NHS England Messaging:

User Engagement Research

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National Voices

What is National Voices?

National Voices is the leading coalition of health and social care charities in England. We have more than 200 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people.

We advocate for more inclusive and person-centred health and care, shaped by the people who use and need it the most.

National Voices

Purpose and scope

Aim: To strengthen the evidence base on how NHS messages can be designed and delivered inclusively for groups most at risk of exclusion, focusing on four target groups:

- Older people
- People facing language barriers
- Digitally excluded people
- Parents and carers

This project had three phases:

- A light-touch scoping review
- Four group interviews involving National Voices members and people with relevant lived experience
- Framework-led analysis and reporting

Methodology

Scoping review:

- A light-touch scoping review to map existing research, policy and practice resources on inclusive healthcare messaging, and to identify where evidence is strong or limited.

Group interviews:

- Four 90-minute group interviews, one per target group
- We recruited National Voices member organisations, who in turn recruited people with lived experience
- Selection focused on organisations with direct experience of the target group and practical insight into how digital messaging affects access, inclusion and action

What this means for interpretation:

- We focus on mechanisms ("how and why messaging succeeds or fails"), not statistical prevalence
- We did not measure how common each issue is across the population; we focused on understanding how and why problems happen
- Findings are intended to be actionable for messaging strategy and service delivery

Scoping review findings (1)

Aim: To map the existing evidence and practical resources on how people receive, understand and act on healthcare messages, particularly where barriers may exist.

Headline findings:

1. Digital-first approach risks widening inequalities and alienating vulnerable groups without sufficient fallbacks and support.
2. Omnichannel is essential, not optional: digital routes must supplement not replace more analogue routes to address individual needs.
3. Trust drives engagement: Fear of scams, data misuse and mistrust of digital health can undermine credibility.

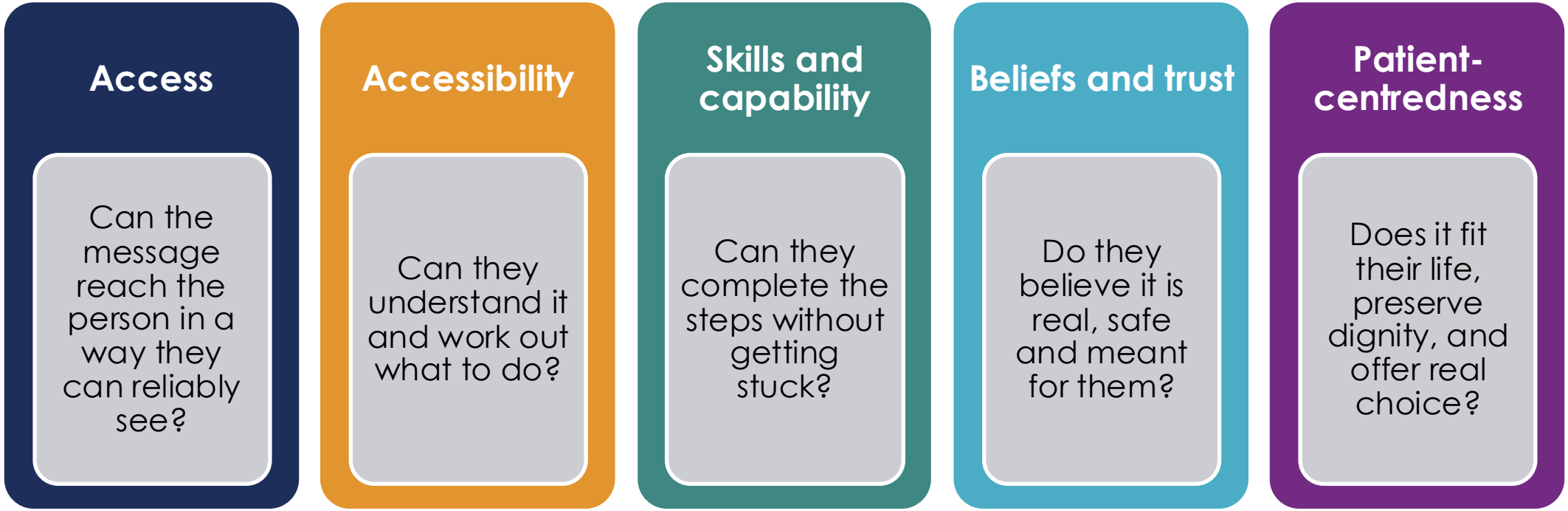
Scoping review findings (2)

