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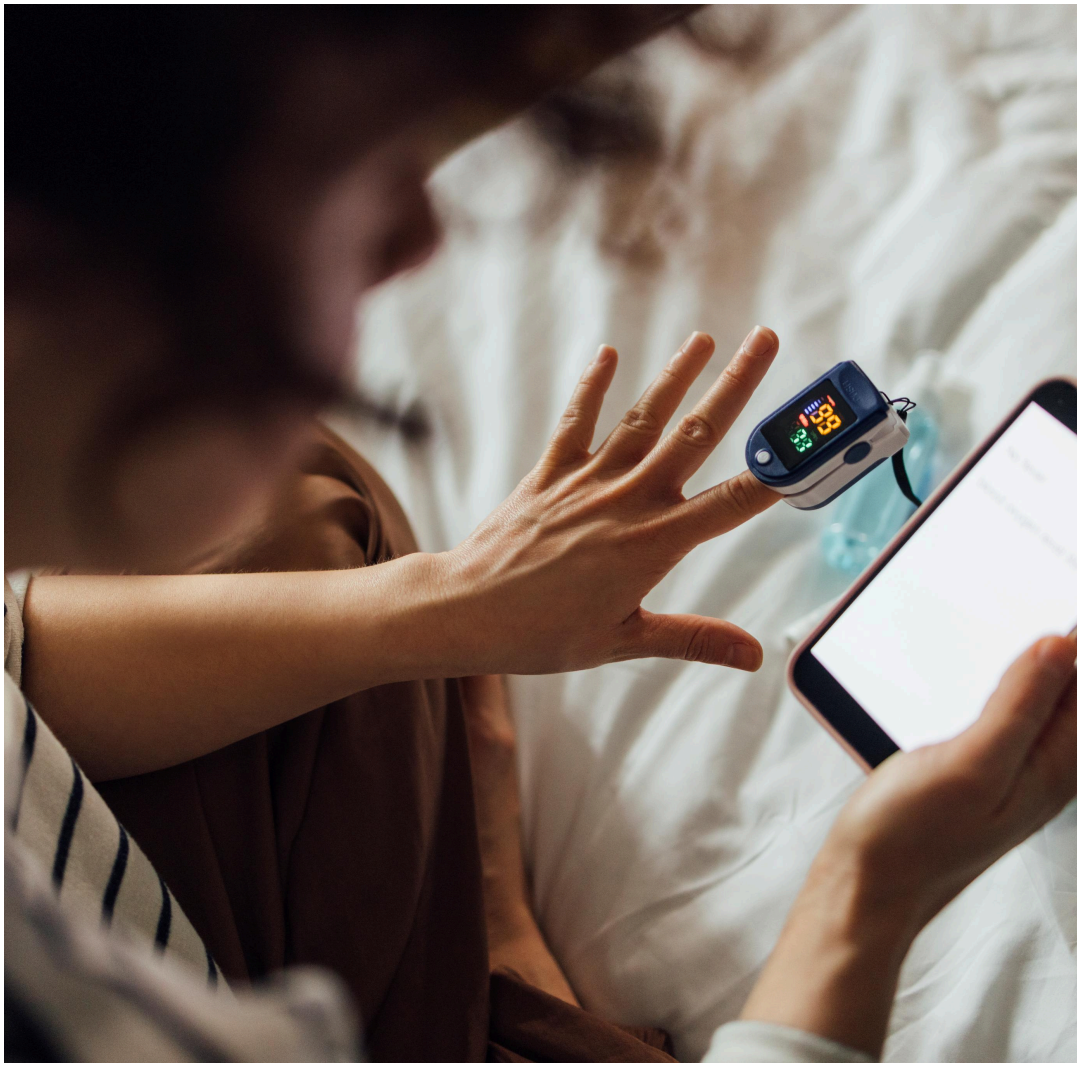

The NHS at a Crossroads: The App That Can Transform Britain's Health

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Executive Summary

For a long time, the NHS App was considered an interesting but ultimately peripheral concern of the health service. Now its role in securing the NHS's future is starting to become clear. Putting world-class technology, choice and agency onto our phones could finally put patients at the heart of a new NHS – one aligned to the needs and expectations of modern citizens and one set up for sustainability as those needs and expectations change.

Naysayers might say that it is "just an app", but that would fundamentally misunderstand its potential. The NHS App isn't "just an app" in the same way Amazon isn't "just an app." Behind the Amazon app is a multibillion-dollar, multinational logistics company, and behind the NHS App is a health service for 56 million people in England.

To realise its potential, however, the NHS App needs to avoid the "productivity paradox." This often occurs when new technology is introduced to a sector. Productivity falls rather than rises because those first to encounter that technology fail to see its potential. At best the technology is used to automate existing inefficient processes, and at worst it layers complexity over already complex systems. Productivity isn't realised until processes are reimagined.

The NHS faces a similar challenge now. The NHS App presents a fundamentally different way of generating health and delivering health care, but the NHS has struggled to imagine it. Through the app, patients could constantly monitor their health, calculate real-time personal risk scores and receive personalised proactive prevention. The app could enable entirely new digital pathways of care, allowing people to diagnose, refer, treat and discharge themselves from digital services. But the focus to date has been on delivering the service the NHS provides now in digital form, and that won't unlock the app's true potential.

The NHS App features strongly in the new ten-year health plan for England, and the government has rightly made delivery of the app a priority, with transformation funding agreed. But despite this, there are still some areas where the plan doesn't go far enough, or where more careful thought about the app's design, build and procurement would be helpful. For instance:

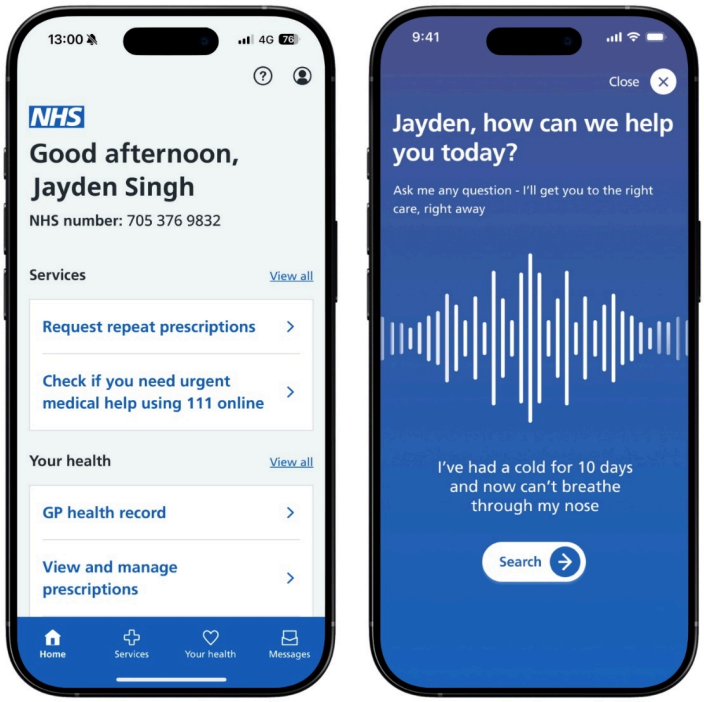
- **The NHS App must not fossilise old models of care in new technology.** The separation of My NHS GP and My Specialist in the app, for instance, could perpetuate old models of care rather than enable transformation. It is about not reinforcing outdated divisions between primary and secondary care at precisely the time when more integrated care is so desperately needed.
- **It must focus relentlessly on consumer-focused design.** It will live or die on how intuitive, slick and convenient it is to use, but the ten-year plan is prescriptive about the features it should incorporate. These may or may not be the right features, but they should be tested by patients rather than politicians.
- **It must go further to drive personalised prevention.** Other patient portals have a much stronger prevention offer, with direct access to digital health checks and personalised notifications for vaccinations and screening. This should be front and centre of the new app.
- **It must be co-developed with the single patient record (SPR).** The SPR and the app are being developed by separate teams, despite them being dependent on each other for success. The app needs the SPR to underpin most of its planned features; the SPR needs the app to demonstrate citizen value. Developing them in isolation risks both failing.
- **It must be fully integrated with clinical pathways.** The ten-year plan includes a review and standardisation of clinical pathways, but this must be done with the NHS App too. Without integration into clinical workflows, even sophisticated tools become expensive irrelevances that clinicians ignore and patients abandon.
- **It must be more integrated with private-sector providers.** Few people access care through the NHS alone, with 41 per cent of young people having used private health-care services at least once. Without this

integration, the app risks becoming NHS-centric rather than person-centric. A truly transformative app would work across all health-care providers, reflecting how people actually access care.

- **It must provide a universal digital offer, even if provision is locally commissioned.** Devolution is great, but people expect the same level of service no matter where they are in the country. Without a universal offer, the app risks becoming another fragmented NHS service whereby location determines digital health-care experience.
- **It must be more ambitious on timelines.** Integrating wearables as standard across all forms of care by 2035 is the right aim, but implementation could have more ambitious timelines. The gap between integrating wearables for specific purposes by 2028 and incorporating them across all care should be shortened.

FIGURE 1

The current NHS App, and what a best-in-class version could look like



Source: TBI

The NHS App is now at a critical juncture. The current contract to deliver the app ends in June 2026 and procurement for the next phase has already begun. Decisions made now about its design, build and delivery will have a profound impact on whether it's successful by the time of the next election. It is possible to generate a slick, polished and fundamentally useful app in four years, but only if the government acts with clarity, urgency and authority, draws on global best practice and works with experts who have done this before.

