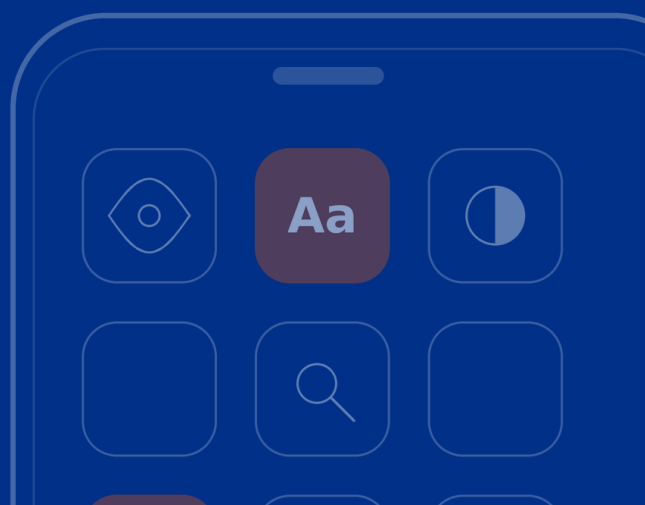


Accessible Healthcare in a Digital NHS

Evidence from the APPG on Eye Health and Visual Impairment
on Accessibility, Digital Inclusion and the NHS App



RNIB

See differently

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Foreword

from Marsha De Cordova MP, Chair of the APPG on Eye Health and Visual Impairment

Digital transformation sits at the heart of the Government's own ambitions for the NHS. The 10-Year Health Plan sets out a decisive shift from analogue to digital, with the NHS App intended to become the “digital front door” to the NHS by 2028, becoming the primary way patients book appointments, view results and manage their care.¹ Used well, this could make healthcare more convenient, personalised and joined up than ever before. But that ambition only holds if it is accessible for every patient. If the App becomes the main route into NHS care while remaining inaccessible to blind and partially sighted people, digital transformation will not have modernised the NHS. It will have created a new barrier to it.



Throughout this inquiry, the APPG for Visual Impairment and Eye Health heard something that should trouble anyone who cares about fairness in healthcare: despite solutions being available, inaccessible systems still prevent many people with sight loss from independently reading their own appointment letters, accessing their own test results or managing their own prescriptions. Among survey respondents who require information in an accessible format, 70% reported receiving it only sometimes, rarely or never. In 2026, this should not still be happening. This is not a matter of inconvenience. It is a matter of patient safety, privacy, dignity and basic equality.

As the NHS pursues its most ambitious digital reform in a generation, accessibility cannot be an afterthought bolted on once systems are already built. It must be designed in from day one. Anything less risks turning a modernisation programme meant to benefit everyone, into a new barrier which further excludes patients from the services intended to support them.

This report sets out the evidence and practical recommendations needed to ensure a digitally enabled NHS is also an accessible and equitable one, so the Government's own ambitions for digital healthcare do not leave blind and partially sighted people behind.

¹ Department of Health and Social Care & NHS England. (2025, July 3). Managing healthcare easy as online banking with revamped NHS App. GOV.UK. <https://www.gov.uk/government/news/managing-healthcare-easy-as-online-banking-with-revamped-nhs-app>

Introduction

The Government has made the shift from analogue to digital one of three central pillars of its 10 Year Health Plan for England, with the NHS App intended to become the “digital front door” to the NHS by 2028.² That is a significant and welcome ambition, but it also raises the stakes considerably for accessibility. If the App becomes the default way of accessing healthcare, failing to make it accessible does not just create inconvenience, it risks locking blind and partially sighted people out of the health service the Government says it wants to modernise for everyone.

To better understand these experiences, the APPG undertook a programme of evidence gathering examining the accessibility of the NHS App and wider digital eye care services. A stakeholder survey of 64 respondents gathered evidence from people with lived experience of sight loss, carers, clinicians, accessibility specialists, representative organisations and policymakers, exploring experiences of appointments, referrals, clinical information, digital documents and accessible communication.

On the 30th of June 2026, the APPG convened a Parliamentary Oral Evidence Session chaired by Marsha De Cordova MP. Across two panels, people with lived experience, clinicians, NHS England representatives, policymakers and accessibility experts examined the accessibility of digital healthcare, its implications for patient safety and independence, and how future reforms including the Single Patient Record can better meet the needs of blind and partially sighted people.

