten? Digital Exclusion in the Information Age and the Rising Grey Digital Divide," 2022.
- [5] UK Government, "Fit for the Future: 10 Year Health Plan for England," 2025.
- [6] Department for Digital, Culture, Media and Sport, "Participation Survey 2023–24 annual publication," 2024.
- [7] NHS England, "GP Patient survey," 2025.
- [8] L. C. Hawkey, R. A. Thisted, C. M. Masi and J. T. Cacioppo, "Loneliness Predicts Increased Blood Pressure: Five-Year Cross-Lagged Analyses in Middle-Aged and Older Adults," 2011.
- [9] L. Boss, D. H. Kang and S. Branson, "Loneliness and cognitive function in the older adult: a systematic review," 2015.
- [10] S. W. Cole, J. P. Capitanio, K. Chun, J. M. Arevalo, J. Ma and J. T. Cacioppo, "Myeloid differentiation architecture of leukocyte transcriptome dynamics in perceived social isolation," 2015.
- [11] Scotland, NHS, "NHS Scotland Operational Improvement Plan," 2025.
- [12] Scottish Government, "Scotland's Population Health Framework 2025-2035," 2025.
- [13] Scottish Government, "Health & Social Care Service Renewal Framework 2025 - 2035," 2025.
- [14] Scottish Government, "Health and Care Experience Survey 2023/24," 2024.
- [15] Wales, NHS, "Digital Health and Care Wales Organisational Strategy 2024-2030," 2024.
- [16] Welsh Government, "National Survey for Wales," 2025.
- [17] Uswitch, "UK broadband access statistics 2024," 2024.
- [18] J. Frishammar, A. Essén, F. Bergström and T. Ekman, "Digital health platforms for the elderly? Key adoption and usage barriers and ways to address them," 2023.
- [19] J. Pywell, S. Vijaykumar, A. Dodd and L. Coventry, "Barriers to older adults' uptake of mobile-based mental health interventions," 2020.
- [20] H. R. Knotnerus, H. T. N. Ngo, O. R. Maarsingh and V. A. van Vugt, "Understanding Older Adults' Experiences With a Digital Health Platform in General Practice: Qualitative Interview Study," 2024.
- [21] R. Yao, W. Zhang, R. Evans, G. Cao, T. Rui and L. Shen, "Inequities in Health Care Services Caused by the Adoption of Digital Health Technologies: Scoping Review," 2022.
- [22] BBC News, "Public libraries in 'crisis' as councils cut services," 2024.

Re-engage Ltd

7 Bell Yard
London
WC2A 2JR

Tel: 020 7240 0630
info@reengage.org.uk
www.reengage.org.uk



Reducing loneliness in later life



Registered with
**FUNDRAISING
REGULATOR**