



Making the NHS App accessible

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Executive summary

Digital Nottinghamshire commissioned Healthwatch Nottingham and Nottinghamshire to engage with individuals to learn more about how they utilise online resources for their health. We talked to people with visual impairments, learning disabilities and dyslexia to better understand views on the accessibility of the NHS App and Patients Know Best (an App integrated with the NHS App) which that allows people to access their personal health record.

We found that people were familiar with using the internet and online tools and their motivation to use or learn to use the NHS App was generally high. Accessibility barriers, rather than motivation were the overriding obstacle for these groups of people to use the NHS App.

The main themes that came forward from our conversation with people were the following:

- **Skills**

Most people were comfortable using devices online with a range of accessibility options. Most felt that they needed additional help and support, particularly when it came to learning, which was important to people.

- **Individual health conditions**

People's health conditions made registration and navigation in the NHS App difficult. Accessibility tools they used to help accessibility online, such as audio voiceover, did not always work with the NHS App.

- **Motivation**

Despite the accessibility issues, people were still motivated to use the NHS App. Motivations included the convenience and the speed at which they can access the online services and information they need, as well as being more independent.

- **Design and accessibility**

Most people liked the design of the NHS App, although people did comment on accessibility features that could be improved, such as text font and background colour, an easier registration process and better compatibility with existing accessibility tools.

- **Confidence and trust**

People's opinions differed as to how comfortable they were with accepting help from family to access their information in the NHS App. People told us

that better accessibility of the NHS App was important to them to maintain their independence.

- **Costs**

People expressed concern about the costs involved to access the NHS App, such as roaming charges and the cost of a device. People described needing to spend more to buy a device with better accessibility features to suit their needs.

- **Connectivity and safety**

Overall, people trusted the NHS App and felt secure with the verification steps in place, even though some felt that the authentication process posed accessibility issues.

Healthwatch Nottingham and Nottinghamshire presents two sets of recommendations based on this feedback. These recommendations focus on:

1. Better design of the NHS App to suit the needs of people with visual impairments, learning disabilities and dyslexia.
2. Promotion of equitable access to the NHS App by producing resources to help inform people about the NHS App, as well as continued engagement with groups of people who are at risk of digital exclusion.

Introduction

The Covid pandemic meant that face-to-face contact had to be reduced and the NHS has quickly adopted online tools to meet this challenge. However, not everyone benefits equally from online technology in the NHS. Exclusion happens in a variety of ways and affects everyone differently. Examples are not having access to the internet or a smartphone or lacking the confidence or skills to use such online Apps or websites. The implementation of online tools in health and social care thus risks leaving some people behind and may lead to a widening of the health inequalities gaps.

Between March and April 2021, Healthwatch Nottingham & Nottinghamshire surveyed local residents' use of technology to access health and social care information.¹ They found over half of people would like to monitor their health conditions online, yet some specific issues were highlighted for some groups of people, including people with visual impairments, learning disabilities or dyslexia.

To improve digital inclusion, Digital Notts has commissioned Healthwatch Nottingham and Nottinghamshire to undertake a project around the accessibility of the NHS App and the additional Patient Knows Best personal health record, which can be accessed through the NHS App. The focus of this project was the accessibility of these applications for people who have visual impairments, learning disabilities or dyslexia.

Section 1 provides the literature and local background to the research that was undertaken. Section 2 gives more information about the people we talked to. Section 3 discusses the findings from our engagement, followed by Section 4 that presents the recommendations from this report.

1. Background

The Covid-19 pandemic has meant face-to-face health services rapidly became the least preferred option, and people have had to adjust to using remote tools and services. While this has worked well for some, it has created barriers for others.

¹ Healthwatch Nottingham and Nottinghamshire (2021) *Digital Inclusion Survey Report*. Available here: [HW-Digital-Inclusion-FINAL.pdf \(hwnn.co.uk\)](https://www.healthwatchnottingham.co.uk/wp-content/uploads/2021/05/Digital-Inclusion-FINAL.pdf)

1.1 Barriers to online health technology

Digital health technology aims to support our health and wellbeing, or to improve health systems. It includes smartphone Apps, wearable device such as step trackers, and platforms that provide remote healthcare such as online consultations.² Some of these digital health technologies, such as the NHS App and Patient Knows best, rely on internet access for their use. One obvious barrier to using them is that not everyone has access to the internet. In 2020, nearly 11 million or 81% of disabled adults were recent internet users, compared to 92% of all adults in the UK.³ This means that around 2.5 million adults with a disability had not recently used the internet and were thus unable to benefit from online tools in health care, such as the NHS App and Patient Knows Best. On a positive note, more and more disabled adults are using the internet in recent years.^{3,4} This shows the potential to engage increasing numbers of disabled people with online health technology.

