# Web Access Standard

## Website Access Standard (OK/NOK)

| 👍 What Good Looks Like (The OK Standard) | 👎 What to Avoid (The Not OK Standard) | 📏 Measurement & Good |
|---|---|---|
| **Basics** | | |
| First impressions really do matter – they set the scene for the total healthcare experience. A calm, well ordered familiar and easy to use website makes all the difference | Less successful websites will have: | • Scale of 1-4 (1 being good) |
| | • Excessive medical & operational jargon | • Advice on making changes if required, relative to the impact that making changes will have on your score |
| Make your website welcoming to all by: | • Over-use of colour, bold, capitalisation & punction – giving an aggressive impression of Practice to patient relationships | |
| • Using a clear (ideally NHS approved) font | • Poorly selected, mixed fonts | |
| • Making sure there is a clear contrast between text & background (dark text on light background) | • Reactive & badly considered messages (especially in response to emergency issues) | To achieve good: |
| • Easily navigable menu | • No form of quality or content checking in place | • Simple, clear content, focussed around patient needs |
| • Easy to read & understand | • Overly complex menus | • Easy to use, informative & service based website |
| • Clear indications that the user is in the right place | • No content management at all (everything added to the front page) | |
| • Promote the benefits of self-help, self-service | | |
| • Promote the benefit of online consultation & other tools that help Practices to manage demand | | |
| **Context** | | |
| Adding context to your PCN website can be helpful in gaining support for new ways of working, such as asking patients to book online, to book directly into an MSK service or to visit the pharmacy. If you are changing the way you manage your 'phone calls, scene-setting can make all the difference too - it's easier to accept a receptionist asking you questions, being navigated, telephone triage or video appointments, if you know it is going to happen in advance. | Websites that don't set context well will: | • Does the website comply with the recommendations, yes or no? |
| | • Adopt an aggressive tone | • Advice on making changes if required, relative to the impact that making changes will have on your score |
| | • Let the frustration of operational pressures overspill into the website | |
| | • Make unrealistic demands on the patient | |
| | • Offer overly complex explanations | |
| | • Not keep patients up to date as the situation changes | |
| • Take time to explain how your service works | • Be unresponsive to seasonal changes | |
| • Say why you are doing it the way you are | | To achieve good: |
| • Be open about the demand challenges you face | 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 for that | • Clear, balanced & kind explanations of the challenges |
| • Ask for patients to support you and those in greatest need by doing their bit for the NHS | | • Use regularly updated data to create a dashboard that tells patients how many appointments were made, missed, booked online & self-served |
| • 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…" | | |
| 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') | | |

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## 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.
- An option to translate into other languages
- Easy to find, high contrasted buttons to activate accessibility settings

Websites should also have the following functionality:
- Zoom up to 300% with text staying visible on the screen, and most images scaling without resolution loss
- 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

Poor accessibility:
- Gives no consideration to those with additional needs
- Is limited in its approach
- Is untested (even if a website does have an access toolbar, check that it works correctly too)
- Isolates patients

- Scale of 1-4 (1 being good)
- Yes/no against all criteria
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Deploy accessibility tool bar
- Involve patients with additional access needs in proof reading & website testing

## Quality & Review of Content

Quality is all about having access to good writers and a strong sign off process – content discipline is crucial.

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

- The more you add, the more you will have to manage, review and keep up to date.
- Create a content policy, defining what you can and can't say
- Agree your voice and tone, defining how you speak to your patients
- Conduct annual reviews to ensure your site is still meeting expectations, standards and relevancy
- Create a process for dealing with emergency or short term messaging that you may want to upload to your website – ensure this also has a sign off protocol.

Poor quality is:
- Spelling & grammar errors
- Inaccurate content
- Low grade images
- Difficult to navigate web pages
- 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

- Scale of 1-4 (1 being good)
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Agree your quality standards
- Have a centralised quality monitoring & content sign off process
- Grow a team of contributors who understand the quality requirements & who are known to 'write-well'

# Web Access Standard

## Local Practice Brand/Setting

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.

