	Positive Matrices	1/Y s	3	4/  0	N/A	Detr	racting Matrices	0/N 0		- 4/Ye s	Comments
	Make your website welcoming to all by:					Less success	ful websites will have:				
	Using a clear (ideally NHS approved) font					Excessive me jargon	edical & operational				
website makes all the difference	Making sure there is a clear contrast between text & background (dark text on light background)					capitalisatio	colour, bold, n & punction – giving ar mpression of Practice to tionships				
	Easily navigable menu					Poorly select	ted, mixed fonts				
	Easy to read & understand						badly considered specially in response to issues)				
	Clear indications that the user is in the right place					No form of c checking in p	quality or content place				
	Promote the benefits of self-help, self-service					Overly comp	olex menus				
	Promote the benefit of online consultation & other tools that help Practices to manage demand						management at all added to the front				
	Content is to the point					Sentences ex	xceeding 20 words				
	Short words over long - e.g., "have" or "get" instead of "experience" in phrases like "if you experience headaches"					Unbroken te and bullet p	ext without sub heading oints				
	Language is active: the active voice = "find a pharmacy" rather than "a pharmacy can be found".										



Context	To set the context:	Websites that don't set context well will:			
Adding context to your PCN website can be helpful in gaining support for new ways of working, such as asking	service works	Adopt an aggressive tone			
patients to book online, to book directly into an MSK service or to	Say why you are doing it the way you are	Let the frustration of operational pressures overspill into the website			
	Be open about the demand challenges you face	Make unrealistic demands on the patient			
asking you questions, being navigated, telephone triage or	Ask for patients to support you and those in greatest need by doing their bit for the NHS	Offer overly complex explanations			
	Give patients tangible things they can do to help you – 'book online'; 'contact us at quieter times for non- urgent issues, such as Wednesday mornings' or 'if you can, please avoid our busiest times, which are"	Not keep patients up to date as the situation changes			
	Consider using nudge theory – the idea that people like to do as others do and adopt common practice (in this case by adopting new patient pathways – see 'good')	Be unresponsive to seasonal changes			
		It is also important to keep your promises & keep to your side of the deal - So if you ask patients to contact you at a certain time for certain issues, make appointments or resources available.			



Accessibility	Good accessibility:	Poor accessibility:
Good websites will welcome everyone & be accessible to all. Websites should be designed with this in mind from the outset, with specific adaptations to support those with additional needs	A floating accessibility toolbar that allows users to adjust the font size, screen colours/contrast, text spacing, line spacing, the cursor size, & to control animations, change saturation and select dyslexia-friendly layouts.	Gives no consideration to those with additional needs
	An option to translate into other languages	Is limited in its approach
	Easy to find, high contrasted buttons to activate accessibility settings	Is untested (even if a website does have an access toolbar, check that it works correctly too)
	Zoom up to 300% with text staying visible on the screen, and most images scaling without resolution loss	Isolates patients
	Allow users to navigate most of the website using a keyboard	
	User can listen via read aloud software	
	User can access the website even if JavaScript is switched off	
	Be written to a reading age standard of 12 years accept where medical terminology cannot be avoided	
	Not require the user to access excessive amounts of PDF or other files	

Quality of Content	Good Quality is:	Poor quality is:			
Quality is all about having access to	Content is up to date.	Spelling & grammar errors			
good writers and a strong sign off process – content discipline is	A consistent content policy	Inaccurate content			
crucial.	Consistent voice and tone	Low grade images			
guidelines: https://www.nhs.uk/our- policies/content-policy/	Conduct annual reviews to ensure your site is still meeting expectations, standards and relevancy	Difficult to navigate web pages			
for-creating-health-content	An evident process for dealing with emergency or short term messaging that you may want to upload to your website	Unexplained or badly explained tools such as Apps or online consultation channels			
		Inconsistency of tone & voice			
		Operational pressures/frustrations spilling into website content			
		Demanding or bossy language			
		Overuse of punctuation, bold & capitalisation (feels shouty)			
		Out of date content			
		An approach that isn't inclusive			
		Website that sits in isolation of other channels			
		Non-compliance with contractual requirements			