A lot of research has been done to understand the barriers that people face to access online information and services to manage their health. We highlight some of the barriers that are experienced by the groups of people that we focus on in this current work. Those groups are people with visual impairments, learning disabilities, and dyslexia.

In the UK there are 360,000 adults who are registered with a visual impairment. Another 1.5 million people cannot see well enough to read a newspaper.⁵ In Nottinghamshire around 37,000 are living with vision loss.⁶ About one in three people with a visual impairment have additional disabilities.⁷ For example, around 25% of people also have a hearing problem. Primary health conditions such as diabetes and multiple sclerosis are often the cause of visual impairment and additional disabilities.

² National Institute for Health and Care Research. (no date) What is digital health technology and what can it do for me? Available at: <https://evidence.nihr.ac.uk/collection/what-is-digital-health-technology/>

³ Office for National Statistics (2020). *Internet users, UK: 2020*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf *Internet users, UK - Office for National Statistics (ons.gov.uk)*

⁴ Office for National Statistics (2019). *Exploring the UK's digital divide*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf *Exploring the UK's digital divide - Office for National Statistics (ons.gov.uk)*

⁵ Good Things Foundation (2019) *Digital Inclusion for people with learning disabilities A How To Guide for digital inclusion in health*. Available at: www.goodthingsfoundation.org/insights/doing-digital-inclusion-disability-handbook/

⁶ <https://www.mysightnotts.org.uk/>

⁷ NHS Digital (2021) *Registered Blind and Partially Sighted People, England 2019-20*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2019-20#:~:text=There%20were%2020%2C945%20new%20registrations,there%20were%20276%2C690%20registrations%20overall.>

Many people with a visual impairment appear willing to try assistive technologies such as an audio aid, but often lack confidence.⁸ Instructions in Braille provide some way of helping people to overcome this barrier.⁹ However, this only supports a minority of blind people. Only 7% of registered blind people use braille¹⁰.

Learning disability is described as “the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.”¹¹

In Nottinghamshire, there were 15,227 adults with a learning disability in 2017 and this number is expected to rise to 16,660 in 2035. The number of people, predicted to have moderate or severe learning disabilities is expected to increase slightly from 3,145 in 2017 to 3,326 in 2035. The greatest increase will occur within the 65+ age groups.¹²

For people with a learning disability, aside from access to the internet, additional barriers to online health technology are difficulty reading and understanding health-related words.¹³

Dyslexia is a neurological difference that affects the skills involved in accurate and fluent word reading and spelling.¹⁴ Around 10% of the UK population have dyslexia.¹⁵

One of the barriers that people with dyslexia encounter is that they are generally more sensitive to visual overstimulation. One example of this is that people with

⁸ Healthwatch Sandwell (2021) *Using Digital Technology in Primary Care Services*. Available at: <https://www.healthwatch.co.uk/reports-library>

⁹ Healthwatch England (2021) *Locked out: Digitally excluded people’s experiences of remote GP appointments*. Available at: <https://www.healthwatch.co.uk/reports-library>

¹⁰ British Educational and Communications Technology (2000) Visual Impairments and ITC. Available at: www.becta.org.uk/technology/infosheets/html/visual.html

¹¹ Department of Health (2001) *Valuing people: A new strategy for Learning Disability for the 21st century*.

Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

¹² Nottinghamshire JSNA, (2019) *Learning Disabilities*. Available at:

www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/learning-disabilities-2019/

¹³ Tinder Foundation (2016) *Health & Digital: Reducing inequalities, improving society*. Available at:

www.scie-socialcareonline.org.uk/health-and-digital-reducing-inequalities-improving-society-an-evaluation-of-the-widening-digital-participation-programme/r/a11G000000G6OGKIA3

¹⁴ Rose, Jim (2009) *Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties*.

Available at:

<https://webarchive.nationalarchives.gov.uk/ukgwa/20100202210220/http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00659-2009>

¹⁵ <https://www.bdadyslexia.org.uk/dyslexia>

dyslexia are more affected by glare or white backgrounds on phone or computer screens, which make the reading much harder. The British Dyslexia Association has published a Style Guide that provides principles that help ensure that written materials are more accessible.¹⁶ Importantly, adopting these principles will not only benefit dyslexic reading but will make written texts easier on the eye for everyone.