Make sure you:
- Have appropriate visuals, maps & directions to confirm your Practice identity
- Don't have centralised content that isolates any particular Practice or cohort
- Keep it concise & relevant to what your local patients need, let the bigger site do the heavy lifting
- Make it easy for a patient to navigate back to your Practice Pages when they are on the centralised pages

If you have multiple tools across the PCN – for example different online consultation solutions – make sure it is clear that the patient is using the correct service.

Less successful centralised websites:
- Make it hard for users to seamlessly navigate between central & local content
- Don't tell the user where they are or have visual cues to build user confidence
- Have multiple online tools/solutions which differ by Practice
- Have different writing voice/tone in each of the Practice areas

- Yes/no, does the patient of any particular Practice have the information they need to transact with ease?
- Can they move around the centralised site & still find their way back to their own Practice & appointment/service solutions?

To achieve good:
- Make sure your website is easy to use for a local patient & that they can always find the right services (including your online consultation)

## Online Tools

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.

If you are running a PCN campaign (e.g., balance clinic) use your full website capability to allow patients to book on line

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.

Poor use of online tools is when:
- The tools look like an after thought on the website
- 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)

- Yes/no – is full use being made of online tools, are they positioned well, logically positioned & easy to find?
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Design your website around the opportunity that online tools create for deflecting unnecessary demand

## Communication Channels

Nothing about the way you communicate with your patients should be about forcing them down a particular route – this will just create resentment & frustration, which could spill into the Practice environment.

- 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'.
- Accept and enable patients who, despite being digitally savvy, will have times when they ring or walk-in for practical reasons or reassurance.
- Encourage uptake of self-help, self service, symptom checkers, Apps & online consultation by making these more prominent on 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)
- 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
- On explanation pages (e.g., how are online consultation works) include call-to-action buttons such as "try it now".

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)

Poorly positioned communications channels:
- Don't instil confidence, so the patient picks up the 'phone instead
- Don't explain their own benefits
- Are not presented together or consistently across the website
- Require too much effort by the user – too many questions, clicks
- Are not positioned with patient safety in mind (especially response timescales & clear explanations about what they are not suitable for)
- Make the telephone numbers too hard or impossible to find
- Force the patient down a particular path, regardless of suitability

- Scale of 1-4 (1 being good)
- Fail-all if patient-safety/response times are not made clear at point of use
- Advice on making changes if required, relative to the impact that making changes will have on your score

- To achieve good:
- Adopt a Patient Access Strategy, in which all communication channels (including the website) are carefully considered in light of the resources you have available, how you want patients to use your channels & what for
- Position & promote your communication channels with care, so patients are able to make the right choices.

## Self Help & Service

Self-help & self-service (such as checking symptoms, booking straight-into community services, or ordering prescriptions without speaking to anyone) are a very effective way of deflecting demand – especially if such services are available 24/7. They keep 'phone lines free & can be dealt with in quieter times or by allocating a resource as required.

As with all other online tools, there is real value in making self-help/serve options prominent on your website – again, explain the benefits.

Examples of self-help & self-service options you might like to consider:
- NHS App
- NHS symptom checker
- Pharmacy appointment bookers
- MSK provider services
- Third party counselling appointment bookers
- Vaccination booking services
- Mid-wife diaries

Poor self-help & self service options:
- Are out of date
- Lack well managed content
- Are hard to use
- Don't feel relevant to the user
- Are unsafe
- Cause further anxiety
- 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

- Scale of 1-4 (1 being good)
- Fail-all if patient-safety/response times are not made clear at point of use
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Connect patient with established, trusted content – run by central NHS or the service provider
- Don't try to do it yourself

## Images

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.