Evidence gaps:

- Parents and carers are under-represented across research and practice literature
- How people experience the order of ‘fallback’ options (for example: NHS App notification, then text message, then letter) when the first route fails is insufficiently evidenced
- Evidence comparing translation approaches (for example: automated translation tools versus professional interpreters) is limited
- Recording and using people’s communication needs (for example: preferred language, need for large print, or a carer acting on their behalf) is inconsistent

Thematic framework

Five cross-cutting themes*: what enables someone to receive/understand/trust/act on a message.



* Adapted from the NHS England Inclusive Digital Healthcare framework.

Key findings by theme

Access

Across the discussions, access failures go beyond technical delivery. People described messages being received too late, missed or unnoticed, or sent via channels they cannot reliably use.

Access breaks down when:

- Systems assume stable access to devices, charging, data and contact details
- People cannot reliably monitor multiple channels (NHS App, text message, letter, hospital portal)
- Proxy or shared access (where someone is acting on behalf of the patient, or a device/account is shared) is not consistently supported (common in families and caring situations)
- App messages are hard to locate among other content, particularly where the App becomes crowded with general notifications

This can lead to missed appointments and delayed care, especially when messages are time-critical (appointments, preparation, required actions).

Accessibility

Accessibility barriers arise when messages are received but cannot be understood, interpreted, or acted upon – leading to delay and, in some cases, unsafe misunderstandings.

These barriers arise when messages:

- Use complex layouts, dense text and unclear instructions, which compound existing access issues
- Lack sufficient context (what it relates to, why it matters, what to do next)
- Rely on English-only wording or interface steps, preventing timely and safe action for some recipients
- Include interaction design issues that increase cognitive and administrative load (e.g. non-clickable elements, static formats, poor mobile optimisation)

People may not act – even when they have received the message – because it is not clear enough to act on (not "actionable") in real-world conditions.

Skills and capability

Digital messaging often assumes confidence and familiarity with common digital steps (log-ins, passwords, verification) that cannot be taken for granted. Across the discussions, small points of friction (log-ins, passwords, verification (steps to prove identity, such as codes or security questions)) can become big barriers in practice, especially when paired with unstable access (devices/data/connectivity).

Where breakdown commonly happens:

- Forgotten passwords or complex log-in processes
- Multi-step verification or repeated security checks
- Navigating different systems (e.g. NHS App vs a separate hospital portal)
- Switching between devices, accounts, or inboxes to complete a task

People may disengage ("give up"), delay action, or shift to phone/face-to-face routes when digital journeys become too complex.

Beliefs and trust

Trust is a foundational issue across the four groups. Timely engagement depends on whether a message feels legitimate, safe and relevant.

Trust may be undermined by:

- Fear of scams and fraud
- Unknown senders, short web links (for example, bit.ly links), or unexpected messages with little context
- Concerns about privacy and data security
- Repeated failures to recognise carers' authority or "acting on behalf of" arrangements (for example, a family member managing appointments)

When people are unsure, they may delay or ignore messages – even when genuine.

Patient-centredness

Participants described patient-centred messaging as messaging that preserves choice, dignity and reassurance, while still enabling timely action.