It is important to note that there is UK Government guidance on the design of websites, which also covers Apps, relating to the best practice for layout and accessibility¹⁷. Indeed there are regulations that lay down a duty on public sector organisations to ensure accessibility¹⁸. The NHS App and Patients Know Best *must* comply with these rules.

1.2 Online health technology in Nottingham and Nottinghamshire

Clearly, there is much to gain by making digital health technology more accessible for these groups of people. Digital Notts is the programme of work that aims to deliver digital transformation in Nottingham and Nottinghamshire. Digital and social inclusion is indeed one of the main priorities of Digital Notts.

The Nottingham and Nottinghamshire Integrated Care System serves a population of over 1.2 million people in total.¹⁹ Nottinghamshire is one of the most deprived areas in England. In 2019, Nottinghamshire ranked 9 out of 26 shire Counties in England, with 1 being the most deprived.²⁰ Also, the number of people in Nottinghamshire in ill-health is growing.²¹ Making online health technology easier to use for local people is an important opportunity to better people's health and wellbeing.

In Nottinghamshire, downloads of the NHS App are higher than elsewhere in the UK, and more than 15,000 patients in Nottinghamshire have already registered for this

¹⁶ British Dyslexia Association (2018) *Dyslexia Style Guide*. Available at: www.bdadyslexia.org.uk/advice/employers/creating-a-dyslexia-friendly-workplace/dyslexia-friendly-style-guide

¹⁷ <https://www.gov.uk/service-manual/helping-people-to-use-your-service>

¹⁸ The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

¹⁹ Nottingham and Nottinghamshire Integrated Care System (no date) *Our integrated care system. Working together for better health and care* [PowerPoint slides]. Available at: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhealthandcarenotts.co.uk%2Fwp-content%2Fuploads%2F2021%2F05%2FExplaining-our-Integrated-Care-System-in-Nottingham-and-Nottinghamshire-1-1.pptx&wdOrigin=BROWSELINK>

²⁰ Nottinghamshire Insight (2019) *Indices of deprivation*. Available at:

<https://www.nottinghamshireinsight.org.uk/themes/deprivation-and-poverty/indices-of-deprivation-2019/>

²¹ Connected Nottinghamshire (2021) *Public Facing Digital Services Strategy. Using Technology, Enabling Change, Improving Care*. Available at: www.connectednottinghamshire.nhs.uk

service.²² This makes the area particularly well-placed to explore and overcome accessibility barriers, so that it can serve as an example of good practice for other areas.

2. Who we talked to

Healthwatch Nottingham and Nottinghamshire visited three local community groups to talk to people with visual impairments, learning disabilities and dyslexia around the accessibility of the NHS App and Patient Knows Best.



MySight Nottinghamshire is a charity that supports local people with visual impairments. We joined the first meeting of their Technical Group, which looks at and discusses the technological tools now available to the visually impaired community. The focus group was made up entirely of those who have visual impairments, including a member of staff.



Nottinghamshire Clubs for Young People Monty Hind Centre is a local youth support centre trying to help a wide range of young people. We met with a regular group supporting young people with learning disabilities and had the opportunity to talk with them, in small groups, to facilitate good conversations.



Mencap is a national charity working with those with learning disabilities. We had the support of the local centre in Nottingham. They facilitated a group discussion with various people supported by the centre, both in a group format, but also one-to-one. We spoke to people with a wide range of ages.

²² <https://www.nottsahsapp.nhs.uk/>

In total, we spoke to 24 people. Although these community groups were not aimed at people with dyslexia, some of the group members had dyslexia and shared their experiences of using online health tools from that perspective. For more information about who we heard from please see the appendix.

3. What we learned

Feedback from people with visual impairments, learning disabilities and dyslexia has been analyzed and has been grouped under eight main themes: skills, individual health conditions, motivation, design and accessibility, confidence and trust, cost, and connectivity and online safety. These main themes are each discussed in turn.

3.1 Skills

Most people told us they were using a range of devices, including smartphones, tablets, laptops, and desktop computers. However, some struggled using devices due to their sight limitations. Usually, their family members were helping them. When using devices, most people made use of accessibility options, including voiceover, Siri, magnification, an App called Be My Eyes, as well as Microsoft and Apple support. For example, one person said:

"I will switch on the voiceover, and I will get it to read certain parts to help find something if I'm struggling, but generally like to look at it. So, I flip between magnification and voiceover".

