
Transforming Patient Portals for Real-Time Care



Over the past decade, Patient Engagement Portals (PEPs) have become central to the digital evolution of the NHS, enabling patients to access appointment details, clinic updates and test results with increasing transparency. However, amid mounting operational challenges and the publication of the NHS's 10-year plan, the emphasis is shifting. The goal is no longer simply to provide access but to enable empowerment. The transformation required does not hinge on introducing more portals but on creating a national communication layer. This layer would connect patients, staff and services in real time, enhancing engagement and reducing the burden on clinicians.

Empowering Beyond Access

PEPs have delivered valuable progress, bringing structure and accessibility to patient interactions with the health system. Yet access alone falls short of achieving true productivity, efficiency and experience gains. A deeper level of patient empowerment is required—one that enables active participation in care rather than passive receipt of information.

This shift can be realised through a framework focused on removing unnecessary activity, converting interactions to asynchronous digital formats and streamlining essential face-to-face care. For example, by removing unnecessary appointments via triage tools, providers can resolve a significant proportion of requests without requiring physical visits. In mental health and community care, this approach fosters safe self-management and timely interventions. When digital-first communication is suitable, secure messaging, remote questionnaires and virtual consultations enable flexibility for both patients and clinicians. For encounters that must remain in-person, preparatory tools and AI-assisted documentation reduce admin time and ensure care is more efficient and tailored.

Together, these strategies offer tangible productivity gains. They save time, protect clinical resources and foster trust. But they require a digital infrastructure that supports proactive, two-way communication—not just digital access to information.

Tackling Complexity with Connection

With expansion of digital tools within the NHS—spanning PEPs, Electronic Patient Records, the NHS App and various ambitions for unified patient records—the system has grown more complex without becoming more connected. While each system plays a distinct role, few adequately address the persistent communication gaps experienced by patients and staff alike.

Many current processes replicate outdated workflows in digital form, failing to redesign patient journeys. Portals may contain PDFs of letters, but these often arrive too late and provide little actionable guidance. Instead of empowering patients, these documents can reinforce passivity, leading to unnecessary appointments, patient frustration and overloaded clinicians managing preventable follow-ups.

The absence of real-time, two-way communication fuels inefficiencies. A communication layer—designed to integrate with existing systems—can fill this void. It would enable services to message each other and patients in real time, facilitating asynchronous communication that empowers patients to manage their care journey proactively. The impact is not abstract. It translates into shorter response times, faster adjustments to treatment plans and seamless updates across the care network. Such a shift brings clarity, eliminates ambiguity and supports timely, joined-up care.

Building the Infrastructure for Empowerment

The vision for this national communication layer is not to replace PEPs or the NHS App but to enhance them. By embedding messaging

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capabilities, structured triage and clinical system integration into existing platforms, a more functional and responsive infrastructure can emerge.

PEP providers have an opportunity to evolve, building tools that facilitate communication and partnership between patients and clinicians. Equally, the NHS App is increasingly positioned to become the primary digital gateway for citizens. If communication is embedded at its core, the App can serve not only as an access point but also as a platform for real-time, ongoing interaction.

The operational goals set out in NHS planning guidance—reducing missed appointments, validating waiting lists and improving clinic productivity—cannot be achieved by PEPs alone. However, PEPs augmented by a communication layer can make these goals achievable. Messaging allows patients to confirm, cancel or reschedule appointments swiftly, helping to reduce DNAs. Structured communication supports more accurate and timely waiting list management. Queries can be resolved asynchronously and care pathways accelerated through efficient handovers.

The NHS has laid important digital foundations through PEPs, but the future requires more than access—it demands interaction. The next phase of digital maturity in healthcare hinges on communication: timely, human and bi-directional. This is not about discarding existing systems but about building on their strengths to deliver clarity, collaboration and capacity. By embedding a national communication layer, the NHS can unlock greater patient empowerment, improve productivity and realise the vision of proactive, integrated care.

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