The NHS Website Content Policy

1 Purpose

This document describes the way in which the team responsible for the NHS website (www.nhs.uk) goes about the tasks of creating, maintaining and decommissioning the content of the service. In doing so, the standards that are applicable to that content are identified, and the governance and processes that ensure their application are described.

2 Scope

This policy covers all content on the NHS website, both data-driven (directories and comparative data) and editorial. The latter includes written articles, video and audio resources, interactive tools, infographics, images and links. In general, this scope includes content produced by third parties and published on the NHS website.

Reflecting separate governance and funding arrangements, this policy does not cover public health campaign materials or MyNHS content produced by, or for, Public Health England or the Department of Health.

The NHS website undertakes a range of development and transformation activities that explore new approaches to meeting the needs of actual and potential users of the service. These activities include alpha and beta testing of new products and functions. The status of these test products is made clear in their presentation, and they are excluded from the scope of this policy.

Appendix 1 lists the set of discrete products and functions covered by this policy.

3 Content creation

3.1 Triggers
Content may be commissioned on the basis of one or more triggers, including:

- external events – examples include Ebola, new NICE guidance, or a change in routine data flows
- user requests – via service desk, social media etc
- stakeholder requests – from government policy and communications teams, patient representatives, charities, etc
- commissioner/sponsor requests – from NHS England, DH or PHE
- analytics – evidence of unmet content demand from web search and traffic metrics
- NHS website customer insight and user research – for example trends in user satisfaction

3.2 Tests for appropriateness
Before any work is carried out to create new content, any proposal is subject to the following tests:

- Is there a clear user need and supporting evidence? Evidence may come from:

      o web analytics – visits to existing content, search terms and volumes

      o user feedback via service desk, online communities, social media etc (eg Couch to 5K users requesting a 10K programme)

      o stakeholder feedback

      o NHS website customer insight and user research

      o other documented research

- Does it fit the core [NHS website service proposition](#)?

3.3 Consideration of content source and delivery mechanism

All potential ideas for new content are also considered in terms of their relative costs and benefits. In doing so, thought will be given to the efficiency and effectiveness of different potential approaches to sourcing the content. These may include the creation of new materials in-house or the curation of, or reference to, content produced by a third party.

Similarly, alternative approaches to the delivery of any new content will be considered in terms of efficiency and effectiveness. Relevant approaches may include: inclusion within an existing NHS website product; adaptation of such a product; incorporation of, or referral to, a third party's delivery mechanism; or the development of a new NHS website product or function.

There are a number of reasons why using a third-party content or delivery mechanism might be beneficial, including:

- cost savings
- specialist expertise or knowledge, including user input
- availability of existing content assets
- value associated with an organisation or brand, or alignment with an existing community or user group

The following should also be considered:

- impact on user experience, including the cohesion and navigability of the service as a whole
- compliance with NHS website content standards, outlined in section 4
- alignment of content with NHS and government policy, public health messages, etc
- clinical, legal and reputational risks to the NHS website, NHS England, Public Health England and the Department of Health
- implications for ongoing maintenance and review, including accountability, day-to-day management, cost and internal management resource

Working by these principles, the NHS website has adopted a range of models for managing the use of third-party content:

- **Editorial products** – Discrete third-party content products, such as the WHO clinical trials database are governed by contracts or memorandums of understanding that set out the terms on which they are published and maintained.

- **Individual editorial content items** – the NHS website hosts some individual content items (eg videos) created by third parties. These products are tested to ensure they comply with our editorial standards, effectively going through the editorial review process before being accepted for publication.
- **Datasets** – the great majority of organisational data published by the NHS website is collected and made available to the NHS website by third parties. These arrangements are generally governed by service level agreements.

The diagram at Figure 1 shows the process through which the decision to develop new content is taken.