One good thing about the recent decision to abolish NHS England is that the government now has direct levers into the NHS to deliver on its policies. To ensure success, we suggest the following ten-point plan to deliver the NHS App, which would be progressed in three parallel tracks, rather than in sequence, to expedite delivery.

Track 1: Set the Governance and Political Conditions to Deliver

- **Make the NHS App a national priority** by having the prime minister personally champion it as a national digital mission, making the secretary of state directly accountable for delivery. The secretary of state should appoint a taskforce, to be embedded in the NHS App team, that would have the authority to resolve cross-departmental interdependencies. It would be staffed by people with commercial customer-experience backgrounds, with recruitment outside traditional civil-service constraints.
- **Publish a delivery roadmap** early on to prevent duplicative work across the system and give innovative UK companies clarity about development priorities. This roadmap should include clear integration standards and mandatory recognition of the NHS App as the primary patient portal.
- **Secure stable, ring-fenced funding for the NHS App.** The £10 billion digital-transformation commitment will only deliver impact if protected from the day-to-day NHS financial pressures that have historically raided technology budgets.
- **Revise procurement of the NHS App** by moving from the current inputs-based contract to an outcomes-based one that prioritises quality over price, with frameworks favouring mixed consortiums that combine hyperscaler coordination with innovation in small and medium-sized enterprises.

Track 2: Build National Technical Architecture and Infrastructure

- **Explicitly align delivery of the NHS App with the SPR**, developing them together rather than separately. Past SPR attempts failed because they couldn't articulate citizen value – but the NHS App provides that consumer proposition.
- **Develop an NHS ID for every citizen,** enabling proactive personalised health advice through algorithmic analysis and access to NHS-reimbursed private or third-party services. This would rapidly expand capacity while enabling innovative care models.
- **Develop core features in-house.** Features such as SPR access, administrative functions, care navigation and basic care management would remain under central control to ensure universal availability and end-to-end control (the existing repeat-prescription feature demonstrates that this approach works). Other features should be encouraged but must meet rigorous standards.
- **Set, communicate and enforce clear data standards for suppliers** through published international standards and strengthened Department of Health and Social Care enforcement powers, including fines or framework removal for non-compliance.

Track 3: Drive Innovation at Scale

- **Streamline the process for new features to scale** by creating clear routes to market and reimbursement through coordinated pathways across the National Institute for Health and Care Excellence, the Medicines and Healthcare products Regulatory Agency and local adoption teams. Innovations should be trialled early and iterated continuously.
- **Integrate digital services into national clinical pathways and curate a national prevention offer** through digital health checks that identify eligible people, prompt uptake, present results accessibly and connect high-risk individuals to appropriate clinical pathways.

Done right, the NHS App could be a truly disruptive tool of delivery – one that finally puts patients at the heart of a reimagined health service and becomes the consumer-driven tail that wags the change-resistant, bureaucratic NHS dog – but the government needs to move fast if it wants to achieve this in the next four years. If it succeeds, the app could be directly associated with the competence of government by the time of the next election.

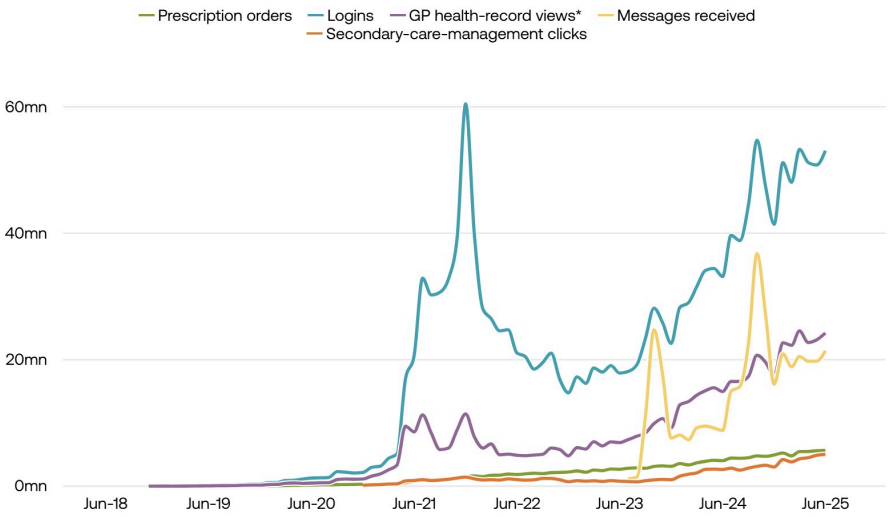
01

Introduction

The NHS App has come a long way since its inception in 2018. It gained traction as a place for citizens to access their NHS Covid Pass, but has transformed over the past seven years into a true patient portal, with 40 million downloads and growing engagement. The most common uses are viewing GP records, receiving messages, ordering prescriptions and managing secondary-care appointments.

FIGURE 2

Engagement with the NHS App peaked during the Covid pandemic, but is rising again as people engage with its new features



*Data for GP health-record views between February 2024 and September 2024 have been replaced with estimates. The additional activity was not identifiable, so data have been estimated for these months via interpolation.

Source: NHS

Some of these features work very well, but many are clunky and not available to everyone, or lack integration with other NHS services. The government's ten-year health plan goes some way to addressing these concerns but there are still areas where it doesn't go far enough, or needs more careful thought about its design, build and procurement. The scale of work required should not be underestimated. The NHS App should not be thought of as "just an app". It needs to be relentlessly consumer focused, embrace private-sector innovation, be more integrated with clinical pathways and link more explicitly with the planned single patient record (SPR), which we have referred to in previous papers as a digital health record.[1]

The NHS App is at a critical juncture in its development. For a long time it was considered an interesting but ultimately peripheral concern of the health service, but now its role in securing the NHS's future is starting to become clear. Decisions made about its design, build and procurement will have a profound impact not just on the success of the app, but also on success of the NHS.

In this paper we first review features of world-class patient portals, then look at the current functionality and user experience of the NHS App, before going on to examine development plans in the ten-year health plan. Then we outline a roadmap to get the app up and running as a world-class patient portal by the next election.

02

Global Best Practice for Patient Portals

Around the world, high-performing patient portals have a number of common features. These are not limited to the functionality of the apps in question (though this is important), but also include other aspects such as universality (whether everyone is able to access all features), pathway integration (whether clinical pathways are synced across digital and in-person services) and user experience (how slick the app is).

Below we describe some of these features, citing some of the best-in-class patient portals around the world as best-in-class examples.

Functionality

The best patient portals tend to have four key functions:

1. Access to personal health information
2. Administrative control
3. Care navigation
4. Clinical management

1. ACCESS TO PERSONAL HEALTH INFORMATION

A key function of patient portals is to provide a window into patients' health data.

The most advanced patient portals source data from a range of providers across primary-, secondary- and community-care providers, and can also include data from online apps and wearables. This presents a single version of the truth that all providers can work from and is a step up from narrower, provider-specific patient portals that might only be able to display health data held by their respective organisations.

How data are presented is also important. Rather than providing information in a static form or through downloadable PDFs, some patient portals are now using large language models (LLMs) to help summarise, simplify and translate that medical information into understandable terms.

Real-time data visualisations (showing blood-pressure results over time, for example) can also help users interpret their health information more easily. They can be especially helpful for those with a younger reading age; the average reading age of a patient in the NHS, for example, is nine to 11.[2]

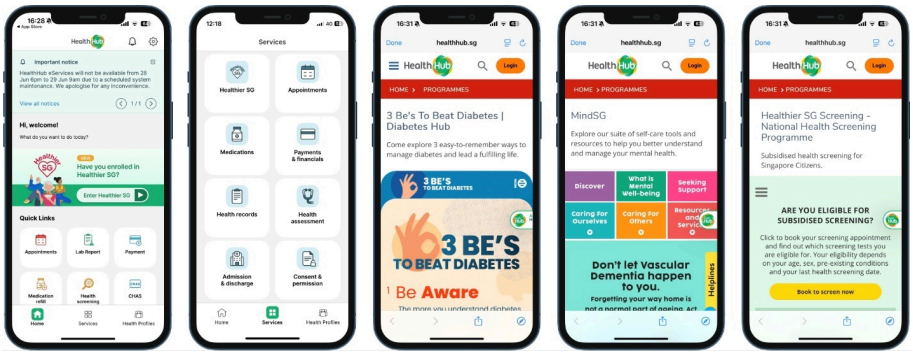
The best patient portals allow users to edit as well as view their information. This might mean adding their personal health story in an editable section of the record or suggesting a correction to parts of the record that they recognise as incorrect. This can add to the accuracy of the data held and how engaged patients feel with their health management.

Uniting data across providers allows users to have an omnichannel experience: interaction with different health providers via the phone, online, in person or through the app, all while retaining continuity of care. Each provider has real-time, up-to-date information on patients' user journeys.

When it comes to access to personal health information, Singapore's national patient portal HealthHub is a leading example. It provides access to users' National Electronic Health Records and integrates information across multiple providers and care settings,[3] including hospital records, lab-test results, medical appointments and referral letters. Connecting with the Singpass digital-ID system has meant that a secure and seamless login process has been established.