In this report, ‘the NHS App’ means the App as patients experience it. That includes the core App and the linked services accessed through it, many of which are run by other parts of the NHS or by external suppliers.

The scale of the challenge is stark.

Seven in ten respondents who need healthcare information in an accessible format receive it in that format only sometimes, rarely or never, meaning most respondents cannot reliably depend on the NHS to communicate with them in a way they can actually use.

That is not a minor service gap, it is a systemic failure to meet a basic duty of care. This report brings together evidence and sets out recommendations to close this gap, so the Government’s digital ambitions for the NHS are matched by a commitment to equity.

²Department of Health and Social Care & NHS England. (2025, July 3). *Managing healthcare easy as online banking with revamped NHS App*. GOV.UK. <https://www.gov.uk/government/news/managing-healthcare-easy-as-online-banking-with-revamped-nhs-app>

3.1%

of respondents rated the NHS App as fully accessible

53%

of respondents considered the NHS App as either not accessible at all or only slightly accessible

70%

of respondents who require information in an accessible format reported receiving it only sometimes, rarely or never

Discussion of the Evidence:

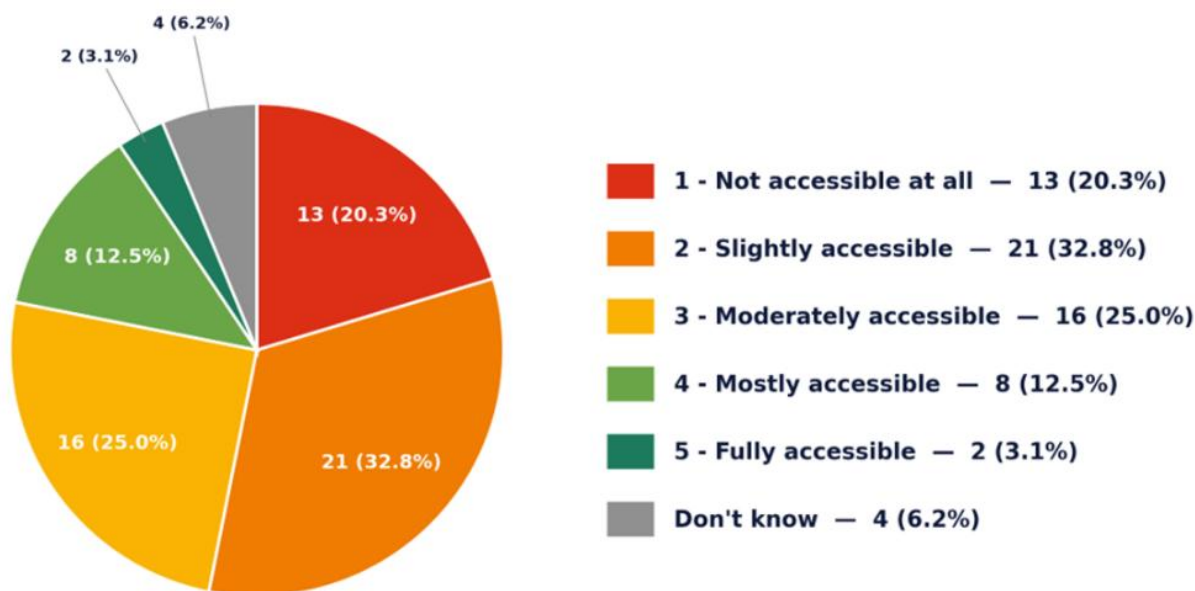
Experiences of using digital healthcare

Evidence from the survey and oral evidence session highlighted three recurring challenges: inaccessible digital services, the need for patients to repeatedly explain their accessibility requirements, and inconsistent provision of information in accessible formats.

Digital NHS services remain inaccessible for many users

How Accessible is the NHS App?

(64 respondents)



Base: n = 64 respondents (all survey participants) | Source: APPG Eye Health and Visual Impairment survey

Figure 1: How Accessible is the NHS App? – APPGEHVI Survey

Only 3.1% of respondents rated the NHS App as fully accessible.

