PLATFORM81



DIGITAL HEALTH INSIGHT

THE TRUST GAP

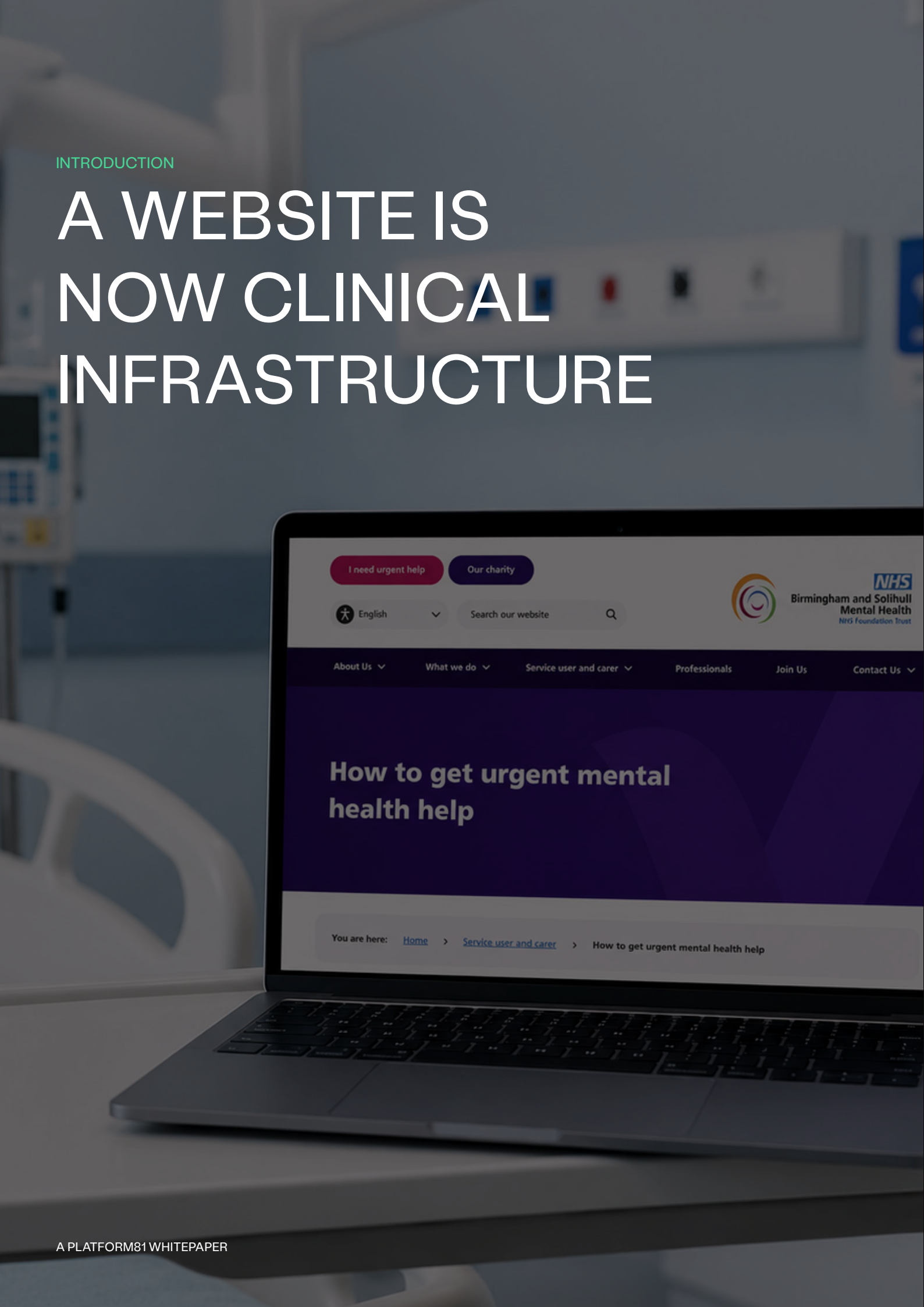
Why most NHS trust websites are quietly failing patients, and what genuinely excellent NHS web design looks like in 2026

