

Creating a highly usable and accessible GP website for patients



Version 3, July 2023

Who is this guide for?

Practice managers, PCNs, ICSs (formerly CCGs), GP federations and anyone who is looking for guidance for improving online journeys into general practice.

This guidance includes information about:

- improving online journeys for patients using GP websites
- how to encourage patients to use online journeys
- how to support patients to use the NHS App and other apps
- How practices working at scale within PCNs can create highly usable and accessible online journeys for patients and save time and money

It's been put together by NHS England's Primary Care Transformation Team and is based on:

- user testing with 102 patients with moderate to low digital confidence and moderate to low written English confidence, conducted between October 2021 to April 2022.
- user testing with 60 patients with moderate to low digital confidence conducted between January and April 2023.
- user research with 165 general practice staff from 25 practices across England conducted between August 2022 and June 2023.

There are multiple benefits to creating a highly accessible and usable online journeys for patients. It will:

- Improve patient satisfaction and experience of using the GP practice, making it more likely they will return and use digital channels
- Ensure patients go to the correct place for their needs, reducing wasted patient and practice time
- Reduce the risk of adding digital inequalities to existing health inequalities
- Remove access barriers for patients with disabilities, and make your website legally compliant
- Create a place where patients can effectively self-serve, thereby:
 - Reducing the burden on receptionists and clinical staff
 - Empowering patients to manage their health and care

[Read our research in full on the FuturesNHS platform](#) (this platform requires a log in).

If you have any questions or would like to send feedback, please get in touch:
england.pctgpip@nhs.net.

Does it matter if GP websites are usable and accessible?

GP websites are now the front door to NHS care for many patients. 62% of patients visited their GP website in 2022¹.

Easy to use, intuitive and accessible patient online journeys will mean millions of patients can:

- contact their practice to ask for help
- complete admin tasks
- navigate themselves to services.

This helps reduce the burden for practices.

Poor online journeys that do not meet legal accessibility requirements disproportionately impacts patients:

- with moderate to low digital confidence
- with lower levels of literacy
- working in a second language
- who use accessibility software and tools.

Supporting patients and creating fair access to the NHS online are key reasons for making sure all websites and patient journeys online are accessible and usable.

All NHS services are legally required to be accessible and meet level AA of the Web Content Accessibility Guidelines (WCAG) version 2.1. Read [NHS accessibility guidance](#).

Ensuring online journeys are highly usable and highly accessible are a priority for NHS England. They are a key part of the [Delivery Plan for Recovering Access to Primary Care](#), which was published in May 2023.

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Part 1: Getting ready

Before you can get into the details of designing or redesigning your GP website, there are some important decisions you (as a practice, PCN, ICS or previously CCG or GP federation) need to make first.

1.1 Prioritise improving the most important journeys for patients

Our research showed that these were the top tasks for patients on a GP website:

1. Make, change or cancel an appointment
2. Get a repeat prescription
3. Get a sick note for work
4. Get test results
5. Register with/join the practice
6. Get the practice phone number
7. Find out the practice opening times
8. Find the practice address

The main users of a GP website are patients. They come to the website to complete tasks. Their top tasks define the website's core purpose. Supporting this purpose and those tasks is the website's main goal.

GP websites no longer exist just to display information, they are becoming places where patients can complete tasks. This shift to being places where you can provide services makes websites a valuable tool for practices and worthy of time and effort to ensure they are optimised.

You can identify the top tasks through patient research, website analytics or you can use the eight tasks we identified above in [our research](#).

1.2 Decide how you will keep written content up to date

What is good content and why is it critical?

Creating accurate, clear and concise content is critical for all patients. It will have the most impact on the 11 million people who have literacy challenges in the UK².

Good content:

- explains, in plain English, what patients need to know and do
- is concise
- is up to date and accurate.

Skills needed to create highly usable and accessible content

Creating good written content requires understanding of the rules and guidance on writing for NHS websites. These include:

- Writing in plain English to a reading age of 9 to 11 years old.
- Using words and phrases a patient would use and following guidance in the [A to Z of NHS health writing](#).
- Structuring pages using page titles and headings.
- Writing good link text.
- Editing skills.
- Experience of using the [NHS content style guide](#).
- Testing and editing content for a low reading level.
- Knowledge of accessibility requirements.

Have a process for creating usable and accessible content

We recommend:

- Downloading and adapting NHS England written content templates for key GP website pages. They are in section 5 of this document.
- Use the [NHS content style guide](#) to write content that is highly usable and accessible.
- Use the [Hemingway Editor](#) to test the reading age of all written content. All written content should be grade 4-5 or below

² <https://literacytrust.org.uk/parents-and-families/adult-literacy/>

- Ensure all content that has an expiry date (e.g. closures) is automatically removed after a certain date.

Have a process for reviewing, uploading and checking content for accessibility

We recommend:

- Asking your website supplier to provide a service to where they upload all written content and images and check to ensure they are fully accessible.
- Alternatively, have someone who has the training and skills to ensure all written content is coded for accessibility when it is uploaded to the website.

In some areas, PCNs, ICSs or GP federations have come together to purchase a single web platform to support multiple practice websites. This enables them to:

- Create individual pages of content that can be created once and used on all the practice websites.
- Create pages of suggested content that can be shared to all practices for practices to customise as they wish.
- Create unique pages for individual practices.
- See analytics at practice, PCN or ICS (formerly CCG) or GP federation level showing you how patients use the site and what services or content they use most and what is not used. They can then remove the least used content.

Ongoing maintenance

Maintaining written content on GP websites is time consuming. It requires someone who has the responsibility and capacity to maintain, check, write and upload the information on a website.

Research found some GP websites with up to 200 pages of content which is a lot to review and keep updated.

1.3 Use a website template that uses the NHS design components and ‘look and feel’

Recommendations

- Use GP website templates that use NHS design components.
- Use GP website templates that incorporate NHS logo and blue and white colour pattern.



[nhs.uk webpage](https://www.nhs.uk)

GP websites should look like NHS websites to give patients confidence and trust that they are in the right place.

Trust is at the heart of healthcare. The NHS logo and its distinctive blue identity are widely recognised by the public. NHS England states:

Patients and the public see the NHS as a single, national, unified service and expect and want the NHS Identity to be applied in a consistent and uniform way – it reassures them that they can rely on the quality of healthcare being provided wherever they access it.

From research with 1,000 members of the public, 98% knew the NHS brand. The same research found that it is associated with trustworthiness.

The NHS identity guidelines and links to the research

Specific guidance for how GPs can use the NHS identity

1.4 Using the latest versions of GP website templates increases usability and accessibility

Recommendation

- GP practices should check if they are on latest version of their website supplier's templates and upgrade to the latest version if not.

Our research

There are many suppliers of GP website templates. Suppliers can have different versions of their website templates, some of which are up to 10 years old.

Patient user testing of GP websites showed these older versions are often:

- harder for patients to use.
- do not meet accessibility standards in full (a legal requirement).
- are not 'responsive'. This means the content on the page does not rearrange itself to fit into smaller mobile phone or larger laptop screens and to still be easy to read for users.

GP practices should ask their supplier if they are using the latest version of their website template. They should also ask suppliers if their latest template meets all of the requirements / recommendations in this guidance.

1.5 Use a ‘mobile first’ approach

Recommendations

- Insist suppliers show their mobile designs first and during any discussions, view the website on a mobile screen.
- When you look at your website, view it on a mobile.
- When you think about your content, think of it as a long list (how it will be viewed on a mobile screen) rather than a web page on a desktop screen which has parts arranged on the left, middle and right hand sides.
- If user testing is being conducted on your website, ensure at least half of participants use a mobile (preferably their own) during the sessions.

Designing a website using a ‘mobile first’ approach has been a standard across web design for many years now. The idea is that if you can make a design work for a small screen first, you get the content and the priorities of your website down to its simplest form. This is one of the reasons why keeping it simple, reducing the amount of copy (words) and options is crucial to making a website usable.

Analytics from nhs.uk for the first six months of 2022 show 81% of sessions were via mobile devices, with just 16% from desktop and 3% from tablet. Research from Ofcom³ shows that people with low digital confidence are more likely to only use a mobile to go online.

A ‘mobile first’ approach supports two ways that websites are built.

- Responsive web design: The website is built to fit the screens of different devices automatically.
- Progressive advancement: The first version of a website is built for relatively simple browsers (like those used on a mobile). This version includes the most basic functions and features. After that, a more advanced version is added for tablets or desktops, which is created by adding images and more complicated effects to the basic version.

³ <https://www.ofcom.org.uk/research-and-data/media-literacy-research/adults/adults-media-use-and-attitudes>

The screenshot shows the desktop version of the NHS website. At the top, there's a blue header bar with the NHS logo, a search bar, and a 'My account' button. Below the header, a large banner features a close-up photo of hands and the text 'We're here for you' followed by 'Helping you take control of your health and wellbeing.' Underneath the banner, there are two main sections: 'Health A to Z' and 'Medicines A to Z'. Each section has a brief description, a link to 'Go to the Health A to Z' or 'Medicines A to Z', and a 'COVID-19' section below it. The 'COVID-19' section contains a link to 'Find out about COVID-19'. At the bottom, there's a 'Your NHS account' section with a link to 'Find out more about your NHS account'.

nhs.uk homepage in a desktop screen width

The screenshot shows the mobile version of the NHS website. The layout is more compact. The 'We're here for you' banner is present at the top. Below it, the 'Health A to Z' and 'Medicines A to Z' sections are shown as separate cards. Each card includes a link to 'Go to the Health A to Z' or 'Medicines A to Z'. The 'COVID-19' section is also a separate card with a link to 'Find out about COVID-19'. At the bottom, there's a 'Your NHS account' section with a link to 'Find out more about your NHS account'.

nhs.uk homepage in a mobile screen width

A ‘mobile first’ approach has many advantages.

- It pushes you to make your digital products more readable on smaller screens and therefore easier for most of your users.
- It means content first. This means putting your most important tasks or information - the ones your users want most often - first on your page. This also makes your content more accessible to anyone with cognitive disabilities.

1.6 ‘Benchmark and improve’ patient journeys

Recommendation

- Benchmark the usability of your website and key patient journeys using the NHS England ‘GP website benchmarking and improvement tool’.

Our research

User testing is the ‘gold standard’ for checking the usability of patient user journeys and whether people can easily achieve the tasks they want to do.

In user testing trained moderators ask people to undertake tasks and record whether people can achieve the task easily, with some difficulty or does not achieve the task.

Task based user testing aims to understand why some tasks are difficult or not achieved and to make recommendations for improvement that can be implemented and re-tested.

Unfortunately, user testing is costly, therefore NHS England have developed the ‘[GP website benchmarking and improvement tool](#)’ as a quick cost-effective alternative to user testing.

This tool allows practices, PCN’s, ICS’s and suppliers to benchmark all or most of the elements needed to create a highly usable and accessible website. It particularly focuses on the seven most important journeys or tasks for patients.

The tool was developed and piloted with practice, PCN and ICS staff and suppliers following research which indicated that many website improvement projects do not include testing after improvement. This means many improvement projects did not result in highly usable and accessible journeys for patients.

Training and support

We offer training and support to learn how to use the ‘[GP website benchmarking and improvement tool](#)’. For further information and training dates please email us at: england.pctgipp@nhs.net

Staff with prior knowledge of user experience or web design find it easier to learn how to use the tool. Where staff have a role which requires them to benchmark many websites on a regular basis each assessment requires less time.

The [GP website benchmarking and improvement tool](#) is less suitable for staff who will use it infrequently, e.g. a practice manager who will benchmark their website annually.

Stakeholder	Item no.	Tasks and priorities	Requirement	Information	Well	Adequate	Inadequate
SECTION 1: PATIENT PRIORITIES: Criteria are based on patient research: identifying key patient tasks and design and interaction elements that make a journey usable or highly us							
Patient priorities	1	Overlays and pop ups	CHECK ON DESKTOP AND MOBILE Our research has indicated that overlayer/popups are creating huge issues for patients. We found that 27% of participants who visited a site with an overlay as the first thing they saw struggled to get past the overlay, especially on mobile.	No pop-ups or overlays before landing on the homepage. Cookies are integrated in the page - NOT an overlay. No pop-ups or overlays when clicking to any other pages on the website.	The only pop-up or overlay is for cookies which needs to be dismissed by user. AND other pop-ups or overlays are present on the site.	Any pop ups or overlays present on the site (other than for cookies).	
	2	Finding the appointments page	Getting an appointment is the top patient task for a GP surgery website. The word 'appointments' is the word that patients scan a website for when they want to request help.	Appointments' immediately visible in the main menu AND Link to appointments in the top third of the homepage.	One of the following: -Appointments on in the main menu (not hidden in a sub menu). OR -Clear link to the appointments page in the top third of the homepage.	No 'appointments' in the main menu (top level), or the homepage, or in the top third of the homepage.	
	3	Task 1: Booking, changing or cancelling appointments (inc OC tools)	Appointments page The appointments page is the 'go to' page for patients. Most participants 'want a doctor's appointment' or help from another healthcare professional. 'Appointments' is a keyword that patients look for.	There is one appointments page, using the word 'appointment' in its heading. Clear, concise information with links about what to do in what circumstances.	Unclear, long explanation of the appointments system Unclear links to digital means of requesting an appointment (e.g. just an OC supplier banner with a brand name).	Multiple appointments pages. Long and unclear explanation of the appointments system. No links to a digital means of requesting an appointment on the appointments page. Circular links that lead to a confused patient journey. More than one link to booking an appointment (e.g. direct booking vs. OC) with no explanation of which to use and when.	
	4	Task 1: Booking, changing or cancelling appointments (inc OC tools)	Length and structure of the content on the appointments page	Users don't read most of the content on a website. Patients, especially those with literacy challenges, will struggle to find what they are looking for in long paragraphs of text.	Content is broken into sections with clear headings. Copy is made up of short paragraphs (30-60 words).	One of the following: EITHER Content is broken into sections with clear headings. OR Copy is made up of short paragraphs (30-60 words).	Long paragraphs of content (60 or more words), calls to action are buried within copy or absent. Use of medical, NHS or GP practice jargon.
	5	Task 1: Booking, changing or cancelling appointments (inc OC tools)	Information about urgent on the day appointments	The way patients and GP surgeries manage urgent appointments differs. Appointments should be displayed in a way that makes sense to patients to make them understandable. Patients view appointments and how soon/late they need to turn up or the type of appointment they need.	An appointments page with a clearly labelled section headed 'Urgent appointments'. A clear, simple explanation of all options available and how to access them. e.g.-Clearly labelled links to the Online Consultation tool (OC) or direct booking tool -Phone number Information should also include extended access options available to patients.	An explanation of how to book an urgent appointment clearly and concisely. unclear labelling of links (e.g. just an OC supplier banner with a brand name).	No clear information or links to request an urgent appointment.