Good website images will:
- Reinforce your messages (especially in campaigns)
- Confirm information (such as location, directions, where to wait)
- Illustrate particular points (such as hazards & access challenges)
- Help users to find or do (on the website or in the real world)
- Encourage behaviours (so that users can associate with the ask)

Make sure:
- Images are inclusive & representative of your patient cohort
- Do not exclude by inference (e.g., only young people booking appointments online)
- Positive & realistic

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 back-bone of your website. If you do use mobile 'phone images on keep the volume down & standards up (see NOK)

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Website images should never contain:
- Patient identifiable information such as on-screen records, printed notes or even notes made by staff in the course of their daily work
- Traceable, in-direct numbers such as patient ID's
- Staff identifiable information, including vehicle number plates
- Internal contact numbers such as those regularly posted on noticeboards
- Overly commercialised images provided by one of your commercial partners that could infer NHS endorsement
- 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)

Avoid:
- Colour-washed pictures
- Images with text over the top
- Pictures as page backgrounds (these all present access challenges)

If you can afford to:
- Try not to use (or at least over-use) stock images which are impersonable & detach the user from you

Hard to maintain, often incomplete:
- "Meet the team" headshots & avatars

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- Do the images comply with the recommendations, yes or no?
- Advice on making changes if required, relative to the impact that making changes will have on your score
- Identification of specific images (or examples if volume of work required is high) that do not meet the standard.

To achieve good:
- Invest as much time in your images as you do other content
- Introduce an image quality-check process
- Centralise your approach across the PCN to achieve value from your spend
- Ask a critical friend to review your images & ensure visuals are included in your regular content review checks.

## NHS Design Principles

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.

The headline principles are:
- Put people at the heart of everything you do
- Design for the outcome
- Be inclusive.
- Design for context
- Design for trust
- Test your assumptions
- Make, learn, iterate
- Do the hard work to make it simple
- Make things open: it makes things better

Open the link above to find out more.

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Less effective websites:
- Don't feel relevant to the audience
- Don't represent the Practice, local PCN-wide services or clinical community
- Aren't a place for patients to go to find the information they need
- Are static and don't evolve over-time, so become out of date
- Are too complex & so push the patient towards familiar routes that are perceived to be easier (such as picking up the 'phone)
- Aren't tested with the audience or for functionality
- Don't help patients to achieve an outcome

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- Yes/no score against the standards
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Build the design principles into your design process, including any procurement & subsequent supplier management
- Make time in your meetings to test yourselves against the principles

# Web Access Standard



## NHS GP Website Best Practice Application

There is an increasing amount of good qualit8y guidance on web design across the NHS and it makes sense to follow the principles closely:: https://www.england.nhs.uk/long-read/creating-a-highly-usable-and-accessible-gp-website-for-patients/

- Understand who uses your website, why & what they need
- Agree how to manage content & keep it up to date
- Adopting the NHS look & feel
- Managing suppliers well
- Testing your site correctly
- Committing to accessibility
- Procuring well
- Designing a well organised, navigable site, focussed on patient need
- Meeting your contractual requirements

Less effective websites might:
- Plough their own path, preferring not to take account of best practice or to take account of other people's learning
- Have less flexible procurement arrangements, leading to less control of look, content, useability & design
- Not meet the access needs of their patients
- Be corporately or operationally orientated, rather than focussed on the patient experience
- Not feel part of the NHS
- Fail to meet their contractual obligations

- Have reasonable attempts been made to follow the standards? 1-4 score (where 1 is good)
- Conversation with Website leaders to understand decision making & approach if required
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Follow the advice and best practice guidelines to the best of your ability

## Campaigns & Seasonal Content

Websites have an important role to play in campaign messaging, especially where they are delivered PCN-wide or by other centralised means.

It would be expected that:
- Content is up to date (& removed when no longer required)
- You confirm & reassurance of key details (photos can help here)
- Directions & instructions are available
- The website facilitates the process of booking, amending & cancelling (taking demand away from Practice telephones)
- 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)

Less successful websites:
- Fail to take down out of date content
- Don't put clear & easy to read information on the website in good time or aligned to other message releases
- 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

Success of your website campaign will also be limited if your staff (including clinical) have not been brief – if they don't know about something, they can't promote or reinforce the messages

- Yes/no score against the standards
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Concise, well planned campaigns, where patients can self-transact on the website.
- Clear information
- No out of date content

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## Patient Engagement

Patient engagement remains a critical part of all that we do across the NHS with website design & continuous improvement being included in this.