FIGURE 3

Singapore's HealthHub



2. ADMINISTRATIVE CONTROL

Another function of effective patient portals is the ability for patients to conduct administrative functions. This includes the ability to book, cancel and reschedule appointments, initiate referrals and order repeat prescriptions. More sophisticated patient portals allow patients to see real-time appointment availability across services and manage appointments at any time. They can also track the status of referrals and prescriptions, and receive in-app reminders and updates.

France's Doctolib is an example of a private-sector patient portal supporting patients in navigating and coordinating care across a fractured provider landscape. Patients are able to book in-person and virtual appointments, manage prescriptions and communicate with health-care providers. Appointment availability is displayed in real time and patients can receive automated reminders.[4]

The platform supports more than 50 million patients and is one of Europe's leading digital-health platforms. Like the NHS App, Doctolib's success was accelerated by the Covid-19 pandemic, when the French government selected the company as an official partner to provide support for booking vaccination appointments.[5]

3. CARE NAVIGATION

This function allows users to seek advice when they don't know what health issues they have or who they need to see, which is up to three-quarters of patients with an acute care need.[6]

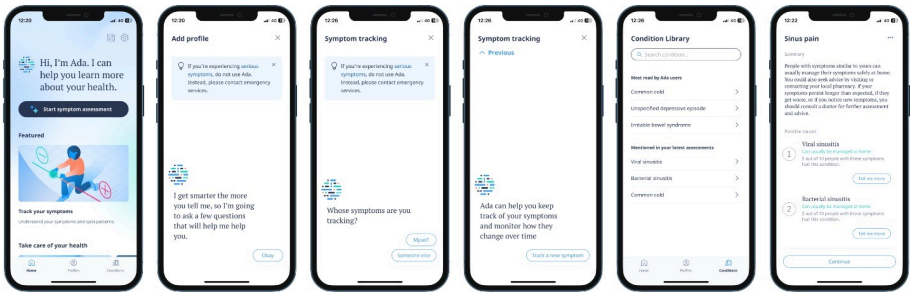
The most advanced AI-powered triage and navigation tools are experts in both the person in question and the relevant local health services available. Based on the information provided by the patient about their condition, the information in the patient's notes about their background health and the information about local health services, the tool is able to either offer advice on self-care or direct the patient to the most appropriate service first time.

This is of huge value to patients *and* the system, because it improves the quality of care delivered and the efficiency of the health system providing it. In our paper *Preparing the NHS for the AI Era: Why Smarter Triage and Navigation Mean Better Health Care* analysis by the Tony Blair Institute for Global Change shows that implementing AI across navigation services could free up 29 million GP appointments annually by reducing unnecessary and inefficient pathways to care.[7] TBI also estimates that it would deliver £340 million in productivity gains per year for non-clinical workers via GP and NHS 111 services; this is about one-fifth of the cost of NHS 111.

A good example of AI-powered navigation assistants can be found in California, where the Sutter Health app has partnered with Ada, an AI triage and navigation platform. This enables patients to query their symptoms and use probabilistic AI to suggest next steps. Results have shown that 40 per cent of patients have been directed to lower-acuity care and 47 per cent have been navigated away from same-day care.[8]

FIGURE 4

California's Ada Health app



4. CLINICAL MANAGEMENT

Patient portals allow patients to manage their health more effectively and access digital-health services where required.

Broadly, there are three categories of care that patients can access through patient portals, aligned to the three functions of primary care outlined in the Fuller Stocktake report.[9] For each of those three functions, below we have contrasted most patients' experiences today with a potential future experience that would be powered by the NHS App. The technology described in these future scenarios is not years away; in fact, it is being used by some groups of patients in the NHS today. Our case studies have been inspired by innovative work taking place through companies such as Skin Analytics, Chiron and PocDoc.

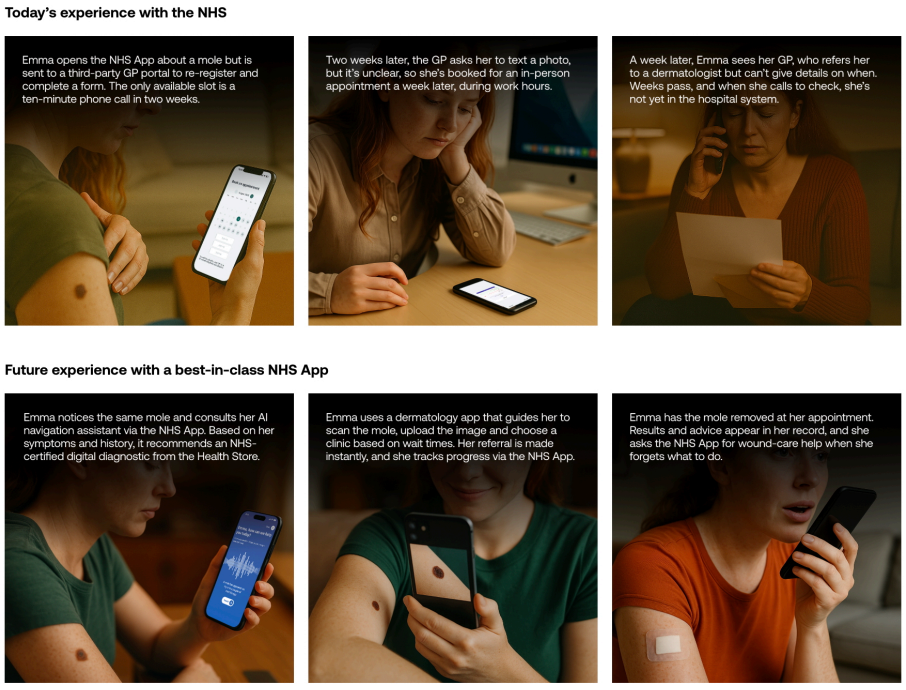
Acute Care

For patients with an acute care need, patient portals can provide access to triage and navigation support, a digital consultation, digital diagnostics, digital therapeutics and digital follow-up (or some combination of these, with in-person services if required). In other words, patients can navigate at least part of their journey online – and in some cases experience entirely digital pathways of care without the need for human interaction.

For example, a patient with a suspected urinary-tract infection could complete a description of their symptoms, get urine testing strips sent to their home, submit the results digitally through the app, get a prescription sent to their pharmacy (or the drug sent to their home) and get follow-up from an AI nurse every day for the next three days to ensure that the problem is resolved.

FIGURE 5

Use case in action: Dermatology referral



These images have been imagined by AI.

Source: TBI

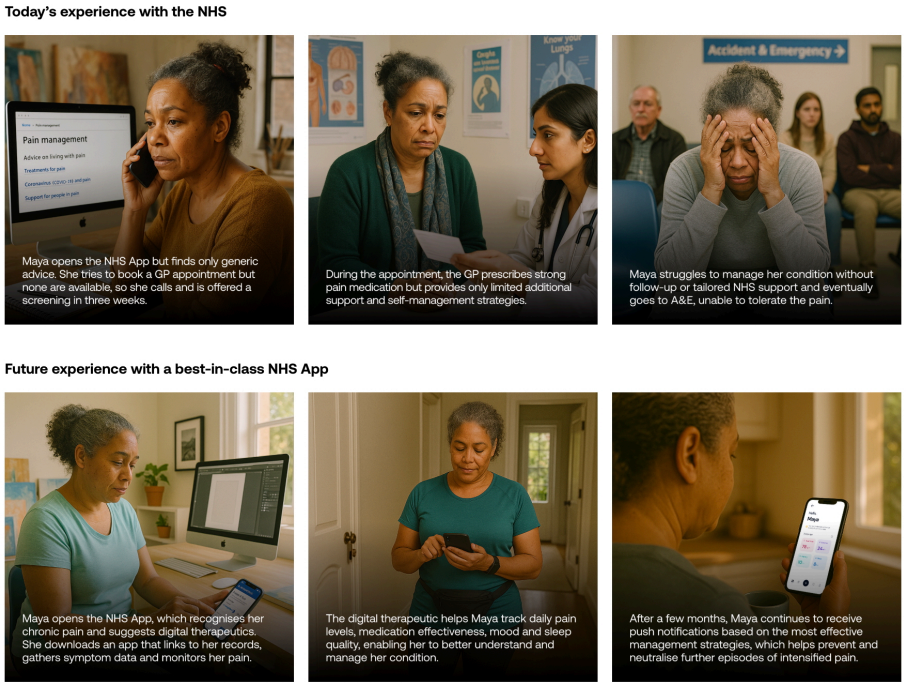
Chronic Care

For patients with a chronic health condition (or, more commonly, patients with multiple long-term conditions), patient portals can act as a digital companion, allowing them to review the status of their condition and track it

over time. They can also understand how their current treatment compares to gold-standard treatment, coordinate input from multiple providers and, where possible, manage their own health.

FIGURE 6

Use case in action: Chronic-pain management



These images have been imagined by AI.

Source: TBI

Prevention

Whether patients are generally well or have multiple comorbidities, patient portals can support with prevention. They can help patients understand their risk of ill health and provide access to personalised advice on how to reduce or mitigate that risk. At a basic level this might include sending

reminders or notifications for scheduled screenings, vaccinations or health checks, based on factors such as age and gender. Users might also be able to check their eligibility for these services through simple tools embedded in the portal.

However, more sophisticated portals go further by continuously analysing data provided by wearables, set out in clinical records and ascertainable from genomics, as well as data obtained from environmental and lifestyle sensors. In this way they can anticipate risk and recommend interventions before symptoms arise.

