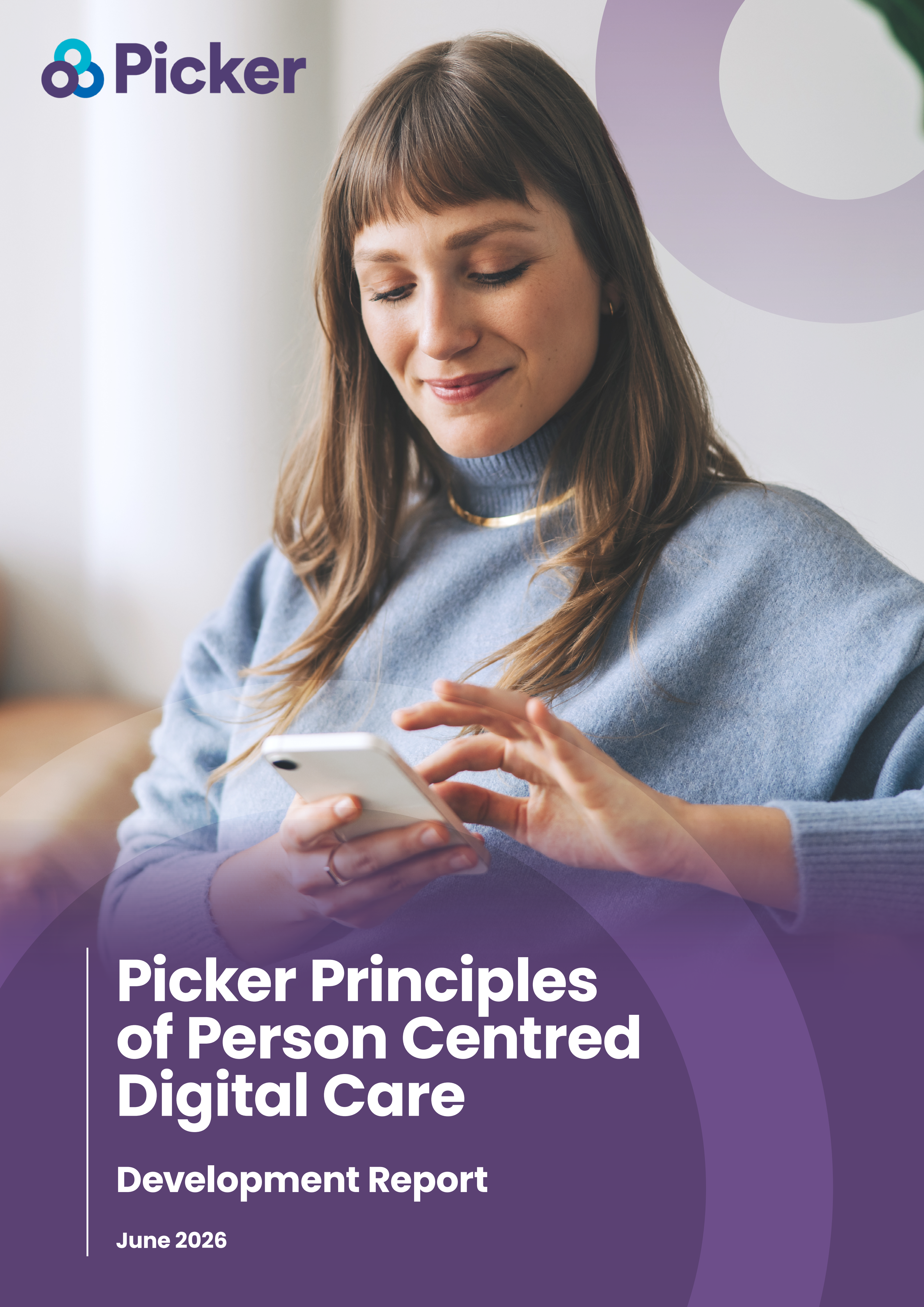


Picker Principles of Person Centred Digital Care

Development Report

June 2026

About Picker

Picker is a leading health and social care research charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

A note on language: Throughout this report we use the term 'patient(s)' as a broad term to refer to users of all health and social care services – including people who would not ordinarily be referred to as a 'patient'. This usage is intended to aid readability only and does not imply any prioritisation of physical health compared to other care and support settings.

