

Web Access Matrices Detailed Score

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	

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Quality of Content	Good Quality is:					Poor quality is:					
<p>Quality is all about having access to good writers and a strong sign off process – content discipline is crucial.</p> <p>The NHS provides helpful content guidelines: https://www.nhs.uk/our-policies/content-policy/ https://service-manual.nhs.uk/content/standard-for-creating-health-content</p>	Content is up to date.					Spelling & grammar errors					
	A consistent content policy					Inaccurate content					
	Consistent voice and tone					Low grade images					
	Conduct annual reviews to ensure your site is still meeting expectations, standards and relevancy					Difficult to navigate web pages					
	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						Out of date content					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						

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Local Practice Branding/Setting	Make sure you:					Less successful centralised websites:					
<p>A centralised website, with Practice websites, does not mean compromising on the local look & feel of your content. If set up correctly, patients should still access the website through Practice-specific URLs/landing pages & not notice when they drop onto centralised pages.</p>	Have appropriate visuals, maps & directions to confirm your Practice identity					Make it hard for users to seamlessly navigate between central & local content					
	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										



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Online Tools	Good:						Poor use of online tools is when:							
<p>In an ideal world, PCNs would have one online consultation tool, procured & managed centrally – however, this isn't always possible, so make sure patients can clearly recognise which tool they need & check that they are using the right one.</p>	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							
	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 between 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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Self Help & Self Service	Self-help & self-service options to consider:						Poor self-help & self service options:												
<p>Self-help & self-service are a very effective way of deflecting demand – especially if such services are available 24/7. As with all other online tools, there is real value in making self-help/serve options prominent on your website – again, explain the benefits.</p>	NHS App						Are out of date												
	NHS symptom checker						Lack well managed content												
	Pharmacy appointment bookers							Are hard to use											
	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												

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Images	Good website images:			Website images should never contain:
<p>With imagery, the adage of 'less is more' applies. Images should always be of good quality, genuinely local to the site in question & avoid stock content where possible. Mobile 'phone images can be a low cost, efficient way of illustrating a live event or to capture the positivity of an event. These are best kept to social media channels & shouldn't be the backbone of your website. If you use mobile 'phone images on keep the volume down & standards up.</p>	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		
	Confirm information (such as location, directions, where to wait)	Traceable, in-direct numbers such as patient ID's		
	Illustrate particular points (such as hazards & access challenges)	Staff identifiable information, including vehicle number plates		
	Help users to find or do (on the website or in the real world)	Internal contact numbers such as those regularly posted on noticeboards		
	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)			

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NHS Design Principles	The headline principles are:	Less effective websites:											
<p>Following the NHS Design Principles ensures a consistent & inclusive approach to web design: https://service-manual.nhs.uk/design-system/design-principles They help you to get the best out of your digital design opportunity.</p>	Put people at the heart of everything you do	Don't feel relevant to the audience											
	Design for the outcome	Don't represent the Practice, local PCN-wide services or clinical community											
	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												

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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 PCN-wide or by other centralised means.	Content is up to date (& removed when no longer required)					Fail to take down out of date content					
	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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Patient Engagement	Ask you Patient Participation Group to:																															
Patient engagement remains a critical part of all that we do across the NHS with website design & continuous improvement being included in this.	Review your website wireframe (the map of your website and how it will work/link together)																															
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	Feedback on content																															
	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.																															

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Useability	Positive Matrices					Detracting Matrices					
Ensuring patients can easily find the information they need, in an efficient and user-friendly way is vital in creating a successful website offer.	The patient journey is clear, logical and needs based					Web pop ups are in use					
	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										