In general, people preferred Apple iPhones over Android phones, as they were better in terms of accessibility. One person said that Apple was better than Android because all the accessibility features were already built-in and did not need to be customized. Others also talked about Synaptic, a specialized App with built in accessibility features however, it was not compatible with the NHS App. This is a significant finding. It shows that people are limited in terms of the options that are available to them, particularly if they need a range of accessibility features that are readily available on their phones and that support the use of all Apps they may need. The higher costs of Apple devices often make it financially difficult for people to buy them. This is of particular concern for people with impairments and

disabilities, who are often at a higher risk to be financially vulnerable and digitally excluded.^{23, 24}

People with visual impairments mentioned that it took time for them to learn how to use devices and Apps:

“Once you get going, it’s great. It’s a lot harder to start.”

“A lot of the problem with electronic devices is when you’re learning something which you do with your hands say, you learn one thing at once. To use a computer, you need to learn six things to do one.”

Others said that they struggled with certain aspects when going online and would need another person’s help:

“The times when I do need help, if I’m struggling to find something on the screen or if entering it is quite long [...] But if it seems a lot and I’m struggling to type it and keep making mistakes sometimes just say, oh, can you just log in for me because it’s quicker to do it”

“My wife does it for me because generally, I find a lot of these things don’t give me enough time and I get timed out.”

Others who struggled using the App said that if they were unable to do something, they would either ask their family or friends, or would ring the surgery or visit in person. One person said they would use the support provided by the group, which cost £2 per three-hour session, or would ask a professional to come to their house and would pay them £7 per one hour session.

Several people in the group said that they would benefit from support and learning to use the App. One person mentioned having a dummy App and another said:

“We could run some clinics here on how to navigate through the App and how to use it.”

This shows that whilst most people were comfortable using devices with a range of accessibility options, most felt that they needed additional help and support, particularly when it came to learning, which was important to people.

²³ Acquino, S. (2020). *The Fragile Feasibility of A ‘Disability Discount’ Apple Store*, Forbes. Available at: <https://www.forbes.com/sites/stevenaquino/2020/04/20/the-fragile-feasibility-of-a--disability-discount-apple-store/?sh=20b50bf71248>

²⁴ Stone, E. (2021). *Briefing paper: Digital exclusion & health inequalities*. Good Things Foundation. Available at: <https://www.goodthingsfoundation.org/wp-content/uploads/2021/08/Good-Things-Foundation-2021-%E2%80%93-Digital-Exclusion-and-Health-Inequalities-Briefing-Paper.pdf>

3.2 Individual health conditions

People we talked to across the different community groups all had various conditions, including sight limitations, motor limitations and dyslexia. These affected their ability to use devices and access information online. For example, when referring to the registration process on the NHS App that requires taking a picture, one person said:

"I had some vision but when you have to hold your phone and get in a circle, I can't see what's on the screen."

Another person talked about having motor issues:

"Fine motor skills [are needed] to actually navigate these Apps because we don't use one gesture, we use several gestures."

Someone also mentioned difficulties they face when using online tools due to dyslexia.

Many people used a range of options for accessibility and to help them do things online, including voiceover, an App Be My Eyes and larger screens. However, these options were not always available. For instance, one person mentioned:

"Sometimes the audio versions [...] don't work. At that stage, you got to find someone sighted. If the tech works, if the voiceover is reading fine, no problems at all."

A few people also mentioned that they would like for the NHS App to be compatible with Be My Eyes. That would make it easier for them to use the NHS App. This is an important finding, as it shows the importance for App developers to work on compatibility with a range of devices and Apps to ensure that they are accessible for all.

Visual design was also felt important. Examples of this included preference for Ariel font due to it being easier to read, as well as certain colours, such as yellow and lilac, that some people found easier to see. Others said that too much text, or having cluttered text made it difficult for them to read, due to conditions such as dyslexia.

3.4 Motivation

Most of the people with learning disabilities told us they had not used the NHS App before. A few said that they would be interested in using it after seeing the video about it. People who did use the App before, found it easy to use. Concerns and people's motivation around using the App included whether the App would ask

many questions before being able to access the service and if it would use a lot of data and storage space on their device. Others said they would be unlikely to use the App themselves, due to their family members helping them, and others had family members using it for them. One person said that they would prefer:

“Go and see the doctor and talk to him properly [...] [because] you don’t see the App on your phone.”