Figure 1 – Content commissioning process
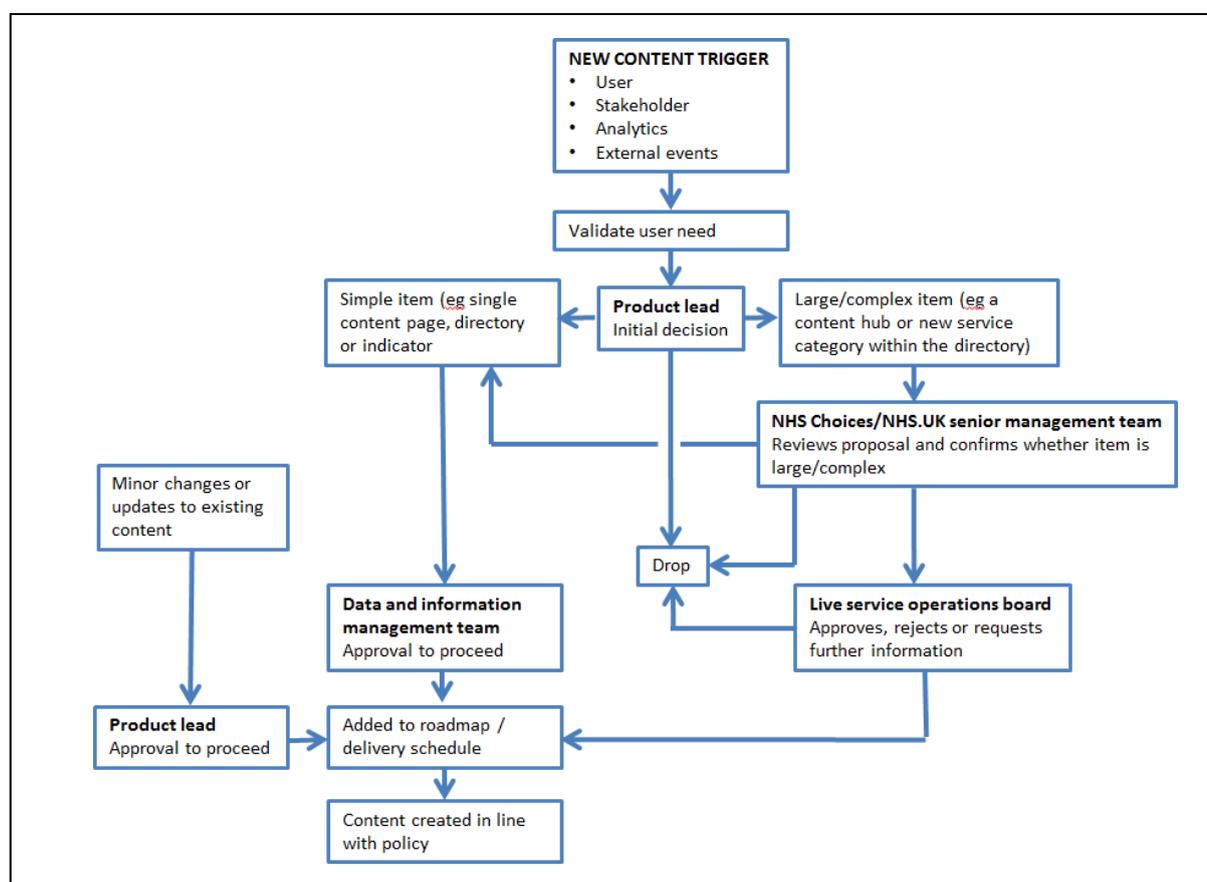
4 Content standards

4.1 Editorial standards
The creation and maintenance of the NHS website editorial content is governed by a set of published policies and procedures and additionally complies with the provisions of the Information Standard (see Review processes, below):

- general editorial policy
- editorial policy for Behind the Headlines
- style guide

The editorial process implementing these standards proceeds via a series of steps designed to ensure that all content is created and maintained in a manner that provides assurance from both clinical and policy perspectives, as well as ensuring consistent editorial quality.

4.1.1 Research
The evidence-based knowledge that informs all content on the NHS website is derived from peer-reviewed scientific research and from the direct experience of clinicians, other health professionals, patients and the wider public.

In pulling together this knowledge to provide users with a rounded and balanced package of material on a particular subject, the NHS website requires its journalists to consult a range of resources described below.

For peer-reviewed scientific research, they consult NICE Evidence Search, which has a system for accrediting and classifying different types of research evidence with respect to its quality. Where knowledge of direct experience is required, they consult:

- practising doctors and other clinicians with direct and current experience in dealing with or treating the health issue under investigation
- national charities with recognised expertise and specialist interest
- patients and members of the wider public who may be directly affected by a topic or issue
- patient organisations
- healthtalk.org, a charity website, which is based on qualitative research into patient experiences, led by experts at the University of Oxford

Resources used in the development of content are recorded and are available on request, via the 'Request content evidence sources' link on every page on the NHS website.