NHS England encourages ICS primary care or digital teams to support practices by:

- Training ICS or PCN staff to undertake assessments using this tool for practices.
- Sharing the findings and recommendations for improvement with practice teams.
- Many ICSs also provide practical and financial support to support improvement.

NHS England's Benchmark and improve tool for GP websites

1.7 Make all website journeys accessible

Recommendations

- Use a latest version of a GP website template.
- Publish an accessibility statement. This is a legal requirement.
- Remove pop-up banners and widgets that sit on top of other content.
- Remove accessibility toolbars and widgets.
- Avoid using images and banners unless essential.
- Remove or avoid pdf documents. This document format is not accessible.
- Use the NHS content style guide and the Hemingway Editor to write and test content for usability and accessibility.
- Have a process for uploading content to websites that checks for accessibility.
- Ask your ICS for support in creating and uploading accessible content.

Our Research

One in five people in the UK are [reported to have a disability](#) making accessibility an essential consideration of all services, online journeys and websites.

If your service isn't accessible to everyone who needs it, you may be breaking the [2010 Equality Act](#). Public sector websites must meet the [Public Sector Bodies Accessibility Regulations 2018](#).

GP practice websites must:

- Meet at least level AA of the Web Content Accessibility Guidelines ([WCAG 2.1](#)) and aim for AAA where possible.
- Work on the most commonly used assistive technologies (follow GOV.UK guidance on [testing with assistive technologies](#)).
- Include people with access needs in user research.
- [Publish an accessibility statement](#) that complies with GOV.UK requirements.

[Our research](#) found many GP surgery websites and patient journeys do not meet their legal accessibility requirements.

The research highlighted fours areas causing the most failure points:

1. Using older versions of GP website templates which do not meet accessibility requirements in full. In many cases this can be resolved by upgrading to latest templates or moving supplier.

2. Written content being created and uploaded which does not meet NHS content style guide standards.
3. Images being uploaded and displayed on GP websites which do not have ‘alternative-text’ (sometimes called ‘alt-text’). This is information which enables accessibility software to describe images to people using accessibility software and devices.
4. Uploading pdf format documents to GP websites. This format is not accessible and should be avoided.

Use a latest version of a GP website template

See section 1.4 for the reasons why it is important to use the latest version of a GP website template and how to check.

Publish an accessibility statement

As well as meeting accessibility standards, it’s a requirement that GP websites publish an accessibility statement. These are usually created by the website supplier for a practice and explain how accessible a practice website is.

Accessibility statements often reveal how much a supplier has prioritised and tested the accessibility of their website template.

It should be written in plain English and should cover:

- Whether your website is ‘fully’, ‘partially’ or ‘not’ compliant with accessibility standards.
- If it’s not fully compliant, which parts of your website do not currently meet accessibility standards and why (for example, because they are exempt, or it would be a disproportionate burden to fix things).
- How people can receive content that’s not accessible to them on the website through other means or channels.
- How to contact the practice or website supplier to report accessibility problems - and a link to the website that they can use if they’re not happy with your response.

Gov.uk has published a [sample accessibility statement](#).

Accessibility statement

This accessibility statement applies to the NHS website for England (www.nhs.uk).

We want as many people as possible to be able to use this website. This means you should be able to:

- change colours, contrast levels and fonts using browser functionality
- zoom in up to 400 per cent without the text spilling off the screen
- navigate most of the website using just a keyboard
- navigate most of the website using speech recognition software
- interact with most of the website using a screen reader (including recent versions of JAWS, NVDA and VoiceOver)

We also try to make the website text as simple as possible to understand.

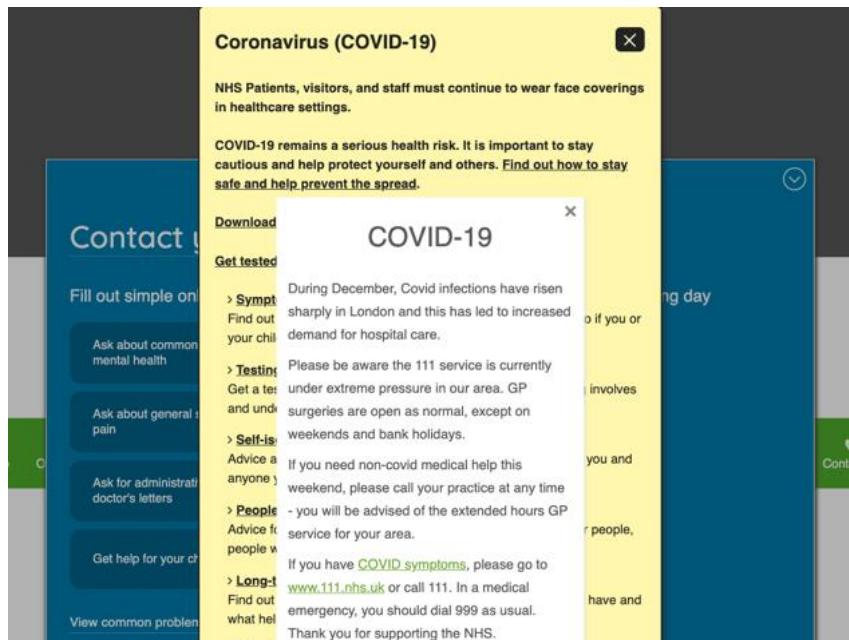
[nhs.uk accessibility statement](#)

Remove pop-up banners and overlays

Overlays or pop-up banners have become a common on GP websites. Our research has shown that they are creating significant issues for patients.

We found that 27% of participants who visited a site with an overlay as the first thing they saw struggled to get past the overlay, especially on mobile. This means these users did not read the website homepage.

An additional 5% of participants struggled to navigate overlays beyond the homepage.



Example of a GP website with three, separate overlays on top of the homepage

The problems with using overlays are:

- They create a barrier which many patients can't get past.
- They force patients to read information that often isn't relevant to them.
- Once the overlay has been closed, the information is lost as it's not stored anywhere else on the site.
- When there is a lot of content and links within an overlay, patients find navigating away from the overlay fiddly, especially on mobile. Having a scrollbar within an overlay creates usability issues.
- These issues are often magnified on mobile screens.
- Overlays can create accessibility issues.

Remove accessibility widgets and toolbars

Accessibility widgets are plugins that display as buttons, toolbars or overlays.

The widgets let users adapt the display to make it easier to read the text or have it read out to them. Some widget providers claim they make your website accessible.

The NHS Digital service manual recommends [avoiding accessibility widgets](#).

Scope also publishes guidance which states that [accessibility overlays do not improve site accessibility](#).



An accessibility widget covering information on a GP website.

Avoid using images and banners

It's tempting to want to make a website look visually interesting. This can push important links and information off the screen as well as creating accessibility problems. Remember accessibility is a legal requirement, making a website simple and uncluttered should be the goal.

The NHS Digital service manual has information about the [use of images on websites](#). Some basic rules are:

- Use images only if there is a real user need. Avoid unnecessary decoration.
- Do not use images that have words in them. Screen readers will not be able to read the words. This includes campaign banners and online consultation tool banners. When these are viewed on a mobile screen, they can end up being too small to read.
- Images must have text alternatives (alt-text) that describe the information or function they represent. Alt-text is not usually visible but is read out by screen readers to users or displayed if an image does not load or if images have been switched off. The NHS Digital service manual has advice on how to write alt-text.
- Images, text and components, like buttons, must use colours that have contrast ratios that meet the contrast minimum for AA of the Web Content Accessibility Guidelines (WCAG 2.1). This helps people with colour vision deficiency (colour blindness) who find it difficult to distinguish between certain colours, often shades of red, yellow and green.

Remove or avoid the use of PDF documents

HTML is the code for creating web pages. We avoid all non-HTML documents, including PDFs.

If you're designing content that people will read on a screen, create it as structured web pages in HTML.

Read more NHS guidance about [PDFs and other non-HTML documents](#). It contains information about how to create accessible PDFs and what to do about older PDFs.

Create, upload and check written content is accessible

Some GP website suppliers allow practices to upload their own content and images onto their website. This is a common source of accessibility issues on GP websites.

The NHS Digital service manual has guidance on [how to make content accessible](#). The manual covers:

- writing content that's easy to understand
- setting page titles
- using headings correctly
- writing good link text
- using alt-text for images
- making videos accessible
- using HTML rather than PDFs.

Some of these topics will be especially useful for practices who upload their own content to their websites.

We have found that many of the most common issues with GP websites could be solved if you:

- write using plain English.
- use short words, short sentences and short paragraphs.
- avoid medical and NHS jargon and technical terms.
- keep content to the point. [Use page titles and headings correctly](#).
- use a tool like the [Hemingway Editor](#) (content should be grade 4-5 or lower to be at a reading age of 9 to 11 years old).
- [write good link text](#) (this is the text that is usually blue and underlined that will take a user to a different webpage). This text needs to:
 - make sense out of context.
 - clearly describe where it will take you.
 - make it clear if you are leaving the website.

Testing the accessibility of GP websites

Accessibility audits undertaken by a specialist accessibility testing agency can cost up to £2-3,000 per website. They deliver a thorough report explaining how the site was tested, what issues were found and how they can be fixed.

These audits will test existing patient journeys through a website, but won't:

- show whether there is a process in place for creating accessible written content and images.
- keep the site and the journeys accessible going forward.

Different practices, PCN's and ICS's have adopted various strategies to maintain the accessibility of websites and patient journeys.

- Purchase a website template from a supplier who can provide documentation to support accessibility of their template. This must include an accessibility statement published on the practice website.
- Pay for support from their website supplier or have a process in place to review, upload and check all written content and images. This is to ensure they are loaded correctly and are accessible.
- Have the people and a process in place for creating written content that is:
 - well structured.
 - meets guidance in the NHS content style guide.
 - is tested for a 9 to 11 years old reading age.
- Sometimes this content creation process has been undertaken by:
 - creating a centralised content team at PCN or ICS level.
 - contracting third parties to provide that service to relieve the burden on practice teams.

If you need help or advice

If you would like advice or recommendations about finding a supplier to conduct accessibility testing, please email us at: england.pctqip@nhs.net

There are many resources online which can help.

- The NHS Digital service manual has good, general [advice about accessibility](#).
- Some useful tips from gov.uk about [getting an accessibility audit](#).

- Advice from NHS Digital about conducting an accessibility test (If you choose to use an in-house expert).
- Advice from gov.uk about testing for accessibility (This lists all the recommended assistive technology you should test with).
- Advice from gov.uk about user personas (The types of people you should design for and test with).

Ask for accessibility support through an ICS

We recommend having someone with accessibility expertise available in the ICS team to support GP practices to think through and test accessibility. Please ask your ICS if they have one in place.

Identify your data and analytics needs

Website suppliers are responsible for providing you with analytics and data reports. It's vital that they do this so you can see how your site is performing and where to focus your energy. Suppliers should provide insights along with the data, so all stakeholders know what the data means.

Website analytics rely on websites being built and tagged in a way that gathers useful data. Probing a supplier's expertise should indicate whether they invest in this as a source of information to inform the design of their websites.

Recommendations around what to ask for:

- Ensure reporting looks at both short periods of time (a week/month) and also longer periods of time (6 months/a year). This will give you perspective and show changes over time.
- Suppliers should provide you with information about who is coming to your website:
 - Visitor demographics (if available), like age, gender, location.
 - What devices people are using to access your site (split between mobile, tablet and desktop).
- Reports should also tell you what people are doing on your website:
 - User journeys through your website (these should reflect your website/patient goals) and any problem areas where users drop out of it before they've completed the task it was designed for.
 - Where people enter your site from (google or another site) and which page they initially land on.

Remember that analytics can only tell you so much and should be used with more qualitative information, for example, from user testing, from what receptionists' report patients call about, patient surveys and so on.

Analytics also provides useful information when it's time to decide about website content, for example, when new items have been added and you want to check they are being used and working as intended.

Part 2: If you're using a tender process

You may decide to run a competitive process and ask a range of website suppliers to bid to provide a single website, or a platform to deliver multiple websites.

There are many elements to include in a tender document. Below we have suggested specific items to make your website more usable and accessible. These can be added alongside the many other needs - service availability, pricing, delivery timetable etc.

(Skip to Part 3 for specific guidance on website design)

2.1 What your ITQ or tender document should include

- Make your usability ambition clear: Make an explicit commitment to delivering a step change in usability and accessibility of your digital journeys.
- Scoring: Weight usability and accessibility highly in your scoring matrix. Include assessments of supplier competence in both areas as well as the usability and accessibility of the proposed website or platform to host many websites.
- Pre-deployment user testing: Include a requirement for user testing prior to deployment and final payments. This should specify the testing organisation, the user profiles and standardised task-based tests and required acceptance criteria.
- Specific requirements:
 - Require suppliers to use the [NHS Identity Guidelines](#) when designing the look and feel.
 - Require suppliers to meet [NHS Content style guide](#), specifically, around reading age (and testing it), copy and language.
 - Require suppliers to use the [NHS Digital service manual's design system](#) (covering styles, components and patterns) if available.
 - Specify key parts of the user experience, for example:
 - Have five to six primary navigation items, including Home, Appointments, Prescriptions, About/Contact us.
 - Ensure on-site search is optimised so that search results display key tasks and reflect the language used by patients.
 - Ban suppliers from using overlays (boxes that sit on top of a webpage) for information. Instead use the [warning callout pattern in the NHS Design system](#).
 - Ban website suppliers from using accessibility tools that sit on top of your website (widgets/overlays). Sites should be built to be accessible from the bottom up and shouldn't need tools that make the text larger or change the contrast.

Further reading:

- A useful list of questions to include during the procurement process from Disability:IN
- A detailed toolkit for procuring accessible technology from Disability:IN

2.2 Screening suppliers for usability and accessibility competence

Proof of usability competence:

- Expertise: Ask for proof of a supplier's design capability and approach. Who leads on design for the organisation? Ask to meet with them. Probe their understanding of inclusive design, what specific groups of patients and their needs might need careful consideration?
- Experience with using NHS Digital service manual: ask suppliers if they are familiar with this key tool and ask to see projects they have created using it.
- Supplier product testing: what user testing programme do they have in place (if they are selling a standard template or product)? Who does the testing for them? Which profile of users do they test with? What is their test methodology, and can you see recent sample results? How often do they conduct usability testing?
- Iterative design: what is their approach to continuous improvement based on user feedback, changing technology and ensuring the site stays relevant to patients.
- Project testing: what specific usability testing are they proposing for your website before it goes live?
- Analytics: what analytics do they routinely collect? How are they displayed and what insights will they provide to help your organisation improve your website and overall service?