Acknowledgements

We would like to extend our thanks to the patients and organisations who participated in the research and aided in the development of the Picker Principles of Person Centred Digital Care. Your contributions have ensured that the principles are person centred and relevant to the current care landscape.

Thank you to Picker colleagues who supported the development and delivery of this report, including Amy Tallett, Bernardine Jappah, Caroline Killpack, Chris Graham, Jenny King, Molly Blackwell, and Symone Allijohn.

Contents

Foreword

The spread of digital technologies across health and care has long since ceased to be a question of 'if': today, the questions are 'how far' and 'how fast'. From apps and wearables to online booking systems, virtual wards, and AI-enabled diagnostics, digital services are becoming fundamental to how people access, experience, and manage their care.

This trajectory feels irresistible – driven by technological innovation, system pressures, and rising public expectations for convenience and responsiveness. But understanding of what matters most to people when they engage with digital services remains underdeveloped. Most conversations about digital health are framed in terms of capability, efficiency, and innovation – or, conversely, of risks to safety and confidentiality. Far less attention has been paid to people's lived experiences: whether digital care feels helpful or frustrating; empowering or alienating; inclusive or excluding. If digital transformation is to deliver on its promise, it must be grounded in a clear, evidence-based understanding of what people themselves value.

This report sets out a new framework to address that gap. Drawing on research with service users and system leaders, we describe the five principles that matter most to people: that digital services should be convenient and flexible; empowering; inclusive; secure; and trusted and ethical. Together, these principles provide a practical starting point for those designing, commissioning, delivering, and evaluating digital care, helping to ensure that person centred values are not lost as services evolve.

These principles are not intended to stand alone. They should be used alongside the established Picker Principles of Person Centred Care, which continue to articulate what matters most across health and care. The intention is not to replace those foundations, but to extend them – recognising that digital channels are now an integral part of the care experience.

We hope that these principles will be widely adopted. The allure of digital health lies in its potential to transform care for the better: to make it more accessible, more responsive, and more personalised. But there are risks: technologies designed or implemented without regard to users' needs could fragment services, widen inequalities, or erode the human relationships at the heart of care. Keeping a clear focus on what matters most to people is the best way to navigate these risks and ensure that digital technologies help people to be active, informed partners in their own health and care.