More than half (53%) of respondents considered the NHS App as either not accessible at all or only slightly accessible. That is an arresting finding for a service the Government intends to become the primary gateway to the NHS.

Respondents also identified inaccessible text size, contrast and layout (53%), difficult navigation (47%) and poor screen reader compatibility (45%) among the most significant barriers to using digital NHS services.

53%

of respondents identified inaccessible text size, contrast and layout among the most significant barriers

47%

of respondents identified difficult navigation among the most significant barriers

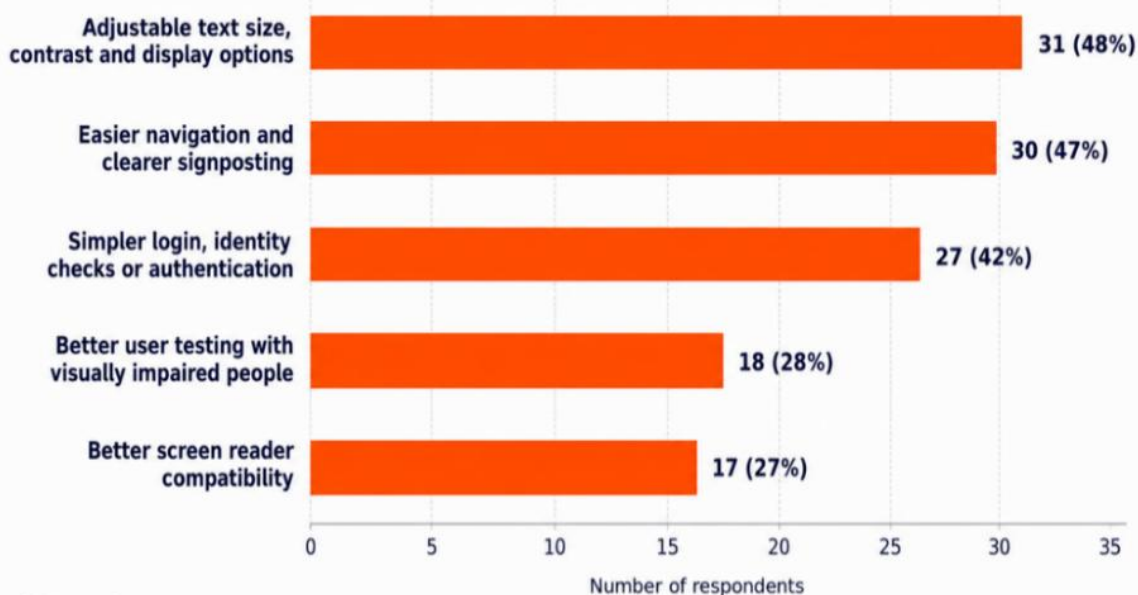
45%

of respondents identified poor screen reader compatibility among the most significant barriers

During the oral evidence session, witnesses described inaccessible authentication processes, poor compatibility with assistive technology and inconsistent accessibility across different NHS platforms. One patient explained that despite using large-print settings on their phone, some content within the NHS App remained too small to read and could not be enlarged. This evidence highlights the need for accessibility to be built into NHS digital services themselves, rather than relying on patients or their devices to overcome barriers.

What improvements do people want most?

(64 respondents – respondents could select up to three improvements)



Base: 64 respondents
Respondents could select up to three improvements.

Figure 2: What improvements do people want most? – APPGEHVI Survey

Patients continue to repeat their accessibility needs

A consistent theme throughout the oral evidence session was that blind and partially sighted people are frequently required to explain their communication and accessibility needs each time they access a different NHS service. Witnesses described a fragmented patient journey in which reasonable adjustments are not consistently recognised or shared between organisations, leaving individuals to repeatedly advocate for themselves.

Participants highlighted the opportunity presented by the Reasonable Adjustment Digital Flag and the proposed Single Patient Record to reduce unnecessary repetition, provided accessibility is embedded consistently across the health system. Survey findings reflected these experiences, with 55% of respondents identifying variation between NHS systems and local areas as one of the biggest barriers to accessing digital services.