A PLATFORM81 WHITEPAPER

2026

INTRODUCTION

A WEBSITE IS NOW CLINICAL INFRASTRUCTURE



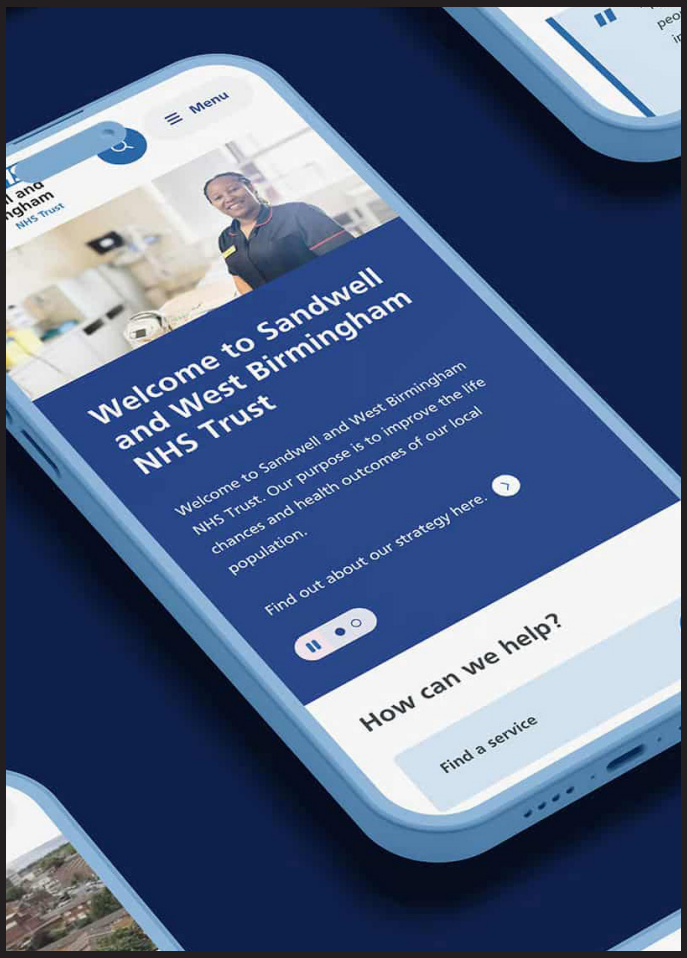
PLATFORM81

The NHS website is no longer a brochure. It is part of the clinical pathway, and most are not being treated that way.

Twenty years ago, an NHS trust website was a digital noticeboard: opening times, a phone number, a map. Today it is a frontline service channel, sitting alongside the NHS App, 111 online, e-referral, and patient portals as one of the primary ways people access care. For many patients, particularly those with long-term conditions, mobility issues, or caring responsibilities, the trust website is the first and sometimes only point of contact before a clinical appointment ever happens.

That shift matters because it changes what a website has to be. It is no longer a brochure. It is a load-bearing part of the patient pathway, and it carries legal accessibility obligations, clinical governance implications, and reputational weight that a typical corporate website does not. Yet our review of the public evidence, NHS accessibility statements, government digital maturity data, NHS Providers survey findings, and sector research, paints a picture of a system still catching up with that responsibility.

This whitepaper sets out what the evidence actually shows about the state of NHS digital front doors, why so many trusts are exposed to accessibility and compliance risk without realising it, and what a genuinely well-built NHS website, one engineered for accessibility, performance, governance and patient trust, actually requires. It draws on Platform81's direct experience delivering websites for NHS Foundation Trusts and NHS charities, combined with publicly available data on accessibility compliance, digital exclusion, and the technical landscape NHS trusts are building within.