4.1.2 Production
Once a piece of content has been researched and drafted, it is edited by a senior member of the NHS website editorial team or relevant product lead. It is checked for:

- accuracy
- balance
- tone

4.1.3 Clinical/policy checks
There are two stages of sign-off before any single piece of content is published on the NHS website:

- First, if it contains clinical information it must be read and signed off by an appropriately qualified and experienced clinician.
- Second, if there is a relevant policy area, it must be read by a policy official at NHS England, the Department of Health or Public Health England, who checks it for alignment with that policy.

An appropriately qualified and experienced clinician is defined as:

1. Currently registered with an appropriate professional body, eg General Medical Council, Nursing and Midwifery Council.
2. Currently practising in a relevant area of expertise.
3. Recognised as having specialist expertise in the topic – typically this will be a practising Band 7 or above (nursing and allied health professionals), consultant or GP principal. The NHS website recognises that other clinicians will have appropriate expertise indicated by postgraduate qualifications or inclusion on a specialist register, and these will be considered on a case-by-case basis.
4. Having no conflict of interest declared to the NHS website.
5. Having agreed to their details being held by the NHS website.

Decisions about the suitability of clinical expertise are made by the NHS website editorial team on a topic-by-topic basis, based on the above criteria. Should clarification be required about suitability, the NHS website clinical lead will offer advice and escalate to CIAG if appropriate.

4.1.4 Sub-editing
Final content is then passed to a sub-editor who checks it for:

- common factual errors
- spelling
- grammar
- adherence to house style
- overall presentation

4.1.5 Images
Currently, many NHS website content templates are designed to include images. These fall into three broad categories:

- images for illustrative/information purposes (eg a rash or a named person)
- logos and brand-related images (eg the Change4Life characters)
- images intended to add visual appeal

Editors are instructed to ensure images are chosen sensitively, according to the editorial policy, and reflect diversity in culture, ethnicity and ability. Audits of images across the site are carried out periodically to test image selection is balanced and appropriate.

4.2 Data standards

4.2.1 Inclusion of services
The service directories published by the NHS website are intended to help members of the public access the health and social care services that they need. We generally exclude services that are not free at the point of delivery where similar services are available on a widespread basis via the NHS. The latter are eligible for inclusion in our directories irrespective of whether a fee is payable.

The following inclusion criteria apply:

- **Physical location of services** – For those services that require a service user to visit a particular location, that location must be within England. Domiciliary services must include addresses in England within the catchment area they cover.

- **Online and telephone services** – Services that are provided online or via the telephone must be available to people within England and must be appropriately localised for the community within England that they are designed to serve.

- **Compatibility with the NHS Constitution** – Services must be provided in a manner that is compatible with the principles and values enshrined in the NHS Constitution.

- **Registration** – In the case of services that fall within the remit of the Care Quality Commission (CQC), we require that the services be listed as CQC accredited.

- **Widespread availability** – Services publishable in the directory are grouped into categories that reflect the nature of the services offered. A given service category is published within our directory where the individual services in that category allow in aggregate for reasonable access, both geographically and in terms of any commissioning-based catchment area, across the substantial majority of England.

Included services will fall within the scope defined by the following high-level groups:

- Any **NHS-funded service** is eligible for inclusion in the directory, irrespective of the ownership of the provider of that service.

- All **registered providers of adult social care** are included in the directory by default.

- **Service directories** relevant to supporting or promoting personal health and wellbeing. Providers are generally private, third sector, or local authority based. The services may be fee-paid. Large subcategories within this group include:
  o sport and fitness – gyms, swimming pools, sports clubs, leisure centres etc
  o advice and support groups associated with particular long-term conditions
  o counselling and therapy providers
  o services for carers
  o parenting support – eg mother and toddler groups

The trigger for the inclusion of a service or treatment within the 'service search' area of the site is generally dependent on the availability of new services listed on the NHS e-Referral Service system and the availability of data on relevant provider organisations for those services. Our take-on process does not currently accommodate applications for inclusion from individual services. Resource constraints mean that we generally only accept bulk listings from other aggregators. The decision as to whether to include a category within the directory is taken by the live service operations board.