Most people with visual impairments had used the App and the experiences and motivations for using it were different. Some found the App difficult to use:

“I have never used it because my wife does it for me generally, I find a lot of these things don’t give me enough time and I get timed out.”

“Then you attempt and think, oh, this is so frustrating. I am going to leave it [...] You do feel like you’re going to give it up, but then you feel like you need it, so I’ll go back to it.”

This shows that whilst some people found the App sometimes difficult to access and navigate, they were still motivated to use it. For instance, the motivations of using it included the convenience and the speed at which they can access the online services and information they need, as well as being more independent. People told us:

“It’s probably quicker than making the call and standing [...] in the queue at the surgery. I just think the ease of it is good”.

“[In] my surgery you can email the doctor and you’ll get an answer within a couple of days [...] but the internet is virtually instant.”

Independence, privacy and being able to do things themselves without having someone else seeing their personal information, was also another motivational factor for people.

3.5 Design and accessibility

In general, the people we spoke to felt that the NHS App was easy to use, and many were happy with the layout of the App and felt that it was easy to find different sections in the App. For instance, one person said:

“Visually it looks to me like it’s quite clean, which would help somebody with a reading impairment. There is no visual clutter on the screen, when I navigate through, it’s not reading out lots of unnecessary things.”

Several people with learning disabilities talked about visual aspects of the App. For example, people said that colours, such as purple and yellow, were important for them, as it helped them to read more easily. Others said that they would find it helpful if the font was larger and if there was an option to zoom in closer. A few people with learning disabilities said that having more videos that show information about how to use App would be helpful to them.

Most people with visual impairments had used the NHS App before and said that they struggled with the registration process. This was mainly due to the difficulties they had when taking a picture of themselves, as well as many questions that were being asked on the app:

“Once I’ve done it now, it’s probably a bit easier for me to use it, but [...] at the beginning and all the verification and all that. It’s quite frustrating when you’ve got to put it all in and I found it difficult.”

“The whole photo thing and the pass, having to get your face lined up and that. Luckily [...] I was with my mum, and she actually had to help me because I had no idea what I was doing on the screen, so that frustrated me and at one point I said - just delete it, I’m not interested in this.”

“The onboarding needs to be simplified. When you first download the app, it needs to be simplified. Just keep the questions simple and not too much of it.”

Overall, it was clear that people found the registration process complicated and difficult to navigate.

People often used other Apps with existing accessibility features on their phones, such as Apple Voiceover and Siri. Several people said that the design of the NHS App was not fully compatible with the Apple Voiceover. This meant that they could not always use the Voiceover when navigating the NHS App. This limited people’s ability to access the App. People told us that:

“Sometimes the audio versions (...) don’t work. At that stage, you’ve got to find someone sighted. If the tech works, if the Voiceover is reading fine, no problems at all.”

“It’s just bad [NHS] App design and so the coding in the background hasn’t been put together to describe the screen to us.”

Another person mentioned that it would be difficult to do the registration with the Voiceover as they would be timed out:

“If you’ve got sight limitations or you have motor limitations, then you’re going to find it difficult on Apple with voice control to actually tap the screen to do the onboarding because you would’ve been timed out.”

This shows that the NHS App did not include in its design important accessibility aspects that would help people to use it. According to the government’s guidance on digital accessibility for the public sector, it is the responsibility of the public sector bodies to make their digital content and design in a way that supports those who do need adaptations, which includes screen magnifiers, screen readers and braille displays.⁴ This is an essential consideration, particularly as the audio function was important for people. People said:

“It would make it easier if we had audio instructions on what to do on the App and how to access it a lot quicker and easier.”

“These long paragraphs that they have on the app, it takes you too long to read and then you’ve got the questions to add to it, and it would make it easier if we had an audio, so then we could just have questions, they can read the questions to us, so then it makes it a lot clearer.”

Others said that they would find it helpful if the NHS App was compatible with Siri to be able to use features, such as voice activation:

“An ideal example will be, Hey Siri, order a repeat prescription (...) it would then open up NHS App and take you straight to the repeat prescription screen. It takes out all that navigation.”

Similarly, some people mentioned that they would find it useful if the NHS App was compatible with Be My Eyes, an App where people can request visual assistance through a video call.