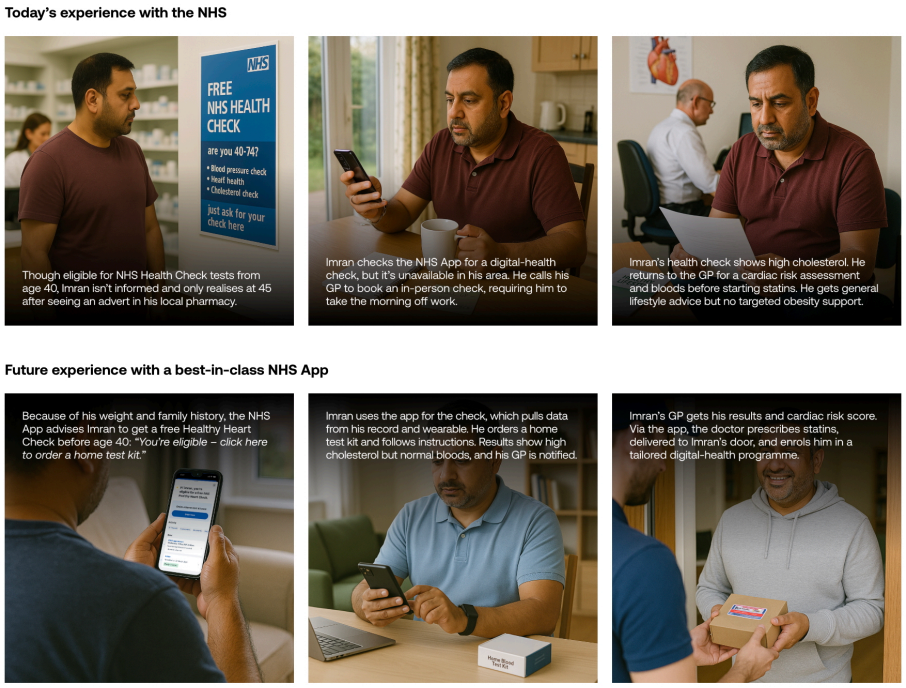
By transforming prevention into an ongoing, interactive process rather than a series of one-off appointments, these portals can guide users through customised health optimisation plans, nudge behaviour via gamified challenges and push notifications, and let patients redeem preventative services (scanning a QR code at a pharmacy for a free flu jab, for example).

A further key element of personalised prevention is giving patients timely, accurate answers to their questions, which empowers them to better manage their own health; this could include helping those undergoing chemotherapy to understand and respond to side effects.[10] To ensure precise advice, this is heavily reliant on there being a link to a patient's health record.

Israel's largest health provider, Clalit, offers a personalised prevention service through its Clalit Active portal. This integrates with longitudinal electronic health records to help users set tailored activity goals based on their health status and activity levels.[11] Users are prompted to make healthier choices and incentivised with reward tokens.

FIGURE 7

Use case in action: Identification of high cholesterol



These images have been imagined by AI.

Source: TBI

User Experience

Alongside functionality, user experience is a key differentiator of world-class patient portals. The experience must be slick and intuitive, and integrated so that features in the app feel connected. The term "omnichannel experience" is used a lot in health care to describe the ability for patients to interact with health-care organisations through different mediums – phone, text and email – without having to repeat their story.

Often this relies on a number of architectural structures in the back-end: an SPR to ensure that everyone is working with the same up-to-date information; a digital ID to ease the transition to third-party integrated services; and customer relationship management (CRM) software to provide continuity across communication channels. A good example of this is the Sehati health app in Saudi Arabia.[12] The Ministry of Health has committed to all blood tests being accessible through the app within four hours and it has been meeting those targets.

But design processes are important too. A relentless focus on the customer experience and the application of design-thinking principles is required to ensure that the experience is intuitive. Digital government services can sometimes struggle in this regard because service users are not often thought of as customers. However, they should be – and they should be entitled to the same levels of consumer-focused design.

Another feature of world-class patient portals is the offer of integrated digital and in-person clinical pathways. For instance, the Omapolku (Digital Health Village) app in Finland is an exemplar of embedded and structured digital pathways in a patient portal. It has more than 400 digital-care pathways, which include symptom checkers, remote monitoring and structured self-care plans. This means patients with chronic conditions such as diabetes can message nurses, track their data (including blood glucose levels) and manage their care journeys, all within the same platform.[13,14]

Finally, the best patient portals are always in beta – they are never done. There is constant work to innovate and improve services and there is no fear in partnering with the private sector, where much of this digital-health innovation comes from. Singapore is a good example of this, having launched an initiative through its LumiHealth platform. This is a standalone prevention app co-developed with Apple, which rewards users for completing health activities tracked by their smartwatch.[15]

03

Current State of the NHS App

The app has come a long way since its inception in 2018. Much work has gone into replatforming it, achieving single sign-on and migrating it from a mainly web-based architecture to mostly app-based. This has markedly improved performance and engagement, but gaps remain between what would be considered best-in-class and what the app is set up to deliver.

In this section we consider the current state of the NHS App (the baseline on which further work will be based) and its proposed future, as set out in the government's ten-year health plan.

Current Features of the NHS App

A range of functions are available that are a mixture of native services (those which the app team has complete end-to-end control over) and non-native services (those that are provided by integration with third-party suppliers).

FIGURE 8

Native features of the NHS App

NHS App "native" features	Available to all?
Access to personal health information	
View GP health records	No (99% coverage)
Administrative control	
Register with a GP practice	Yes
Order repeat prescriptions	Yes
Book GP appointments	No
Receive notifications through the app e.g. from a GP surgery	Yes
View mean waiting times for the trust you've been referred to	Yes
Send non-urgent messages to providers e.g. a GP surgery	Yes
Manage health services for someone else e.g. a child	Yes
Care navigation	
N/A	N/A
Care management	
N/A	N/A

Source: TBI

Native features tend to pertain to accessing personal health information and controlling administrative functions: viewing GP records, registering with a GP, booking an appointment, ordering repeat prescriptions and sending non-urgent messages to the GP.

For the patients who have access to these features through the NHS App, they tend to work well. Ordering repeat prescriptions is a good example. The journey enables patients to reorder prescriptions and track their status with the same ease that exists for online retail deliveries.[16] Owning the end-to-end journey has allowed the NHS App team to create a polished, high-value journey, while seamless integration with the national Electronic Prescription Service also helps to produce a slick result.

However, most of the native features are not available to all users of the app. For instance, some people still aren't able to access their personal health information stored on the GP record, because their GP practice hasn't agreed for those records to be shared. This creates inconsistency in people's experience of the app and compromises its usefulness to patients.

And even when patients' health records are available, they often are not in an easily accessible format or with any insight and interpretation. Health records are instead presented in technical language, buried in fragmented PDFs and not explained in plain terms.

A far wider range of services is available to patients through non-native features, provided by integrated live partners and services such as Accurx, eConsult, Patients Know Best, DrDoctor, NHS England and the National Institute for Health and Care Research.[17]

FIGURE 9

Non-native features of the NHS App

NHS App non-native features	Available to all?
Access to personal health information	
Access to care plans	No
Administrative control	
Dealing with admin queries	No
Access to a library of educational resources	No
Ability to note over-the-counter (OTC) drugs on your record	No
Record your sharing preferences	No
View documents	No
View test results and imaging results	No
Get email updates about research opportunities	No
Message with secondary care about outpatient appointments	No
Fill out pre-appointment questionnaires for secondary care	No
Express your preference to be paperless	No
Care navigation	
Triage	No
Dealing with medical queries	No
111 Symptom Checker	Yes
Care management	
Acute: N/A	
Chronic: Get information about managing your condition	No
Prevention: Receive breast-screening notifications	Yes
Prevention: Receive reminders about vaccinations	Yes
Prevention: Conduct an online NHS Health Check	No
Prevention: Health tracker (including ability to track symptoms and upload data from wearables)	No

Source: TBI

Non-native features cover a far broader range of functions – including care navigation and care management – in addition to more advanced access to personal health information and control of administration. Through third-party features, patients are able to access triage and navigation services, get an online health check, upload wearables data and receive reminder notifications about screenings.

However, despite the broad range of features that third-party suppliers offer, there are still gaps in functionality when compared with more sophisticated patient portals.

In addition, non-native features suffer the same problems with universality: there is variable access to these services depending on where people live. However, this is more a reflection of NHS structure than it is a failing of the NHS App team. Over time, different GP practices, trusts and integrated care boards (ICBs) have chosen different digital and data solutions, such as electronic patient records and digital triaging systems. The NHS App team has integrated many of these systems into the app, but the complexity of doing so has created inconsistent experiences for the user, requiring additional logins or including interfaces that don't adopt to NHS Digital Service Manual standards.

Reliance on third-party suppliers to bridge functionality gaps presents its own problems. Again, the reason for this is historical: the original priority was to have a working app that could scale quickly, rather than preserving user experience. However, the result is a clunky user experience with multiple interfaces, separate logins and frequent redirects to external websites that break the digital experience.

A good example of this is the process involved in viewing hospital test results through the NHS App. This can take more than five discrete steps and involves logging into a third-party supplier with a different interface.[18] First-time users are confronted with a registration form for the supplier, which prompts the need to set up a password and answer a security question.