55%

of respondents identified variation between NHS systems and local areas as one of the biggest barriers to accessing digital services

The biggest barriers to using NHS digital services

Top 10 barriers identified by respondents • Base: all 64 respondents

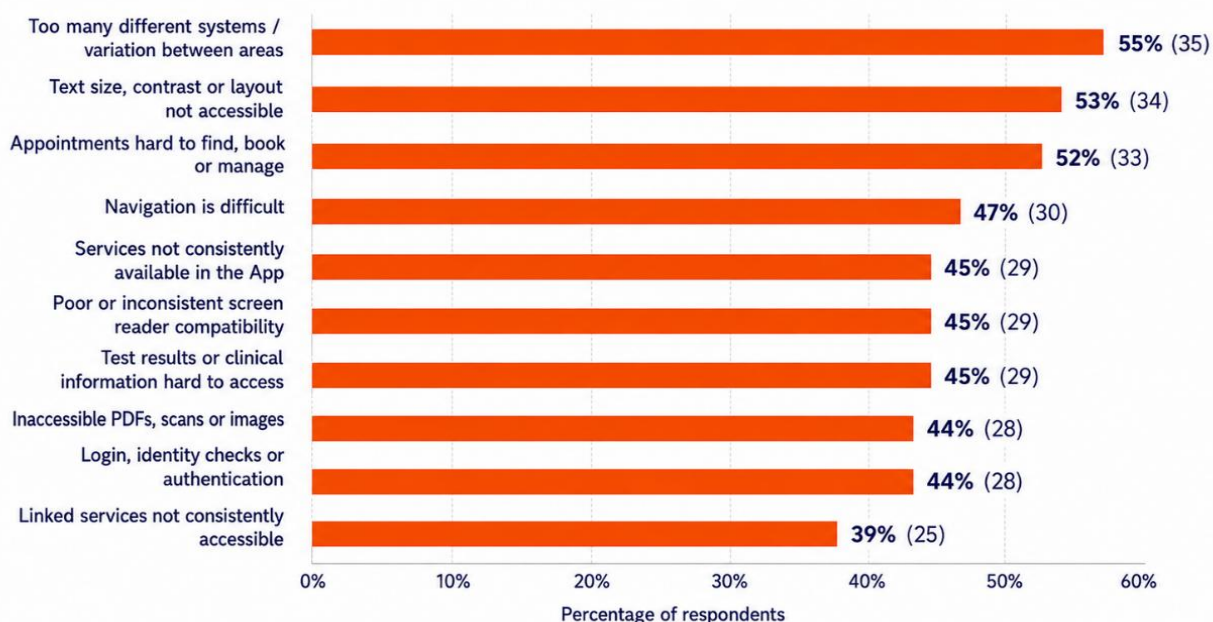


Figure 3: The biggest barriers to using NHS digital services – APPG Survey

What should be the top priority for accessible NHS Digital services?

(64 respondents – respondents could select up to three priorities)