Local Practice Branding/Setting	Make sure you:		Less successful centralised websites:			
A centralised website, with Practice websites, does not mean compromising on the local look &	Have appropriate visuals, maps & directions to confirm your Practice identity		Make it hard for users to seamlessly navigate between central & local content			
notice when they drop onto centralised pages.	Don't have centralised content that isolates any particular Practice or cohort		Don't tell the user where they are or have visual cues to build user confidence			
	Keeps content concise & relevant to what local patients need, let the bigger site do the heavy lifting		Have multiple online tools/solutions which differ by Practice			
	Make it easy for a patient to navigate back to your Practice Pages when they are on the centralised pages		Have different writing voice/tone in each of the Practice areas			
	It is clear which service, solution or page a patient is using at any one time					



Online Tools	Good:	Poor use of online tools is when:						
one online consultation tool, procured & managed centrally –	If you are running a PCN campaign (e.g., balance clinic) use your full website capability to allow patients to book on line	The tools look like an after thought on the website						
recognise which tool they need & check that they are using the right one.	Don't redesign that which already exists – the NHS symptom checker & the NHS App being the two most obvious tools to promote which are centrally controlled to an NHS standard, saving you time & effort.	Multiple clicks are needed to access the tools						
		The tools are hard to find on the website – even if you know they are there						
		The tools are not understood or promoted by staff (including clinicians) or via other channels						
		Users cannot easily navigate been tool and website						
		There are multiple solutions, that do the same thing (such as historical systems that haven't been switched off)						
		It is not clear what a tool does or the benefit it brings is not explained						
		There is cross-over functionality between the tools & the patient doesn't know which to use						
		Tools are cumbersome, with too many questions, too difficult to use or require too much of the patient's time						
		The way you use a tool changes unpredictably (e.g., switching online consultation on/off to try to manage demand)						

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Communication Channels	Positive Communication			Poorly positioned communications channels:			
Nothing about the way you communicate with your patients should be about forcing them down a particular route – this will	Think about channel choice – where you encourage those 'who can' to 'do so' & those with 'less urgent needs' to take 'less direct routes to care'.			Don't instil confidence, so the patient picks up the 'phone instead			
just create resentment &	Accept and enable patients who, despite being digitally savvy, will have times when they ring or walk-in for practical reasons or reassurance.		Γ	Don't explain their own benefits			
	Encourage uptake of self-help, self service, symptom checkers, Apps & online consultation by making these more prominent on the website.			Are not presented together or consistently across the website			
	Sell the benefits of each channel, (e.g., we will text you an appointment, a few taps for repeat prescriptions, no need to wait in a call queue, order at any time of the day)			Require too much effort by the user - too many questions, clicks			
	Consider a communications channel banner – allowing the patient to click-through to the information they need from any page. Order these so that digital channels are first & obvious		s t e	Are not positioned with patient safety in mind (especially response simescales & clear explanations about what they are not suitable or)			
	On explanation pages (e.g., how are online consultation works) include call-to-action buttons such as "try it now".		 	Make the telephone numbers too hard or impossible to find - Force the patient down a particular path, regardless of suitability			
	Remember, you still need to offer a telephone service, but when people look for the number to call you can promote other options too (see positioning below)						



	Self-help & self-service options to consider:		Poor self-help & self service options:
Self Help & Self Service Self-help & self-service are a very effective way of deflecting demand – especially if such services are	NHS App		Are out of date
available 24/7. As with all other online tools, there is real value in	NHS symptom checker		Lack well managed content
making self-help/serve options prominent on your website – again, explain the benefits.	Pharmacy appointment bookers		Are hard to use
explain the benefits.	MSK provider services		Don't feel relevant to the user
	Third party counselling appointment bookers		Are unsafe
	Vaccination booking services		Cause further anxiety
	Mid-wife diaries		Drive the wrong behaviour (e.g., going to A&E unnecessarily)
			Don't help you deflect demand, where there is no need for a patient to see a clinician