We can help with recommended user profiles, by sharing the participant screener (for user testing) and our standard user testing script. Please get in touch at england.pctgpip@nhs.net if you would like these.

Proof of accessibility competence:

- Expertise: ask for proof of accessibility expertise within the organisation. Who leads on accessible design for the organisation? Who is their developer or technical lead responsible for meeting WCAG AA standards? Ask to meet with them.
- Testing: what regular accessibility testing programme do they have in place (if it's an off-the-shelf product)? Who does the testing (is it a recognised reputable external

organisation)? Which profiles of users do they test with? What is their test methodology, and can you see recent sample results?

- Project testing: what specific pre-deployment accessibility testing are they proposing for this project?
- Keeping the site and content fully accessible: when new content and images are uploaded how will the accessibility of this content be maintained?

Part 3: Designing a highly usable GP website

This section is to help anyone involved in designing your new website or updating an existing website. You can pass this on to web designers and developers to review or you can use it as a checklist in discussions with your supplier.

A couple of points before we start:

- For a website to be truly usable, every element needs to be in place, so try to implement all of the following points.
- Websites need constant maintenance – they are never ‘finished’. Maintaining the content can often change the usability and accessibility of a website over time, so it's important to think about the long-term maintenance when designing a new or improving an existing website. Focusing on only having essential content makes this easier.

If you are interested in reading more about core principles behind good digital design, the **NHS service standard⁴** is an excellent resource. It is designed to help teams:

- Meet the GOV.UK service standard.
- Address the different needs of health service users.
- Navigate the complexities of delivering digital services in health and care.

⁴ <https://service-manual.nhs.uk/standards-and-technology/service-standard>
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3.1 Have less written content

Appointments

Pre Bookable GP Appointment
Same Day GP Appointment
Last Minute GP and Nurse Assessments
Telephone GP Appointment
Practice Nurse Assessments
Health Care Assistant Appointment

Please note that due to the current pandemic we are unable to offer pre-booking slightly differently to before. We are mainly telephone triage appointments available between 08:00 and 11:00am and 14:00 and 17:00. Please be assured that if you need to see us face to face then our Doctor will arrange this after speaking to you.

We have a range of appointments that can be pre-booked for the Doctors up to 2 weeks in advance. These include Telephone Appointments and also some Face to Face appointments. Face to Face appointments can be booked if there is a clinical need to see you.

Appointments with the Doctors are available from 07:15-09:55 (Tuesday-Thursday), 09:35-11:00 (Monday-Friday), 12:30-14:00 (Tuesday-Friday) and 16:00 and 16:30-17:30 (Monday-Friday). Appointments with the GPs are 10 minutes long. We do not offer book double appointments unless the GP requests this through reception and must be booked using the prebookable service. This is to ensure we have time to introduce this policy due to the high number of patients booking double appointments. There are not needed which unfairly blocked off appointments which could have been used for other patients.

Appointments with the Nurses are available from 09:00-09:55 (Tuesday to Thursday), 09:00-12:30 and 13:00-16:30. Appointments with the Nurses are available from 07:20-08:00 (Tuesday to Thursday), 08:00-10:30 (Monday-Friday) (Monday to Friday). The nurses appointments vary in length depending on the complexity of the appointment. Reception staff will always ask what you are coming to see the nurse about to enable us to allocate the correct length of time for your appointment.

We operate in a general and you can make an appointment with any doctor or nurse; however, it is beneficial to you that you try and see the same GP or nurse where possible. If you are unable to see this GP or nurse on an annual leave or fully booked then you can see any other GP or nurse who is available. If your appointment is urgent then you may not be able to see the doctor of your choice. Our aim is to provide as many pre-bookable appointments and less "pre-bookable".

However, to achieve this we need your help. Please try not to book appointments. However, to achieve this we need your help. Please try not to book appointments in advance just in case" you need seen as our aim is to be able to see you on the day you feel you need one. There will of course be occasions when this will not be possible and we will understand, but we will try our best to minimise this situation. Please remember to let us know if you are unable to attend by either phoning reception, popping into the surgery, replying to your reminder letter or using our cancellation form on the main menu on the website.

Pre-Bookable GP Appointment

34% of our appointments can be booked up to 12 weeks in advance and the earliest to pre-book is normally about 4 weeks away. This is depending on demand and capacity of the practice. We do not go further away. The pre-bookable appointments are mainly early in the morning (07:15-09:55), 14:00-16:00 or late in the afternoon (17:00-17:30) with a few scattered mid afternoons. Patients fail to turn up for their pre-booked appointments. Please remember to let us know if you cannot attend your appointment.

Same Day GP Appointment

79% of our appointments are this type. Morning appointments for the same day are released at 08:00. Afternoon appointments for same day are released at 11:00. We have approximately 130 same day appointments per day. This figure can vary depending on annual leave and availability of staff. Please be aware that this is not attached to the practice but here's as out with holiday cover. Please remember to let us know if you are busy so we ask all patients to be patient with us and we will do our best to accommodate you.

Please call at the release times stated above. If left later than 08:00 or 11:00 it will be too late to book a same day appointment. Phone lines can be very busy due to our patient list size. Please be patient with us and we will do our best to answer calls at the busy periods.

Practice Nurse Appointments

We offer these appointments between 07:15 and 15:30 (please see the break times and "Early Morning GP and Surgery Times" tab on this page). All Nurse appointments are pre-bookable. Our practice offers a range of different types of procedures including: dressings, ear syringes, injections, vaccinations, specialist nursing, health checks etc. Please note, the labs need to be done by 14:00 as our collection is at 16:00 precisely.

Early Morning GP and Nurse Appointments

On a Tuesday, Wednesday and Thursday we operate "early surgeries" between 07:15 and 09:55 and are pre-booked to meet patient needs. It is important to see the doctor during normal opening hours due to work commitments. These appointments can be booked up to 2 weeks in advance.

Telephone GP Appointment

We offer between 11 and 20 pre-callable telephone consultations each morning. These are suitable for follow up appointments, medication queries (not repeat prescriptions), travel advice, non-emergency out-of-hospital visits etc. They are not suitable if the doctor will need to examine you. Please remember to let us know if you are unable to attend by either making an appointment or calling us directly on the phone.

Health Information

Primary Care Services
Report a Health Emergency
Non-First Services
Video Library, Health and Care Videos
Hours A-Z
Medicines A-Z
Test Results
Care Information
Find a Local Service
Appointments
Surgery Times
Practice Opening Times
Sophyline System
Contact Your Appointments
Out of Hours
Home Visits
Travel Vaccinations

A 1000-word appointment page creates a huge barrier for many users

Our research

The quality of written content is a major factor in whether web journeys are usable and accessible for all patients.

Too much written content is a major barrier for patients with moderate to low written English and digital confidence. It was one of the most common hurdles we saw in user research that led to patient users being able to find tasks on GP websites.

Patients found it hard to navigate websites with:

- too many sections and sub-sections

- sections labelled using language that was unclear to them.

This means the useful information gets lost and patients struggled to find what they were looking for. Patients with literacy challenges found this especially challenging.

We found that users would not even attempt to read paragraphs explaining the appointments system in a lot of detail. They would just hunt for the link or button indicating the start of their task.

On many GP websites we tested, the links to start tasks are hidden in long paragraphs of content. This means many users were unable to find the link to start their task.

Decluttering can be difficult, but brings benefits

Creating highly usable and accessible content:

- requires appropriate skills.
- takes time to create.
- takes time and effort to maintain.

Having as few pages as possible reduces the job of maintaining a website.

Decluttering your website can be difficult, especially when there are many stakeholders wanting to add pages and information. It's tempting to think that all the information is important, but patients will not read most of it.

There are many benefits to reducing the content on your website.

- You create a highly usable website that focuses on the key tasks patients want to achieve.
- Your content is far more likely to be up to date and relevant.
- You reduce the time and cost of writing and maintaining content.

Have fewer pages on your website

- Start with analytics to look at pages that have had the least traffic and consider removing or cutting down these pages.
- Consider linking to national content on www.nhs.uk rather than maintaining content on your own website.
- Add timestamps to your pages. Use auto removal settings to remove or retire pages or schedule regular checks to review the freshness of content.

Remove or use fewer words on individual web pages

Keep the number of words patients need to read to a minimum.

This means editing the content many times to reduce the:

- length of sentences
- number of sentences
- number of paragraphs.

Home
Access to Medical Records
Complaints Policy and Procedure
Covid 19 and Proof of Vaccination
National Data Opt-out (opting out of NHS Digital sharing your data)
Non-NHS Service
Private Referrals and Private Prescriptions
Appointments
Online Access (Prescriptions)
Referrals
Coronavirus information for Patients
Clinics
Remote Consultations
Your Health Information
Contact Us
Doctors & Staff
Data sharing & GDPR
GP Earnings
Online Symptom Checker
Register with the Practice
Practice Area
Practice News
Patient Participation Group
Accessibility Statement

≡ Hide Main Menu
Home
Appointments
Prescriptions
Services
Practice Information
Health Information & Support
Contact Us

The 6 item menu of a GP practice website (including Home)

The 24 item menu of a GP practice website

The NHS Content style guide has excellent guidance on how to write clear, accurate and concise content. For example:

- we keep content to the point.
- we use short words. For example, we prefer “have” or “get” to “experience” in phrases like “if you experience headaches”.

- we use short sentences – up to 20 words.
- we use short paragraphs – up to 3 sentences.
- we use subheadings and bulleted lists to help users find what they need.
- we use the active voice – “find a pharmacy” rather than “a pharmacy can be found”.

3.2 Creating usable and accessible content needs to processes

Recommendations

- Make sure the staff writing the content for GP websites have skills and experience in writing digital NHS content.
- Download and adapt NHS England written content templates for key website pages, they are in section 5 of this document.
- Use the **NHS Content style guide** to write content that is highly usable and accessible.
- Use the **Hemingway Editor** to test the reading age of all written content. All written content should be understood by 9 to 11 year olds (Grade 4-5 or below).
- Consider sharing content across local practices in your PCN, ICS or GP federation that can be created once and used on all practice websites.
- Consider creating a role with local practices in your PCN, ICS or GP federations that creates highly usable and accessible content for multiple practices.
- Ask your website supplier to provide a service to upload all content for you and check to ensure it is accessible. Alternatively, have someone who has the necessary skills to ensure all written content is coded for accessibility and checked once it is uploaded.

The screenshot shows a mobile-optimized version of the NHS Digital service manual. At the top, there's a blue header bar with the NHS logo, a 'Menu' button, and a search icon. Below the header, a back navigation link '[Back to Home](#)' is visible. The main content area has a light grey background and features a large heading 'Content style guide' in bold. Underneath, a sub-section title 'How to write for digital NHS services.' is followed by a paragraph explaining the purpose of the style guide: 'This style guide is for anyone creating content for the NHS, to help make things clear and consistent across all of our services.' Another paragraph states, 'It's meant as a guide, not a rulebook. You're welcome to adapt a style pattern if it does not meet your users' needs.' At the bottom of the content area, there's a note: 'Check the [GOV.UK A to Z style guide](#) and [GOV.UK content design guide](#) for any points of style that'. Below this, a section titled 'NHS Digital service manual 'content style guide'' contains a callout: 'email the service manual team' to see if anyone has any experience of or research insight into the issue.'

Good written content

Meets patient needs.

- Patients want to know what to do and how to do it.
- Use language that patients would use, not language used in GP practices.

- Avoid explaining why or how a process exists, just tell patients what to do.

Is well structured.

- Group the written content into different sections.
- Have clear headings. This helps patients who struggle to read a lot of text. Meaningful headings help patients with access needs to navigate web pages.

Has clear links.

- Keep the words on the link short.
- Start with a verb, for example: "Request an appointment" or "Register with the surgery".
- Links should describe where they're taking the user. Do not use link text such as "click here" or anything that does not make sense when read out of context.

Is concise and clear.

- Use plain English and aim for a reading age of 9 to 11 years old.
- Check all additional text with the [Hemingway Editor](#).
- Be concise. Use short words, short sentences and short paragraphs. This requires many edits, reducing the words to their core message.
- Avoid jargon. Check words are understandable to patient by using the [A to Z of NHS health writing](#).

Creating good written content requires training and skills

Creating highly usable and accessible written content for websites requires many skills. These include:

- writing in plain English to a reading age of 9 to 11 years old.
- using words and phrases a patient would use and are recommended in the [A to Z of NHS health writing](#).
- structuring pages using page titles and headings.
- writing good link text.
- writing and editing skills.
- experience of using the NHS content style guide.
- testing and editing content for a low reading level.
- knowledge of accessibility requirements.

Government Digital Service (GDS) run a [content design course](#) as part of their user-centred design training courses:

The [NHS Digital service manual slack workspace](#) has a channel where you can ask the community questions about content.

Have a process for creating highly usable and accessible written content

Practice staff often do not have the time to develop and maintain the skills needed to create good written content.

Practices have developed content creation processes in different ways to reduce the burden on practice staff.

- By asking website suppliers (or other parties) to provide a ‘content writing’ service.
- Sharing ‘content writing’ services across PCN, ICS or GP federation to create content once for many practices.
- Using and adapting NHS England tested copy templates.

Adapting NHS England content templates for key website pages

We recommend using written content templates for key pages. They are available in section 5 of this guidance.

They have been tested with patients with lower levels of written English and digital confidence to ensure that patients can easily find the right section and the information is clear.

They have been developed with GP practices, suppliers and the NHS Content style guide team.

At the time of writing (May 2023) there are templates for the following GP website pages:

- Appointments
- Prescriptions
- Contact us
- Test results
- Sick (fit) notes
- Changing your contact details
- Register with the surgery
- Accessing someone else’s information (proxy access)
- Managing your health online (online services)

How to use the templates

- Change the words or sentences to reflect your process.
- Try to change as little as possible.
- Change or remove words or sentences that do not reflect your process.
- Try not to add anything that patients do not need.
- If you do write additional text:
 - use the [Hemingway Editor](#) to make sure it meets a reading age of 9 to 11 years old (Grade 4-5)
 - be concise. Use short words, short sentences and short paragraphs. This requires many edits, reducing the written content to their core message
 - avoid jargon. Use the [A to Z of NHS health writing](#) to check words are understandable to patients.

Have a process to review, upload and check written content

Once written content has been created it needs to be uploaded to the content management system of a website. It also needs to be checked to ensure it is displaying correctly on the website.

This means checking that:

- the written words are in place
- that main headings and sub-headings are styled correctly
- that there is space between paragraphs that make it easy to read
- that web links are clear and link to the right web pages and information.