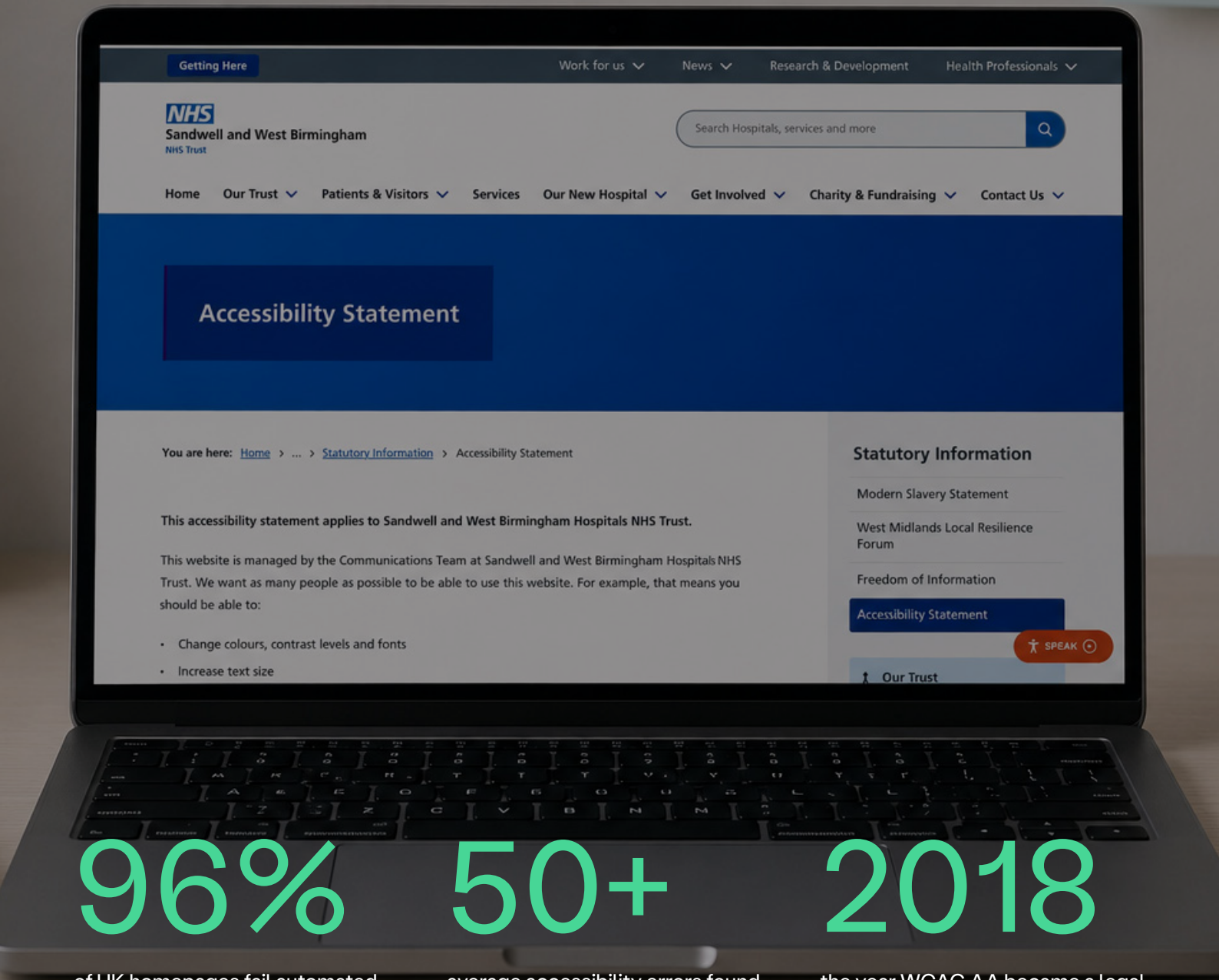


Whether you work inside an NHS trust's communications or digital team, or you are a non-NHS organisation simply trying to understand what high-accountability, high-scrutiny web development looks like in practice, the standards explored here translate directly. Building for the NHS means building to the highest bar in UK digital, and the discipline required to do it properly is the same discipline that produces better websites everywhere else too.

2026

SECTION 01

THE COMPLIANCE REALITY



96%

of UK homepages fail automated WCAG accessibility checks outright [1]

50+

average accessibility errors found per homepage across the web [1]

2018

the year WCAG AA became a legal requirement for every NHS site [2]

Since 2018, every public sector website in the UK, including every NHS trust site, has been legally required to meet WCAG 2.2 at Level AA under the Public Sector Bodies Accessibility Regulations. This is not best practice or a nice-to-have; it is statutory. NHS England's own service manual confirms that accessibility monitoring has now moved on to the 2.2 standard, raising the bar trusts are expected to clear

Trusts are required to publish a public accessibility statement, and these statements are, in effect, a self-reported audit trail. Reviewing a representative sample of current NHS accessibility statements, a clear pattern recurs across organisations of very different sizes: missing or incorrectly placed skip links, heading levels that jump or are skipped entirely, focus indicators that disappear at high zoom levels, form fields without proper labels, and large volumes of legacy PDF content that was never built to be screen-reader accessible in the first place. These are not exotic edge cases. They are foundational, well-documented accessibility failures that show up again and again, on sites belonging to acute trusts, mental health trusts, and even NHS England's own corporate web estate.