It is a user experience from an earlier digital era, especially when compared to modern banking apps and government services (such as gov.uk). It also feels dated compared to private health-care apps. Evergreen Life, for instance, consolidates patients' health information through a single, consistent interface; Livi connects patients to clinicians via intuitive symptom-based user flows. Then there are Healthy.io and PocDoc, which enable remote health monitoring through simplified interfaces.

Another issue is that features are not routinely connected to an SPR, meaning they cannot be personalised. Instead, users get generic advice through, for example, the 111 Symptom Checker.

04

Reimagining the NHS App

In July 2025, the government published its ten-year plan for health.[19] In it, a bigger role for the NHS App is described with 12 new features, all of which broadly correlate with the four key functions of high-performing patient portals, outlined earlier in this paper.

The government's proposals for the NHS App are commendable, not least in recognising its importance, promoting choice, transforming the user experience and demonstrating competence to the electorate. However, there are areas where the ten-year health plan doesn't go far enough, or more careful thought about the app's design, build and procurement is needed.

FIGURE 10

The new features of the NHS App proposed in the ten-year health plan

Access to personal health information

Proposed feature	Description
My Health	Repository for personal health data from a range of sources e.g. wearables and lab tests Ability to share these data points with care providers
My Medicines	Comprehensive list of current and past medications Ability to order repeat prescriptions Ability to remind patients to take medication Advise patients on drug interactions
My Vaccines	Comprehensive list of vaccinations Ability to determine if they are up to date Ability to book appointments if they are not

Administrative control

Proposed feature	Description
My Choices	Display performance metrics for provider services including outcomes, waiting times and patient satisfaction Display local services e.g. nearest pharmacy
My Companion	Information about health conditions
My Children	Record of growth and development Record of vaccinations Generic advice e.g. on weaning Directory of services e.g. child mental-health services Triage and navigation e.g. advice on a new rash Continuous monitoring e.g. ability to record feeding times and sleep
My Carer	Ability to securely prove identity as a carer Proxy access to manage others' health affairs through the app, e.g. unpaid carers to be able to book appointments and communicate with the care team.
Feedback	Ability to provide feedback on a service, clinical team or health-care provider

Care navigation

Proposed feature	Description
My NHS GP	AI triage and navigation function for non-urgent care

Care management

Proposed feature	Description
Acute: My Consult	Platform to conduct remote consultations
Chronic: My Specialist	Ability to make self-referrals to specialist care From the outset, ability for patients to self-refer for mental-health talking therapies, musculoskeletal services, podiatry and audiolog
Chronic: My Care	Ability to view and edit care plan Ability to book and manage appointments Ability to enrol in a clinical trial Ability to access the single patient record Ability to link to services outside the NHS – in the voluntary sector, and from social enterprises, social care, community groups or local government
Prevention: Health Store	Ability to access approved health apps to manage or treat a condition

Source: TBI

Ensure an Emphasis on Consumer-Driven Design

If people are to engage with the app regularly, it needs to be slick, intuitive and fundamentally useful. Commercially successful apps like Uber and Deliveroo achieve this through a relentless focus on consumer experience. But while the ten-year health plan describes an ambition for the NHS to be more patient-focused, it is fairly prescriptive about what the app should look and feel like. Features such as My Care, My Companion and My NHS GP are described in detail, but it isn't immediately obvious this format is intuitive for users to navigate.

For instance, the plan describes how, through the My Care feature, patients should be able to book and manage appointments – but this is also possible through My Vaccines. My Care is also the place where it is proposed that patients should be able to enrol in a clinical trial – but it is not clear why that should be limited to one part of the app. My Care is for those with complex comorbidities – why shouldn't those without complex comorbidities have access to clinical trials? The plan also says that, through My Care, patients should be able to connect with services outside the NHS – but this is available in the Health Store too.

The point is not that the digital architecture is wrong, just that it won't be clear whether it is or not until it has been tested on future users. Rather than focusing on specific features that the NHS App should have, it might make more sense to commission functions such as accessing information, understanding personal health risk and tracking referrals. In this way, IT specialists could work closely with consumers and clinicians to ensure that the final product is effective and useful.

Avoid Fossilising Old Models of Care in New Technology

The NHS App has the potential to disrupt the operating model of the NHS, but some of the features described in the ten-year plan seem to perpetuate, rather than dismantle, old operating models. For instance, having a separate

feature for My NHS GP and My Specialist reinforces the old split between primary and secondary care, running counter to the trend for integrated, multi-disciplinary teams.

In addition, there seems to be little room for new models of care to emerge through choice, mobility of custom and reimbursement. Although the outlined app would allow comparison of existing services such as GP practices through the My Choices feature, there is scant description of how patients would be able to exercise choice if new models of primary care emerged that were not based around a patient's local GP surgery.

The app should be a vehicle of disruption, allowing innovations in technology to beget innovations in the operating model. In addition, popular new operating models should be rewarded by custom, in turn begetting a new business model.

With more considered design, the proposed Health Store could become this vehicle but at the moment, it is conceptualised more as a national formulary for digital therapeutics than as a place to introduce novel care providers. This underestimates suppliers of digital-health technologies (DHTs) in terms of being able to take ownership of extended parts of the patient pathway – or even the whole patient pathway for services such as weight management, smoking cessation and insomnia relief.

Double Down on Personalised Prevention

It is clear from the ten-year plan that the government is committed to a shift from treatment to prevention, but this does not seem to be applied to the strategy for the NHS App. This is a missed opportunity.

Other patient portals, such as LumiHealth in Singapore, have a stronger prevention offer for citizens. If the NHS App combined an SPR with a national identity-and-engagement layer (akin to a CRM), it could automatically notify patients about preventative services as they become eligible to engage with them. For instance, women of a pre-determined age could be notified to attend a breast screening, or someone could be advised to get a flu

vaccination if they are known to have chronic obstructive pulmonary disease. Patients with overweight or obesity could be offered weight-management support.

In time, patients could be offered a more personalised prevention service. As data on genomes, diet and from wearables are incorporated into the record, those with a higher-than-average risk of disease could be offered more regular screening from an earlier age. The ten-year plan does reference this as a long-term ambition: it mentions that the SPR could bring together "not only medical records but also a personalised account of health risk, drawing from lifestyle, demographic and genomic data, to help personalise the NHS's service offer and to support individual behaviour change". In the short term the app could offer simple services such as universal access to weight-management and smoking-cessation courses, which could be presented to the public as a new offer from the NHS to help them live longer, healthier and more productive working lives.

Ensure That the NHS App and Single Patient Record Are Linked and Co-Developed

The ten-year plan refers to an SPR and a renewed NHS App, but does not point to much overlap between the two. This is a concern. To most patients, these elements are one and the same thing: people will say, "That information should be in the app"; what they mean is that their SPR should be accessible through the NHS App.

A failure to design, develop and roll these elements out together would be a mistake. Many of the proposed functions in the NHS App need to be underpinned by the SPR to be effective for instance, offering personalised prevention or the ability to access DHTs will not have the desired success otherwise.

Conversely, facilitating patient-facing features in the NHS App will be critical to the success of the SPR. Past attempts to create an SPR have stalled because of a failure to engage the public on the use of their data. If the SPR is positioned as NHS "digital plumbing" rather than a personalised data product supercharging the app, it is far less likely to gain public support.

Delivering the app and all its planned functions should be the primary use case of the SPR. This will focus delivery on direct patient benefit as a primary concern and also ensure that it is patients – not the health service – who are holding the SPR programme accountable for delivery. This will be critical to driving public support and generating urgency around its development.

Put the NHS App at the Heart of the Planned Redesign of Clinical Pathways

The ten-year plan describes a clear ambition to move towards more standardised and regularly updated clinical-care pathways, but its description of the NHS App does not reference it. This is an oversight: the app should be at the centre of that redesign process.

Digital services will become an increasingly important part of patients' treatment journeys, whether they involve a single digital diagnostic or treatment, or a digital provider taking over part of the patient journey (in the form of health coaching, for example). Alongside physical in-person visits for scans and treatments, patients should be able to track their progress digitally, accessing digital diagnostics and therapeutics as required and receiving tailored advice and treatment.

For instance, a patient with a new cancer diagnosis should be able to access digital support that tells them when to expect their first consultant appointment, what type of treatment modality to expect and where they are on the treatment pathway. If they experience a fever while on chemotherapy, the digital support should know to send them to A&E immediately rather than to a pharmacy in their own time.

Integrating digital options into clinical pathways and making them available to patients through the NHS App should be a key component of its development. Digital and in-person experiences should complement each other and be coordinated, rather than developing in isolation.

The NHS App could learn from global best practice in this regard. Finland's Omapolku app is an exemplar of embedded and structured digital pathways in a patient portal. It has more than 400 digital-care pathways, which include symptom checkers, remote monitoring and structured self-care plans. Patients with chronic conditions such as diabetes can message nurses, track their data (including blood glucose levels) and manage their care journeys, all within the same platform.[20,21]

The NHS App Should Be Able to Integrate With Private-Sector Providers

The description of the app in the ten-year plan understandably focuses on integration with current NHS services, but few people access NHS care exclusively. Recent data indicates 41 per cent of young people have accessed private health-care services at least once. According to IQVIA data, nearly 1.6 million people are accessing anti-obesity medications through private online pharmacies.[22] If the NHS App is to be truly centred around the patient and not the health service itself, it needs to acknowledge the third and private sectors.

