

Digital Barriers and Health Inequalities: Addressing Roma Access to Primary Care

November 2025

Introduction

This briefing examines how the growing reliance on digital technology in primary care is deepening existing inequalities in healthcare access for Roma communities. It also briefly considers the NHS 10 Year Plan and its potential impact on these inequalities.

The data presented in this briefing has been adapted from the *Digital Inclusion Report on Primary Care for Gypsy, Roma and Traveller Communities*¹, published in 2024 in collaboration with Friends, Families, and Travellers as part of our work with the Health and Wellbeing Alliance.²

The Report was developed using data from a survey that was completed by 102 people from the Gypsy, Roma and Traveller (GRT) communities, 47% of whom were Roma from Romania, Slovakia, Bulgaria, and Poland.³

This briefing highlights and analyses Roma specific data from the report, as it presented clear discrepancies concerning digital exclusion within the GRT communities that appeared to disparately impact Roma.

The NHS 10 Year Plan

The NHS 10 Year Plan places a strong emphasis on digital-only services, aiming to make the NHS App a “full front door” to the health system by 2028.⁴ Current plans include integrating online advice into the NHS App, and relying on the App to “allow patients to book appointments, communicate with professionals, receive advice, draft or view their care plan, and self-refer to local tests and services.”⁵

While these incentives have been promised to improve efficiency and access, they risk exacerbating barriers for Roma communities. Without targeted support, the NHS’s approach to ‘fixing the broken healthcare system’ will leave the most vulnerable members of an inclusion health group⁶ excluded from healthcare altogether.

Who are the Roma?

The Roma are an Indo-Aryan ethnic group who originate from northwest India and began migrating into Europe around 1,000 years ago. The Roma travelled and settled throughout Asia, North Africa, Europe and the Americas. The Office for National Statistics reported there to be 103,020 Roma living in the UK and 37,960 in London⁷, however these values have been proven to be a significant undercount, and the actual number is believed to be between 200,000 and 500,000 based on community estimates. Romanes and its various dialects is the primary language used by most Roma people, with just 27.8% of Roma reporting English as their main language.⁸

Roma health inequalities

Roma communities in the UK face significant health inequalities, driven by multiple intersecting factors, including digital exclusion. A 2021 study estimated that Roma life expectancy in the UK is, on average, 10 years lower than that of non-Roma communities.⁹ This disparity is compounded by the fact that 28.5% of employed Roma work in elementary occupations, compared to the national average of 10.5%.¹⁰ These labour intensive and lower paid roles contribute to reduced household income, which is strongly associated with poorer health outcomes and shorter life expectancy.¹¹

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Overcrowding is also common in Roma households due to multiple generations of the same family having no choice but to live under one household with the hope of moving out as soon as suitable accommodation becomes available.¹² Higher rates of overcrowding is also due to the lack of affordable housing which is a suitable size for larger families¹³, an issue directly linked to negative health impacts such as increased risk of infectious disease and mental health issues.¹⁴

General barriers

86% of Roma survey respondents reported facing barriers when accessing primary care, with 22% saying that they do not use primary care services at all. These respondents identified a range of challenges that prevent them from engaging with primary healthcare services.

A notable general barrier to primary care services for Roma is widespread mistrust of healthcare institutions. This distrust is rooted in historical experiences of exploitation, such as the medical experimentation on Roma during the Holocaust, and the forced sterilisation of Roma women in Eastern Europe, which was a practice that continued up until the early 21st century.¹⁵

One other significant barrier to primary health care is low rates of literacy within Roma communities with 11% reporting difficulties with reading and writing. These challenges stem from a legacy of systemic exclusion from education in their respective countries of origin, leading to high levels of primary, functional, and technical illiteracy. In healthcare settings, this is compounded by the lack of professional interpreters who speak Romanes. As a result, consultations often take place in the patient's second language or in English, which increases the risk of misunderstandings, especially since 68% of survey respondents said they struggle with English.

Additionally, the Romanes language itself presents difficulties, with multiple dialects and limited health related vocabulary, as many medical terms lack direct translations. This inevitably makes it harder for Roma to fully understand their diagnosis or treatment.