If this is done correctly, it will contribute to the accessibility of the website. If it is not done correctly, it will mean that the website isn't meeting the legal accessibility requirements.

This often requires technical expertise to use the upload tools and to check and correct formatting issues.

Many practice staff find it hard to find the time to learn and maintain these skills.

Many practices, PCN's and ICS's have solved this problem in the following ways.

- By asking website suppliers (or other parties) to provide a 'content upload and check' service.
- Creating a staff role within a PCN or ICS who provides 'content upload and check' service.

3.3 Making text in links and buttons clear (calls to action)

Linking to tasks

Getting a user to the right page is important but enabling them to find what they are looking for when they get there is just as important.

Calls to action are buttons or links that start users on a journey or link them to somewhere else where they can start a task. The words used on these calls to action and the visual design of them are both important.

The NHS Digital service manual has guidance on this:

[NHS Design guidance on using buttons.](#)

[NHS Design guidance on using calls to action that signpost the start of a digital service \(action links\)](#)

[NHS Content guidance on writing good links](#)

Health A to Z

Your complete guide to conditions, symptoms and treatments, including what to do and when to get help.

 [Go to the Health A to Z](#)

Example of a clear call to action button

What our research showed

In our research, all the key tasks we asked people to find on GP websites were well understood by users. Many had experienced them before and knew what they were trying to achieve.

Users bring this ‘mental model’ and associated keywords with them when they approach a website. These keywords are critical. These are the key words users scan the page for, look for in the navigation or enter into search boxes.

Recommended calls to action for key tasks

We recommend using the following calls to action for key patient tasks which include the words most people are searching for:

- Make, change or cancel an **appointment**
- Get a repeat **prescription** online
- Get a **sick note** for work
- Get **test results**

- **Join the surgery**

(Participants varied between ‘register’ or ‘join’ the surgery. ‘Register’ was often confused with other items you can register for, for example, ‘Register for Patient Access’.

Avoid adding lots of tasks that patients aren’t looking for on the homepage

We found that the more options users had on a page, the more likely they were to be unsure which to choose. This led users to get lost and confused and less likely to find the task easily.

3.4 Creating a highly usable main menu

Recommendations

- Main menus should not have more than seven items.
- Main menus should not have sub menus (items that appear, usually on hover, below each main menu item)
- We recommend having six menu items:
 - Home
 - Appointments
 - Prescriptions
 - Services
 - About the surgery
 - Contact us
- We do not recommend including ‘News’ in the main menu. See section 3.12.

Our research

The main menu on a website is one of the ways patients navigate a GP website, especially when the menu is visible (usually on a desktop screen). It shows the top-level structure or categories of information on your website. Every piece of information, task and link will live within one of these categories on the website.

The main menu on a website is one of the main ways patients navigate a GP website, especially when the menu is visible (usually on a desktop screen). It shows the structure or categories of information on your website. Every piece of information, task and link should be grouped under these menu items.

User research with patients showed that patients come to GP websites to start a few key tasks.

Patients need to find these tasks in the main menu, or easily understand which section the task will be in.

When tested, menus with ‘appointments’, ‘prescriptions’ and ‘contact us’ were highly usable and had high task completion rates.

Our research found that often people weren’t sure where to look for some key tasks. On websites with a lot of menu items, patients would have to go in and out of multiple sections before finding what they were looking for. Having fewer items in your main menu will make it easier for patients.

In our research, we found that patients have keywords in mind when they come to the website to do something. For example, they are looking for ‘appointment’ or ‘prescriptions’. Websites that use patients’ own language and match their mental models were more usable.

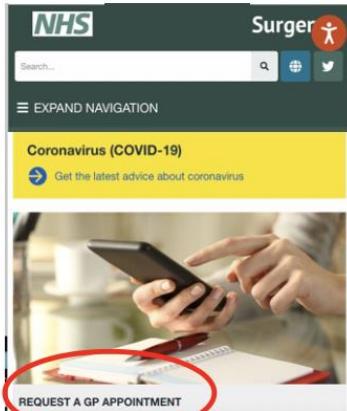
Patients then used three different strategies to find the starting point for key tasks:

1. Scanning the homepage calls to action for their keywords.
2. Scanning the main menu for their keywords.
3. Entering keywords into the search box and then scanning the search results for their keywords.

When all three strategies were supported, the website was more usable.

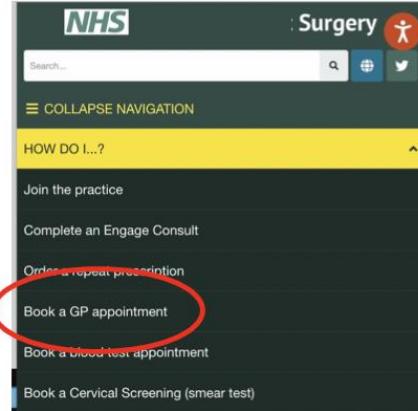
Scanning the homepage

for their keywords in
homepage calls to action.



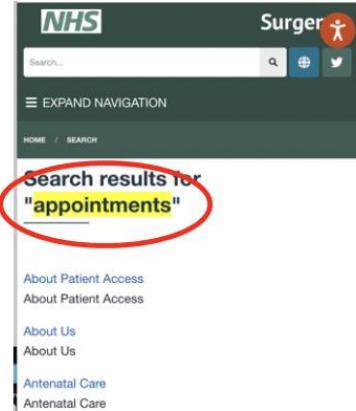
Scanning primary navigation

for their keywords in section
headings.



Entering keywords into search

for their keywords and then
scanning search results returned.



Example of the three different strategies to support users find the starting point of key tasks

When 'Home' is included in your main menu, patients will use it to get back to where they started. Most patients do not know that the logo in the header of a website takes you to the homepage.

What content should be in each section

Home - should link patients back to the homepage.

Homepage should include quick links to the seven most important patient tasks, but these tasks should have a permanent location in another section.

Appointments - containing information from the written content template in section 3.8.

Prescriptions - containing information from the written content template in section 3.9.

Services - with links to pages on:

- Getting a fit (sick) note
- Getting test results
- Vaccinations
- Self-referral
- Registering with the surgery
- Accessing someone else's information (Proxy access)
- Clinics
- Healthy living and local support services
- Submit readings
- Managing your health online (online services)
- Accessing your health record

About the surgery - with links to pages on:

- Surgery staff
- Surgery policies and procedures
- Complaints and feedback
- News items or blog
- CQC rating
- GP earnings
- Accessibility statement

Contact us - containing information from the written content template in section 3.10.

3.5 Making your primary navigation and search box visible

Primary navigation (menu)

Make sure your menu is visible and open on a wide screen, for example in a browser viewed on a desktop computer. When the site is viewed on a narrow, mobile screen, don't use an icon to represent the menu, for example a hamburger menu icon (an icon with three horizontal, stacked lines). Users often don't understand these icons and ignore them. For a narrow, mobile screen, use the word 'menu' or 'more' instead.

nhs.uk use a 'combo navigation' on a mobile width showing the first two items in the menu and having 'more' option which expands the rest of the menu.

Search

Always make the search box visible and open, with word 'search' used somewhere in the component. how it's done on nhs.uk is a good guide.

Our research showed

When the search is only indicated using a magnifying glass icon, participants were less likely to use the search when looking for tasks.

When the search field is visible and especially when the word 'search' is used around that component, this feature is far more likely to be used.

This is especially important on mobile as people are more likely to use the search function.

3.6 Creating a highly usable homepage

The homepage of a GP website should provide quick links to all of the most commonly used tasks for patients. This will enable patients to quickly complete tasks and creates a positive user experience.



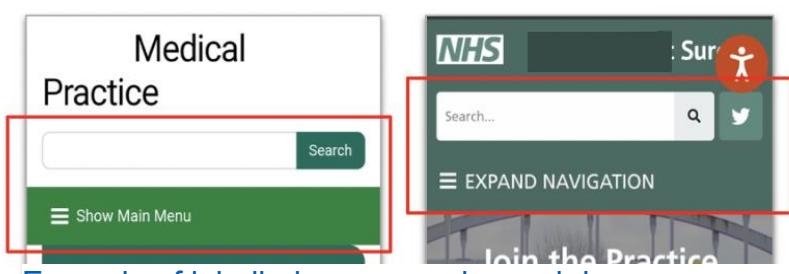
Unlabelled menu and search icons are not noticed by users



screen,
a

the
Seeing

Example of a 'combo navigation' on a mobile



Example of labelled menus and search icons

Our research found that the homepage is the first place that 80% of users will look when searching for a task on a GP website. If the task is visible, high up on the homepage, and clearly labelled, it's much more likely to be found quickly and easily.

Recommendations

- Put all key tasks high up on the homepage
- Don't have paragraphs of text on the homepage, just have tasks and calls to action
- Make sure useful information like opening times and the practice phone number are visible on the homepage (these can be in the header and footer).

3.7 Channels patients can use to contact a practice

Recommendations

- Fax contact details should be removed from GP practice websites now [use of fax machines has been retired across general practice](#).
- Email should not be used by patients for clinical requests and should be removed from highly visible sections of GP practice websites. For example 'Contact us' pages.
- Email contact information may be appropriate in limited, specific circumstances. For example, for the purposes of making a formal complaint
- Online contact forms on GP practice websites (that are not online consultation tools) should not be used unless the website template provider has completed clinical safety assurance (hazard log and clinical safety case report) signed by their clinical safety officer which can then be assessed by the ICS clinical safety officer as part of local assurance.
- Patients should be encouraged to make clinical requests to practices online via online consultation tools (directly through the tool or using the tool via the NHS App).
- Patients should be encouraged to make administrative requests to practices online via online consultation tools or if for specific self-serve tasks such as cancelling or rearranging an appointment, ordering a repeat prescription or checking test results using the NHS app or other practice system facing app.

3.8 Explaining which contact channels patients should use

Recommendations

- GP websites should include an ‘Appointments’ page and ‘Contact us’ page. These should explain to patients the different digital and non-digital channels they can use to contact the practice for clinical and administrative requests or help.
- Explain and link to the online channels you want patients to use. Provide this information within the written content about key patient tasks, for example online channels patients can use to request clinical help online.
- Download and adapt NHS England written content templates for your key website pages. They are in section 5 of this guidance.
- Do not rely on supplier banners or generic content. Explanations should be tailored to your practice process and linked to each patient task. For example, advice on requesting a sick note should link to the appropriate form or section in an online consultation tool. Advice about options for requesting repeat prescriptions should link directly to online options.
- Use the ‘Managing your health online’ written content template to create a web page to explain to patients which tasks they can use different digital tools for and how to get started. These tools include online consultation tools, the NHS app or practice system apps like Patient Access and SystmOnline. This content template is in section 5 of this guidance.

Our research

User research with patients showed that many patients find it confusing to understand the different ways they can contact their GP practice.

There are multiple channels and different supplier products for different tasks, for example:

- Forms on the website.
- Online consultation tools.
- The NHS App.
- Patient facing clinical system websites and apps.

In user testing many patients confused different apps or brands. They often got lost or confused when moving from one website to another.

User research showed that many patients also found it hard to understand where on a GP website they needed to look for information on the options for achieving a task and how to start a task.

To address these difficulties, we recommend all GP websites include three key pages; appointments page, prescriptions (and medications) page and contact us page. These should include clear explanations for when and how patients should use different digital and non-digital channels.

Appointments page

Although patient requests are often dealt with without needing an appointment, asking for an appointment is often patients' intent. Putting the different access options on an appointments page will help patients navigate to the right digital channel or product more easily and reach their goal more quickly.

Prescriptions page

Many practices offer different options for patients to be able to order a repeat prescription. The prescriptions page needs to explain simply to patients the options they do and don't have.

For example, many practices encourage patients to use the NHS App to order repeat prescriptions where possible. They also offer offline options, for example dropping a paper repeat slip into the practice. Many practices no longer routinely take repeat prescription requests over the phone, so they explain the limited circumstances in which they will do this.

Contact us page

The contact us page should include contact information, opening times, directions and accessibility information for the practice.

Patients will sometimes go to a 'Contact us' page for information about requesting an appointment. Having links to the 'Appointments' page from here can be helpful.

Urgent Appointments

You can request an urgent appointment for today or tomorrow (Monday to Friday) by:

- [Completing an online form](#).

We will respond when we are open. We are open Monday to Friday, 8am to 6.30pm

- [Phone](#)

Monday to Friday, 8am to 6.30pm

- [Visiting the surgery and speak with a receptionist](#)

We are open Monday to Friday, 8am to 6.30pm. When you get in touch, we'll ask what you need help with. We will use the information you give us to choose the most suitable doctor, nurse or health professional to help you.

Your Appointment

However you choose to contact us we may offer you a consultation:

[An example of how a GP practice has adapted our written content templates to explain their appointments process](#)

3.9 Appointments page

Recommendations

- Download and adapt NHS England written content templates for key website pages. They are in section 5 of this guidance.
- See section 3.2 about the processes needed for creating and uploading highly usable and accessible written content.
- Have clear sections explaining how to request urgent and routine appointments.
- Do not use the term ‘online consultation’ anywhere on a GP website and avoid using supplier banners or brand names.
- Use ‘request an appointment online’ to direct patients to online consultation forms when they want to request clinical help.
- Use the description of the relevant task to direct patients to online consultation forms to make other requests. For example, ‘get a sick note’ or ‘request test results’.
- Include links to the online consultation form in the sections where you want people to use this contact method. Put this option alongside other contact options available for these tasks.
- Do not use the term ‘emergency appointment’ in general practice to avoid confusion with A&E and life-threatening symptoms.
- Use the following terms which have been tested with patients:
 - Use the word ‘consultation’ for all contacts with a doctor or other healthcare professional in response to a patient, regardless of channel. ‘Our doctors may consult with you face-to-face, by phone, by video call or by text or email’.
 - Use ‘by text or email’ not ‘secure message’.
 - Use ‘doctor, nurse or other healthcare professional’ not ‘clinician’ or ‘healthcare professionals’.
 - Do not use the word triage. Use “we will look at the information you give us and decide the most suitable person for you to see and when they are available”, not “your request will be triaged”.
 - If you are directing people to tools like the NHS App or other patient facing tools explain exactly what patients can use the tool for, for example: ‘You can use the NHS App to book your smear test and childhood vaccinations’.

Our research

The appointments page is the most critical page on a GP website for patients.

Our research showed the appointments page is the ‘go to’ page for patients. Most patients ‘want a doctor’s appointment’ or help from another healthcare professional.

‘Appointment’ is a keyword that patients look for, so they visit the appointments section for information about how to request and secure a consultation.

This should reduce the number of patients using channels the practice does not want patients to use, at times that aren’t helpful to the practice.