Images	Good website images:	Website images should never contain:		
With imagery, the adage of 'less is more' applies. Images should always be of good quality, genuinely local to the site in	Reinforce your messages (especially in campaigns)	Patient identifiable information such as on- screen records, printed notes or even notes made by staff in the course of their daily work		
question & avoid stock content where possible. Mobile 'phone images can be a low cost, efficient	Confirm information (such as location, directions, where to wait)	Traceable, in-direct numbers such as patient ID's		
way of illustrating a live event or to capture the positivity of an event. These are best kept to social media	Illustrate particular points (such as hazards & access challenges)	Staff identifiable information, including vehicle number plates		
channels & shouldn't be the back- bone of your website. If you use	Help users to find or do (on the website or in the real world)	Internal contact numbers such as those regularly posted on noticeboards		
mobile 'phone images on keep the volume down & standards up.	Encourage behaviours (so that users can associate with the ask)	Overly commercialised images provided by one of your commercial partners that could infer NHS endorsement		
	Are inclusive & representative of your patient cohort	Low grade, blurry, overly dark, rushed pictures (e.g., from mobile 'phone) unless highly targeted (e.g., to show centralised flu clinic going live as part of a social media/wider awareness campaign)		
	Do not exclude by inference (e.g., only young people booking appointments online)	Avoid colour-washed images		
	Are positive & realistic	Avoid images with text over the top		
		Avoid pictures as page backgrounds		
		Try not to use (or at least over-use) stock images which are impersonable & detach the user from you		
		"Meet the team" headshots & avatars are hard to maintain (and often incomplete)		

NHS Design Principles	The headline principles are:	Less effective websites:		
approach to web design.	Put people at the heart of everything you do	Don't feel relevant to the audience		
https://service- manual.nhs.uk/design- system/design-principles They help you to get the best out of	Design for the outcome	Don't represent the Practice, local PCN-wide services or clinical community		
your digital design opportunity.	Be inclusive.	Aren't a place for patients to go to find the information they need		
	Design for context	Are static and don't evolve over- time, so become out of date		
	Design for trust	Are too complex & so push the patient towards familiar routes that are perceived to be easier (such as picking up the 'phone)		
	Test your assumptions	Aren't tested with the audience or for functionality		
	Make, learn, iterate	Don't help patients to achieve an outcome		
	Do the hard work to make it simple			
	Make things open: it makes things better			



GP Website Best Practice	Key Principles:		 Less effective websites might:		
	Understand who uses your website, why & what they need		Plough their own path, preferring not to take account of best practice or to take account of other people's learning		
read/creating-a-highly-usable-and- accessible-gp-website-for-patients/	Agree how to manage content & keep it up to date		Have less flexible procurement arrangements, leading to less control of look, content, useability & design		
	Adopting the NHS look & feel		Not meet the access needs of their patients		
	Managing suppliers well		Be corporately or operationally orientated, rather than focussed on the patient experience		
	Testing your site correctly		Not feel part of the NHS		
	Committing to accessibility		Fail to meet their contractual obligations		
	Procuring well				
	Designing a well organised, navigable site, focussed on patient need				
	Meeting your contractual requirements				

# Web Access Matrices Detailed Score

Campaigns & Seasonal	It would be expected that:	Less successful websites:		
Websites have an important role to play in campaign messaging, especially where they are delivered	Content is up to date (& removed	Fail to take down out of date content		
PCN-wide or by other centralised means.	You confirm & give reassurance of key details (photos can help here)	Don't put clear & easy to read information on the website in good time or aligned to other message releases		
	Directions & instructions are available	Don't think about the demand impact of a campaign on traditional channels & so don't contain all the information or facilities patients need to transact independently		
	The website facilitates the process of booking, amending & cancelling (taking demand away from Practice telephones)	Success of your website campaign will also be limited if your staff (including clinical) have not been briefed – if they don't know about something, they can't promote or reinforce the messages		
	Confirms all the information patients need (to prevent unnecessary contacts into Practices)			
	Content evolves as your operation does (if something changes, this is updated on the website)			