Finally another general barrier facing Roma communities is the influence of cultural taboos around health. These norms can shape how Roma respond to medical advice, treatment, and services. For example, some Roma may feel uncomfortable discussing sensitive health problems with an interpreter who is younger or of a different gender.¹⁶

Digital barriers to online primary care services

In addition to general barriers to primary care services, many Roma face digital barriers in accessing healthcare services. This is attributed to the fact that 91% of respondents had no access to WiFi at home, 79.5% had no access to mobile data, and 50% of respondents claimed to have no confidence using technology.

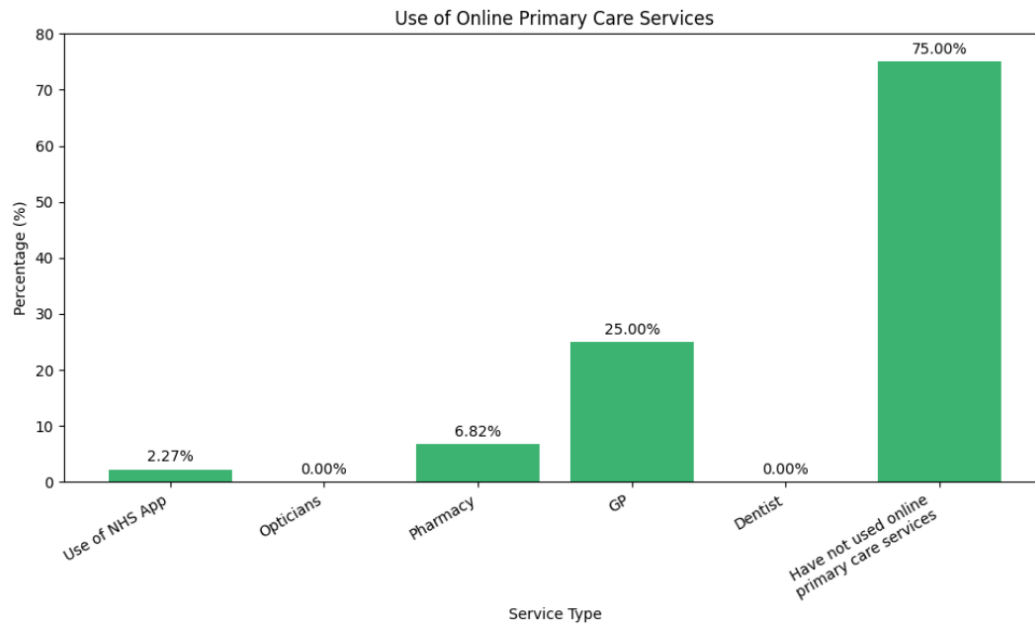
Use of the NHS app was also particularly low, with only 2% of respondents reporting that they had accessed it. The most common digital activity was booking GP appointments online via GP practice websites, but this was limited to just 25% of respondents.

Moreover, despite 86% of survey respondents saying that they have access to a smartphone, 75% reported that they do not use online primary care services. Further details of digital access and use of primary care services can be found in Graph 1.

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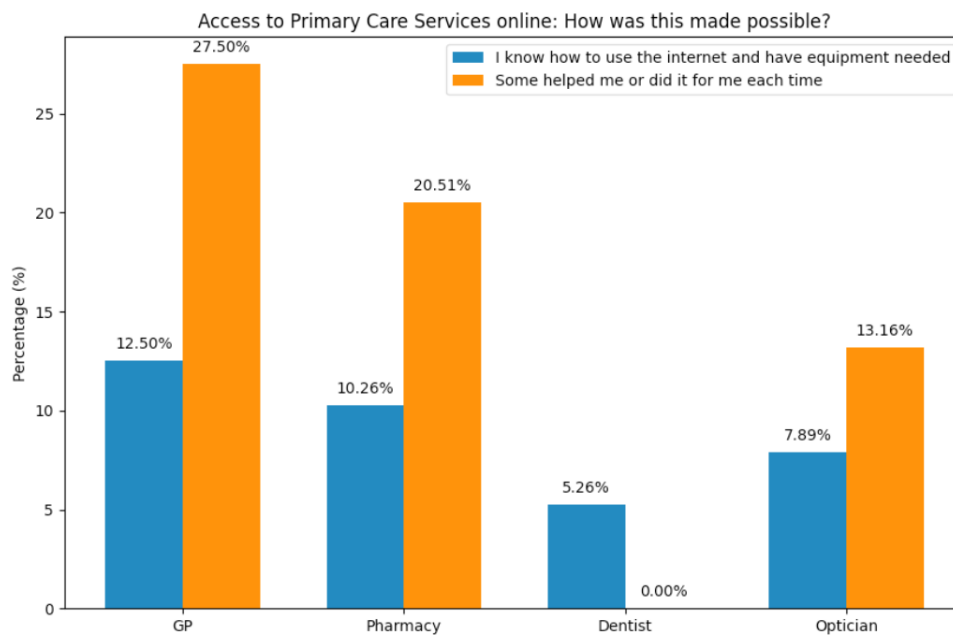
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Graph 1