Several people talked about Ask My GP app, which often required that people take a photo of their condition and send it to their GP. Some are unable to do as they are unable to see. People said that they would benefit from an App that would provide them with assistance if they needed to take a photo, for instance:

“I’d be really interested to see if there was some other specialist support that could be set up with the NHS there that would enable someone to direct a camera to the affected part of the body. For example, to put it to a trained medical professional.”

Several people also mentioned that they would find it useful if the App provided an option to book NHS appointments with the dentist.

3.6 Confidence and trust

Most people with learning disabilities told us that they were happy with their family members seeing their information. They received help from family when attending medical appointments and managing medication, so they were comfortable sharing their information with them.

However, even though most of these people felt comfortable, others preferred to have the person who is accessing their information next to them. They wanted to know what they were doing and what information they were seeing:

"[Mum] makes sure I'm with her when she can log on and stuff."

"I think I'd rather have my Mum with me so I can say, what are you doing?"

This shows that issues around confidence and trust were very important to people.

People with visual impairments overall felt quite differently about other people accessing their health information. Whilst some of them were fine with their family members seeing the information, the majority preferred accessing the information themselves.

It was evident that for most people it was important that they were able to feel independent and access the information they need themselves, rather than relying on others:

"I'll try and try until I realize there is absolutely no way forward. Obviously when I have to ask for help in some situations because I can't access things and I feel I'm slightly compromised because people can look."

Several people said that they would prefer to contact people who they needed help from:

"I'd ring the appropriate people. My dentist, the doctor, certainly not family."

Others also mentioned further issues when it came to relying on receiving help from people, such as:

"You can find some people who don't want to help. They want to take over. Now, you want help, but not taking over."

It was therefore important to them that the technology is accessible so that they are able to use it independently. For instance, one person said:

"I think sometimes it's not always trusting the person or people to help you but trusting the technology."

3.7 Costs

A major concern that people had was regarding the costs of up-to-date phones with better accessibility features:

"Costs of the phone contracts themselves, I found very prohibitive."

"I know that mobile device is an expensive bit of kit, but I see just how enabling it is [...] I just think it's one of those first things you budget for because of how enabling it is."

"I'd buy quite an up-to-date, like the new iPhone [...] I'd get it because I know that works for me and it enables me to go online and do what I want comfortably rather than struggling on something cheaper."

Additionally, someone highlighted that:

"It is really a necessary evil. I saved on my phone contract last year [...] I thought, there is no way I can afford this, but I need this device because it helps me every day."

However, it was also mentioned that the higher costing phones were not always the most useful and accessible. For instance, one person talked about Synaptic. This is a cheaper costing phone designed for people with accessibility needs. However, people agreed that it was not always compatible with Apps and this limited its usefulness and benefits for people.

Other costs, such as mobile data and calls, were also a concern. Some people said they were finding different ways to reduce costs by getting cheaper deals, as well as using the available minutes on their mobiles to make calls, instead of using the landline.

Overall, many people needed to budget to bear the costs of devices and having online access. Many were concerned about paying higher prices for devices that they felt were enabling and important to them. As people with disabilities are considered to be a financially vulnerable group, these findings are concerning. People with disabilities are at risk of being excluded from online health tools due to the high costs of the devices with accessibility features that they felt were important and enabling.

3.8 Connectivity and online safety

Most people said they could access internet and were able to connect to the internet in various places, including at home and in public spaces. One person said that they would use the screen curtain in public places, which is a feature on Apple devices that enables the device and voiceover navigation to stay active, whilst the display is turned off. Others said they were able to use internet to connect to other important and beneficial features and devices, such as Siri and Alexa, which people used for making calls and going online, among others.

People also talked about safety when going online, and a few people mentioned that they took additional precautions, such as using a private browsing tab option to avoid websites tracking the information. Others said they were aware of the existence of various scams and were confident that they would be able to spot them. People also talked about confidence around going online to search for information. Whilst some people said they didn't search for information online, others said that when they did, they preferred official and trusted sources of information.

Overall, people trusted the NHS App, as it was an official App and also mentioned that they felt secure with the verification steps in place, even though some felt that the authentication process posed accessibility issues:

"The process we have to go to set it up in the first place, as much as we complained about that, it does make it quite a secure environment."