Ask you Patient Participation Group to:
- Review your website wireframe (the map of your website and how it will work/link together)
- 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.

Poor website solutions:
- Have not involved their audience in the creation, content & continuous improvement process

Less successful website solutions:
- Don't show how & where engagement took place, what was said & how the PCN/Practice reacted

- Review of your patient engagement records & documented responses (yes/no)
- Review of centralised engagement content (yes/no)
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Consult patients throughout the build, create & content process
- Evidence engagement in a transparent way

## Contractually Required Content

The NHS provides full GP Practice website contractual requirements here:
- https://www.england.nhs.uk/long-read/creating-a-highly-usable-and-accessible-gp-website-for-patients/#part-4-contractual-requirements-of-a-gp-website

The guide includes:
- Contact details, opening times & named GP
- Practice leaflet
- GP earnings
- Content review requirements
- Accessibility
- Patient registration & managing personal details
- Online access & self-service
- Repeat prescription & pharmacy nomination/services
- Legal advice & requirements, including data protection
- Performance & patient feedback

**This is not a full list** or detail-set, which you need to fully understand.

A poor website:
- Makes no attempt to meet it's compliance obligations or fails to do so in significant areas
- Doesn't integrate compliance into the working framework of the offer
- 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
- Applies the letter of the law, ignoring the spirit when doing so prevents an enhanced patient experience from being offered

- Have you complied with contractual requirements? Yes/no

To achieve good:
- Comply with every contractual requirement

**Positioning of Website by Other Channels**

Websites need to form a part of your total Patient Access Strategy so you should know what you expect them & the other channels to achieve.

Each communication channel should support and reinforce the others:
- 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 patients can do) is an effective option here
- Use your waiting room screens to promote website, App and online consultation benefits
- Make use of Digital Facilitators to "show and tell" at clinics
- Get real examples from real patients and create short case studies (for use on screens and social media)
- 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
- 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 – everytime 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

Less successful websites:
- Sit in isolation of the rest of your PCN/Practice offer
- Don't form part of a considered communication strategy
- Are poorly understood by Practice staff – they can't promote any of the benefits of use
- Aren't seen as a necessary part of care by patients
- Have low patient awareness levels (especially in relation to the benefits they may bring to care)

- Sample of your internal & external communication, training plans, coaching & delivery. A review of how this all fits together to present a cohesive offer
- Advice on making changes if required, relative to the impact that making changes will have on your score

To achieve good:
- Design your website as part of your total PCN offer
- Think about how everything fits together
- Develop a Patient Access Strategy, in which the role of your website is defined
- Promote & celebrate success internally & externally

# Web Access Standard

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## User Statements: Our Website Will…

**Our website will:**
- Be easy to find
- Be easy to use & navigate
- Be a trusted source of information
- Be accessible for every user in the PCN, regardless of ability, additional need or language
- Comply with NHS guidelines
- Feel like it belongs to & represents the voice of each Practice in the PCN
- Naturally flow users to the communication channels that help to reduce unnecessary GP demand, including the promotion of:
  - Online consultation tools
  - Self-help tools
  - Self-book services (such as MSK providers)
  - The NHS App
  - Other community support functions (such as local pharmacies & third sector organisations)
- Still make it easy enough to find telephone numbers & directions needed by those who have appropriate need

**Our website wont:**
- Isolate users with additional or different needs
- Offer information beyond that which is needed to deliver services or to comply with NHS requirements
- Force patients to act in a certain way – the emphasis being on choice & encouragement
- Be disorganised, out of date & mismanaged
- Become a place of last resort for patients
- 

- Does the website comply with the recommendations, yes or no?
- Advice on making changes if required, relative to the impact that making changes will have on your score