Patient-centredness breaks down when:

- Communication forces a single digital route without meaningful alternatives
- Fragmentation and duplication create repeated checking/chasing, increasing workload and stress (especially for carers)
- People must rely on others to access private health information, compromising privacy and dignity

Patient-centred pathways are supported by:

- Using more than one channel in a planned way (for example, a letter plus a text message reminder)
- Predictable and consistent communication patterns
- Human contact for clarification/reassurance where needed
- Reducing extra admin work (extra checking, chasing and phoning) by avoiding unnecessary duplication

Findings by target group

Older people (1)

Access:

- Smartphone ownership may be overestimated; some people do not have a suitable device or rely on devices that do not support app-based communication
- Confusion across non-integrated systems makes it unclear where to locate information (for example, the NHS App versus a separate hospital website or "portal")
- Limited connectivity (including in rural/coastal areas) can reduce reliability

Accessibility:

- Fragmentation and poor information quality can create uncertainty
- Formats that do not support sensory/accessibility needs reduce usability

Older people (2)

Skills and capability:

- Entry-point barriers (log-in, verification) can deter engagement
- Supported onboarding with hands-on assistance enables sustained use

Beliefs and trust:

- Unexpected messages may be interpreted as scams
- Mistrust of data handling and preference for non-digital options were raised

Patient-centredness:

- Hybrid, sequenced communication that offers choice, redundancy and opt-out can reduce anxiety
- Simple, timely reminders improve follow-through
- Needs and preferences are recorded and respected

"I think we probably overestimate the number of older people who have smartphones. I can tell you that 4.3 million older people [in the UK] don't have a smartphone."

- VCSE practitioner, Older People

Parents and carers (1)

Access:

- For time-poor carers, inconsistent and duplicated messages across channels (staggered over time) increase admin burden and feel fragmented
- Limited/ineffective proxy access when managing multiple accounts
- Acting on messages often requires coordination (transport, medication schedules, conflicting appointments), not simple "click and confirm"

Accessibility:

- Shaped by whether messages can be acted on quickly and accurately
- Design issues (not identifying who the message relates to; dense text; ambiguous wording; not mobile-optimised) can force carers to switch devices and take more time

Parents and carers (2)

Skills and capability:

- Barriers arise from system complexity and volume; small errors can derail planned care

Beliefs and trust:

- Trust is affected when proxy roles/authority are not recognised consistently across services
- Repeated gatekeeping can increase frustration and service contact

Patient-centredness:

- Messaging that reflects caring realities (variable schedules, travel distance, special needs, coordinating multiple elements of care)
- Value reduced duplication and a more joined-up approach

“If I had a pound for every time I've told someone that I actually have a power of attorney for her, then I'd be a rich man. A simple phone call can often turn into something more elaborate because you just have to get past all of that before you can actually deal with what it is you’re trying to deal with.”

- Lived Experience Partner, Parents and Carers

People facing language barriers (1)

Access:

- App-based messaging may not be usable in practice for some participants
- High-stakes instructions/details can be missed, leading to wasted appointments and delayed care

Accessibility:

- English-only messages can require reliance on ad hoc translation tools or family members
- Automated translation may not be reliable for medical language
- Design and navigation issues (dense layouts, weak signposting) can add barriers

Skills and capability:

- Limited English proficiency can make tasks harder even when someone is confident with a phone – for example, finding the right message, understanding what it means, and working out what to do next.

People facing language barriers (2)

Beliefs and trust:

- English-only formats, unclear links, or unfamiliar sources may be less likely to be acted on until verified
- Reliance on informal translators can raise privacy concerns; perceived inflexibility after missed appointments can undermine trust

Patient-centredness:

- Defined by access to information in a person's own language, clear choice, and functional fallback routes
- Protect dignity and privacy by reducing the need to involve family members

“For me, the NHS App is very hard and confusing, with lots of other messages. It's very confusing. I honestly forget about my appointment”

- Lived Experience Partner, Language Barriers

Digitally excluded people (1)

Access:

- Device/SIM access, data and stable contact details cannot be assumed
- Letter fallback can fail where people lack a permanent or reliable address

Accessibility:

- Usability issues include multi-step processes and journeys not designed for mobile use
- Completing tasks may require switching log-ins or channels

Skills and capability:

- Barriers are most acute at procedural thresholds (passwords, verification, account recovery)

Digitally excluded people (2)

Beliefs and trust:

- Short web links and QR codes may be ignored even when the message appears to be from the NHS
- Trust depends on the ability to verify messages through known routes

Patient-centredness:

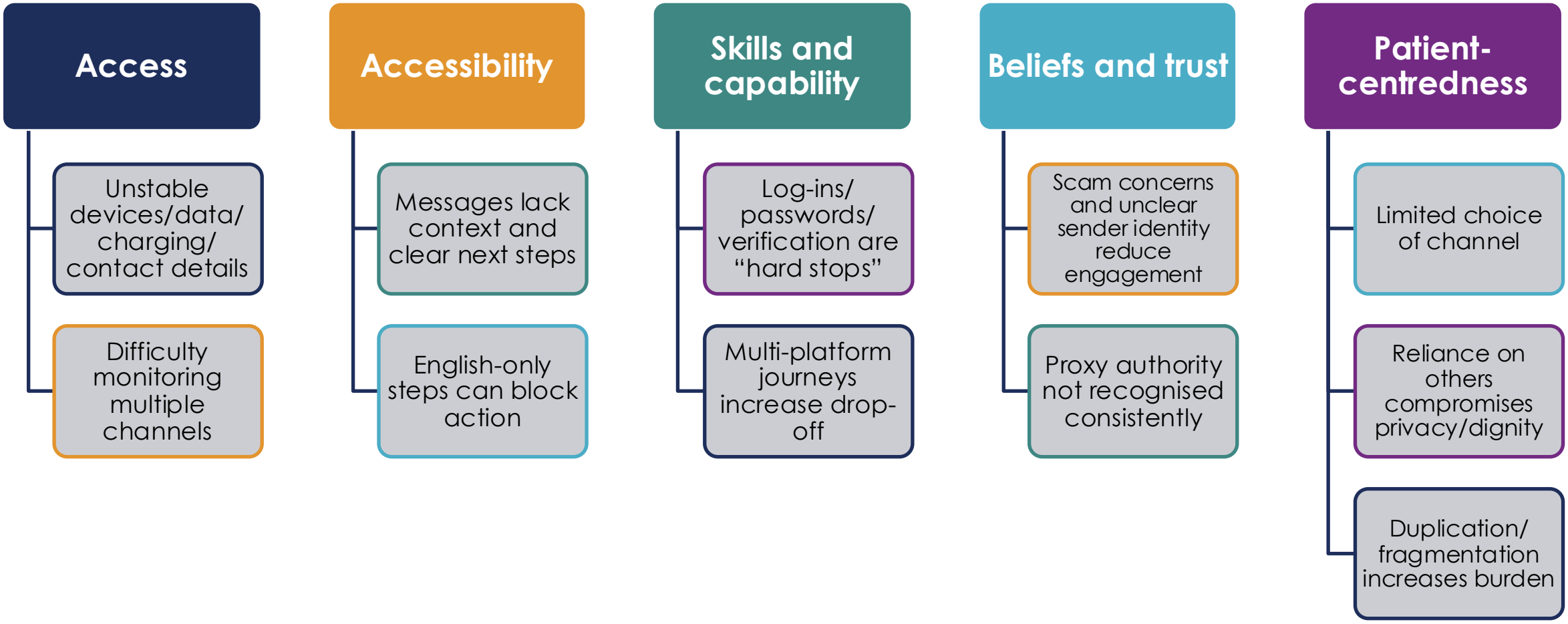
- Framed in terms of choice, flexibility and human support

"The actual client base that we work with, that I've worked with personally, if they're sleeping in tents they haven't got access to be able to charge their phone. And they obviously have no address, so they're not getting letters."