Chris Graham
Chief Executive Officer,
Picker

An Overview: The Picker Principles

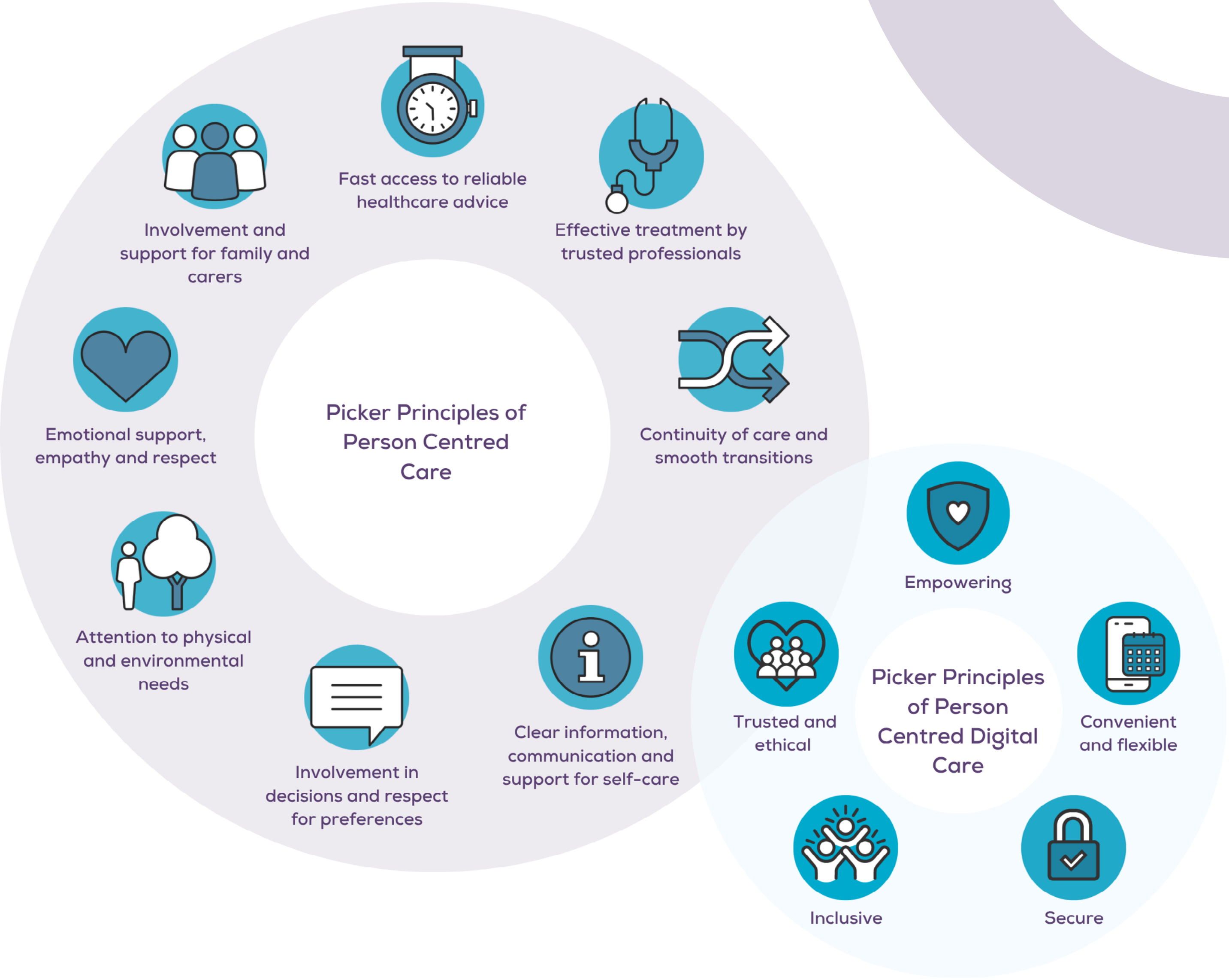


Figure 1. Overview of Picker Principles

The Picker Principles of Person Centred Care have long provided a powerful description of what matters most to people in their care. While these fundamentals remain unchanged, care is now delivered and experienced differently, with digital technologies shaping many interactions between people, professionals, and services.

Our work shows that person centred digital health is not a separate concept. It is rooted in the same core values. However, it also brings additional expectations, opportunities and risks that need to be recognised.

The five additional principles describe what person centred care should look like when digital technology is part of the experience. Together with the original Picker Principles, they form a single, shared framework for designing and improving care experiences.

In summary:

- The original Picker Principles describe what matters most to people when recieving care
- The Digital Principles describe the further priorities when care is supported or delivered through digital technology

Introduction

Digital health is rapidly evolving, driven by advancements in technology and a growing demand for accessible, personalised care. Innovations such as wearable devices, virtual wards, telemedicine, online appointment booking, AI-powered diagnostics, and mobile health apps such as digital symptom checkers are transforming the way care is delivered and experienced. These tools enable real-time monitoring, remote consultations, and data-driven decision-making, with the potential to enhance both patient and public outcomes and system efficiency.

The digitisation of health and care is now a defining priority for governments and health systems across the world. The World Health Organization's Global Strategy on Digital Health, adopted by the World Health Assembly and designed for use by all member states, sets out a vision of equitable and universal access to quality health services, built on the development and adoption of person centred digital solutions that are appropriate, affordable, accessible, scalable, and sustainable.[1] National strategies are giving practical expression to this ambition across every region: in England, for example, the government's Ten Year Health Plan places technology at the centre of a shift from analogue to digital, with the NHS App as a primary interface between citizens and the health service.[2] The direction of travel, towards digitally enabled, more personalised, more accessible care, is shared across health systems regardless of how each is structured or funded.

It is therefore necessary to have a clear understanding of what matters most to people in the context of digital care services. Only then can we advocate for, measure, and ensure that digital care services are person centred, wherever in the world they are designed and delivered.