4. Conclusion

The findings from this study highlight the ways in which people with sight impairments, motor impairments, learning disabilities and dyslexia are using and accessing devices and Apps. We now know more about what is important for them when it comes to accessibility, as well as how they are using the NHS App and what would help them to access it. Of all the people we talked to, only one person had used the Patients Know Best service, and the findings are therefore primarily about the NHS App. However, most people were familiar with using digital technology and their motivation to use or learn to use the NHS App was generally high. Accessibility barriers, rather than motivation were the overriding obstacle for these groups of people to use the NHS App.

5. Recommendations

Healthwatch Nottingham and Nottinghamshire makes the following recommendations to NHS Digital and the NHS App Team, Digital Notts will help facilitate this discussion. Our Recommendations are based on our engagement with local people with visual impairments, learning disabilities and dyslexia.

5.1. Recommendations about the NHS App

1. Dispense with photo ID registration in order to improve access for people with physical disabilities and reduce the number of questions to enroll. Enable people to log onto their NHS App with their Date of Birth and NHS number.
2. Increase visual and audio functions to improve independent access for people with learning disabilities.
3. Make the NHS Apps fully compatible with existing accessibility features, including the Be My Eyes, Siri and Apple Voiceover, to improve access for people with visual impairments.
4. Talk to Android device companies about improving accessibility equal to the iPhone.
5. Change the text to Ariel font and reduce the number of words per page in order to improve accessibility for people with dyslexia, change background to yellow, pink or purple.
6. Increase the font size and add a 'Zoom in' function.
7. Enable the 'timed out' function to be extended to improve access for people who are slower at using the App.
8. Add a function to book dental appointments.

5.2 Recommendations to enable equitable access

1. NHS Digital to consider developing Dummy App to enable NHS and partners to train service users in how to enroll onto and use the App, therefore improving equitable access.
2. Additional videos showing step by step how to use different functions within the App.
3. Digital Notts to fund partners, community organisations, libraries etc. to train service users so they can support others in their digital access to NHS App.
4. Digital Notts to extend the membership of the PFDS Citizens Digital Forum to groups engaged with via Healthwatch. Increasing representatives will ensure those with disabilities view are captured, can feedback on future

developments and needs, and monitor accessibility of the App as it is amended and developed.

5. Digital Notts to identify other cohorts who are at risk of digital exclusion and find out what their barriers to using the NHS App are and test the dummy app on them and ask their feedback on its useability.

About us

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making.

We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

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We are a company registered in England and Wales.

Company Registration Number: 8407721

Registered Charity Number: 1159968

Appendix – Who did we hear from?

Groups	No.	Percentage
My Sight	11	46%
Mencap	9	27%
Monty Hind	4	17%
Total	24	100%

Age	No.	Percentage
25-34	13	54%
35-44	5	21%
45-54	4	17%
65-74	1	4%
Not answered	1	4%
Total	24	100%

Gender	No.	Percentage
Female	13	54%
Male	11	46%
Total	24	100%

Is your gender identity the same gender you were assigned at birth?	No.	Percentage
Yes	22	92%
Prefer not to say	2	8%
Total	24	100%

If aged 16+, what is your sexual orientation?	No.	Percentage
Straight	13	54%
Gay	4	17%
Prefer not to say	7	29%
Total	24	100%

Are you a carer?	No.	Percentage
No	21	88%
Yes	2	8%
Not answered	1	4%
Total	24	100%

Employment status	No.	Percentage
Unable to work	11	46%
No	5	21%
Full time	3	13%
Not answered	2	8%
Not employed	1	4%
Part time	1	4%
Retired	1	4%
Total	24	100%

Ethnic group	No.	Percentage
White	19	79%
Asian	2	8%
Mixed/Multiple ethnic	2	8%
Prefer not to say	1	4%
Total	24	100%

What is your main preferred language?	No.	Percentage
English	23	96%
Other: French	1	4%
Total	24	100%

Which of these statements best describes you?	No.	Percentage
Christian	9	38%
None	6	25%
Prefer not to say	5	21%
Hindu	1	4%
Muslim	1	4%
Other: Pagan	1	4%
Other: Believe something is up there looked after passed away loved ones	1	4%
Total	24	100%

Do you live with any of the following	No.	Percentage
Learning impairment	19	79%
Mental health issue	3	13%
Physical impairment	3	13%
Visual impairment	3	13%

Number of people who did not select any of the options	2	8%
Total number of respondents who indicated at least one option	22	92%

Nationality	No.	Percentage
British	17	71%
Irish	1	4%
Not answered	6	25%
Total	22	92%