The decision to include a new service directory will be informed by a consideration of the quality of the data available from the relevant supplier/aggregator. This consideration focuses on the processes the supplier has in place for both capturing sufficiently accurate service data and supplying it to the NHS website in a timely fashion.

4.2.2 Inclusion of service descriptors

For entries in the service directory to be meaningful, they must include descriptors of structure and process that support the directory's purpose of helping members of the public access the health and social care services that they need. The inclusion of such service directory descriptors will be constrained by their availability within the collections of the relevant data aggregators. Where suitable descriptors for a given service category are unavailable from any such supplier, the relevant category will be excluded from the directory.

In contrast, for NHS-funded services and registered providers of adult social care, there is imperative for the directory to be comprehensive in respect of these service groups. This may lead the NHS website to collect suitable service descriptors, when they are unavailable from any central source, from individual local service providers or commissioners.

It should be noted that as the NHS website is not currently in a position to enter into, or enforce, service level agreements with individual local providers, such data collection can only proceed on a voluntary basis that leaves the timing and quality of updates entirely in the hands of the local providers.

Conscious of this limitation, as well as the burden such data collection can place on local service providers, we only proceed on this basis where:

- there is clear evidence of user need for the relevant service descriptors
- the lack of any suitable central source/aggregation has been established
- the risk to the quality of data captured via ad hoc methods is considered to be outweighed by the value of the service descriptors concerned

4.2.3 Inclusion of performance indicators

Performance indicators are included within the NHS website service directory, within a suitable presentational context, in the service of one or more of the following functions:

- **Provider choice** – Patients using information about the structure, process and outcomes of care to make a choice between service providers.
- **Engagement** – Patients and their carers/advocates engaging more effectively with providers through an understanding of services' strengths and weaknesses. Knowledge of a provider's relatively poor record on infection control may encourage/empower users to say "would you mind washing your hands?". Similarly, results from a stroke audit might prompt one to enquire whether a relative should have had a swallowing assessment.
- **Accountability** – Citizens holding a public service to account. This function may be particularly relevant to lay agencies with a formal remit in respect of the performance of health and care services (eg local Healthwatch groups, Foundation Trust members, the elected membership of Health and Wellbeing Boards). It may also be relevant to voluntary agencies representing particular groups of citizens and service users.

Following the development of MyNHS, specifically to meet the needs of an audience with a primary interest in accountability, we may consider performance indicators as being more suitable for inclusion in this product. Indicators selected for inclusion in the NHS website directory will meet the following general principles (laid out in The Good Indicator Guide

developed jointly by the NHS Institute for Innovation and Improvement and the Association of Public Health Observatories), which state that an indicator should:

- measure aspects of the service that are **important/relevant** to its overall aims
- be **valid** – in that it actually measures what it is claiming to measure
- be **possible** to populate with meaningful data
- provide **meaning** by telling you something you can understand with sufficient precision
- have practical **implications**, in that one can act on the basis of the indicator – either in terms of forming a judgement, or seeking further information

In addition to these general principles, indicators selected for inclusion on the NHS website will also be supported by evidence that they are:

- meaningful and important to the target audience of the NHS website product in which they are surfaced
- calculated at the available level of service-specificity that is most appropriate for the function and target audience
- discriminative between providers
- based on service activity that is not wholly more than two years previous

4.2.4 Metadata
The NHS website aims to provide sufficient description of the data it publishes so that users and stakeholders can understand a data item's definition, source and age. This information is either provided directly or by reference to materials published by the data supplier.

Where possible this information is made available in the context of the data's publication. For example, metadata in respect of performance indicators is generally made available on the website via an information icon displayed close to the indicator's title.

However, some display contexts are not well-suited to the inclusion of such metadata and our approach currently fails to be comprehensive.

We do provide data downloads, which include some metadata, in CSV format.

4.2.5 Update schedules
For data sources that are **inherently cyclical** (eg indicators derived from the annual NHS patient surveys, or the daily feed we receive of hospital services listed within the NHS e-Referral Service) we will update the NHS website to match the most recent iteration.