This starts with the SPR, which should be interoperable for legitimate private and third-party providers but extend to DHTs and other private-sector contractors. The case for access to DHTs through the Health Store in the app is well made within the ten-year plan, but far less is laid out regarding patients accessing in-person services (or hybrid digital and in-person services) through the app.

Yet there is huge potential for the NHS to rapidly expand capacity through private and third-party organisations. Patients would need an NHS ID that allows them to access external services that the NHS has agreed to

reimburse. An example of how this could work was described in our paper on anti-obesity medications.[23] If patients were to have an NHS ID, it would be possible for the NHS to do a deal with existing private-sector providers to deliver weight-management services to eligible citizens on its behalf. Community diagnostics is another good example: many community diagnostic centres are run by private companies such as InHealth. A failure to incorporate this kind of functionality would be a missed opportunity to invite innovation in service delivery and rapidly expand capacity.

The NHS App Should Be a Universal Digital Offer for Citizens

The ten-year health plan describes an ambition for administration of the health service to be devolved to regions, but little detail on how it can do that without creating a postcode lottery for care. Fortunately, digital services can deliver affordable uniformity of access, even when the demand for a service isn't high in a particular area. For instance, they can support care provision in rural areas with sparse populations or be on hand for people with conditions that are rare in the community they live in.

The NHS App should be a leveller, ensuring universality of the NHS offer, even if provision is localised (for example, if a region commissions a local provider to offer the digital service).

Increase the Ambition for Speed of Rollout

There are few explicit targets in the ten-year plan, but one of them is for wearables data to be integrated for CVD monitoring by 2028 and standard in preventative, chronic and post-acute treatment by 2035. These timelines risk falling behind existing changes in public behaviour – almost half of adults currently use wearables.[24] The implementation phase could be more ambitious by shortening the gap between integrating wearables for specific purposes by 2028 and incorporating them into standard care.

To deliver the new NHS App at pace across the country, we suggest the government commences work along three parallel tracks: setting the governance and political conditions for delivery; building the national technical architecture and infrastructure; and driving innovation at scale.

FIGURE 11

Summary of delivery roadmap for the NHS App

	Create conditions for delivery	Build national infrastructure	Drive innovation and prevention
Timeframe	0–3 months	3–18 months	18 months to 4 years
Activities	Set up governance and political leadership Agree funding arrangements Procure the right delivery partner Set strategic direction Align with single-patient-record programme	Build new scalable architecture Enforce data standards	Test, build and scale new innovations Enable access to digital diagnostics and therapeutics Enable personalised services
Achievement	Raise the political salience of the app and establish firm foundations for delivery	Deliver four core features, in line with international best practice and covering most user journeys	Continuously test and implement innovative features, thereby supporting prevention initiatives

Source: TBI

Track 1: Set the Governance and Political Conditions to Deliver

In the first instance, the government should focus on establishing the right governance and leadership structures for the NHS App. It should set a clear and unambiguous direction, ensuring stable and ringfenced funding for the programme.

Recommendation: *The prime minister should personally champion the NHS App's development as a national digital mission. The secretary of state for health and social care should be accountable to the prime minister for the delivery of the app, and empowered to appoint a taskforce to push through its successful implementation.*

The NHS App was developed at pace during the pandemic because it was a national priority. The Covid Pass was a central enabler of everyday life and its successful implementation was a core delivery target for the government. This clarity of purpose, coupled with high-level political backing, created the perfect conditions for rapid execution.

However, with Covid Passes no longer necessary, the pace and urgency of broader development of the app has waned. To restore momentum and renew focus, the prime minister should actively endorse the app's successful development as a national digital mission and make the secretary of state for health and social care accountable for its delivery.

In addition, the secretary of state for health and social care should appoint a taskforce responsible for the app's delivery. This taskforce should be embedded within the NHS App team, report weekly to the secretary of state and have the authority to resolve cross-departmental interdependencies. For instance, members of the taskforce might be required to liaise with the Department of Science and Technology (DSIT) on legislative reforms to the Data (Use and Access) Bill, or with the Treasury regarding the split between the SPR and NHS App budget. The establishment of an empowered taskforce with a mandate to unlock system-level barriers would demonstrate clear commitment to the app's successful delivery.

The secretary of state should be able to circumvent traditional civil-service pay structures to ensure recruitment of the best talent for the taskforce. Its members should act as champions of the citizen and of the app's overall user experience, bringing expertise in commercial customer experience and app development.

The leader of this taskforce should have a proven track record in building world-class digital services outside the NHS. This means that, together, the NHS App team and the taskforce would benefit from the political sponsorship of No. 10, the commercial experience of industry and the execution ability of the NHS.

Recommendation: *In order to coordinate system partners effectively, the secretary of state for health and social care should set a clear direction for the NHS App's function, design and delivery, explicitly defining which features will be owned centrally and where local systems can continue to innovate. The secretary of state should also set the standards expected of third-party suppliers providing solutions for integration with the app.*

The next priority should be to align the wider system around a clear strategic direction and delivery roadmap. In the absence of this roadmap, local areas will continue to invest in duplicate solutions, leading to inefficiency and fragmentation. This happened recently when Cambridgeshire and Peterborough ICB issued a £10 million tender to build a "digital front door" app for the local area.[25]

To ensure that efforts are not duplicated as a result of independent decision-making from within the complex system of trusts, ICBs, GP practices and NHS Regions, the government must set out publicly and unambiguously what the national platform will – and will not – deliver. This should include:

- Establishing which core features will be owned centrally by the NHS App (likely to include access to the SPR, AI intelligent navigation and other key administrative functions such as appointment-booking management) and which ought to be commissioned locally (digital initiatives relating to local pathways, services or models of care, for example)
- Mandating NHS organisations to recognise the NHS App as the primary patient portal
- Clearly defining standards for the design and integration of third-party solutions

NHS England could consider a policy of not reimbursing trusts or ICBs for the procurement of duplicative or non-compliant patient-facing solutions, unless they meet a genuine bespoke local need. This will require the NHS to be clear on what these integration standards are and offer incentives for early adopters.

This approach has precedent. During the Federated Data Platform rollout, NHS England advised system finance teams not to invest in duplicative local capabilities; the same principle should apply to the NHS App. Clarity will give ICBs the confidence to focus on developing digital solutions for genuinely local needs, while enabling suppliers to build tools that integrate seamlessly with the national platform.

Recommendation: *The government should ensure stable and ringfenced funding for development of the NHS App up to the end of the Spending Review period (2029–30 for capital investment).*

The Spending Review included £10 billion of investment in NHS technology and digital transformation, an increase of 50 per cent from 2025–26.[26] It is expected that the NHS App will receive a substantial portion of this investment, which is an important commitment.

However, delivering at the necessary pace and scale will only be possible if funding arrangements are stable and ringfenced for the NHS App. In recent years the biggest funding-related barrier to delivering sustainable digital projects has been the raiding of health-capital budgets to support day-to-day spending. This has happened with such regularity that it has become normalised. Even as recently as 2024, NHS England was forced to reduce technology budgets by £350 million to plug trust and ICB deficits.[27] To avoid history repeating itself, the government should announce plans for technology budgets in the Spending Review.

Another historical obstacle to strategic capital investment has been the implementation of arbitrary spending timelines, which require specific amounts of funding to be tied to financial years. These timelines incentivise aligning expenditure with financial years or other government spending cycles, rather than technological-development needs. The government

should commit to multi-year funding arrangements for the NHS App so that those delivering it can invest strategically and avoid placing constraints on technological advancement.

Those responsible for delivering the NHS App should be empowered to decide how to spend the funding allotted to them. They should not be restricted by departmental hiring freezes or limits on consultancy spend. Successful technological delivery depends on leaders being able to allocate resources strategically. Therefore, once funding arrangements for the app have been agreed, they should remain stable over the remainder of the Spending Review period.

Oversight of the funding settlement should be outcomes-based rather than input-led. There should be a clear outcomes framework for the NHS App that allows progress to be tracked against a product roadmap and user-engagement metrics. This will enable the NHS App team to plan, invest and deliver with confidence over a defined period (three to five years, for example).

Recommendation: *Government should put the right contracting mechanism for NHS App procurement in place by switching from a inputs-based contract to an outcomes-based one; amending the weighting criteria to promote quality, performance, proven delivery capability and user-centred design over price; sourcing from a broader ecosystem of partners; and aligning with DSIT-led efforts to modernise digital procurement.*

NHS England recently released a request for proposal (RFP) to deliver the next phase of NHS App development. The current contract is due to expire in June 2026, so the NHS App is at a critical juncture. Decisions made now about the type of contract, the criteria upon which proposals are judged and the framework suppliers are procured from will be key to determining the success of the project.

The RFP that has recently gone out to market is a largely inputs-based contract, with a strong focus on time and materials (T&M) in parts, stipulating the exact number of staff required, at what grade and for how many hours. There is merit in this approach for some projects, but there are

concerns about whether it is appropriate for this one. T&M contracts fix inputs but allow flexibility in the outcome, which is more suited to projects that prioritise costs over quality, with an end product that is not clearly defined and/or levers of control that are beyond the remit of the team doing the job.

Outcomes-based contracts allow for flexibility in terms of inputs to achieve a fixed outcome. These contracts are more suited to projects where quality is more important than cost, the product endpoint is clear, and the levers of control are within the remit of the team doing the job. As such, a more outcomes-based contract would be more appropriate for the NHS App and reflect a trend across government to contract in this way for technological infrastructure.