The model of general practice is changing

Patients now have more ways to contact their GP practice (phone, walk-in and online). Their requests may be processed differently (for example, being care navigated or triaged). They may be contacted by a doctor and other healthcare professionals and offered consultations in a variety of formats.

Some or all the elements of this model are new to many patients so it’s crucial to work on explaining this to patients in the simplest way possible.

Ways to do this are:

- Section headings should reflect patients’ needs. Writing this page from the perspective of a patient seeking help, rather than a practice wanting to explain their process will make this information usable.
- Written content must be clear and concise.
- Patients should have all the information they need in one place to make contact. For example:
 - the practice phone number
 - opening times
 - the link for an online consultation form
 - how long they might have to wait for a response
 - how they might receive a response.

Urgent and routine GP surgery appointments

GP appointments are often labelled as emergency, urgent, routine. Our research found that patients all have different perceptions of what these terms mean.

Using a timeframe, for example: ‘Urgent appointments for today’, will clarify these terms and help patients choose the correct appointment type.

The way patients and GP practices categorise different appointments varies. It’s important to group appointments in a way that makes sense to patients to make them understandable.

Patients view appointments by how soon they feel they need to be seen or the type of appointment they need. For example: 'I need a flu jab' or 'I need an appointment today'.

Patients do not categorise appointments by the channel they use to get in touch, or the mode of consultation.

We do not recommend the use of the word 'emergency appointment' in general practice to avoid confusion with A&E and life-threatening symptoms.

Online consultation forms

Using a form or answering a series of questions around symptoms is often a new concept to patients. Our research showed the term 'online consultation' is:

- unfamiliar to patients
- misleading. They think it means they will have a consultation with a doctor online (rather than complete a form).

When we asked patient users what the term 'online consultation' meant, 83% didn't know or were unsure.

3.10 Prescriptions page

Recommendations

- Download and adapt NHS England written content templates for key website pages. They are in section 5 of this guidance.
- See section 3.2 about the processes needed for creating and uploading highly useable and accessible written content.

Our research

This is one of the three critical pages on a GP website.

Getting a repeat prescription is the second most important task for patients accessing a GP website. It's a task that is repeated regularly and, of the users we spoke to, is the task that many are most familiar with. The aim of the prescriptions section should be to provide information about:

- ordering repeat prescriptions
- collecting your prescription, including information about nominating a pharmacy
- medication queries
- medication reviews
- prescription charges

- disposing of old medication
- about pharmacies.

3.11 Contact us page

Recommendations

- Download and adapt NHS England written content templates for key website pages. They are in section 5 of this guidance.
- See section 3.2 about the processes needed for creating and uploading highly useable and accessible written content.

This is one of the three critical pages on a GP website. This section should align with GP practice profile pages on nhs.uk.

This section should contain:

- practice phone number
- address and directions
- opening times
- out of hours contacts
- building accessibility
- parking.

Opening Times

Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Weekend	closed

Out of Hours and Emergencies

If you need medical help now, use NHS 111 online (111.nhs.uk) or call 111.

111 online is for people aged 5 and over. [Call 111](#) if you need help for a child under 5.

[Call 999](#) in a medical or mental health emergency. This is when someone is seriously ill or injured and their life is at

An example of how the written content template for the Contact us page has been adapted on a GP website.

3.12 Remove all pop ups and overlays

Overlays/pop up banners have become a common feature on GP websites. Our research has shown that they are creating significant issues for patients.

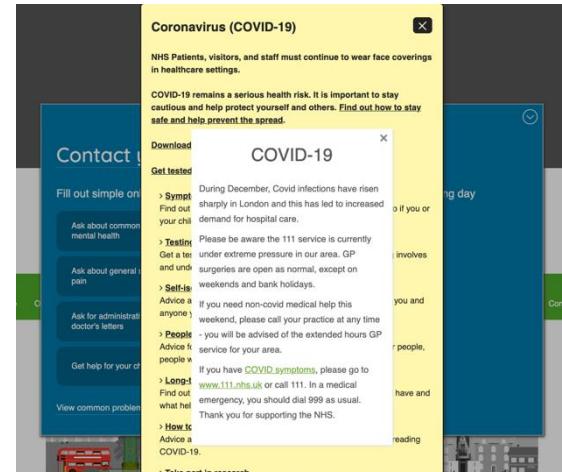
We found that 27% of participants who visited a site with an overlay as the first thing they saw struggled to get past the overlay, especially on mobile.

An additional 5% of participants struggled to navigate overlays beyond the homepage.

The problems with using overlays are:

- They create a barrier which many users can't get past.
- They force users to read information that often isn't relevant to them.

- Once the overlay has been closed, the information is lost as it's not stored anywhere else on the website.
- When there is a lot of content and links within an overlay, users find navigating away from the overlay fiddly, especially on mobile. Having a scrollbar within an overlay creates usability issues.
- These issues are often magnified on mobile.
- Overlays can create accessibility issues.



Example where there are three, separate overlays on top of the homepage.

What you can do about it

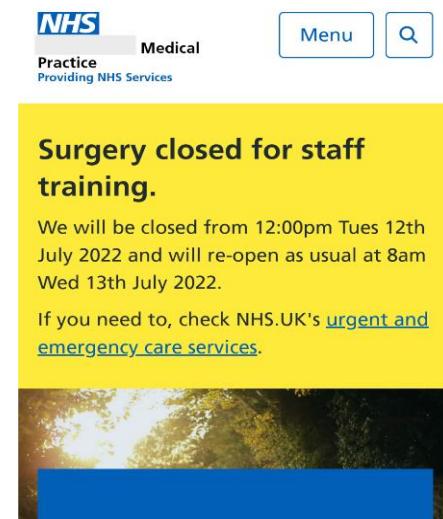
It's important that information on a website lives in the most suitable location. If the information is important, it should be within the site, not on a temporary overlay that, once dismissed, is gone.

Information that has a timeframe, for example, practice closure, should be on the pages to which that information relates (the appointments and contact us pages) and should automatically disappear once it's no longer relevant.

GP website suppliers should have strategies for implementing changing NHS directives, for example, COVID-19 broadcasts, in a way that doesn't create barriers for users.

Different, unrelated pieces of information should be separated, and each put within the relevant pages on the website, rather than put in one big section on an overlay or on the homepage.

NHS design system recommend embedding emergency or urgent information within the page.



Example of urgent information embedded within the page.

3.13 News pages and social media

Recommendations

- Prioritise making sure your website is highly usable and accessible before starting social media.
- Do not have a news section in the main menu.

Understanding

- Understand different types of information and ask:
- Who needs to see this information?
- Where is the best place for this to reach them?
- What action do you want them to take once they have seen it?

Choosing the right location for information:

- **For very urgent information:** use a [warning callout](#) from the NHS Design system for very urgent information.
- **For service specific information:** add the content to the relevant page. For example, add information about medicines supply issues to the prescriptions page.
- **For health information relevant to specific patients:** consider whether more targeted channels will be more successful. For example, eligibility for flu vaccinations or childhood immunisation campaigns aimed at parents consider sending text messages (with a link for booking) about a flu clinic to relevant patients and carers.

Use warning call out bars for very urgent information

Use a [warning callout](#) to help patients identify and understand warning content on the page, even if they do not read the whole page.

Use this callout for information that:

- is time critical
- could have a significant effect on someone's health
- addresses a common or significant misconception or mistake.

Warning callouts should be used very sparingly and should have an expiry date or should be removed as soon as they are no longer relevant.

Add specific service information to appropriate webpages

If you're planning to close for bank holidays or training, this information should be in the opening times section in Contact us.

If there are temporary supply issues with medications, this information should be included in the Prescriptions page.

Choose the most impactful channel to reach the right patients

For health information relevant to specific patients (for example eligibility for flu vaccinations or child immunisation campaigns aimed at parents) consider whether more targeted channels will be more successful.

For example, sending text messages (with a link for booking) to relevant patients and carers.

We have seen practices using medical translators to phone patients with lower levels of English to share important health information messages and encourage them to book screening tests.

News pages

News pages can appear to provide an easy answer for practices wanting to update patients. However, most patients are not searching for news and do not go to these pages.

It's important for all new information on a GP website to be put in the relevant category.

You can check the amount of times news pages are visited (compared to other pages) by looking at the analytics data for the website. Ask your supplier for help and regular reports.

Social media accounts

Creating content, building audiences (getting followers) and moderating conversations on social media accounts takes time and effort.

We recommend focusing on making your website highly usable and accessible for patients before tackling social media.

Practices need to think carefully about the needs of the patients they serve, and the resources needed to create content for social media and the impact and value for the practice.

For example, 'university practices' with a high number of student patients have seen higher use online consultation forms for contact and social media for communications.

3.14 Translation and supporting patients' language needs

Recommendations

- Understand and record patient language support needs.
- Understand which information or touchpoints are critical.
- Make written content clear and simple for everyone, including for translation tools.
- Understand and manage translation risk.
- Use solutions that are appropriate to individual situations.
- If you have a translation tool on your website, make sure it's embedded in the page, not an overlay that sits on top of other content.

Our Research

Many patients whose primary language is English experience literacy challenges. Understanding and addressing their needs are covered in earlier sections.

This section focuses on supporting patients whose primary language is not English and how to understand and design digital services that meet some or all of their needs.

People often have different levels of skill in speaking, reading and writing English. The move from a 'verbal model' of accessing the NHS on the phone or in-person to a 'written model' of access is a big change that affects many patients.

Some of the challenges we saw in research with patients and practices:

- The challenge for some patients of moving from spoken communication (on the phone) to a reading and writing model (via digital journeys).
- Patients with lower levels of literacy and/or working in a second language having to rely on informal translation support from friends and family members. The barriers this presented when discussing personal medical matters.
- Patients with concerns about spelling or typing abilities using voice to text functions on mobile phones to assist in entering information into forms.
- Patients' frustration at using translation tools embedded into some GP websites which then are not available when they click into the next stage of the journey (for example clicking from GP website into an online consultation tool).

Patients use of translation tools:

- In person in the practice, speaking into an online translation app on their phone to communicate with reception staff.
- Patients writing messages into an online translator then copying and pasting them into a text, OC or email message to the practice.

- Practices facing challenges when new patient groups join the practice with language supports needs, sometimes at short notice.

Understand and record patient needs

As a practice, you must assess:

- Specific language needs of the population. Does the practice list include patients from a single community with potential language support needs or many different communities and languages?
- Consider which services patients who have translation needs:
 - might need first to register and start using at the practice.
 - use most regularly once they are registered.
- Individual patient needs:
 - how to accurately record their specific interpreting and translation needs.
 - how to recognise them when they contact the practice.
 - be ready to support (for example booking longer appointments for those using interpreters during consultations).

Practice systems have different mechanisms for recording patients' communication needs and surfacing them to practice staff when patients make contact.

Understand which touchpoints and information are critical

All steps in the patient journey need to be considered against the patient needs identified, including:

- registering with the practice.
- contacting reception and requesting help or an appointment.
- completing an online consultation form.
- having a consultation in person, on the phone or having an online written conversation.
- being invited in for a screening test or routine check-up.
- supporting ongoing assistance and care, for example how to check my blood test, referring myself to other services like maternity, sexual and mental health services.

Make written content clear and simple for everyone, including for translation tools

Many patients who find it difficult to read English, will often get help from younger family members. This is another reason why writing in plain English with a reading age of 9 to 11 year olds is important.

Content written this way is also more easily ‘read and understood’ by translation software and increases the likelihood of it being translated accurately.

Understand and manage translation risk

Each practice serves different patient populations with different needs, including translation and language support needs.

Patients also engage with the practice for many reasons and need to provide, receive and understand information to achieve many different tasks.

Practices need to have a process/protocol for managing clinical safety risk associated with the use of online tools. This includes complexity of information that has been received using a translation tool proportionate to the request or task. This should be developed and supported by the ICS Clinical Safety Officer on behalf of their practices as part of [clinical safety assurance of online tools](#).

Use appropriate translation solutions

All practices have access to interpreters and translation services either by phone or online (three-way conversations between the patient, practice staff and translator).

NHS England has published [guidance for commissioners on interpreting and translation services in primary care](#) which covers:

- Principles for high quality interpreting and translation services.
- Commissioning and contracting considerations.

As services move online, consideration needs to be given to patient needs and translation options online.

Registering with the practice

How and when patients contact the practice carry different risks. Patients may also have different interpretation and translation needs depending on their contact channel, for example they might speak English but not read it.

Initial contact with the practice is often the most challenging point for a patient who doesn't speak or read English. This is also difficult for reception and care navigation teams who don't have access to translators when patients initially request help.

It is important to ensure a patient's specific language requirements, preferences and communication needs are recorded when they register and flagged when they are identified.

Accessing the practice after registration

Patients will often walk in and use an online translator on their phone with reception staff. This carries the risk of misunderstanding, especially if they are booked into a future appointment and their condition worsens.

Some practices have had certain phrases and questions translated and printed so that patients can walk into the practice and point to the things they want (an appointment, prescription etc.).

Translation in a GP website and online contact channels

For a patient, it's better if they use an online translation tool at a device or browser level for two reasons:

- At a device or browser level, every different website they go to in their journey, for example, the GP website and the online consultation tool, will be translated.
- The patient will hold the risk of the information being translated inaccurately.

Each phone or browser tech company publishes instructions online about how to translate text in apps or change browser languages & translate webpages.

Although online translation tool can accurately translate individual words and phrases, they may not always be able to interpret the meaning of larger or more complex pieces of information.

If you have a translation tool on your website, it carries risk especially if there is clinical information on the website. If you have images containing text on your website, this text won't be translated.

If you have specific information translated, avoid uploading it to your website as a PDF file as are not accessible. Request all translated materials be in HTML format.

Translation in online consultation tools

Some online consultation tools now enable patients to input information in a variety of languages and for this to be translated to English both the original version and the translation to be displayed at each step in the process to the and practice staff.

Nouvelles de l



Appel public alors que les services de santé et de

Part of a GP website that has been translated into French using the translation widget, but the image still contains text in English.

these

and

patient

Please email us if you would like further information: england.pctgipp@nhs.net

Translation during consultation

NHS England has published [guidance for commissioners on interpreting and translation services in primary care](#) which has details on:

- Access to services
- Booking of interpreters
- Timeliness of access
- Personalise approach
- Professionalism and safeguarding
- Compliments, comments, concerns and complaints
- Translation of documents
- Quality assurance and continuous improvement

Ask for translation advice and support from your ICS

Having a library of translated written materials for individual patients and groups of patients is helpful to practices. Ensuring, where possible, these can be copy and pasted means the practices have more flexibility with how they communicate these materials to patients.