The target lead times associated with such updates – from the point at which an iteration of a given dataset becomes available to us, to the point at which we publish it – will be determined in consultation with the data supplier/owner and will reflect the speed at which the underlying variables change, and the importance of those changes. However, in general the following maximum lead time targets apply:

- daily feeds: publication during the first 01:00 to 07:00 period following supply
- weekly availability: within 2 working days
- monthly availability: within 5 working days
- quarterly availability: within 10 working days
- annual availability: within 20 working days

For **non-cyclical sources** (such as CQC ratings) supply time and lead time service levels are agreed with the data owner/supplier.

For **data supplied by arrangement with third-party data owners/aggregators**, a service level is agreed with the supplier to ensure that updates (potentially comprising a nil return) are provided to us on a regular basis.

In the case of **data supplied by local service providers** update is in real time via an access-controlled content management system.

In all cases we also aim to update individual data values in a timely fashion in response to user feedback or alerts from third-party suppliers. Where the data concerned is owned/supplied by a third party we will generally act to get the update made at source, so that corrected data may then be made available to us in a manner that maintains consistency across data sources.

4.3 Accessibility

All content should meet accessibility standards, as described in the NHS website Accessibility Policy. The principles of this policy are:

- to ensure that no member of the public is discriminated against when accessing an NHS website digital service
- that regardless of device, physical and/or mental capabilities the service should be as simple and as understandable as possible
- that no user should be purposely excluded from access to information or use of equal functionality
- that the NHS website will continuously strive to meet the AA standard of the Web Content Accessibility Guidelines v2.0

5 Review processes

5.1 Editorial review

The NHS website's content is reviewed systematically. Currently, all content is reviewed at least every three years.

The review process follows the same steps as for content creation, with the same requirements for clinical, policy and editorial approval.

Content is also updated between reviews as necessary. This may be in response to a range of triggers – for example, new evidence or clinical guidance, user or stakeholder feedback, changes in clinical practice or service provision.

A publication date and the date on which the next review is due are displayed on all content, except Behind the Headlines.

The routine review process considers all editorial content for decommissioning in line with the decommissioning process described below.

5.1.1 Editorial content records

Information sources, user research and feedback, clinical, policy and editorial approvals are recorded for all individual content items. A version history within the CMS records all previous published versions of individual content items. These records are retained for a minimum of five years after the date on which a piece of content is removed from the site.

5.1.2 Audit and the Information Standard
The editorial production process is conducted so as to comply with, or exceed, the requirements of the Information Standard.

Editorial content is subject to internal audit and external surveillance. Internal audit consists of two elements:

- Twice-yearly checks on a sample of content taken from all major content products to ensure they have been produced in accordance with the scheme's requirements and the NHS website's editorial process.
- An annual review of the information production process to ensure it complies with the requirements of the Information Standard.

Internal audit is overseen by the Content management team. External surveillance is carried out by representatives of the Information Standard. NHS England, which operates the Standard, determines when this surveillance takes place.

5.2 Data review
Although the routine update schedules described in section 4.2.5 act to keep published data values up to date, the particular variables making up the data sets we publish have not been subject to routine review. All data sets we publish in respect of each service category/organisation type will be reviewed on a two-yearly cycle.

The reviews will consider whether the items included in a given data set continue to comprise an optimal response to the inclusion criteria described in section 4.2. Where appropriate these reviews will consider, and potentially collect, evidence relating to data quality. The reviews will be taken as an opportunity to consider particular data items – and whole data sets – for decommissioning.

We will continue to alter and improve data sets on an ad hoc, reactive, basis – in line with the content creation process outlined in section 3.

6 Content decommissioning

Content may be decommissioned for one or more of the following reasons:

- it is not fit for purpose (eg clinical advice in a video is no longer accurate)
- it does not meet a user need
- it does not align with the NHS website proposition
- it does not align with a product's proposition
- maintenance costs outweigh any benefit from continued publication

There are a number of possible triggers for decommissioning. These include:

- routine content review
- feedback from a user, clinician, stakeholder or commissioner/sponsor
- product review

- external events (eg policy change, emerging clinical evidence, NICE guidance etc)

Substantial items are only decommissioned via a decommissioning proposal to the live service operations board. Decommissioning activity would be delivered through the roadmap/delivery schedule.

The decommissioning of simpler items – such as retirement of an indicator/s or removal of an article – may proceed to implementation without further commissioner gateways. However, all decommissioning will be detailed and reported during the NHS website/NHS.UK senior management team and live service operations board routine reporting.