In the past, infrastructure projects were predominantly physical buildings or structures. They were "one and done" projects that private companies could complete and the public sector could maintain. The relationship between the public and private sector in these instances was transactional. Increasingly, however, infrastructure is digital in nature – it is a service, not a product – and as such the relationship between the public and private sector is changing. Outcomes-based contracts are well suited to this kind of relationship; inputs-based contracts, less so.

With regards to criteria, there are issues around weighting and the relative importance of price and quality in evaluating bids. In the NHS, price is automatically weighted at 30 per cent in proposal evaluations unless a case is made for an exception.[28] This can lead to a race to the bottom, which is unhelpful in the long term. The NHS should align with best practice for the procurement of digital services across government, as set out in DSIT's State of Digital Government review.[29]

In terms of the framework for procurement, there are conflicting views over whether it is best to have a large hyperscaler in place or a range of small and medium-sized enterprises (SMEs). SMEs tend to have expertise in specific areas, while hyperscalers are able to integrate work across multiple

projects. There are merits to both. A hybrid solution could work, with one large integrator to hold to account for the work and a range of SMEs to provide subject-matter expertise.

Track 2: Build National Technical Architecture and Infrastructure

Beyond the initial setup of the NHS App, an ambitious roadmap should be developed based on a series of priority actions.

Recommendation: *Delivery of the NHS App should be aligned more explicitly with delivery of the SPR.*

The SPR features heavily in the ten-year plan but is rarely referenced in relation to the NHS App. There needs to be a far more explicit link between development of the two in order to secure the success of both. The SPR underpins many of the proposed features of the app, so if the SPR is developed separately it is likely that neither will achieve their potential.

The underpinning features of the NHS App ought to be the primary use case for the SPR. As described in our paper *Preparing the NHS for the AI Era: A Digital Health Record for Every Citizen*, the insights from an SPR can be used by providers to deliver more personalised care and by insurers (including the NHS, which should be thought of as an insurer even though it often isn't) to conduct better planning.

However, right now it is the function of the SPR as a tool to empower patients that could be the most valuable. This is not simply because it enables people to better manage their own health, but also because it empowers them to choose, apply selective pressure on services and indirectly change the operating model of the NHS. The NHS App and SPR together could be the consumer-driven tail that wags the industry-serving NHS dog.

Past attempts to create an SPR have stalled because they failed to make the case to the public that joined-up data would materially change their lives. Permission was sought to link patients' data; when patients asked why, they were told it was for planning purposes. It was made to sound like plumbing rather than patient-facing transformation and it all seemed to be for the benefit of the service. The NHS App is different.

The proposed first use case for the SPR is maternity and that seems like a smart choice. The patients this would benefit are young, digitally literate and highly motivated to engage. They are also traditionally poorly served by non-joined-up notes, to the extent that expectant mothers are given paper copies of their own to carry round with them.

However, while it is important to start small and build out from success, it will be equally important to rapidly extend SPR coverage to support this functionality for as many patients as possible by the next election. Work on the SPR is being led by NHS England and will be taken over by a team within the Department of Health and Social Care (DHSC), following the merger of NHS England into the department.[30] This should continue at pace, but it must be joined up with the work of the NHS App team. The recent preliminary market consultation, which invited innovative approaches from suppliers, is a welcome step but must now be followed by clear delivery milestones aligned to the NHS App roadmap.[31]

DHSC must ensure that the SPR is designed and delivered to power consumer-facing use cases through the NHS App. This will require explicit alignment and operational coordination between the app team and the SPR programme.

Recommendation: *Government should build on the existing NHS login infrastructure to generate an NHS ID for every citizen.*

An SPR brings together medical information across a range of providers – primary, secondary and community care – and allows for continuity of care in a safe manner, given that all the relevant information is available. An NHS ID is more akin to an NHS profile: a validated record of who someone is, what conditions they have and what services they are entitled to.

It enables patients to receive more personalised and proactive care, and it allows the NHS to proactively manage patients' existing conditions and potential risk factors. For example, if the NHS knows (from a patient's NHS ID) that they have a family history of breast cancer and carry the BRCA gene, then it can offer more frequent breast screening from an earlier age. If it knows that a patient's body mass index is in the obese range, it can notify them that they are eligible for weight-management services.

This function is underpinned by what in other industries would be called a customer relationship manager: a suite of algorithms that, when applied to a patient's NHS ID, identifies their individual risk factors and suggests ways in which to mitigate them. CRMs can be used for non-clinical purposes too: to record preferences for how to be contacted, or to ensure an omnichannel experience of health care.

An NHS ID would also enable patients to receive more personalised and proactive care by allowing them to use services outside the NHS, that the NHS has agreed to reimburse. If someone has been identified as eligible for weight management, they could access those services from an NHS-approved (and remunerated) private provider using their NHS ID. In Israel, this feature is available with the health-maintenance organisation Clalit: patients scan their QR code at a local pharmacy and access the services to which they are entitled. This functionality will be important in deploying the Health Store concept, especially accessing digital-health technologies (DHTs) with restricted access (those that need to be prescribed).

This function must evolve to deliver truly personalised and proactive care through the NHS App, building on the existing identity infrastructure that underpins it. Currently, citizens log into the app using secure NHS login credentials that are linked to their NHS number. This allows access to appointments, prescriptions and health records. However, the identity layer is shallow. It verifies who someone is but not how they prefer to interact, what services they are eligible for or how to target preventative or digital-first offers. Across other sectors, from banking to commerce, digital identity powers personalised recommendations, seamless service navigation and real-time engagement.

The NHS has made a start with its recent announcement to roll out personalised cervical screening, which uses richer data to determine the frequency with which screening invitations are made.[32] The programme increasingly uses the app to notify people about eligibility and enable simple booking. However, there is potential to go much further. We propose that the NHS identity layer should be strengthened in three ways.

1. **Expand identity from access to engagement.** Move beyond simple authentication to include patient preferences, risk indicators and personal context (such as first language, communication preferences and digital confidence).
2. **Link engagement to clinical need and public health value.** Use the identity layer to trigger personalised prompts, such as blood pressure or cholesterol checks for at-risk users, or push invitations to eligible screening or prevention services.
3. **Enable a national patient-engagement capability.** This would act as the CRM layer of the NHS, ensuring that all patients – not just those who are digitally savvy or already in care – can receive timely, targeted outreach, whether via the app, by email or post, or through community partners.

This identity and engagement layer could provide rich data within every user's profile, making it possible for the government to roll out a more comprehensive and targeted prevention offer. Patients who would benefit from specific interventions could be proactively identified through the NHS App, as we explored in an earlier paper, *Moving From Cure to Prevention Could Save the NHS Billions: A Plan to Protect Britain*.

Rather than limiting services to traditional NHS providers, a national prevention offer should leverage existing delivery mechanisms (in-person and digital), allowing private providers such as high-street pharmacies to participate through agreed national tariffs. For instance, a unique QR code could be generated for every citizen that would allow them to verify eligibility to access services such as vaccinations and screenings at in-person locations; the supplier could be reimbursed and the health record updated.

Recommendation: *The NHS App should bring core features in house and allow regions to commission non-core services locally from third-party suppliers. For core features requiring native national ownership, the NHS App taskforce should build scalable and futureproofed architecture by licensing high-quality third-party solutions and scaling them nationally. For non-core features, all third-party suppliers who continue to integrate with the NHS App should comply with standards in the NHS Digital Service Manual.*

Having features in-house allows better control over the speed, ease and consistency with which services are delivered. It also allows better integration with other parts of the central digital architecture such as the SPR. Core features should include the four key functions outlined in the first chapter: access to personal health information, administrative control, care navigation and clinical management

Rather than relying on a patchwork of third-party providers for these functions, the NHS App team should rebuild the underlying digital infrastructure to take ownership of these critical journeys. Where appropriate, this could include licensing high-quality third-party solutions and scaling them nationally; patients would need to experience these core functionalities seamlessly, rather than having to navigate jump-offs or additional logins.

The app team should elevate the delivery of these services to a national strategic priority and focus resources on delivering them at pace to a compressed 12-month timeline. Other feature updates can continue but should be deprioritised until the core services are live and consistent. Over time, this approach will reduce duplication, improve user experience and save local systems money by replacing the need for bespoke procurements.

Capabilities that sit outside these four core services should continue to be supported by third-party suppliers, as they provide value to patients and the NHS. One example would be the use of Patients Know Best to support the inputting of symptom information over time and the provision of access to shared care planning.[33]

User experience can be further improved by making sure that third-party integrations have consistent standards. The NHS Digital Service Manual defines the standards, principles and production code for third-party suppliers, enabling them to build in a consistent house style. It is critical that third-party suppliers comply with this, as well as the national direction set for the app.

Recommendation: *The government should set, communicate and enforce clear data standards for DHTs in the NHS App by publishing a defined list of international standards that all suppliers must adopt. It should also strengthen the enforcement function within DHSC to utilise powers in the Data (Use and Access) Bill to compel third-party suppliers to adopt mandatory data and design standards. This could include the ability to impose fines or remove suppliers from procurement frameworks.*

Compliance with data standards does not always happen in the UK's digital-health market. In 2023, the NHS App team launched a national capability allowing users to view their GP test results in a simple, consistent format. The service was used 73 million times in the 2024–25 financial year and was estimated to save 500,000 hours of GP time. Yet patients at the GP practices that use a particular GP IT system (there are two main ones in use) are unable to access this functionality in full because the IT supplier in question has not adopted the NHS's required data standards (the data must be structured in a specific way to be clearly viewed within the NHS App). This has meant that access to core digital services is reduced as a result, and has prevented the NHS from realising the full benefits of nationally delivered capabilities.