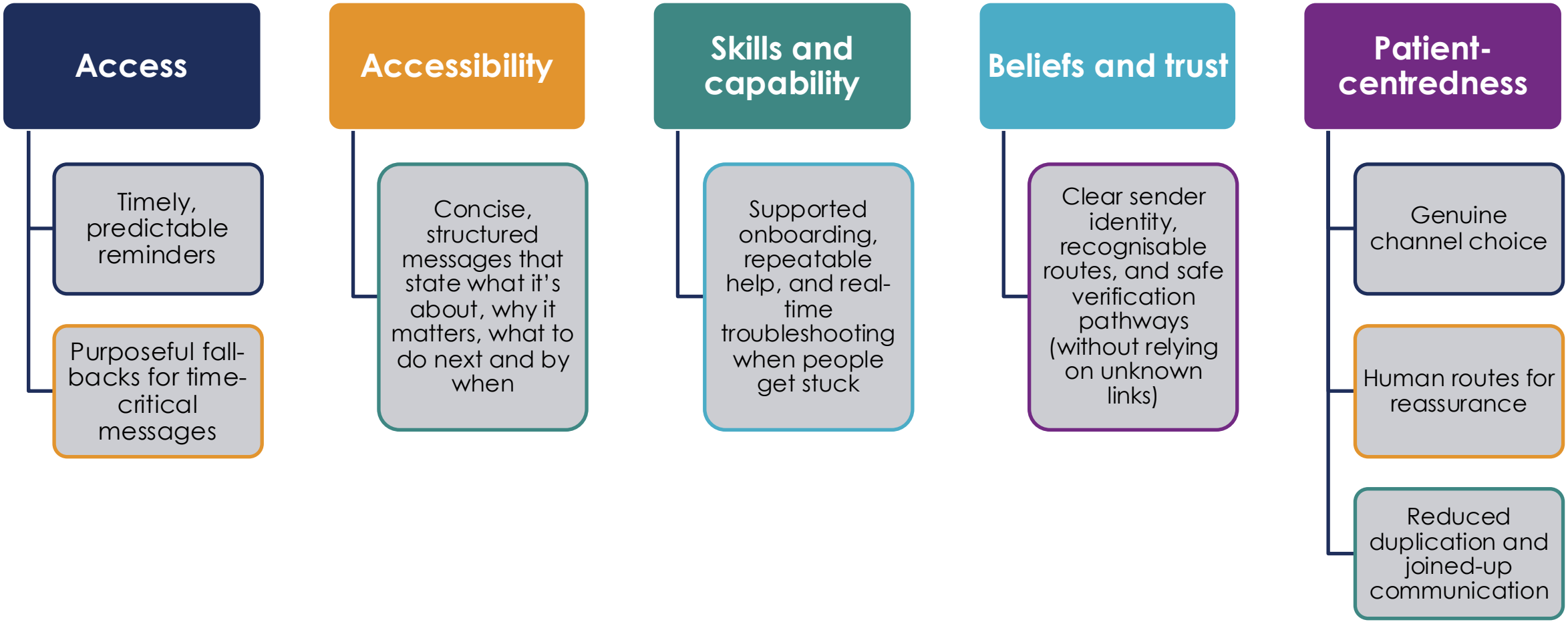
- VCSE practitioner, Digitally Excluded

Cross-cutting findings

Barriers and challenges



Enablers and successes



Implications for practice

Participant priorities

Messaging must be usable in real-world conditions. Participants described “usable” as being able to:

- Identify that a message is genuine and relevant
- Locate it again when needed
- Complete the required action without hitting avoidable procedural barriers

Participants also emphasised that messaging should recognise shared responsibility and support legitimate proxy authority (a recognised person acting on someone’s behalf, for example through power of attorney), where appropriate.