**To achieve good:**
- One balanced, well planned, well executed website that follows the recommendations as much as possible.
- An evolving & dynamic website offer that every patient accesses through their own Practices landing page – feels like a Practice-specific site, despite much of the content being centrally controlled

## User Statements: Our Patients will…

**Our patients will:**
- Have a practical, informative & outcomes driven website experience
- Trust the content they see & know that it relates to their Practice
- Feel like the website is relevant to them
- Be able to easily find the information they need, be that self-help, online consultation, repeat prescriptions, directions, telephone numbers or other healthcare related content
- Recognise digital opportunities, their benefits & be willing to give them a try or…
- Want to use the digital solution they used last time again

**Our Patients wont:**
- Feel isolated or like the website isn't for them
- Be forced to use a particular route to care or communication channel
- Be looking for an experiential, brand-led or entertaining website visit
- Be put off from digital or self-led experiences

- Reviewing website specific feedback from patients
- Reviewing Patient Participation Group outputs

**To achieve good:**
- Involve your patients in the initial & ongoing development & testing of your website
- Ask your patients what it feels like to use your website & seek feedback on useability
- Design for & test accessibility & inclusion

**User Statements: Our PCN Operation will…**

Our PCN will:
- Maintain & review the PCN-wide Web Access Strategy
- Procure a good value, compliant website for all Practices
- Enable Digital Facilitators to promote web access as part of their wider digital agenda
- Create centralised content pages, that are relevant to every Practice in the PCN
- Support the roll out of website accreditation, where a centralised templated approach is not appropriate for the PCN
- Regardless of templated or standalone approach, work towards accreditation across all PCN websites
- Provide templated Practice-specific pages, updated with the content provided by the relevant Practice
- Provide a Practice-specific URL & allow historical URLs to be maintained & pointed to the relevant Practice page
- Quality check & review all content, including Practice pages
- Uphold & audit for compliance – especially those defined by the NHS & relating to accessibility
- Maintain add-ons & their contracts (such as accessibility toolbars)
- Provide a website content manager or co-ordinator
- Run seasonal website campaigns such as flu responses
- Update emergency response messages (such as ticker tapes) or provided templated answers for use by each Practice
- Aim, as contracts expire, to centrally negotiate & procure suitable web add-ons (such as online consultation tools) on behalf of each Practice
- Track usage & report regularly on website performance

Our PCN wont:
- Create content that isn't approved or in line with the agreed strategy
- Force a Practice to adopt a communication channel or toll that it isn't happy with
- Produce content that overly favours one Practice or organisation
- Be the 'dominant' website result when a patient looks for their Practice place
- Use the website as a political voice/platform

- Yes/no assessment – is there a cohesive relationship between Practice and PCN?

To achieve good:
- One unified, logical & progressive offer from all parties

**User Statements: Our Practice Operation will…**

Our Practice will:
- Produce an annual web content & communication strategy
- Ensure all the information needed to run the website is accurate, reviewed regularly & up to date
- Make sure seasonal content & campaign information is provided on time
- Review & respond to monthly activity report data as required
- Ensure that all bespoke solutions such as Practice-specific online consultation platforms, conform to the expected standards of the web platform & are positioned appropriately to patients
- Support the web demand deflection strategy with Navigation & Triage
- Train & keep all staff up to date – including clinicians
- Manage patient feedback

Our Practice wont:
- Detach itself from the centralised approach, recognising the value and efficiency this brings
- Adopt an overly different tone from the wider website that creates a sense of division
- Blame the PCN for things that aren't quite right, adopting a constructive approach instead
- Create solutions that conflict with the PCN website approach, without talking to the wider team first
- Undermine the goals of the website by allowing users to 'beat the system' or 'adopt shortcuts' that aren't fairly & openly available to all

- Yes/no assessment – is there a cohesive relationship between Practice and PCN?

To achieve good:
- One unified, logical & progressive offer from all parties

Page-1