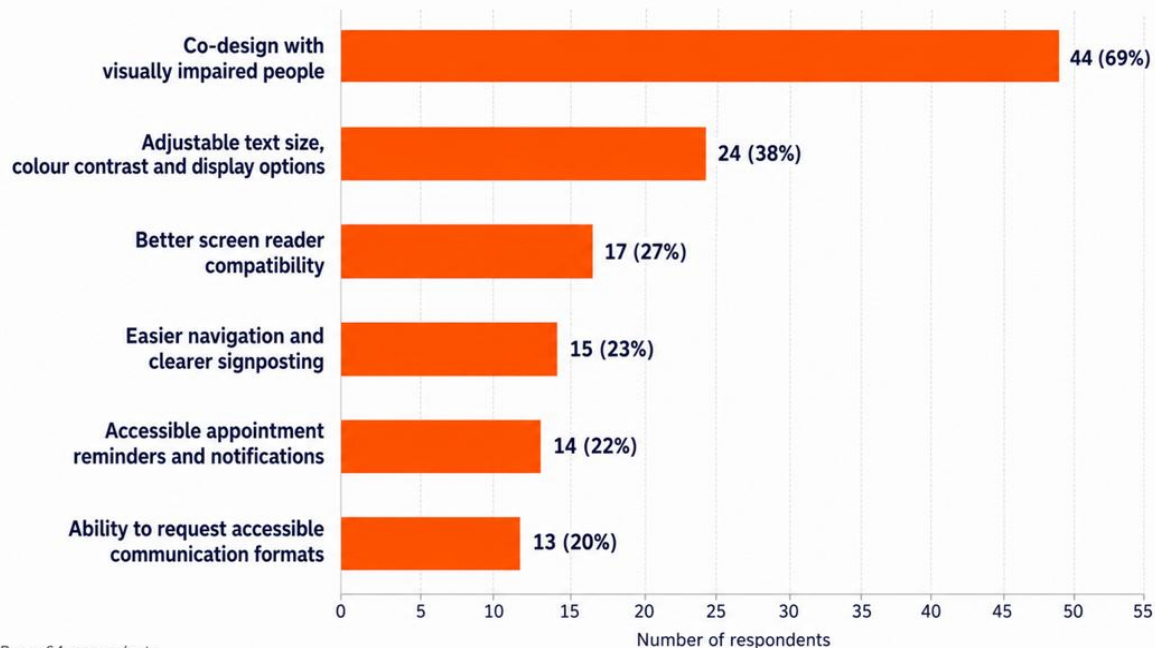


Figure 4: What should be the top priority for accessible NHS Digital services? – APPGEHVI Survey

Accessible information is not delivered consistently

Among respondents who require information in an accessible format, 70% reported receiving it only sometimes, rarely or never.

During the evidence session, witnesses described appointment letters, clinical correspondence and test results being provided as inaccessible PDFs, scans or formats incompatible with screen readers, despite the requirements of the Accessible Information Standard.

One patient described accessing MRI results through the NHS App, only to later find that the information had moved and the text was too small to read or enlarge. They ultimately had to involve their children to help access the results.

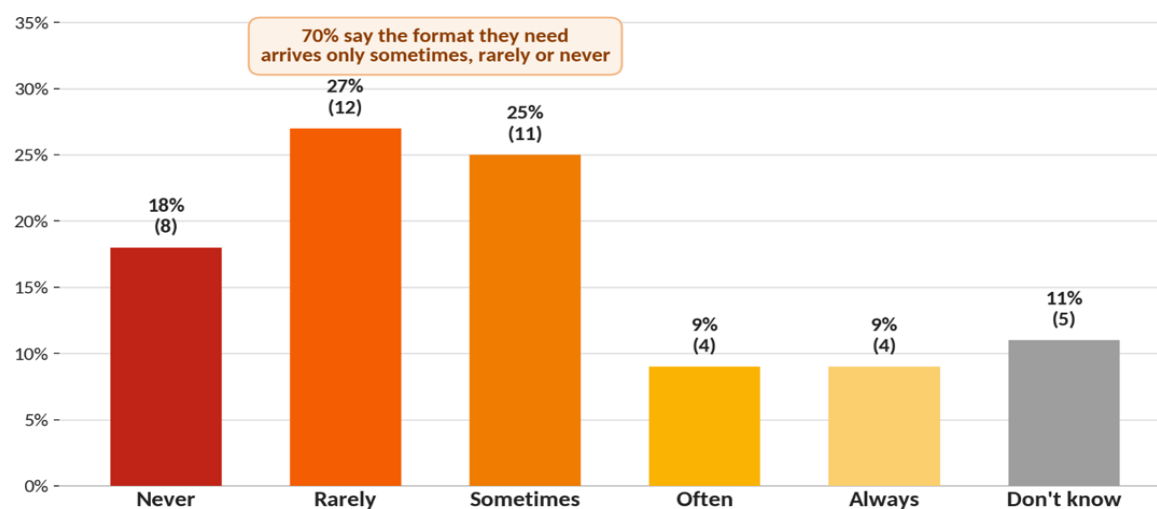
This is a stark illustration of a wider problem: patients being denied independent access to information as fundamental as their own medical results. Patients should not have to sacrifice their independence or privacy simply to access information about their own healthcare.

Panellists stressed that accessible information should be a routine feature of NHS care, rather than dependent on local practice, individual staff awareness or patients finding their own workarounds.

Patients should not have to sacrifice their independence or privacy simply to access information about their own healthcare.

How often health information arrives in the accessible format people need

Asked of the 44 respondents who need information in an accessible format



Accessible formats include braille, large print, audio, easy read and screen reader-compatible documents.