In response to this changing landscape, Picker has developed a set of Principles of Person Centred Digital Care: a set of evidence-based statements that articulate what matters most to people when accessing and using digital care services. The Principles aim to:

- Define what matters most to people in the context of digital health, based on evidence and lived experience
- Provide a user-centred foundation for the design, delivery, and evaluation of digital health and care services
- Support providers, commissioners, and developers to ensure digital health tools are person centred
- Advocate for the consistent application of person centred values in digital transformation across health and care systems

Context

The rapid expansion of digital technologies has transformed daily life across the world, offering convenience, connectivity, and unprecedented access to knowledge. At the same time, this expansion has brought new risks, around cyber security, data governance, and digital misinformation, to the fore. While these challenges are not unique to health care, they carry particular weight in an environment that handles highly sensitive personal data and where poor information can cause direct harm. Across health systems at every stage of digital maturity, the rapid growth of digital technologies also raises urgent questions about digital exclusion and the potential to exacerbate existing health inequalities. Marginalised groups, including those from minority ethnic communities and people with lower levels of education, income, or digital literacy, face compounding barriers of language, culture, and access that, if unaddressed, risk making digital transformation a source of greater inequity rather than greater equity.[3]

Despite these risks, public sentiment towards digital health is broadly, if cautiously, positive across a wide range of countries and health systems. The Philips Future Health Index 2025, one of the largest global surveys of its kind, drawing on responses from over 16,000 patients and nearly 2,000 healthcare professionals across 16 countries, found that most healthcare professionals are optimistic about Artificial Intelligence's (AI's) potential to improve care and expand capacity.[4] Patients are considerably less convinced, however, with a notable trust divide emerging consistently across all markets surveyed. In the United Kingdom specifically, research by The Health Foundation confirms this broadly positive but conditional picture: the public support the government's proposals for expanded use of the NHS App, but women, younger people, and those on low or no income are less likely to view technology and AI in health care positively.[5] Polling by the Tony Blair Institute for Global Change found that almost seven in ten people in Britain are happy to share their

anonymised data for benefits such as faster diagnosis and better prediction of health risks,[6] a level of conditional trust in data use that is broadly consistent with findings in comparable health systems internationally.

The pace of change in AI is sharpening these questions considerably. In the United Kingdom, 61% of the population report having heard of Large Language Models (LLMs), and 40% say they have used one, a rate of adoption that, while striking, reflects a wider global pattern of rapid AI diffusion into everyday life.[7] In health care specifically, public caution is more pronounced than in other domains. Research by King's College London found that one in seven people in the UK have used AI instead of seeing a GP, a finding that possibly speaks less to enthusiasm for AI and more to the pressures and access difficulties many face within health systems.[8] At the same time, research has found that generative AI chatbots can offer users medical misinformation, presenting problematic responses with a confidence and certainty that may be difficult for patients to interrogate.[9] This challenge is not confined to any one country: wherever AI-powered tools are entering the health care space, questions of accuracy, transparency, and accountability follow.

With digitisation at the top of the reform agenda for health systems worldwide, and with the associated risks and benefits clearly in view, it is essential that this transformation is delivered with people, not just systems, at its centre. Yet while there is no shortage of frameworks to guide digital health development, the vast majority have been designed from the perspective of professionals, organisations, and regulators. They address what systems need to do: questions of interoperability, governance, clinical standards, and data ethics. What has been largely absent is a framework grounded in what people using these services, across different cultures, contexts, and health systems, report as their priorities when accessing digital care.

This is the gap that Picker is uniquely placed to fill. Our original Principles of Person Centred Care, developed from direct research with patients, their families, and staff, and first articulated in the landmark 1993 work Through the Patient's Eyes, are today used by health systems, researchers, commissioners, and providers around the world as the definitive evidence-based framework for understanding what matters most to people in their experience of care.[10]

They are the most widely cited and applied Picker asset globally, forming the foundation of patient experience measurement and person centred improvement programmes across every care setting. It is in that same tradition and with that same globally established standing, that we present the Picker Principles of Person Centred Digital Care: a framework that extends Picker's globally trusted approach into the digital context, and that is designed to be as relevant to a commissioner in Nairobi or Riyadh as to a provider in Newcastle or New York.

The principles that follow are a global framework, grounded in lived experience, that countries, systems, organisations and services engaging in digital transformation can draw on to better ensure the highest quality person centred care for all, always.

Methodology

A structured, multi-stage approach ensured that the principles were evidence-based, grounded in lived experience, and tested with both patients and system leaders. The methodology combined desk research, qualitative interviews with patients, and targeted consultation with senior leaders working in health and social care. Each research stage informed the next, iterating and refining the principles, to inform the final set of concise and robust principles.