National Voices proposals

1) Adopt a single “actionable message” template for all communications

Use a consistent structure so recipients do not have to guess what to do. Every message should include:

- **Who it is for**
- **What it is about**
- **Why it matters**
- **What to do next**
- **By when** (deadline or timeframe)
- **How to get help** (a clear contact route)

National Voices proposals

2) Create a simple “channel rule” for time-critical messages, with planned back-ups

For messages where delay could cause harm (appointments, preparation steps, urgent follow-up):

- Send via the simplest, most reliable channel(s) available for that person (for example, NHS App + text message (SMS)).
- Use a planned back-up if a key step is not completed (for example, a follow-up call or letter where appropriate).
- Make the back-up purposeful and deliberate (so one missed message does not mean missed care), not duplication for the sake of it.

National Voices proposals

3) Be consistent about where messages appear, so people learn where to look

Reduce confusion by standardising delivery patterns:

- Keep sender names and message locations predictable (for example, consistent use of NHS App messaging area versus general notifications).
- Avoid splitting related information across multiple places without signposting (e.g., "Your appointment details are in [place]").
- Where multiple systems exist (e.g., NHS App and hospital websites), clearly state where the information will appear and how to retrieve it again.

National Voices proposals

4) Make messages easy to read and use on a phone

Design for real-world reading:

- Use short sentences and clear spacing; avoid dense “walls of text”.
- Use clear headings and bullet lists for steps.
- Ensure links/buttons are obvious and easy to tap (not buried or non-clickable).
- Avoid static formats that are hard to use on a phone screen.

National Voices proposals

5) Provide reliable language support for high-stakes content

For confidential, complex, or time-critical messages:

- Provide language support people can trust, rather than relying on automated translation tools or asking family/friends to translate.
- Where translation is provided, ensure key safety content (preparation steps, medication changes, test results explanations) is clear and checked.
- Make it easy to request language support and record language needs for future messaging.

National Voices proposals

6) Reduce avoidable “hurdles” in the digital journey

Minimise steps that commonly cause people to give up:

- Reduce repeated log-ins, password resets, and identity checks where it is safe to do so.
- Keep tasks as short as possible and avoid sending people across multiple systems unnecessarily.
- Break longer tasks into clear steps with progress cues (“Step 1 of 3”).

National Voices proposals

7) Offer practical help early, not only after something goes wrong

Make support available before people miss appointments or drop out:

- Provide guided “first use” support for the NHS App where needed.
- Offer repeatable help (people may need to be shown more than once).
- Use proactive follow-up when a key digital step is not completed (for example, a call from a known service contact).

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8) Make it obvious a message is genuine, and give a safe way to check

Reduce scam-like features and support safe verification:

- Use clear sender identity and consistent web addresses and sender names.
- Avoid unexpected shortened links where possible.
- Provide a safe way to check authenticity that does not require clicking a link in the message (for example, a known number or an in-app confirmation route)

National Voices proposals

9) Support "acting on behalf of" and shared responsibility as standard

Many health tasks are shared within families and caring relationships. Systems should support this safely:

- Allow appropriate access for parents/carers where someone is managing appointments and information.
- Make "acting on behalf of" status visible and usable by staff and systems, so people are not repeatedly asked to re-explain or re-prove it.
- Reduce the need for carers to monitor multiple inboxes/accounts to coordinate care.

National Voices proposals

10) Keep non-digital routes genuinely workable, and protect real choice

Digital-first must not become digital-only in practice:

- Maintain functioning alternatives (phone and letters) for people who cannot use digital routes reliably.
- Ensure opting out of NHS App messaging remains possible without penalty.
- Avoid delays or lower service quality for people using non-digital routes
- Adopt a single “actionable message” template for all communications.

National Voices proposals

11) Co-design and test changes before scaling them up

Work with:

- VCSE organisations (voluntary, community and social enterprise organisations); and
- People with lived experience (people directly affected by these barriers)

… to design, test, and improve messaging changes before rolling them out widely.

Acknowledgements

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Age UK

British Geriatrics Society

Carers UK

Friends, Families and Travellers

Groundswell

Nestac

Proud 2 b Parents

The Delicate Mind

We would also like to thank all those with lived experience who participated in those same sessions.

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