WHY THIS KEEPS HAPPENING

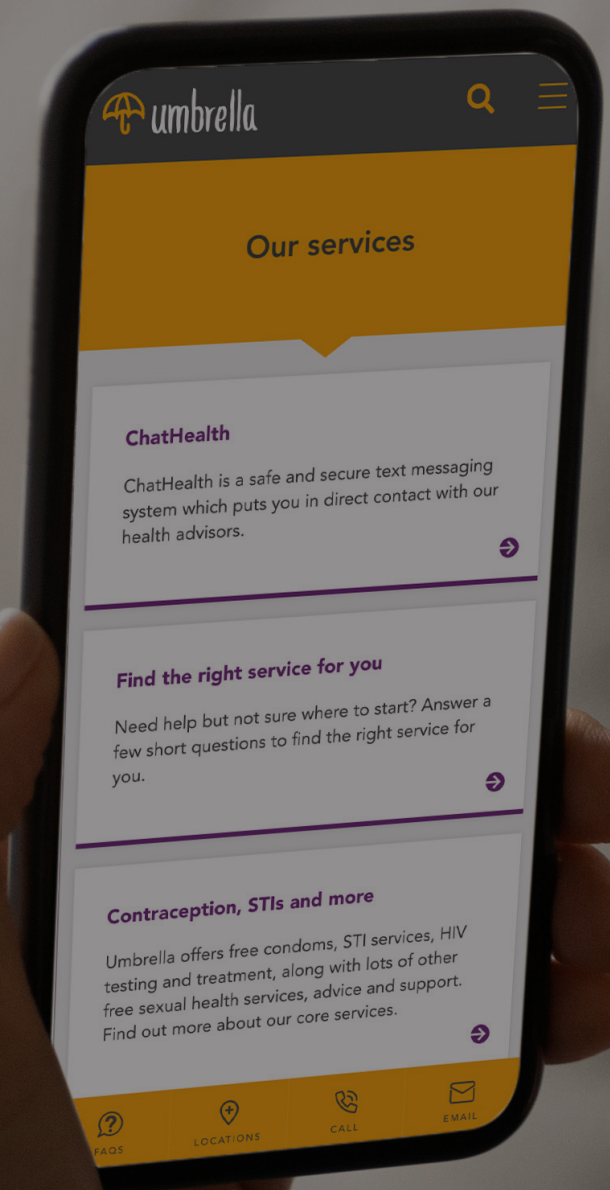
- Comms and clinical teams publish new content constantly, but rarely have accessible-authoring training, so non-compliance creeps back in within weeks of a fix.
- Legacy PDFs, patient leaflets, board papers, policy documents, accumulate for years and are explicitly flagged in NHS England's own guidance as a disproportionate-burden grey area.
- Most NHS websites were built years before WCAG 2.2 existed, on themes and templates never engineered for it.
- Accessibility is frequently treated as a launch-day checklist item rather than a property the CMS and build enforce on every new page, indefinitely.

The legal exposure here is real. The Equality and Human Rights Commission enforces the accessibility regulations, and a published, partially-compliant statement is a standing admission of non-conformance that any complainant, auditor, or journalist can read in full. For a trust, that is not a hypothetical risk; it is a public document sitting on their own website.

[1] WebAIM Million / TestParty WCAG Compliance Statistics, 2025.
[2] Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018; NHS England Digital Service Manual, accessibility standards.

SECTION 02

THE PATIENT DEMAND CURVE HAS ALREADY TIPPED



2-30M

more people using NHS websites or apps in 2021 vs 2020 [4]

10M

more people using NHS websites or apps in 2021 vs 2020 [4]

45%

of patients surveyed want to book NHS appointments online [5]

While trusts have been catching up on compliance, patient behaviour has already moved on. NHS England's own data shows NHS App registrations grew from roughly 2 million users in 2021 to over 30 million by 2023, an extraordinary curve for a single piece of public sector software. Across the same period, NHS England recorded around 10 million more people using NHS websites or digital applications in 2021 alone compared with the year before. Patients are not waiting to be persuaded to go digital. They have already gone.

This creates a real tension for trusts. Demand for digital self-service is rising fast, but much of the infrastructure receiving that demand, the trust website specifically, was not built for it. A patient who cannot quickly find clinic contact details, opening hours, referral information or parking instructions on a trust website does not simply give up. They call. And NHS GP Patient Survey data has recorded as many as 47% of respondents struggling to get through to the NHS by phone, a figure that has been rising, not falling. A poorly built website is not a cosmetic issue. It is a direct driver of pressure on phone lines, reception desks and already overstretched administrative teams.

Every patient who cannot self-serve on a trust website becomes a phone call, a walk-in enquiry, or a missed appointment instead.