Figure 5: How often health information arrives in the accessible format people need – APPG Survey

The impact of inaccessible digital healthcare

For blind and partially sighted people, inaccessible digital healthcare can mean being unable to read an appointment letter, access a test result or manage their care without asking somebody else for help. These barriers can affect whether someone receives care on time or can manage their healthcare privately and independently.

Patient safety and health outcomes

Panellists emphasised that digital accessibility should be recognised as a patient safety issue, not simply a matter of user experience. Inaccessible appointment systems, test results, referrals and clinical correspondence can contribute to missed appointments, delayed care and difficulties managing health conditions independently. Survey respondents similarly identified difficulties accessing appointments (52%) and clinical information (45%) among the most significant barriers.

52%

of survey respondents identified difficulties accessing appointments among the most significant barriers

45%

of survey respondents identified difficulties accessing clinical information among the most significant barriers

Independence, privacy and dignity

Witnesses described how inaccessible digital services can force blind and partially sighted people to rely on family, carers or friends to read correspondence, access results or navigate systems that should be independently accessible. This can require people to share sensitive health information they would otherwise keep private, undermining autonomy and dignity. The repeated need to explain communication requirements also places responsibility on patients to make the system work for them.

Digital exclusion and widening inequalities

Witnesses warned that the move towards a digitally enabled NHS could widen existing health inequalities if accessibility is not embedded from the outset. Blind and partially sighted people should not have to choose between using an inaccessible digital service and relying on somebody else to access their healthcare. Witnesses were clear that closing this gap requires more than accessible design alone. Panellists described how many blind and partially sighted people, particularly older people, still lack the digital skills and confidence to use services like the NHS App, and said these barriers need to be tackled directly if uptake is to improve. Specific digital exclusion barriers that disproportionately affect blind and partially sighted people include the unaffordable costs of technology and a lack of consistent assistive technology training provision. Generic digital skills support, including NHS App training delivered through libraries and other community settings, will not always meet these needs unless it includes appropriate support to use assistive technology.

69%

identify co-design with blind and partially sighted people as a top priority for future NHS digital services

Participants in the oral evidence sessions stressed that digital services should be designed *with* disabled people, with meaningful co-design throughout development, testing and improvement. Survey findings reinforced this, with 69% identifying co-design with blind and partially sighted people as a top priority for future NHS digital services.

Taken together, the evidence demonstrates that accessible digital healthcare is not simply a question of usability. A digitally enabled NHS must also be an inclusive NHS, ensuring that blind and partially sighted people can benefit from digital transformation on an equitable basis.

Separately, RNIB research puts the scale of this gap in context: people with sight loss are more than twice as likely as the general public not to use the NHS App, and 28% have never used the internet at all, rising to 47% among those aged 75 and over.³

The legal framework for accessible digital healthcare

NHS bodies already have legal duties to make services like the NHS App accessible, and to keep non-digital options open for people who cannot use them. The Equality Act 2010 makes it unlawful to discriminate against people because of disability or age, and requires reasonable adjustments to remove the barriers disabled people face.

The experiences witnesses described, being pushed towards a service they could not use independently, or losing non-digital alternatives, reflect exactly the kind of indirect discrimination the Act is designed to prevent. As public authorities, NHS bodies are also required to actively consider the impact of new digital services on disabled and older people before rolling them out.

There is also a specific legal duty on the NHS App itself. The Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018 require public sector websites and mobile apps within scope to meet recognised accessibility requirements and publish an accessibility statement. Current government guidance uses WCAG 2.2 AA as the technical standard.

³RNIB. (2026). *Voice of the customer: Public response to the NHS 10 Year Plan*. <https://www.rnib.org.uk/professionals/research-and-data/reports-and-insight/voice-of-the-customer-public-response-to-the-nhs-10-year-plan/>; RNIB. (2024). *Sight loss and technology*. <https://www.rnib.org.uk/professionals/research-and-data/reports-and-insight/sight-loss-and-technology/>

2010

The Equality Act makes it unlawful to discriminate against people because of disability or age

2018

The Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations require public sector websites and mobile apps within scope to meet recognised accessibility requirements and publish an accessibility statement

Yet the NHS App's own accessibility statement says it only partially meets this standard, which is consistent with over half of survey respondents rating the App as not accessible or only slightly accessible.⁴

The gap between what the law requires and what is delivered reinforces the case for clear senior ownership of accessibility within NHS digital programmes.