In this case, the problem seems to have been the NHS lacking the capacity to enforce data standards, but sometimes the issue is with suppliers who meet those standards to the letter of the law but not in spirit. In this case, functional standards are the most important to enforce (those that function in the way they were intended to) and should be deemed effective or not based on whether they work.

To tackle this problem, the government should issue a statement of intent, defining what "good" looks like. DHSC should identify the specific standards for adoption, but these are likely to be similar to those set out in DHSC's good-practice guidance for data-driven DHTs, including HL7 FHIR, SNOMED CT and dm+d.[34] This will help with data integration with the private sector and also connect other data initiatives, such as the SPR and NHS App, so that they work in concert.

Once the standards are set, DHSC should publicly communicate them across the health system; this would be most effective coming directly from the secretary of state. These standards should be effectively enforced. The government will soon have new powers at its disposal: provisions in the Data (Use and Access) Bill will enable ministers to compel technology suppliers to adopt common data standards. These powers should be used decisively to enforce adoption whenever the NHS App launches a new national capability; suppliers must not be allowed to opt out.

The same principles apply to services whereby the NHS App continues to rely on third-party providers. Any experience delivered within the app must be seamless and follow NHS design and interaction standards. Inconsistent branding, clunky interfaces and multiple logins all erode user trust and block scale.

To deliver this, the enforcement element within DHSC's digital function must be bolstered. The unit responsible should identify and escalate mission-critical challenges through Delivery Unit-style meetings with the NHS App taskforce, quickly establishing and enforcing solutions nationwide. This unit must have real authority, including the power to impose fines, remove non-compliant suppliers from procurement frameworks and directly intervene if supplier behaviour blocks user access.

Track 3: Drive Innovation at Scale

To become truly indispensable, the NHS App must become a personal, intelligent health companion.

Recommendation: The *government should test, build and nationally scale high-impact products in the NHS App by coordinating policy, regulation and procurement across relevant government agencies to enable evaluation and trusted access, as well as the scaling of promising DHTs. It should also ensure continuous development of the NHS App offer, embedding a focused innovation and delivery programme within the core team. This programme should prioritise a small number of high-impact features, tested and scaled through a structured, agile pipeline model.*

To drive innovation at scale, the government should test, build and nationally scale high-impact products in the NHS App. While it will take time to get the app in the right shape to adopt some of these new features, work to design, pilot and integrate them must start now. Innovations should be trialled early in live settings and iterated based on evidence, creating a culture whereby the app is always in beta.

This will require more agile regulatory engagement and closer collaboration with the private sector. The NHS App team must adapt as priorities shift, whether by bringing in new capabilities, such as private-sector delivery partners, or engaging bodies such as the National Institute for Health and Care Excellence (NICE), and the Medicines and Healthcare products Regulatory Agency (MHRA) to streamline pathways that enable adoption and scaling. There is evidence in the ten-year plan that this is in the pipeline, with plans for a new technology passport.

In addition to this, it will be important to ensure those teams assuring solutions are empowered to do so safely. Currently, regulations make it difficult for NHS England to clinically assure solutions. This is challenging today with transactional systems, but will make it almost impossible to deploy solutions that rely on generative AI or probabilistic models. Politicians need to ensure that teams are able to take managed risks to design the service transformation required, and ensure that clinicians can be embedded within teams to provide a clinical-safety-by-design approach. This is currently one of the greatest challenges to driving innovation at scale.

Crucially the team must be empowered to move quickly: identifying what works, testing it with users and scaling nationally where impact is proven. To avoid perpetual pilots, each tool should be designed with scale in mind. This requires:

- real-world testing with local partners, such as Liverpool's work on patient-initiated follow-up[35]
- the new Delivery Unit model to unblock barriers and accelerate national scale-up following successful pilots
- embedded leadership in delivery teams, as seen with the digital medicines programme, whereby co-locating the NHS chief pharmaceutical officer helped accelerate progress

When strong national infrastructure already exists, as is the case with the Electronic Prescription Service, new features can be scaled rapidly. But in other cases, innovation may stall due to policy ambiguity, integration hurdles (such as with core systems like electronic patient records) or safety concerns. The NHS App team must be empowered to fail fast, learn and subsequently reallocate resources, putting speed, learning and user impact ahead of bureaucratic and business-case perfection.

Political backing is essential. Ministers must support a trial-and-error approach, accepting that not everything will work and focusing public attention on the benefits of what does.

There is already a strong pipeline: three local authorities are trialling digital-health checks via the NHS App. There are obvious advantages to a digital model: lower costs, improved access and uptake, and reduced pressure on GPs.[36] The NHS needs to fully embrace digital-health checks and can do this by collaborating with organisations such as PocDoc, which has developed a scalable point-of-care health check that enables end-to-end identification of cardiovascular risk and integrates into NHS care pathways in the app. This reduces the burden on primary care and connects those who are flagged as being at risk to the most appropriate care pathway.

Another pilot, led by Chiron and funded by Innovate UK and the Medical Research Council, uses AI to deliver personalised chronic-disease management.[37] This integrates directly with the NHS App and primary-care records, allowing patients to access support while easing the burden on frontline staff.

Looking ahead, the NHS App could extend these principles to other domains; it could use modern nudge techniques to increase screening uptake or draw inspiration from Singapore's LumiHealth by linking with wearables to encourage healthy behaviour through gamified incentives. In this way, the app can become the delivery mechanism for population-health-management campaigns, whether around quitting smoking, identifying when an elderly person has had a fall (and working to prevent them happening) or even eligibility for clinical trials.

Recommendation: *The government should integrate digital services into clinical pathways, including prevention pathways. It should create a new national prevention offer, available to citizens through the NHS App. It should do this by ensuring that work done by NICE to redraft and standardise clinical pathways fully integrates digital; curating a suite of proactive digital services for lifestyle modification; creating a national digital-health check that leverages the app to identify eligible people, prompt uptake, view results in accessible language and, where appropriate, connect those identified as high risk to the correct clinical pathway.*

Currently UK patients and clinicians have no formal way to access trusted digital pathways and tools through the NHS. Without this infrastructure, these tools risk being underused, misused or disconnected from care pathways. The NHS App can play a pivotal role in resolving this by building safe, regulated channels through which digital innovations can reach the people who need them.

This approach can enable earlier access through self-referral and at-home testing. It also has the potential to support treatment at home or in community settings, improve uptake of prevention services through personalised insights and connect all digital care to patients' NHS records, ensuring joined-up delivery and reducing frontline burden.

For instance, if the NHS App directed patients to an AI-enabled digital pathway for musculoskeletal conditions (such as Flok), those patients could self-refer without waiting for a GP referral and follow a structured treatment plan at home.[38] Another example is prevention of cardiovascular events. CardioSignal, for instance, uses smartphone sensors to detect atrial fibrillation using tens of thousands of data points.[39] Integrating these types of technologies into the app can help to deliver cost-effective, scalable solutions to enhance early detection. This could automatically feed data back into patients' SPRs (which, in turn, would be viewable in the app).

This vision is conceptually simple but operationally complex. The NHS has tried to create a curated set of digital diagnostics and therapeutics before and failed. The 2017 NHS Apps Library lacked curation and clinical oversight, and failed to gain the trust of users. Successful access to these tools must be built on new foundations and this will need three enablers:

1. **Strong entry and integration standards.** Digital tools must meet clear criteria: clinical safety, usability, data security and seamless interoperability. Crucially they must integrate into NHS pathways so that, for example, a digital diagnostic tool can trigger a referral or care-plan update automatically.
2. **Adaptive evaluation models.** The speed of innovation requires faster, real-world evidence models. The NHS should work with MHRA and NICE to establish adaptive regulatory and evidence pipelines, enabling new tools to be tested, improved and adopted iteratively. Done well, this could make the UK attractive to companies looking to gain regulatory approval for DHTs. The NHS App could serve as a real-world evidence sandbox, allowing developers to test integration, user adoption and early clinical outcomes before they meet the threshold for national commissioning. NICE or another assessment body could coordinate with developers under a pre-agreed framework, potentially on a cost-recovery or income-generating basis. This would accelerate the evaluation of safe, high-potential innovations and generate data for the NHS and international markets.

3. **A scalable adoption and commissioning model.** National procurement and reimbursement routes should be established to help effective tools scale. This would give innovators more clarity and the NHS leverage over price, quality and long-term value, and help to provide national access to innovative technologies, contrary to the current fragmented procurement system.

Conclusion

The NHS App stands at a crossroads. The government's ten-year plan rightly emphasises the central role it must play in creating a modern NHS fit for the future, but there is room for greater ambition. To truly succeed, the NHS App must be more consumer-focused, seamlessly integrated with clinical pathways and explicitly linked to the SPR.

While generating ideas is easy, delivery is hard. In this paper we have outlined an ambitious but realistic roadmap, achievable within the remainder of this parliament if it is driven decisively from the centre of government.

This is the government's moment to deliver a world-beating NHS App, demonstrating the kind of tangible progress and competence that voters will notice. It must grasp this opportunity with both hands.

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Endnotes

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