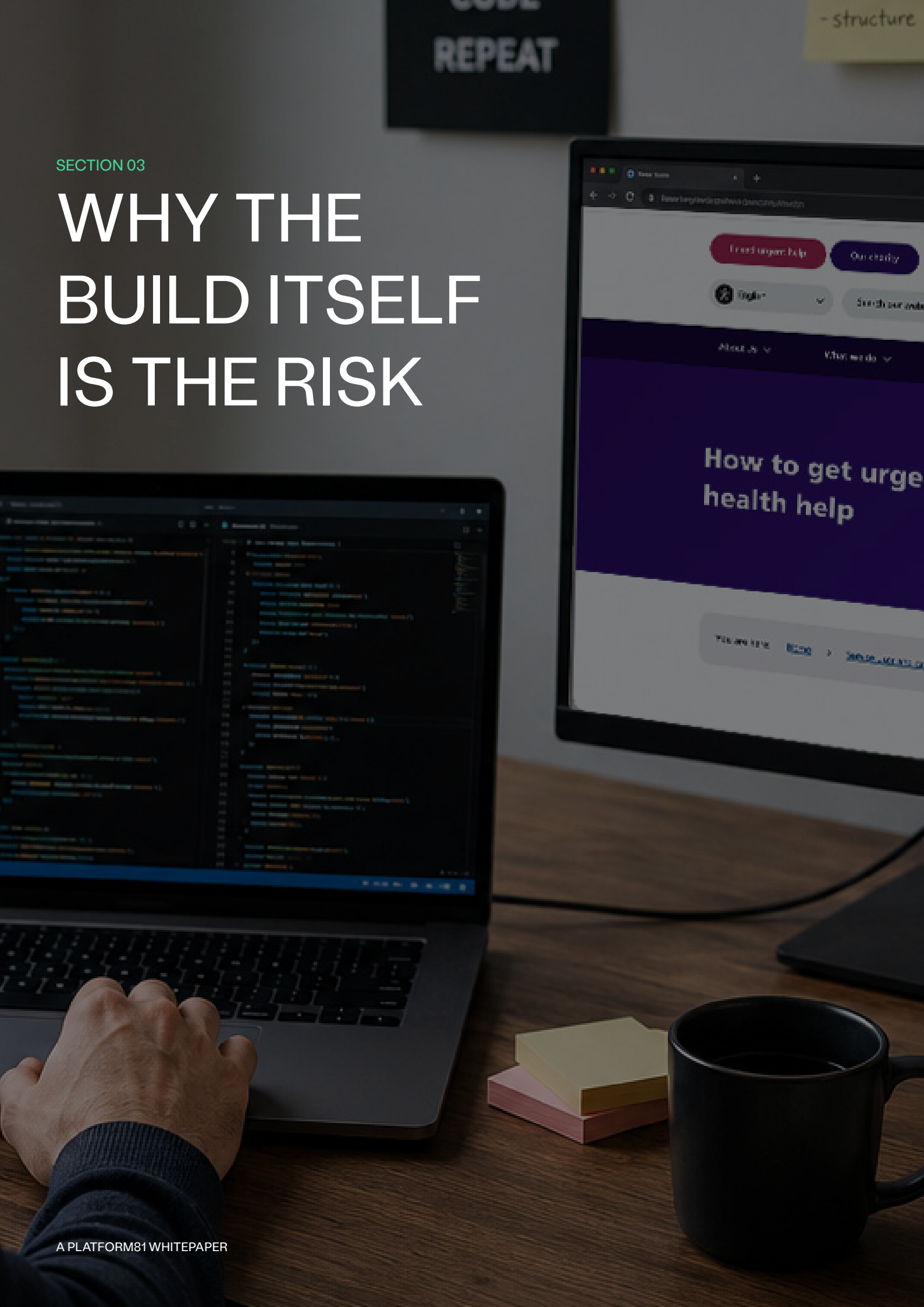
THE DIGITAL INCLUSION COUNTERWEIGHT

None of this means digital-first should mean digital-only. NHS England's own framework for digital inclusion is explicit that the benefits of going digital are not yet available to everyone: an estimated 10 million UK adults still lack foundation-level digital skills, around 7% of households have no home internet access at all, and roughly 30% of people who remain offline say the NHS is one of the hardest organisations to deal with as a result. The implication for trust websites is clear: they must be built to genuinely low-bandwidth, low-literacy, assistive-technology-friendly standards, not just compliant on paper, because a meaningful proportion of the population most likely to need NHS services is also most at risk of being excluded by a poorly built one.

[3] NHS England Digital, Inclusive Digital Healthcare: A Framework for NHS Action on Digital Inclusion.
[4] NHS England Digital, as above.
[5] Cheshire & Merseyside ICB, Barriers to Digital Inclusion research findings.

SECTION 03

WHY THE BUILD ITSELF IS THE RISK



WordPress now powers somewhere in the region of 43% of all websites globally, and it remains one of the most common platforms behind public sector and healthcare websites in the UK, largely because it is open, well-understood, and does not lock a trust into a single supplier for the life of the contract. But that openness cuts both ways. A WordPress site built quickly, by a generalist agency with no NHS-specific governance experience, on a stack of third-party plugins nobody is actively maintaining, is exactly the kind of foundation that produces the accessibility failures, performance problems, and security exposure described in Section 1.