Graph 2 further illustrates the significant gap in digital engagement across various primary care services, highlighting that digital health solutions are underutilised by Roma communities due to significant social and economic barriers.

Graph 2



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Building on the digital barriers identified earlier, the data shows that the vast majority of Roma struggle to access online primary care independently. Dependence on digital intermediaries may be attributed to the fact that none of our respondents had access to a laptop or tablet.

This reliance on assistance is often aided by younger family members, who act as crucial intermediaries for relatives with limited digital skills or English proficiency. These younger family members help relatives navigate online systems, complete registration forms, translate key information, and manage appointments on behalf of their families.

This highlights that, even when smartphones are available, limited digital skills, low confidence, and reliance on digital intermediaries continue to restrict Roma engagement with online health services.

Conclusion

Roma communities, as a recognised health inclusion group, face multiple barriers to primary care, including cultural and language differences, low literacy, limited digital access, and low digital skills and confidence. The NHS 10 Year Plan's shift toward digital-only healthcare risks worsening these inequalities if services are not designed for accessibility. Implementing the recommendations in this briefing is essential to ensure Roma communities are not further excluded from vital healthcare services.

Recommendations

These recommendations are intended specifically for primary care services to improve equitable access and usability for Roma communities.

- Acknowledge and address Roma-specific barriers to digital healthcare in policy and service design: simple app design, translation functions, supportive images to aid understanding, and text-to-speech features for those with reading or writing difficulties.
- Ensure digital tools are rolled out alongside tailored support so Roma users, especially those with low literacy or limited English can use services confidently.
- Employ Roma translators and digital intermediaries who speak Romanes and its dialects to improve communication, trust, and service uptake.
- Maintain non-digital routes to primary care, recognising that many Roma households lack devices and prefer in-person communication.
- Provide culturally appropriate digital guidance and training co-created with Roma organisations to help users navigate phones, apps, and online services effectively.

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Endnotes

1. Roma Support Group (2024) [Enablers of digital inclusion in primary care for Gypsy, Roma and Traveller Communities](#).
2. NHS England (2017) [Voluntary, Community and Social Enterprise \(VSCE\) Health and Wellbeing Alliance](#).
3. To overcome barriers for people participating in the research, such as digital exclusion, language barriers, and low digital confidence, we worked with Roma advocates, including RSG staff, who provided 1-to-1 support to help people fill out the online survey.
4. NHS England (2025) [Fit for the Future: 10 Year Health Plan for England - Executive Summary](#), p.5
5. NHS England (2025) [Fit for the Future](#), p.4
6. Public Health England (2021) [Guidance Inclusion Health: applying All Our Health](#).
7. Office for National Statistics (2023) [Roma populations, England and Wales: Census 2021](#).
8. Office for National Statistics (2023), Ibid.
9. European Public Health Alliance (2018) [Closing the life expectancy gap of Roma in Europe](#).
10. Office for National Statistics (2023) [Roma populations](#).
11. The Marmot Review (2010) [Fair Society, Healthy Lives](#).
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13. Roma Support Group (2025) [Roma Housing in London: Barriers and Inequalities](#).
14. D'Alessandro and Appolloni (2020) [Housing and health: an overview](#).
15. Center for Reproductive Rights (2003) [Forced Sterilisation and Other Assaults on Roma Reproductive Freedom in Slovakia](#).
16. Roma Support Group (2021) [Roma Health Guide: Cultural Barriers](#).

For More Information

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