Stage One: Initial Desk Research and Development of Preliminary Principles

The study began with focused desk research to understand the current landscape, including existing frameworks (see Appendix 1), best practice guidance, and published evidence relating to person centred care in the digital context. Existing digital principles and priorities from a range of organisations such as the British Medical Association (BMA), Scottish Care, National Academy of Medicine Leadership Consortium, NHS England and the European Union, amongst others, were explored. Notably, while relevant frameworks were examined that cover ethical, practical, clinical, and data governance angles of digital care, they were not written from a patient perspective. They primarily focused on what professionals, organisations, or systems need to do to support people using services – not what the patient priorities are for digital care. This review provided the foundation for identifying common themes, gaps in existing practice, and areas where new or refined principles might add value.

Drawing on this evidence, a preliminary draft set of eight principles (refined from 14 themes) were developed. These acted as working hypotheses to be explored, tested, and refined through subsequent stages of patient and stakeholder engagement.

Each principle had a title, icon, 'I' statement and scenario. The inclusion of 'I' statements and scenarios help to translate abstract principles into person centred examples. 'I' statements express the perspective of a service user in the first person, illustrating how a principle may be experienced in practice. Scenarios provide short, contextual narratives that show how the principles apply in real-world digital care situations. Together, they make the principles more accessible, relatable, and grounded in practice.

Stage Two: Patient Interviews and Cognitive Testing

To ensure the principles authentically reflected what matters most to people who use digital health and care services, we conducted ten qualitative interviews with patients. The interviews facilitated discussions around experiences, expectations, and priorities in relation to digital care services. Participants were recruited to reflect a diverse sample as far as possible, varying in age, gender, ethnicity, geographic location, and experiences of using health and care services. This allowed us to capture a broad range of perspectives on what matters most to people when accessing and navigating digital care. All participants were aged 18 or over, resided in the UK and had used at least one form of digital care service in the last 12 months.

During the interviews, participants were invited to comment on the clarity, relevance, and completeness of the draft principles. Cognitive testing allowed us to explore not only what participants thought about the principles, but also how they interpreted the language and concepts used to explain them. Insights from this stage were used to refine the content and the phrasing of the principles and the design of the icons. This ensured they were meaningful, accessible, and aligned with lived experience, and also helped identify gaps not covered by the initial principles.

Methodology

Stage Three: Engagement with Senior Leaders and Complementary Survey

Building on the insights from patients, we engaged ten senior leaders across the health and care system to gather strategic and operational perspectives. We involved individuals from a range of organisations involved in the delivery, commissioning, development, and research of digital care services, including NHS England, Oxford Institute of Digital Health, Good Things Foundation, Understanding Patient Data, CERSI-AI, ORCHA, and Lancashire and South Cumbria NHS Foundation trust (LSCFT) amongst others. Involvement included discussions via Microsoft Teams followed by completion of a short survey.

The discussions provided an understanding of how the draft principles aligned with current system priorities, national policy direction, and implementation realities. While the survey was circulated to capture the reflections from leaders and stakeholders on the refined principles. The feedback from this stage helped to test feasibility, identify potential barriers to adoption, and refine the principles for system-level relevance.

Stage Four: Further Engagement with Patients and Senior Leaders

A final round of testing with three additional patients and three senior leaders validated the near-final principles. A new group of patients, selected to diversify the existing sample further (i.e. one individual was over 75, and two people were from minority ethnic backgrounds), reviewed the updated principles and confirmed they were clear, meaningful, and reflective of their priorities and experiences. The demographic details of service users who took part in this study (combined from stage 2 and 4) are presented in figure 2.

Additionally, further discussions with senior leaders focused on the practicality and relevance of the principles within current strategic and operational contexts.

This final stage served as an important validation step, ensuring that the principles were not only grounded in real lived experience but also credible and usable from a system leadership perspective. Feedback at this stage informed the final refinements, resulting in a set of principles that are balanced, robust, and ready for wider application.