3.15 PCN websites

Recommendations

- Do not create a patient-facing PCN website unless this is absolutely necessary.
- Do not make patients visit two different websites to access services.
- A GP practice can offer shared services through the PCN or other local services. In this situation, all the information must be on each individual GP website. There should be an explanation of how patients can access each of the shared services.
- If patients must leave the GP website to access these services, create links from the relevant GP website page to the relevant page on the PCN website.
For example, the GP practice webpage about appointments may include information about Enhanced Access Schemes. If these appointments can only be booked by visiting another website this should be explained and should link directly to the appropriate booking page.

Our research

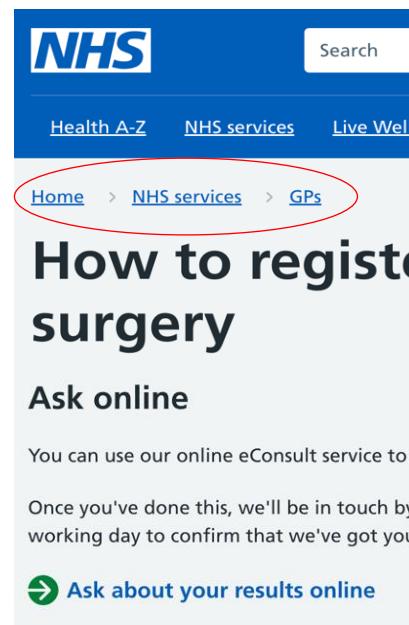
User research with patients found they have a long-standing understanding of how GP practices work. Many patients will also have a long-term relationship with their own practice.

Most patients do not know or need to know about the structure of the NHS. Awareness of how PCNs, ICSs and local services fit together is low.

Patients want simple, clear instructions on how to achieve the key tasks that matter most to them.

It confuses patients when they accidentally navigate from their GP practice website to other sites. Ways to mitigate this are:

- Be clear when links will take patients to another website.
- Use breadcrumbs (links at the top of the page which show where a user is in the structure of a website). The NHS Design system has [advice about using breadcrumbs](#).
- Links to 'Home' to get back to where they started.
- Do not automatically open a new window or tab on the browser when you click on a link.



Example of a 'breadcrumb' structure.

3.16 PCN working at scale to improve online journeys

Practices working together in a PCN or GP Federation or other grouping have found benefits in:

- Sharing the same supplier (but each practice maintaining individual websites).
- Sharing the same supplier and broadly the same design / content on their websites (but each practice maintaining individual websites).
- Sharing the same supplier on a shared platform (but each practice maintaining individual websites).
- Having a single digital lead within the PCN to support improvement of online journeys across all GP websites.

Benefits of a shared platform

Having the individual practices and PCN websites on the same platform can be useful. Most GP website suppliers can do this.

This allows practices and the PCN to:

- see data about how patients move through the sites.
- see which pages and information patients visit and click on.
- share the writing of content (created once for several GP practices).
- share the uploading of content across a group of websites (upload once and share to multiple GP websites).

Benefits of creating and uploading shared content

Creating, uploading and checking content to ensure that is it highly usable and accessible for patients requires knowledge of digital design, accessibility requirements and confidence using tools to upload and check content.

Given current demand pressures expecting 6,500 general practice teams in England to each become highly expert in designing highly usable and accessible online journeys for patients is unrealistic.

PCNs can:

- Ask GP website suppliers to provide services to create, upload and review content for accessibility and usability
- Recruit and train a digital lead for the PCN

Having expertise and knowledge in one person or team that can be used across multiple practices is more efficient and will improve the quality of online journeys.

This also means you can train one staff member in the PCN to:

- Being able to share and broadcast common content across all practice sites.
- Become expert in creating written website content that:
 - is highly accessible and usable
 - follows NHS Content style guidelines
 - is tested to ensure it meets the NHS recommended reading age
- Be confident in using the upload tools to get content live on a website.
- Check all written content and images have:
 - the correct formatting
 - alternative text descriptions
 - are coded and uploaded to meet different accessibility needs

- Use the ‘GP website benchmark and improve tool’. This will enable them to help assess, improve and check patient online journeys. You can learn more in section 1.7 about benchmarking and improving GP websites.
- Having the time and skills to review website analytics across all practice websites to see how patients are using them.

We have piloted improvement programmes across 8 ICS teams and the outcome shows that making improvements at a PCN scale can work well.

If you are planning how to improve online journeys in your PCN and would like advice or help, please get in touch: england.pctgpip@nhs.net.

3.17 Hubs and GP practices with multiple locations

Recommendation

- Seek advice as these are challenging websites and journeys to design. Please email us for advice and support at: england.pctgpip@nhs.net.
- Use a user-centred design process understand patient needs fully and to test ideas and journeys as they develop. The NHS Digital service manual’s NHS service standard is a good place to start.
- Map the practice processes that will start from or flow through the website. For example, patients requesting repeat prescriptions.
- Test the simplicity of the access model with patients for clarity. You can also speak to your front-line staff to understand what patients find confusing or difficult.
- Carefully design each specific journey.
 - Design the site from a patient perspective. How do your patients see the service? Anchor and structure the websites around that.
 - Use the practice names familiar to patients on the website as reassurance that they are in the right place. This will also help the website to appear on online search results when patients search for their practice.
- Professional task based, user testing with patients is critical.
 - Test end-to-end digital patient journeys.
 - Focus on key tasks.
 - Test with patients who have low digital and written English confidence.
 -

Our research

There are many good reasons for operating at scale and creating shared services. It can reduce practice burden and increase efficiency.

However, operating at scale can create:

- confusing models for patients to understand.
- difficult user journeys for patients to navigate.

Patient journeys should always be carefully designed and tested.

In research across England, we have seen GP practices group together in different ways. These include:

- ‘Super-practices’ which operate across multiple locations but are owned by a single entity.
- Super practices or hubs which provide some appointments in a central location. For example, urgent care.
- Organisations who provide a ‘hub’ for processing some tasks for multiple practices. For example, a prescriptions hub or patient registration hub.
- Organisations that own separate practices but share information on a single website. For example, where GP Federations have taken over running multiple practices.
- National organisations that operate GP practices in different areas or regions of the country, who share website templates or work processes across multiple practices.

Part 4: Contractual requirements of a GP website

We hope the previous sections help you to design a highly usable and accessible website for your patients.

In addition to that goal, GP websites must also meet various contractual requirements and we have included the list below to help you. It's a guide to requirements at the time of writing (July 2022) not a definitive list. You will need to check if requirements have changed.

Please email us at england.pctgipp@nhs.net and let us know about any requirements we might have missed.

The “supporting link” column is hyperlinked to the contract or document that details the requirement or specification.

Category	Requirement	Comments	Support link
Practice information	Practice name	It is essential that the core practice details are kept up to date, this includes but is not limited to:	GMS Regulations, Regulation 73 ‘Requirements for practices to maintain an online presence’ confirmed contained within the practice leaflet notice on the practice website: www.legislation.gov.uk/uksi/2015/1873/made
Practice information	Practice phone number	<ul style="list-style-type: none"> • Practice Name • Practice Phone Number 	
Practice information	Practice address	<ul style="list-style-type: none"> • Practice Address of each site • Practice email address • Or any other way by which a patient may contact the Contractor to book or amend an appointment, or to order repeat prescriptions for drugs, medicines, or appliances. 	GMS Regulations, Schedule 3, Part 6 ‘Information to be included in practice leaflets’ details that must be included: www.legislation.gov.uk/uksi/2015/1873/made
			PMS Regulations, Regulation 66 ‘Requirements for practices to maintain and online presence’: www.legislation.gov.uk/uksi/2015/1873/made
			PMS Regulations, Schedule 2, Part 6 ‘Information to be included in practice leaflets’: www.legislation.gov.uk/uksi/2015/1873/made
			APMS Directions, Part 4, 14.(1)(gd) ‘Requirements for practices to maintain and online presence’
			APMS Directions, Part 4, 14.(3)(a) ‘Conditions for the availability to patients of a practice leaflet’ The Alternative Provider Medical Services (publishing.service.gov.uk)
Practice information	Opening times	Patients want a quick way to know if the practice, and therefore if the phone lines, are open or closed. Inclusion of the opening hours of the practice premises is required.	As above

Practice information	Extended hours access	Please see comments above	As above
Practice information	Named GP	Please see comments above	As above
Practice information	Practice leaflet	<p>Practices" must publish on its practice website or online practice profile (as the case may be) all the information which is required to be included in its practice leaflet.</p> <p>Practice leaflet must include:</p> <ul style="list-style-type: none"> • The name of the Contactor (as listed above) • The address of each of the Contractor's practice premises. • The Contractor's telephone and the address of its website or the address at which its online practice profile is available. • In the case of a Contract with a partnership: <ul style="list-style-type: none"> ○ whether or not it is a limited partnership; and <ul style="list-style-type: none"> the names of all the partners and, in the case of a limited partnership, their status as a general or limited partner. • In the case of a Contract with a company: <ul style="list-style-type: none"> ○ the names of the directors, the company secretary, and the shareholders of that company; and ○ the address of the company's registered office. • The full name of each person performing services under the Contract. • The professional qualifications of each health care professional providing services under the Contract. • Whether the Contractor undertakes the teaching or training of health care 	As above

		<p>professionals or persons intending to become health care professionals.</p> <ul style="list-style-type: none">• The Contractor's practice area, including the area known as the outer boundary area, within the meaning of GMS Regulations, Regulation 20(3), PMS Regulations, Regulation 13(2)(a), APMS Directions, Part 3, 6(1)(b) by reference to a sketch diagram, plan, or postcode.• The access arrangements which the Contractor's practice premises has for providing services to disabled patients and, if none, the alternative arrangements for providing services to such patients.• How to register as a patient. <p>• The right of patients to express a preference of practitioner and the means of expressing such a preference, in accordance with GMS Regulations, Schedule 3, paragraph 22, PMS Regulations, Schedule 2, Part 2, paragraph 21, APMS Directions, Part 4, 14(1)(p)</p> <ul style="list-style-type: none">• The services available under the Contract.• The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.• The criteria for home visits and the method of obtaining such visits.• The consultations available to patients under GMS Regulations, Schedule 3, paragraphs 9 and 10. PMS Regulations instead advise 'the services available under the agreement - PMS Regulations, , Schedule 2, Part 6, paragraph 44(l)	
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		<ul style="list-style-type: none"> • The arrangements for services in the out of hours period and how the patient may contact such services. • If services during the out of hours period are not provided by the Contractor, the fact that the Board is responsible for the commissioning of those services • The method by which patients may obtain repeat prescriptions. • If the Contractor offers repeatable prescribing services, the arrangements for providing such services. • If the Contractor is a dispensing contractor the arrangements for dispensing prescriptions. • How patients may make a complaint or comment on the provision of services. • The rights and responsibilities of the patient, including keeping appointments. • The action that may be taken where a patient is violent or abusive to the Contractor, the Contractor's staff, persons present on the practice premises or in the place where treatment is provided under the Contract. See GMS Regulations, Schedule 3, paragraph 25: PMS Regulations, Schedule 2, Part 2, paragraph 24, APMS Directions, Part 4, 14(1)(p) • Details of who has access to patient information (including information from which the identity of the individual can be ascertained) and the patient's rights in relation to disclosure of such information. • The full name, postal and electronic email address, and telephone number of the Board. 	
Practice information	GP Net earnings	<p>Practices are required to publish:</p> <p>The mean net earnings in respect of the previous financial year of—</p>	GMS Regulations, Part 5, regulation www.legislation.gov.uk/uksi/2015/1863 PMS Regulations, Regulation 21

		<p>(i) every general medical practitioners who was a party to the contract for a period of at least six months during that financial year, and</p> <p>(ii) every general medical practitioners who was employed or engaged by the contractor to provide services under the contract in the contractor's practice, whether on a full-time or a part-time basis, for a period of at least six months during that financial year; and</p> <p>(b)the—</p> <p>(i) total number of any general medical practitioners to whom the earnings information referred to in sub-paragraph (a) relates, and</p> <p>(ii)(where applicable) the number of those practitioners who were employed or engaged by the contractor to provide services under the contract in the contractor's practice whether on a full-time or a part-time basis, for a period of at least six months during the financial year to which that information relates.</p>	(www.legislation.gov.uk/uksi/2015/1867/regulation/14) APMS Directions, Part 4, 14(1)(b) The Alternative Provider Medical Service - Information about the service provided by the provider and the ways in which the service is provided - publishing.service.gov.uk
Practice information	Overview of the practice and contact information	Practices must review the information available on its practice website or online practice profile at least once in every period of 12 months.	GMS Regulations, Part 10, Regulation 10 (www.legislation.gov.uk/uksi/2015/1867/regulation/10) PMS Regulations, Regulation 66 'Review, maintain and online presence': (www.legislation.gov.uk/uksi/2015/1867/regulation/66) APMS Directions, Part 4, 14.(1)(gd) 'Review, maintain and online presence' The Alternative Provider Medical Service - Information about the service provided by the provider and the ways in which the service is provided - publishing.service.gov.uk
Practice information	Accessibility	Whether the practice premises have suitable access for all disabled patients and, if not, the alternative arrangements for providing services	GMS Regulations, Schedule 3, Part 6 (www.legislation.gov.uk/uksi/2015/1867/schedule/3)