Opportunities for change

The NHS's current digital transformation provides an important opportunity to address these barriers before they become further embedded in the health system. Across the survey and oral evidence session, there was broad agreement that accessibility should be built in from the outset, with blind and partially sighted people involved throughout the design, testing and ongoing improvement of digital services. NHS England described its "shift left" approach, involving people with lived experience earlier to identify accessibility issues before products are rolled out.

The proposed Single Patient Record offers a particular opportunity to improve continuity of care.

One patient described receiving eye care across two hospitals and having to use their own phone to photograph clinical information so it could be shared between services.

Patients should not have to carry this burden themselves. Providers are already legally required to comply with the Information Standard for the Reasonable Adjustment Digital Flag, which requires reasonable adjustment needs, including accessibility needs, to be identified, recorded and shared, and the Single Patient Record should build on this.

⁴NHS England. (2025). *NHS App accessibility statement* (Version 10.1). <https://www.nhs.uk/nhs-app/about/privacy-legal-information/nhs-app-accessibility-statement/>

Recording accessibility needs once and improving interoperability could help ensure reasonable adjustments and information follow patients throughout their care.

Greater consistency and accountability will also be essential. NHS England told the inquiry that the NHS App is supported by hundreds of local systems, which can contribute to variation in accessibility. Witnesses called for stronger implementation of existing accessibility standards and greater accountability for NHS organisations and suppliers, including through procurement, product development and ongoing maintenance.

Crucially, responsibility for overcoming inaccessible systems should not rest with patients. As the NHS becomes increasingly digital, accessibility must be treated as a matter of patient safety, fairness and inclusion, rather than simply technical compliance. The Government and NHS now have an opportunity to ensure digital transformation reduces, rather than reinforces, health inequalities, and that no patient is left behind because of inaccessible technology.

Recommendations

1

Embed accessibility and co-design from the outset

Blind and partially sighted people must be involved throughout the design, testing and development of NHS digital services, with clear ownership held jointly by DHSC and NHS England's Chief Digital, Data and Technology Officer, and mandatory input from blind and partially sighted users on all NHS-funded digital projects.

2

Set consistent accessibility requirements across NHS digital services

NHS England, and subsequently DHSC, should set consistent accessibility standards for national and local digital services, requiring suppliers to provide independent accessibility testing before any system is approved for procurement or deployment. They should also build ongoing assurance and enforcement into contracts, so standards are met throughout the life of a service and not only at procurement.

3**Strengthen compliance with the Accessible Information Standard**

DHSC and NHS England should strengthen implementation, assurance and accountability for the Accessible Information Standard, requiring NHS commissioners and providers to demonstrate that people's communication and information needs are identified, recorded, flagged, shared, met and reviewed. Accessible information should be recognised as a fundamental component of safe, personalised healthcare.

4**Record accessibility needs once and act on them consistently**

The Reasonable Adjustment Digital Flag is the mechanism for this, and its Information Standard is now mandatory, so all NHS providers, including optometry and GP practices, must record and share reasonable adjustments, including sight loss needs, now rather than waiting for the Single Patient Record. The Single Patient Record should then build on the Flag so this information is visible throughout a patient's care.

5**Strengthen accountability for digital accessibility**

NHS England, and subsequently DHSC, should introduce regular independent accessibility audits covering the App's core services, linked services and suppliers, publish the findings, and require every NHS organisation to name a senior responsible owner for digital accessibility. NHS organisations should also provide role-appropriate training for staff responsible for patient communications, reasonable adjustments, procurement and digital service delivery, so that accessibility requirements are understood and acted upon consistently.

6**Ensure digital transformation reduces health inequalities**

The Government should set measurable targets for the NHS App's accessibility and usability for blind and partially sighted users, and guarantee non-digital alternatives remain available wherever health services are digitised. DHSC and NHS bodies should ensure that blind and partially sighted people who want to use digital NHS services can access appropriate digital skills and assistive technology training, including through partnerships with specialist sight loss organisations.