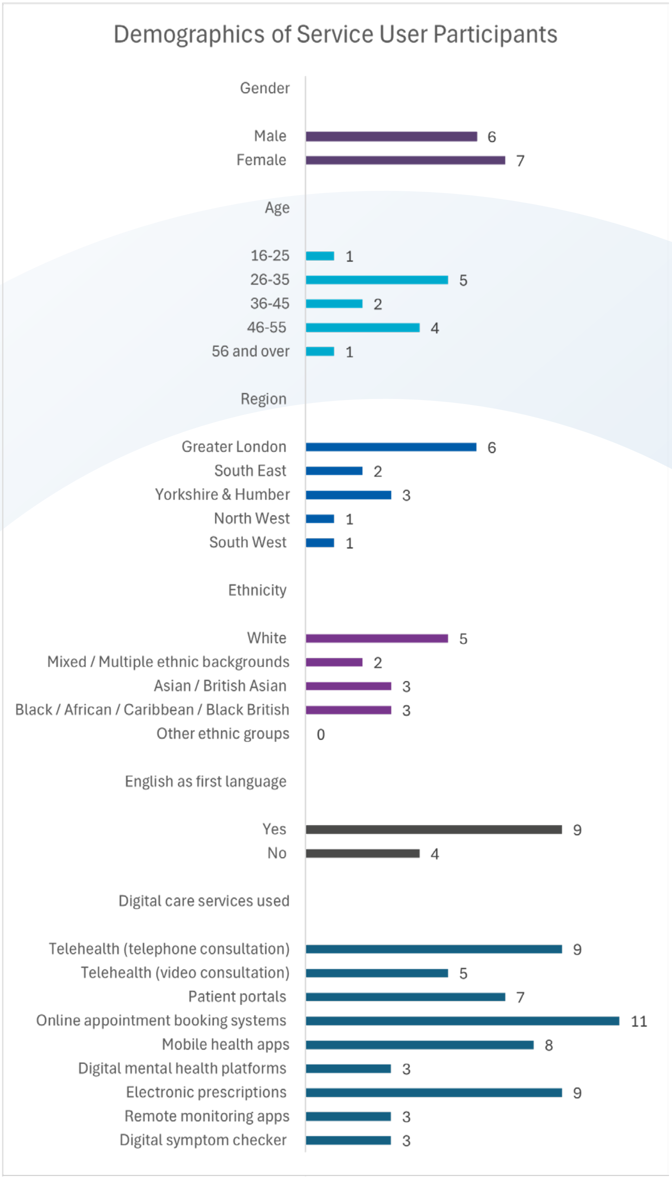


Figure 2. Demographics of Patient Participants

The Picker Principles of Person Centred Digital Care

As a result of the iterative development approach, we present our final set of five principles that are shaped by those with lived experience, and are also credible and usable from a system leadership perspective.

Convenient and flexible

I can use digital health and care services in a way that works best for me

Empowering

I feel supported and in control when using digital health and care services

Inclusive

I am confident that digital health and care services are designed with a wide range of people, so they work for everyone

Secure

I know that digital health and care services will protect my information

Trusted and ethical

I feel confident that digital health and care services are ethical, transparent, and act in my best interests

The principles describe what person centred care should look like when digital technology is part of the experience. Together with the original Picker Principles, they form a single, shared framework for designing and improving care experiences.

Convenient and flexible

Convenient and flexible means that patients can access digital care services at a time that works for them. It reduces the need to take time off work, and means people have easy access to services and care. People can interact with healthcare when they need it, in a manner that works best for them.

What this means in practice:

- Multiple options to choose from for how individuals can access care depending on what feels the most comfortable for them (recognising that some may prefer non-digital options).
- Flexible access to care at a suitable time using technology that is accessible to patients.
- Digital services are tailored to users' needs to ensure they work in the most efficient way, for example considering accessibility features and communication preferences.

I can use digital health and care services in a way that works best for me.

Scenario

Clara is recovering from knee surgery and enrols in a digital rehabilitation programme.

The programme is designed to fit around Clara's life and enhance her rehabilitation without replacing the advice of her physiotherapist. She can complete exercises at times that suit her, check her progress, and access guidance whenever she needs it. Her physiotherapist remains involved through regular video call check-ins and in-person appointments, which Clara can choose between depending on what feels right for her. She can also call the rehabilitation team directly if she has questions or needs extra support between appointments.

With both digital support and human care, Clara feels more confident and motivated in her recovery.