		<p>to such patients. This is also listed in the Practice Leaflet requirements.</p>	<p>PMS Regulations, Schedule 2, Part 6 to be included in practice leaflets': www.legislation.gov.uk/uksi/2015/1867</p> <p>APMS Directions, Part 4, 14.(3)(a) 'C availability to patients of a practice leaflet'</p> <p>The Alternative Provider Medical Service (publishing.service.gov.uk)</p>
Practice information	Practice boundary (interactive map and postcode search)	The practice leaflet is required to include the practice area, including the area known as the outer boundary area, by reference to a sketch diagram, plan, or postcode.	<p>GMS Regulations, Schedule 3, Part 6 to be included in practice leaflets': www.legislation.gov.uk/uksi/2015/1867</p> <p>PMS Regulations, Schedule 2, Part 6 to be included in practice leaflets': www.legislation.gov.uk/uksi/2015/1867</p> <p>APMS Directions, Part 4, 14.(3)(a) 'C availability to patients of a practice leaflet'</p> <p>The Alternative Provider Medical Service (publishing.service.gov.uk)</p>
Practice information	Public transport links and cycle routes	It is good practice to include public transport links and cycle routes to support patients in getting to the practice.	
Practice information	Practice newsletter	It is good practice to include a practice newsletter on the website for a patient to view or download	
Practice information	Other useful contacts	Any links to other GP practices, or staff contact details.	
Practice information	Keeping Patient Participation Groups up to date with progress on	<p>It is good practice to include information for Patient Participation Groups up to date and on the website.</p>	<p>GMS Regulations, Part 5, Regulation 20: www.legislation.gov.uk/uksi/2015/1867</p> <p>PMS Regulations, Regulation 20:</p>

	agreed actions		www.legislation.gov.uk/uksi/2015/186 APMS Directions, Part 4, 13(1) The Alternative Provider Medical Service (publishing.service.gov.uk)
Practice information	Up-to date and informative online presence	GP Practices need to have an up-to date and informative online presence,	GMS Regulations, Part 10, Regulation 10 ‘Regulations and maintain an online presence’: www.legislation.gov.uk/uksi/2015/186#ne%20presence PMS Regulations, Regulation 66 ‘Regulations and maintain and online presence’: www.legislation.gov.uk/uksi/2015/187 APMS Directions, Part 4, 14.(1)(gd) ‘Regulations and maintain and online presence’ The Alternative Provider Medical Service (publishing.service.gov.uk)
Saving time, reducing burden items	Patient registration	Patient registration form, to utilise this form it is recommended to collect additional information on which online services that patient would like to use, and if happy to be contacted via SMS.	GMS Regulations, Schedule 3, Part 2 ‘Regulations for inclusion in a list of patients’: www.legislation.gov.uk/uksi/2015/186#ext%3Dpractice%20boundary www.legislation.gov.uk/uksi/2015/187 APMS Directions, Part 7, 17(1) The Alternative Provider Medical Service (publishing.service.gov.uk) GMS Regulations, Part 10, Regulation 10 ‘Regulations and maintain and online presence’ www.legislation.gov.uk/uksi/2015/186#patient%20online%20services PMS Regulations, Regulation 64ZC ‘Regulations and maintain and online presence’ www.legislation.gov.uk/uksi/2015/187#patient%20online%20services

			<p>www.legislation.gov.uk/uksi/2021/995/de#text%3D64ZC</p> <p>APMS Directions, Part 4, 14(1)(gba): The Alternative Provider Medical Services Directions 2021 (publishing.service.gov.uk)</p>
Saving time, reducing burden items	Change/update personal details	This would allow users to update their personal details. Depending on the system in use, this would link to the appropriate page or give instruction on how to do it.	<p>GMS Regulations, Part 10, Regulation 64: providing and updating personal services</p> <p>www.legislation.gov.uk/uksi/2015/186/patient%20online%20services</p> <p>PMS Regulations, Regulation 64ZC : providing and updating personal or corporate services</p> <p>www.legislation.gov.uk/uksi/2021/995/de#text%3D64ZC</p> <p>APMS Directions, Part 4, 14(1)(gba): The Alternative Provider Medical Services Directions 2021 (publishing.service.gov.uk)</p>
Saving time, reducing burden items	Sign up for online services	Practices are required to promote online services to patients. Providing instructions and where possible allowing patients to request access through your website is an easy way to achieve this	<p>GMS Regulations, Part 10, Regulation 64: providing and updating personal services</p> <p>www.legislation.gov.uk/uksi/2015/186/patient%20online%20services</p> <p>PMS Regulations, Regulation 64: providing and updating personal or corporate services</p> <p>www.legislation.gov.uk/uksi/2015/186/patient%20online%20services</p> <p>APMS Directions, Part 4, 14(1)(g) The Alternative Provider Medical Services Directions 2021 (publishing.service.gov.uk)</p>

Saving time, reducing burden items	Online consultations	<p>Online and video consultations enable people to contact their GP practice without having to wait on the phone or take time out to come into the practice. Patients can go online to ask questions, report symptoms and upload photos. Practices responding to patients online via messaging systems can save clinical, administrative, and patient time.</p>	<p>GMS Regulations, Part 10, Regulation 64 'Services provision of an online consultation':</p> <p>www.legislation.gov.uk/uksi/2015/1867/patient%20online%20services</p> <p>PMS Regulations, Regulation 64ZD:</p> <p>www.legislation.gov.uk/uksi/2021/995/de#text%3D64ZD</p> <p>APMS Directions, Part 4, 14(1)(gbb):</p> <p>The Alternative Provider Medical Service Directions 2021 (publishing.service.gov.uk)</p>
Saving time, reducing burden items	Self-referral and online forms	<p>Incorporating self-referral forms and providing access to other online forms can save the practice time and allow patients to manage their own access to the best service for their needs.</p>	<p>GMS Regulations, Part 10, Regulation 66 'Re: maintain and online presence':</p> <p>www.legislation.gov.uk/uksi/2015/1867/ne%20presence</p> <p>PMS Regulations, Regulation 66 'Re: maintain and online presence':</p> <p>www.legislation.gov.uk/uksi/2015/1867/ne%20presence</p> <p>APMS Directions, Part 4, 14.(1)(gd) 'Re: maintain and online presence'</p> <p>The Alternative Provider Medical Service Directions 2021 (publishing.service.gov.uk)</p>
Saving time, reducing burden items	Repeat prescriptions	<p>Websites must have the facility for patients to order repeat prescriptions for drugs, medicines, or appliances online; and view and print a list of any drugs, medicines, or appliances in respect of which the patient has a repeat prescription</p>	
Saving time, reducing	Nominating your pharmacy	<p>Patients can also nominate a pharmacy or change their nominated pharmacy through the online services module</p>	

burden items			
Saving time, reducing burden items	Fit note	<p>Providing a link to the national guidance and to the fit note site, enable patients to self-certify when that is applicable.</p> <p>For patients who need them, provide a link/email so they can request a statement of fitness for work.</p>	<p>Please see section 4.6.7 in the hyp</p> <p>When do I need a fit note? - NHS (w)</p>
Helping patients to help themselves	Links to existing national validated resources	<p>The NHS provides high quality, trusted, accessible health information. Practices should consider linking to this material in relevant sections of their website.</p> <ul style="list-style-type: none"> • The health A-Z and the Medicines A-Z • Signs and symptoms – NHS.UK • NHS 111 online • Pharmacy finder • Travel health • Travel advice • Vaccination and immunisation • Public health screening advice and guidance <p>Local information from Practice, PCN or ICS.</p> <p>National Campaigns NHS England Modules - Configured by NHS England promoting national campaigns etc Flu, Covid, winter, cervical screening.</p>	<p>Signposting to a validated symptom checker and other NHS information (for example Health A-Z and nhs.uk) via the practice's online presence and communications – taken from the GPs</p>
Helping patients to help themselves	ICS and PCN Information	<p>Many areas of the country are considering implementing a single website solution for their practices. This has some benefits with regards to consistency of information, content management and access to services.</p> <p>It also enables the ICS/PCN to generate some of the website content, which can be used within the practice's website. This could cover</p> <ul style="list-style-type: none"> • what the ICS/ PCN does • how to contact them • the services offered, both clinical and patient support 	

Legal Requirements	Access to service information	All practices are required to have an up-to-date and informative online presence, with key information being available as standardised metadata for other platforms to use (for example the Access to Service Information (A2SI) Directory of Services Standard).	GMS Regulations, Part 10, Regulation 66 'Regulate and maintain an online presence': www.legislation.gov.uk/uksi/2015/1877/section%20presence The metadata wording is not included in the regulations.
Legal Requirements	W3C	The accessibility regulations aim to help make sure online public services are accessible to all users, including those with disabilities. All existing websites must be fully compliant to the standard WCAG 2.1 AA no later than the 23 September 2020	W3 Webpage GP IT operating Framework
Legal Requirements	Comply with the Equality and Human Rights Commission	The Equality Act 2010 represents the culmination of years of debate about how to improve British equality law. It offers individuals stronger protection against discrimination. It gives employers and businesses greater clarity about their responsibilities. It sets a new expectation that public services must treat everyone with dignity and respect.	Equality and Human Rights Commission Practice for "Services, public functions and associations" under the EQA (the Code).
Legal Requirements	Comply with the Privacy and Electronic Communications Regulations (PECR)	The Privacy and Electronic Communications Regulations (PECR) sit alongside the Data Protection Act and the UK GDPR. They give people specific privacy rights in relation to electronic communications	PECR website
Legal Requirements	Comply with the General Data Protection	It is for DPOs and others who have day-to-day responsibility for data protection.	GDPR Website

	Regulation (GDPR)	<p>As the curator of patient records GP practices are called data controllers, this means that practices have responsibility for ensuring that patient information is used appropriately.</p> <p>Informing patients of how their information will be used and their rights is essential, include sections covering:</p> <ul style="list-style-type: none"> • Your medical records • Privacy notices • SMS texts and emails • GDPR • Your data – your rights • Access to your medical record • The national data opt-out 	NHSD GDPR GMS Regulations, Part 10, Regulation Services: provision of online access to patient information www.legislation.gov.uk/ksi/2015/186/patient%20online%20services PMS Regulations, Regulation 64ZB: www.legislation.gov.uk/ksi/2015/187 APMS Directions, Part 4, 14(1)(gb) The Alternative Provider Medical Service (publishing.service.gov.uk) Opt out How patient data is used and patient data protection
Legal Requirements	Data Protection Act 2018	The Data Protection Act updates our data protection laws for the digital age.	DPA Website
Essential extras	Accessibility	<p>The Government Digital Service (GDS) has developed a website design manual, for best practice when developing public facing websites.</p> <p>The GDS provides information on how to test whether your website is accessible or not.</p>	Accessibility Audit website Please see section 1.7 'Make all websites accessible' for further information.
Essential extras	Performance and patient feedback	<p>Performance</p> <p>GP Survey – link this survey results</p> <p>CQC report – link this to CQC report</p> <p>Quality and outcomes framework</p> <p>Public Health England – GP practice profiles</p> <p>Patient feedback:</p> <p>NHS.uk ratings and review</p> <p>Friends and Family Test</p>	QoF website Public Health England Practice finder NHS.uk ratings Friends and family test

		<p>Links to Social media accounts:</p> <p>Facebook</p> <p>Twitter</p> <p>3rd party solutions which are optional:</p> <p>I want great care</p> <p>Care Opinion</p>	<p>GMS Regulations, Part 14, Regulation Test':</p> <p>https://www.legislation.gov.uk/uksi/2015/187</p> <p>PMS Regulations, Part 14, Regulation</p> <p>www.legislation.gov.uk/uksi/2015/187</p> <p>APMS Directions, Part 4, 14(1)(i)</p> <p>The Alternative Provider Medical Service (publishing.service.gov.uk)</p>
Essential extras	NCSC vulnerability	The ICS ask for permission from the practice to run the practice website through the National Cyber Security Centre, this will highlight any cyber issues or vulnerabilities with the practice website.	National Cyber Security Centre webs

Section 5: Written content templates

5.1 Adapting written content templates

Clear and concise written content is essential for accessibility, usability and digital inclusion

NHS England issued ‘[Creating a highly usable and highly accessible GP website for patients](#)’ published in 2022 to support ICBs and GP practices. This is based on extensive user research with patients with moderate to low digital confidence.

Written content on websites is one of the main factors determining the usability and accessibility of a website.

Writing highly usable and accessible content for websites requires many skills, time to rewrite and edit, knowledge of accessibility requirements and ideally should always be tested with patients. We know practices do not always have the time to do this.

These copy templates have been developed to save practices time.

They have been developed with GP practices, suppliers and the NHS Content team and have been tested with patients with moderate to low digital confidence and lower levels of literacy and confidence in English.

Good written content

Meets patient needs

- Patients want to know what to do and how to do it.
- Use language that patients would use, not language used in GP practices.
- Avoid explaining why or how a process exists, just tell patients what to do.

Is well structured

- Group the written content into different sections.
- Have clear headings. This helps patients who struggle to read a lot of text. Meaningful headings help patients with access needs to navigate web pages.

Has clear links

- Keep the words on the link short.
- Start with a verb, for example: “Request an appointment” or “Register with the surgery”.
- Links should describe where they’re taking the user. Do not use link text such as “click here” or anything that does not make sense when read out of context.

Is concise and clear

- Use plain English and aim for a reading age of 9 to 11 years old.
- Check all additional text with the [Hemingway Editor](#).
- Be concise. Use short words, short sentences and short paragraphs. This requires many edits, reducing the words to their core message.
- Avoid jargon. Check words are understandable to patient by using the [A to Z of NHS health writing](#).

How to use the templates

- Change the words or sentences to reflect your process.
- Try to change as little as possible.
- Change or remove words or sentences that do not reflect your process.
- Try not to add anything that patients do not need.
- If you do write additional text:
 - Use the [Hemingway Editor](#) to make sure it meets a reading age of 9 to 11 years old (Grade 4-5).
 - Be concise. Use short words, short sentences and short paragraphs. This requires many edits, reducing the written content to their core message.
 - Avoid jargon. Use the [A to Z of NHS health writing](#) to check words are understandable to patients.

Get in touch if you need help

If you are thinking about improving content on GP websites or if you have feedback or suggestions for improvements to this guide, please contact us: england.pctgpip@nhs.net

5.2 Appointments page

Appointments

Urgent appointments

To request an urgent appointment for today or tomorrow (Monday to Friday):

- use our [appointment request form](#), Monday to Friday from 7am to 4pm. We will respond within 4 hours during opening times.
- phone us on 01234 567 890, Monday to Friday from 8am to 6.30pm.
- visit the surgery and speak with a receptionist, Monday to Friday from 8am to 6pm.

When you get in touch, we'll ask what you need help with.

We will use the information you give us to choose the most suitable doctor, nurse or health professional to help you.

Routine appointments

To request a routine appointment in the next 7 days:

- use our [appointment request form](#), Monday to Friday 7am to 4pm. We will respond within 4 hours during opening times.
- phone us on 01234 567 890, Monday to Friday from 8am to 6.30pm.
- visit the surgery and speak with a receptionist, Monday to Friday from 8am to 6pm.
- use your [NHS account](#) (through the NHS website or NHS App) to book a screening test or vaccination.

When you get in touch, we'll ask what you need help with.

We will use the information you give us to choose the most suitable doctor, nurse or health professional to help you.

Your appointment

However you choose to contact us, we may offer you a consultation:

- by phone
- face to face at the surgery
- on a video call
- by text or email.

Appointments by phone, video call or by text or email can be more flexible and often means you get help sooner.

Cancelling or changing an appointment

To cancel your appointment:

- use your NHS account (through the NHS website or NHS App)
- using the GP online system - [Insert name of practice system tool]
- phone us on 01234 567 890, Monday to Friday from 8am to 6.30pm
- reply CANCEL to your appointment reminder text message.

If you need help when we are closed

If you need medical help now, use [NHS 111 online](#) or call 111.

NHS 111 online is for people aged 5 and over. Call 111 if you need help for a child under 5.