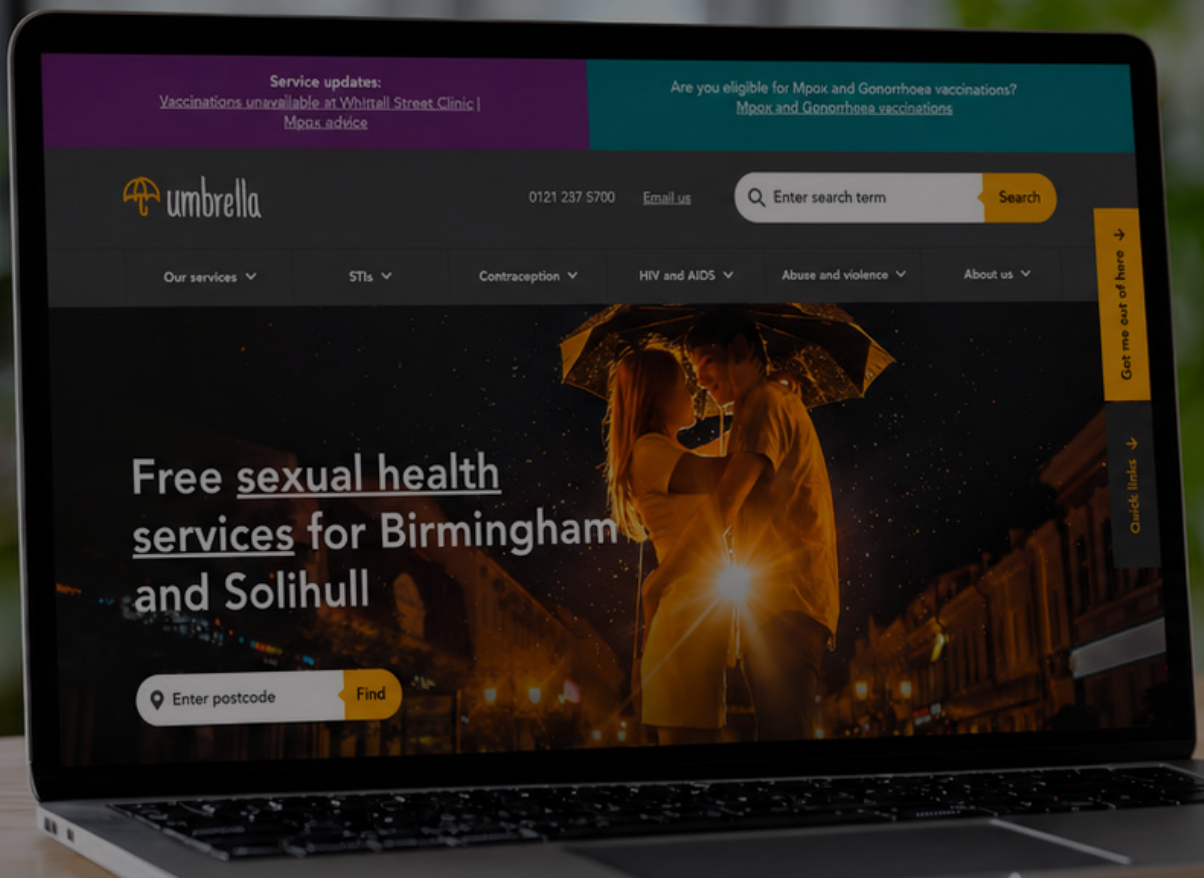
WHAT WEAK NHS BUILDS LOOK LIKE	WHAT WELL-ENGINEERED NHS BUILDS LOOK LIKE
Accessibility checked once at launch, then ignored	Accessibility enforced at template and component level, on every new page
Dozens of unaudited third-party plugins	A lean, audited plugin stack with a documented update and security cycle
CMS too complex for comms teams to use confidently	CMS structured around real editorial workflows, with built-in training
No defined performance budget	Core Web Vitals and load-time targets built into every release
PDFs uploaded directly with no accessible alternative	Structured HTML content first, accessible PDF only where unavoidable
Generic hosting with no NHS-specific security posture	Hosting and infrastructure aligned to NHS data security and Cyber Essentials standards

Procurement compounds the problem. NHS digital procurement is, by design, rigorous, and that rigour is appropriate given what is at stake. But it also means trusts often default to the safest-looking option on a framework rather than the most capable one, and smaller, more specialised suppliers with genuine NHS-sector depth can be overlooked in favour of larger generalist agencies who win the tender but hand delivery to a junior team with no healthcare-specific experience at all.

[6] WordPress global CMS market share figures, 2025-2026 industry data (W3Techs, BuiltWith).

SECTION 04

THE FIVE PILLARS OF A GENUINELY TRUSTWORTHY NHS WEBSITE



While trusts have been catching up on compliance, patient behaviour has already moved on. NHS England's own data shows NHS App registrations grew from roughly 2 million users in 2021 to over 30 million by 2023, an extraordinary curve for a single piece of public sector software. Across the same period, NHS England recorded around 10 million more people using NHS websites or digital applications in 2021 alone compared with the year before. Patients are not waiting to be persuaded to go digital. They have already gone.

01 / ACCESSIBLE BY DEFAULT

WCAG 2.2 AA is not a final QA pass, it is a constraint built into the design system, the component library and the CMS itself, so that every new page a comms team publishes inherits compliance automatically rather than depending on someone remembering to.