Empowering

People have the autonomy to shape their own health and care through digital technology, with access to services and tools that are adaptable to individual needs. This enables people to access the right support and guidance when they need it and make informed decisions about their care.

I feel supported and in control when using digital health and care services.

What this means in practice:

- People feel confident accessing care in the way that works best for them.
- People can access help, guidance or training to use digital care services where needed, reducing barriers to engagement.
- Digital care services use clear, plain language so people can understand information and make informed decisions about their health and care.

Scenario

Brian, 72, has always preferred face-to-face appointments and isn't confident with technology. When his GP introduces an online consultation system, a receptionist helps him set up his account and takes time to show him the key features of the system. The system's simple design and step-by-step prompts help Brian feel comfortable using it.

After a few successful tries, Brian starts booking appointments, ordering prescriptions, and reviewing his records online.

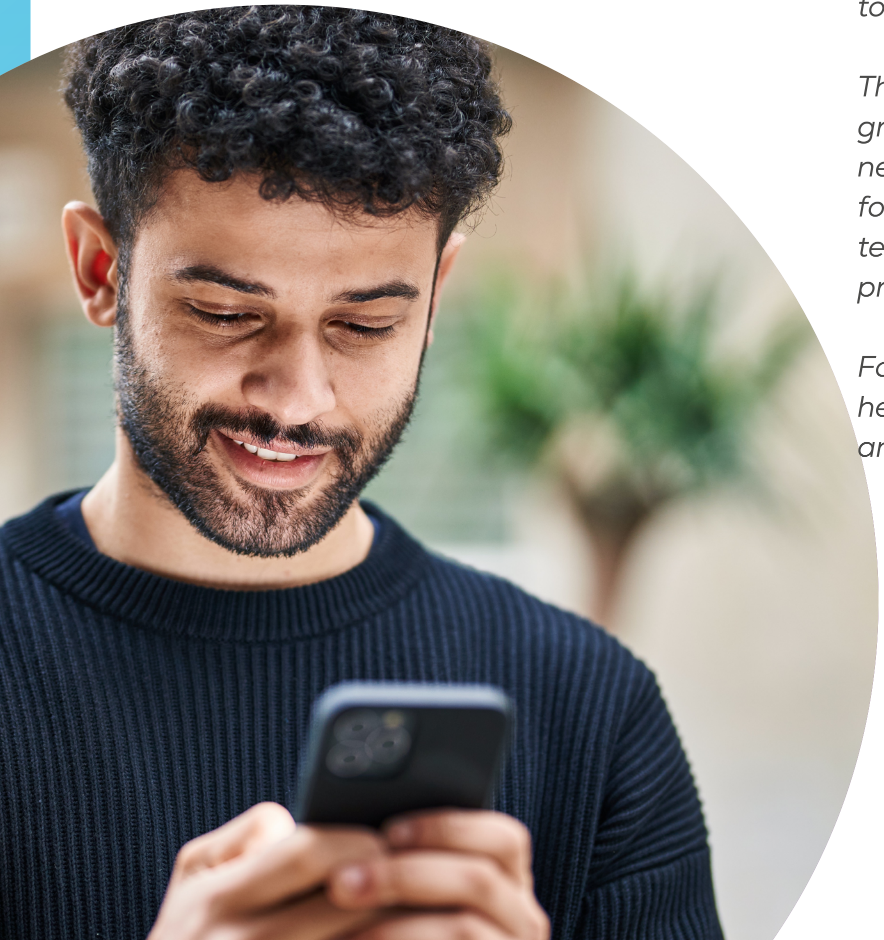
With the right support, he not only gains confidence but also feels more in control of his health and day-to-day care.

Inclusive

Digital care services are designed to be accessible and work for people with different abilities, cultures, languages and levels of literacy, helping reduce barriers to access and exclusion.

What this means in practice:

- Services are accessible by design, meeting recognised accessibility standards (e.g., screen-reader compatibility, adjustable text size, plain language, alternative formats).
- People can choose how they access care, including digital, phone, assisted digital support, or in-person options.
- Information is culturally appropriate, available in multiple languages, and easy to understand.
- Services are developed with diverse users, ensuring different voices and lived experiences shape design and delivery.



I am confident that digital health and care services are designed with a wide range of people, so they work for everyone.