The diagram at Figure 2 shows the process through which the decision to decommission content is taken.
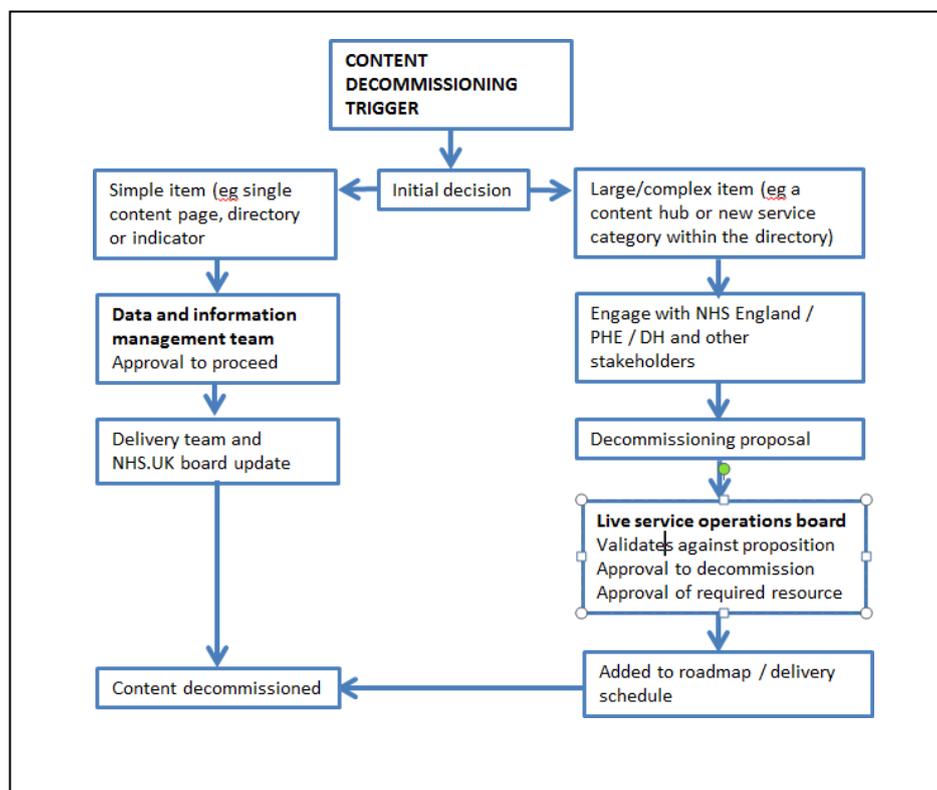
7 Governance

Clinical Information Advisory Group (CIAG)

The Clinical Information Advisory Group (CIAG) is an advisory body that provides oversight of all content on the NHS website from a clinical perspective. It reviews, advises and provides quality assurance for all content, including editorial content, metrics and datasets for publication on the NHS website.

CIAG has a wide remit in assuring the quality of clinically relevant information on the NHS website:

- to oversee the selection and presentation of measures of clinical quality
- to facilitate liaison with the relevant professional bodies about such indicators
- to provide advice and guidance on the editorial content and editorial processes of the NHS website from a clinical perspective
- to provide advice and guidance on the way in which the programme engages with clinicians and other clinical stakeholders

Appendix 1

Product	Description	Content type
Behind the Headlines	Daily analysis of the scientific evidence behind health stories in the news	Editorial
Clinical Trials	A searchable database of clinical trials, supplied by WHO	Editorial
Common Health Questions	Brief answers to frequently asked questions on health and social care	Editorial
Find and Compare (F&C)	F&C enables users to compare health and care organisations that offer a service or treat a condition, on a wide range of quality indicators and service parameters	Data
Generic Service Directory (GSD)	GSD is a collection of, primarily, third-sector independent services catalogued on the NHS website and surfaced on Find and compare	Data
General Site Content	Information about using the NHS and social care services; about the NHS website; and about obtaining healthcare abroad	Editorial
Health A-Z	Information on conditions, treatments and symptoms	Editorial
Live Well	Information and advice on healthy living	Editorial
Provider Information Management System (PIMS)	PIMS is a content management system developed to collect and display service information from local health and care organisations	Data
Tools Library	A library of interactive tools and apps	Editorial
Video library	A library of videos on health and social care topics	Editorial