02 / FAST EVERYWHERE

Performance is treated as a clinical issue, not a vanity metric. Patients accessing trust websites on older phones, patchy hospital wifi, or limited mobile data need pages that load in seconds, not a beautifully animated homepage that times out on a 3G connection.

03 / GOVERNED, NOT JUST BUILT

Every site ships with a documented content governance model: who can publish what, how accessible PDFs are produced, how broken links and outdated clinical information get caught, and how the CMS itself stays patched and secure long after launch.

04 / DESIGNED FOR THE WHOLE PATIENT JOURNEY

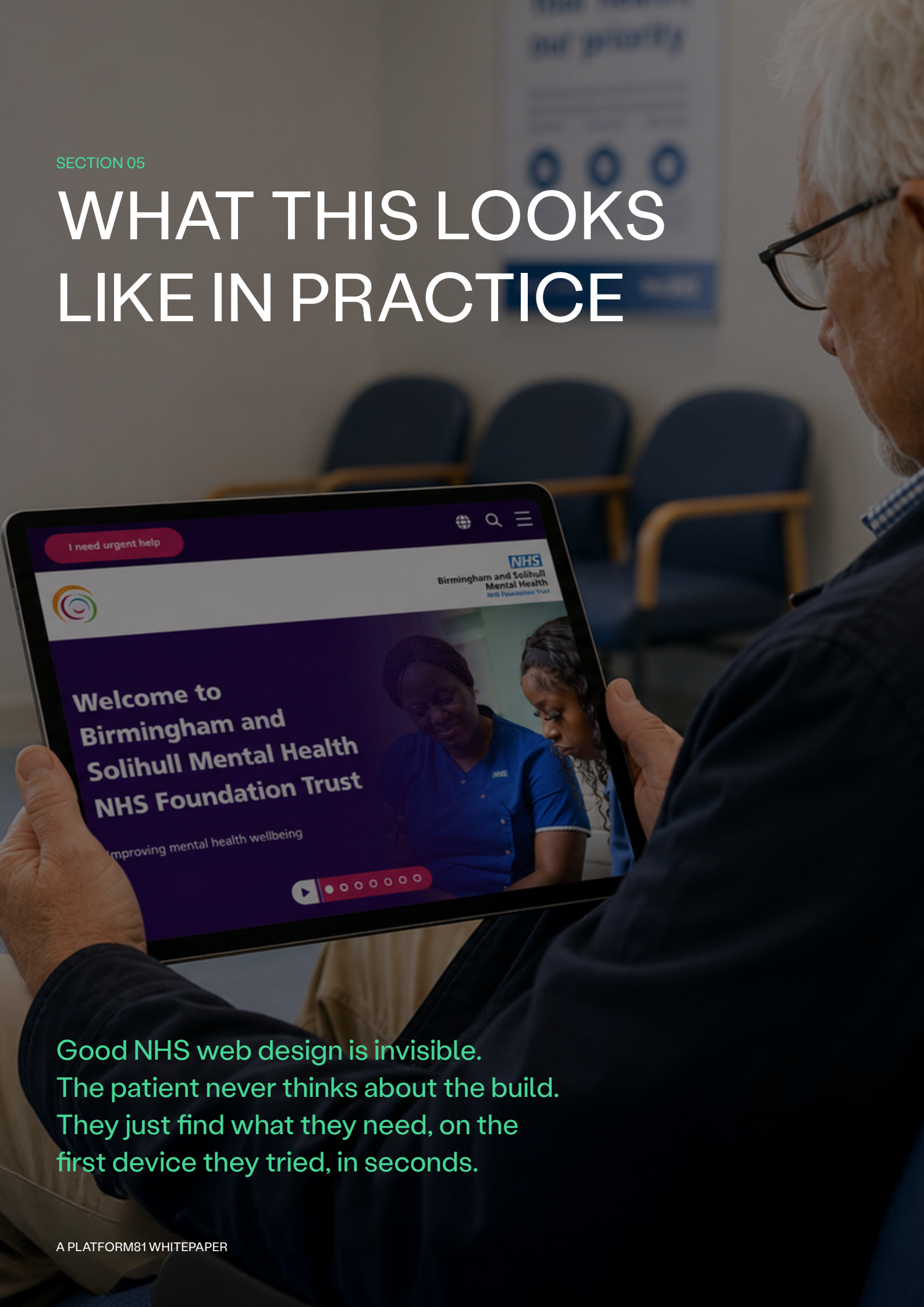
Navigation, search and information architecture are built around how patients actually look for care: by symptom, by service, by department, not around how the trust is internally organised on an org chart.

05 / BUILT TO BE MAINTAINED, NOT JUST LAUNCHED

A lean, audited technology stack with a clear update cadence, proper version control, and documentation that means the trust is never dependent on a single developer's memory to keep the site running safely.