Scenario

> *Ahmed recently moved to the UK and is still building confidence in reading English.*
>
> *At his local community health centre, digital kiosks have been installed to help patients check in for appointments. The kiosks offer multiple language options, voice prompts, and clear icons to guide users through each step.*
>
> *The developers had worked with different groups, using their feedback and identified needs, to create the kiosk and ensure it worked for people with different levels of literacy and tech skills. Staff are also available nearby to provide friendly support if needed.*
>
> *For Ahmed, this means he can navigate the health centre's processes more independently and confidently.*

Secure

Digital care services are designed to protect personal data and ensure information is only accessed by authorised and trusted users. Security and privacy measures are embedded to keep my information safe.

I know that digital health and care services will protect my information.

What this means in practice:

- Patient data is stored and shared using robust security measures that prevent unauthorised access, loss or misuse.
- Privacy and security are built into digital care services from the outset.
- People are clearly informed about how their information is used, who can see it, and why.
- People can manage their privacy preferences and choose how their data is shared across health and care services.

Scenario

> *Aisha has a long-term condition and is invited to join a clinical research study through a digital platform. The invitation explains who will access her data, how it will be protected, and what safeguards are in place. Her information is stored securely, with two-factor authentication required for access.*
>
> *Aisha feels confident that only approved researchers can see her data and it won't fall into the wrong hands.*

Trusted and ethical

Digital care services act in the best interests of patients, with clear and transparent communication about their purpose, how they work and how data is used.

What this means in practice:

- People can see, manage, and make informed choices about how their health information is used and shared.
- People can trust digital care services because their information is handled ethically and in line with legal and regulatory requirements.
- Advice and resources are based on appropriate guidance and are not influenced by commercial interests.

I feel confident that digital health and care services are ethical, transparent, and act in my best interests.

Scenario

Sarah has recently started using a digital app to manage her mental health. The app clearly explains how her data will be used and her right to opt out or delete it at any time.

As she uses the service, Sarah notices that the advice and resources are based on NHS guidance, with no ads or brand promotions.

Every page includes links to studies and trusted health guidelines, so Sarah feels confident that the information is trustworthy, transparent, and grounded in evidence.

Summary

The new Principles of Person Centred Digital Care outlined in this short report provide a clear framework for ensuring digital care services are person centred. Digital care services offer significant opportunities to improve efficiency and help relieve system pressures. However, to deliver meaningful improvements and better outcomes for patients, services need to be rooted in what matters most to people. The principles provide a framework to help the system achieve this.

The following quotes from stakeholders engaged during the development of the principles highlight their importance and how they would like to see them being used in practice going forward.

> *Sets out the understanding of how we should operate in digital spaces and how we set our standards re information – Stakeholder*

> *The principles will help to guide our evaluations of relevant digital health tools – providing a framework for considering patient and carer needs. It will also be a resource that we can signpost implementers of digital health tools to as part of our work or recommendations.*
> *– Stakeholder*

> *Designing digital health solutions that allow patients and the public to be active partners, rather than passive data sources. It's really important that we use principles that embed trust, equity and transparency into every stage of innovation. We need to make sure that digital technologies are developed with people, not just for them.*
> *– Stakeholder*

> *Consistent design and approaches to addressing the barriers people may face to accessing services will support developers and policy makers to start from the right point. Development of services require significant research to identify the issue they are looking to address. With these principles it will allow people in these roles to start further along the process, get new tools and policies to market quicker with the reassurance that they are built on solid foundations of user needs.*
> *– Stakeholder*

A toolkit is being developed by Picker to help organisations measure and evaluate the effectiveness of digital care services to ensure they align with patient priorities. Together, with the principles, it supports a user-centred approach to the design, delivery, and evaluation of services, and help providers, commissioners, and developers ensure digital tools are person centred.
In doing so, they promote the consistent application of person centred values across digital transformation in health and care systems.

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Appendix 1 – Frameworks

A list of frameworks used to inform the development of the principles of person centred digital care:

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Address

Picker Institute Europe
Suite 6, Fountain House
1200 Parkway Court
John Smith Drive
Oxford OX4 2JY

Contact details

+44 (0)1865 208100
Picker.org
info@pickereurope.ac.uk
pickereurope
picker-institute-europe
pickereurope