Call 999 in a medical or mental health emergency. This is when someone is seriously ill or injured and their life is at risk.

If you need help with your appointment

Please tell us:

- if there's a specific doctor, nurse or other health professional you would prefer to respond.
- if you would prefer to consult with the doctor or nurse by phone, face-to-face, by video call or by text or email.
- if you need an interpreter.
- if you have any other access or communication needs.

Home visits

If you are housebound and need an appointment, we will do a home visit. We will phone you first to understand what you need.

To request a home visit, it's helpful if you phone the practice as soon after 8am as possible.

5.3 Prescriptions page

Prescriptions

Ordering repeat prescriptions

The easiest ways to order repeat prescriptions are:

- using your [NHS account](#) (through the NHS website or in the NHS App).
- using the [GP online system](#): [Insert name of practice system tool].

These accounts show you all your repeat medicine and dosage and you can choose the ones you need.

You can also:

- fill out a [repeat prescriptions request form](#).
- bring the paper form to the surgery, Monday to Friday from 8:30am to 6.30pm.

We do not take repeat prescription requests over the phone or email.

Collecting your prescription

You can usually collect your prescription from the pharmacy 3 to 5 working days after you have ordered it.

You will need to choose a pharmacy to collect your prescription from. We call this nominating a pharmacy.

You can change your nominated pharmacy at any time:

- on the app or website where you order repeat prescriptions.
- at your GP practice.
- at any pharmacy that accepts repeat prescriptions.

Questions about your prescription

If you have questions about your medicine, your local pharmacists can answer these. They can also answer questions on medicines you can buy without a prescription.

The NHS website has information on how your medicine works, how and when to take it, possible side effects and answers to your common questions.

> [Go to Medicines A to Z \(nhs.uk\)](#)

If you would like to speak to someone at the GP surgery about your prescription:

- phone our pharmacist after 10am on 0123 445 6678

- fill in our [medication query form](#).

Medication reviews

If you have a repeat prescription, we may ask you to come in for a regular review. We will be in touch when you need to come in for a review.

Prescription charges

Find out more about [prescription charges \(nhs.uk\)](#).

What to do with old medicines

Take it to the pharmacy you got it from or bring it in to the surgery. Do not put it in your household bin or flush it down the toilet.

About pharmacists

As qualified healthcare professionals, pharmacists can offer advice on minor illnesses such as:

- coughs
- colds
- sore throats
- tummy trouble
- aches and pains

They can also advise on medicine that you can buy without a prescription.

> [Find a pharmacy \(nhs.uk\)](#)

Many pharmacies are open until late and at weekends. You do not need an appointment.

Most pharmacies have a private consultation room where you can discuss issues with pharmacy staff without being overheard.

5.4 Contact us page

Contact us

Phone number

Reception

01234 567 890

Address

1 City Road
New Town
XZ1 1AB

[Get directions \(opens in Google Maps\)](#)

New Town Train Station is a 5 minute walk.

There is a bus stop outside the surgery for the numbers 1, 45 and C8 buses.

Reception opening times

Day	Opening hours
Monday	8:30am to 6pm
Tuesday	8:30am to 6pm
Wednesday	8:30am to midday 2pm to 6pm
Thursday	8:30am to 6pm
Friday	8:30am to 6pm
Saturday	Closed
Sunday	Closed

Easter opening times 2023

Day	Opening hours
Friday 7 April	Closed
Saturday 8 April	Closed
Sunday 9 April	Closed
Monday 10 April	Closed

If you need help when we are closed

If you need medical help now, use [NHS 111 online](#) or call 111.

NHS 111 online is for people aged 5 and over. Call 111 if you need help for a child under 5.

Call 999 in a medical or mental health emergency. This is when someone is seriously ill or injured and their life is at risk.

Accessibility

- Braille translation service
- Disabled parking
- Disabled WC
- Induction loop
- Signing service available
- Step free access
- Wheelchair access.

Parking

- Car Parking
- Cycle parking
- Disabled parking.

5.5 Test results page

Test results

Getting your test results

If your test results show that you need more tests or treatment, we will contact you.

Once a doctor has reviewed your test results, you can view them:

- in your [NHS account](#) (through the NHS website or NHS App).
- in your [Insert name of practice system tool] account.
- phone or visit us between 10am to 4pm and we will tell you what the results are.

Questions about your results

If you want to talk to someone about your results, fill out our [test results request form](#) and someone will be in touch.

5.6 Sick (fit) notes page

Sick (fit) notes

If you've been off sick for more than 7 days

To request a sick note:

- fill out a [sick note request form](#).
- phone or visit the surgery from 10am to 6pm.

If you've been off sick for 7 days or less

If you're off work sick for 7 days or less, your employer should not ask for medical evidence that you've been ill. Instead, they can ask you to confirm that you've been ill. You can do this by filling in a form yourself when you return to work. We call this self-certification.

[Find out more about sick notes](#) on the NHS website.

5.7 Changing your contact details page

Changing your contact details

To update details like your name, address, phone numbers or email address:

- fill out a change of contact details form.
- phone or visit the surgery from 10am to 6pm.

Change of address

If you have moved to a new address, you will need to be in our catchment area to stay registered with our surgery.

> [Check you are in our catchment area.](#)

Changing your phone number or email address

You will need to show us identification before we can change your phone number or email address.

Changing your date of birth or name

You will need to show us proof that you have changed your name or date of birth. This could be a marriage or civil partnership certificate, deed poll or birth certificate.

5.8 Register with the surgery

Register with the surgery

Catchment area

Before filling out a registration form, check you are in our catchment area.

[Postcode checker]

[Find out which GPs you can register with](#) on the NHS website.

Registering with the surgery

To register with the surgery:

- fill out an [online registration form](#).
- visit reception from 10am to 6pm and collect a paper registration form.

When you register, it's helpful to have your NHS number. You can use the NHS website to [find your NHS number](#).

5.9 Accessing someone else's information

Accessing someone else's information

As a parent, family member or carer, you may be able to access services for someone else. We call this having proxy access. We can set this up for you if you are both registered with us.

To request proxy access:

- fill in our [admin request form](#).

- collect a proxy access form from reception from 10am to 6pm.

Linked profiles in your NHS account

Once proxy access is set up, you can access the other person's profile in your NHS account, using the NHS App or website.

The NHS website has information about using linked profiles to access services for someone else.

5.10 Managing your health online

Managing your health online

Using an online form [Insert OC tool used]

There are many things you can do online at our surgery. Some tasks you can do using a website called [insert OC tool] where you can:

- request an appointment
- request a sick note
- ask about test results
- contact us about an admin request.

You don't need an account to use this website.

> Contact us online [insert OC tool]

Using your NHS account or [practice system tool]

There are other tasks you can do online, like:

- order repeat prescriptions
- view your test results
- see parts of your health record
- check or cancel appointments
- see your vaccination record.

For these, you can use your NHS account or [practice system tool]. You can access them using their websites or apps.

Setting up an NHS account

To set up your NHS account for the first time, you will need to set up an NHS login. Read about how to set up NHS login (nhs.uk).

Once you have set up your NHS login, you can log in to your [NHS account](#) or download the NHS App onto your phone.

Setting up [practice system tool]

To set up [practice system tool] for the first time:

- visit the surgery with photo ID so we can confirm your identity.
- we will give you a username and password.
- go to [insert practice system tool] or use the app to register.

Part 6: Encouraging patients to use online channels

The majority of contacts to many GP surgeries are by phone. This demand is often concentrated in peaks of extreme demand (the “8am rush”) which results in long waits for calls to be answered, patients having to call back and intense pressure on general practice teams.

Well-designed highly usable and accessible online journeys can help relieve this pressure and improve experiences for patients and general practice teams.

Patients often use the phone to contact their GP surgery rather than using online channels because:

- it's a familiar channel
- they are not aware they can do key tasks online
- they are not aware of any benefit in doing these tasks online
- the online journey is poor or hard to understand and complete
- they are left unsure about next steps

6.1 Identify benefits

The NHS is encouraging patients to go online and undertake many tasks. These include:

- Completing an online form to request clinical help or a consultation
- Ordering a repeat prescription (via the NHS App)
- To request a sick note
- To request documents from the practice

Benefits for patients

For patients having a choice of contact channels brings benefits, for example having access to online channels means patients can:

- request help without waiting on the phone
- they can do administrative tasks at a time of the day to suit them
- they can take their time to explain their needs in writing rather than feeling rushed and flustered in a short call
- they can share sensitive information with the GP practice without having to explain it to over the phone to someone unfamiliar
- they can share information they wouldn't be able to share over the phone (for example sending a picture of a rash)

Benefits for practices

If we can create easy to understand, easy to navigate online journeys for patients and encourage patients to make the choice to use them we can:

- Shift calls away from 8am peaks – especially admin queries and non-urgent clinical requests
- Reduce overall call volume
- Improve patient experiences
- Make our journeys accessible to almost all of our patients – and reduce our legal risk
- Improve staff experience
- Reduce the time and money it takes to maintain websites
- Integrate online journeys into practice processes and systems, which means we can increase efficiency and free up time for practice admin teams

Earlier sections of this guidance explain how to test, improve and re-test online patient journeys to make sure they are highly usable and accessible.

This needs to be done before starting activities to encourage patients to use online journeys for administrative tasks and requests for clinical support and consultations.

6.2 Create a strategy

To create a strategy for migrating patients to digital channels and to self-service, there are steps a practice must go through.

Assess which patient tasks would save the practice the most time. Some practices have focused on the admin tasks first. Other have tackled all patient requests at once. Assessing how long each admin task takes and how much time could be saved by making changes will give an indication of where to start.

Consider each patient journey for each task.

- Is it something a patient or carer needs to do, for example, request an appointment, order a repeat prescription, request a sick note, get test results, register with the practice.
- Choose the most efficient channel and process for each task.
- Choose the secondary channel and process for patients who can't use the primary channel.
- What internal processes need to change to make this work?

- Is it more convenient for patients? It needs to be as easy or easier than contacting practice via other methods and at a time/place that suits patient/carer lifestyle and needs at that time

Decide what needs to be in place for patients.

- Do you have the relevant contact information and preferences for patients? Do you have information & communication needs (accessibility needs) including if there's a carer?
- Is the clinical system updated to enable searches for different patient groups?
- Who should you target first?
- What is the most direct way of getting in touch with them?
- How can you pick up any patients who do not respond to messages?

When communicating with patients to encourage them to use digital tools and self-service, the way it's written can have a big impact on uptake. Some guiding principles are:

- Tell patients the benefits to them
- Communicate in an appropriate and most direct channel
- Have clear actions for patients to act on, e.g. 'sign up for an NHS account' or 'Requests a routine appointment'

Having consistency for each task across the channels in a practice is key to success. Ensuring each relevant channel is used to promote the strategy will support the messages to patients. Most practices have:

- Verbal touchpoints – staff
- Text (SMS) and email
- Website
- Physical touchpoint – practice posters and screens, leaflets
- Letters

It's important to ensure each message has a time and date when it will be removed.

Use of social media

There are multiple challenges for a practice using social media. These include:

- Having to turn off comments to avoid it being used as a channel for complaints
- Not having many followers
- Not having a clear understanding of what to use it for.

Some practices use it for their Patient Participant Group, to store videos explaining how the practice uses care navigation and triage. This is covered in [3.13 – news and social media](#)

Encouraging patients to continue using online channels

Once patients start to use digital channels and self-serve, patients and carers need confirmation their request has been received, when they can expect a response and the progress of their requests.

Doing this:

- gives patients confidence in the system
- encourages them to use these channels again
- prevents them from contacting the practice to check on the progress of their request, creating twice the work

It's important to ensure that whichever channel a patient uses, they have equal access and requests are received, sorted, navigated in same way, with the same timings as phone or in person.

Supporting patients with digital access

In research practices described challenges they had supported patients with, including:

- Getting them signed up for an account/NHS login; patients are required to have a 'first' and 'last' name which isn't the naming convention in many cultures leading to confusion of which name to put first and what information is held on the spine.
- The situation can be similar with date of birth, which some patients don't know.
- NHS login is also used across many other NHS products, so it can be useful across different digital systems
- Patients' device must be able to download and run the NHS App. Patients can also use the web to access an [NHS account](#).
- Patients need both an email address and phone number for 2 Factor Authentication

Many practices described in research some of the ways in which they are supporting patients to go online in their practice, including:

- working in partnership with patient liaison teams and local voluntary sector organisation to support patients in going online
- running drop-in sessions or spending time in the waiting area to support and encourage patients to get set up with accounts.

- Identified digital champions in the practice teams
- Identified NHS App ambassadors in the practice teams

Examples from practices

Many practices are now saving hours of receptionist time by enabling patients to book their own flu vaccination slots via self-booking links.

Effective digital systems enable practices to proactively communicate urgent messaging to patients. For example, responding to the Strep A seasonal activity in Winter 2022 to 2023, practices were able to:

- put a message on their phone
- update the questions asked during care navigation
- put information in alert banners on their websites.

Assessing what communication channels the practice has and what they should have. What systems are available and what are their limitations.

For health information relevant to specific patients (for example eligibility for flu vaccinations or child immunisation campaigns aimed at parents) consider whether more targeted channels will be more successful.

Sending text messages (with a link for booking) to relevant patients and carers.

We have seen practices using medical translators to phone patients with lower levels of English to share important health information messages and encourage them to book screening tests.

6.3 Measure and improve

A common approach to improvement involves the PDSA thinking;

- Plan
- Do
- Study
- Act

Earlier sections have described how to identify benefits and create a plan to encourage patients to use online channels.

It is important to have identified suitable measures that you want to monitor to track progress. These could include:

- The number of online consultation forms received vs the number of phone calls received per week / per month.
- The number of repeat prescriptions requests received direct into the core practice system versus requests submitted on paper and other means that need to be entered by practice staff into the system.
- The number of new patient registrations received into the system digitally versus the number of paper forms received that need to be entered by practice staff in the system.

Hopefully you will be able to see a move towards using online channels.

It also provides a good starting point for further research; either digging out data or asking patients about their experiences to understand how you can refine your strategy further.

6.4 NHS App

There are useful benefits for patients at practices using an online consultation tool that is integrated into the NHS App. At the time of writing (July 2023) the following online consultation tools were integrated into the NHS App:

- Accurx
- eConsult
- Engage Consult
- Patchs
- Patients Know Best

Additional online consultation tools will be added over time, and we recommend checking with your supplier to ask for the most up to date information.

Patients of practices with an integrated online consultation can usually do the following key tasks via the NHS App:

- Complete an online form to request clinical help or a consultation
- Order a repeat prescription
- Request a sick note
- Request documents from the practice
- View their patient record
- View test results (via patient record)