SECTION 05

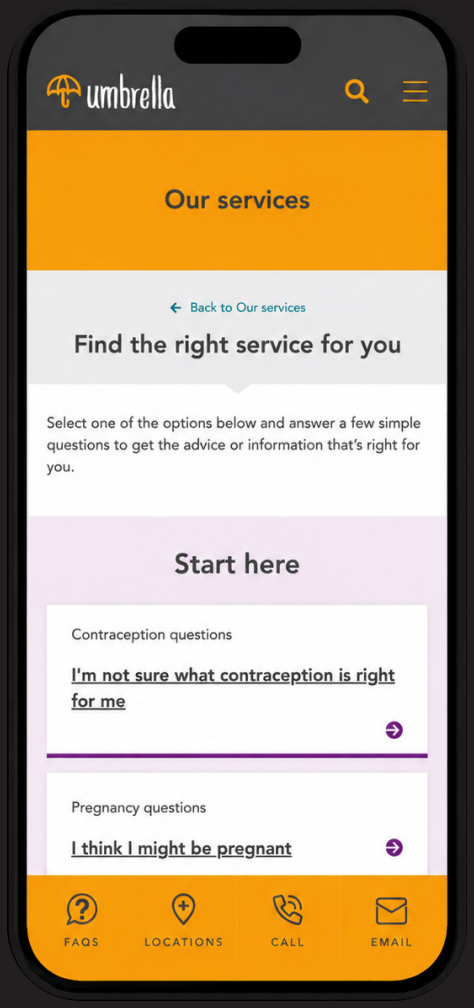
WHAT THIS LOOKS LIKE IN PRACTICE



Good NHS web design is invisible. The patient never thinks about the build. They just find what they need, on the first device they tried, in seconds.

Platform81 has applied this standard across multiple live NHS projects, including full website builds and redesigns for NHS Foundation Trusts and dedicated NHS charity sites, covering large mental health trusts, acute and community trusts, and trust-affiliated charitable organisations. Across that body of work, several patterns hold consistently:

- Trusts moving from legacy CMS platforms to a governed WordPress build typically see immediate, measurable improvements in page load time and mobile usability scores.
- Comms teams who previously needed developer support for basic content changes are able to publish independently within days of launch, reducing both cost and time-to-publish for urgent service updates.
- Accessibility statements move from listing a long tail of unresolved non-compliances to a short, actively-managed list, because the underlying build no longer introduces new failures with every content update.
- Patient-facing information architecture, organised by service and symptom rather than internal department structure, consistently reduces the number of clicks needed to reach high-traffic content like clinic contact details and referral information.



What is striking is how transferable this discipline is outside of healthcare. Any organisation operating under regulatory scrutiny, financial services, education, charities handling vulnerable beneficiaries, faces a version of the same problem: a website that has to be both genuinely accessible and genuinely maintainable, not just attractive on launch day. The standard required to build properly for the NHS is, in practice, the standard every serious organisation should be building to.

SECTION 06

CONCLUSION: CLOSING THE TRUST GAP

The data is consistent across every angle we have looked at it from. Patients are moving to digital faster than most trust websites are able to support safely. Accessibility non-compliance is not a rare exception but a documented, recurring pattern across the NHS web estate, much of it self-reported in trusts' own published statements. Budget and resourcing pressure remains one of the most cited barriers to digital transformation across the sector. And the underlying technology choices most trusts make, often under well-intentioned procurement pressure, frequently set projects up to repeat the same mistakes the previous website made.

None of this is inevitable. It is the predictable result of treating a website as a one-off project rather than a piece of long-term clinical infrastructure that has to be engineered, governed and maintained to the same standard as any other patient-facing service.

Closing that gap does not require a bigger budget than most trusts already have access to. It requires a build partner who treats accessibility, performance and governance as the foundation of the project, not an afterthought bolted on before launch.

ABOUT PLATFORM81

Platform81 is a digital agency specialising in website design and build for NHS Trusts, NHS charities, and other high-accountability sectors. We have delivered full website projects for NHS Foundation Trusts and trust-affiliated charities, working within NHS procurement processes, governance requirements and accessibility standards from brief to launch and beyond. We build on a governed WordPress foundation, engineered for WCAG 2.2 AA accessibility, performance, and long-term content maintainability by in-house comms teams



WANT TO KNOW WHERE YOUR TRUST WEBSITE STANDS?

Platform81 offers a free accessibility and performance audit for NHS trust and charity websites, benchmarked against WCAG 2.2 AA and NHS Digital Service Standards.
platform81.com

Sources referenced throughout this report include NHS England Digital, the NHS Digital Service Manual, WebAIM, NHS Providers, NHS Confederation, and publicly published NHS trust accessibility statements, all cited at point of use. Statistics are presented as published by their original sources at the time of writing.


PLATFORM8