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	Ask you Patient Participation Group to:			Poor website solutions:
engagement remains a part of all that we do across 5 with website design & ous improvement being d in this.	Review your website wireframe (the map of your website and how it will work/link together)			Have not involved their audience in the creation, content & continuous improvement process
	Feedback on content			Don't show how & where engagement took place, what was said & how the PCN/Practice reacted
	Create content			
	Test accessibility			
	Review website performance data			
	Review & support/promote seasonal & targeted campaigns			
	If you run a centralised PCN website model, you should use some of your centralised PCN pages to show how you engage with patients, what they've said & how you have responded.			

# Web Access Matrices Detailed Score

Contractual Content	Meetings contractual content requirements:		A poor website:			
The NHS provides full GP Practice website contractual requirements here: https://www.england.nhs.uk/long-	Contact details, opening times & named GP		Makes no attempt to meet it's compliance obligations or fails to do so in significant areas			
read/creating-a-highly-usable-and- accessible-gp-website-for- patients/#part-4-contractual-	Practice leaflet		Doesn't integrate compliance into the working framework of the offer			
requirements-of-a-gp-website	GP earnings		Doesn't take a proportionate approach, relative to the main functioning of the site – for example giving GP earnings the same prominence as making an appointment			
	Accessibility		Applies the letter of the law, ignoring the spirit when doing so prevents an enhanced patient experience from being offered			
	Patient registration & managing personal details					
	Online access & self-service					
	Repeat prescription & pharmacy nomination/services					
	Legal advice & requirements, including data protection					
	Performance & patient feedback					

Communication Channels	Each communication channel should support and reinforce the others:			 Less successful websites:
Websites need to form a part of your total Patient Access Strategy so you should know what you expect them & the other channels to	Use your 'phone queue and on-hold messages to promote the website and online tool benefits. "Dr Popular" (a senior or well known GP recording an informal message for the 'phones, where they introduce themselves & then suggest tangible things nationts can do) is an effective option here			Sit in isolation of the rest of your PCN/Practice offer
achieve.	Use your waiting room screens to promote website, App and online consultation benefits			Don't form part of a considered communication strategy
	Make use of Digital Facilitators to "show and tell" at clinics			Are poorly understood by Practice staff – they can't promote any of the benefits of use
	Get real examples from real patients and create short case studies (for use on screens and social media)			Aren't seen as a necessary part of care by patients
	Train all of your staff (reception to clinical leads) to understand how your website and digital offer works – get them to use it, set them objectives to promote your channels			Have low patient awareness levels (especially in relation to the benefits they may bring to care)
	Train your front line team in handling objections, to limit 'the path of least resistance'			
	Develop internal campaigns – e.g., 'Let's talk about the NHS App this month – every time someone books a prescription the traditional way'			
	Where patients insist they need to see a GP for a minor ailment that could be resolved more quickly without an appointment, develop a discreet system that allows the GP to have a conversation with them			
	Make sure your operation is designed to give a good service to those who are adopting the channels you are asking them to – set SLAs, communicate them to the patient, track your performance against them			
	Introduce online booking systems for high-demand services such as flu clinics, that run on your site & so draw new users in			

Useability	Positive Matrices			Detracting Matrices			
Ensuring patients can easily find the information the need, in an	The patient journey is clear, logical and needs based			Web pop ups are in use			
offer.	The home page offers a start point for finding all of the things which a patient needs - the logical place to find what is needed with minimal clicks thereafter			The website is excessively complex, with too many layers making it hard for the user to navigate			
	The search box is highly visible to the user and functions well						
	There are distinct easy to follow routes/patient pathways with distinct calls to action for: Appointments (make, change, cancel) Prescriptions Non medical services Surgery information Test results						
	Traffic analysis is undertaken, to ensure non-productive pages are removed						