

Right Decision Service apps: Style Guide

This guide has been produced using advice from [NICE](#), [NHS Inform](#) and the [UK Government Digital Service](#)

For additional grammar tips and to check spellings use [Cambridge dictionary](#).

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1 Headers and footers

The Right Decision Service and DHI logos must appear in the footer of all RDS apps and toolkits. Images are available for use against light and dark backgrounds – please obtain from ann.wales@dhi-scotland.com.

Incorporate links to the Google Play and Apple store downloadable mobile apps in the footer of the web version of your app.

Links to “About” and “Contact” pages should normally appear in the navigation in the header of your app. Occasionally it will be appropriate to position these sections within individual toolkits, instead of or in addition to the header.

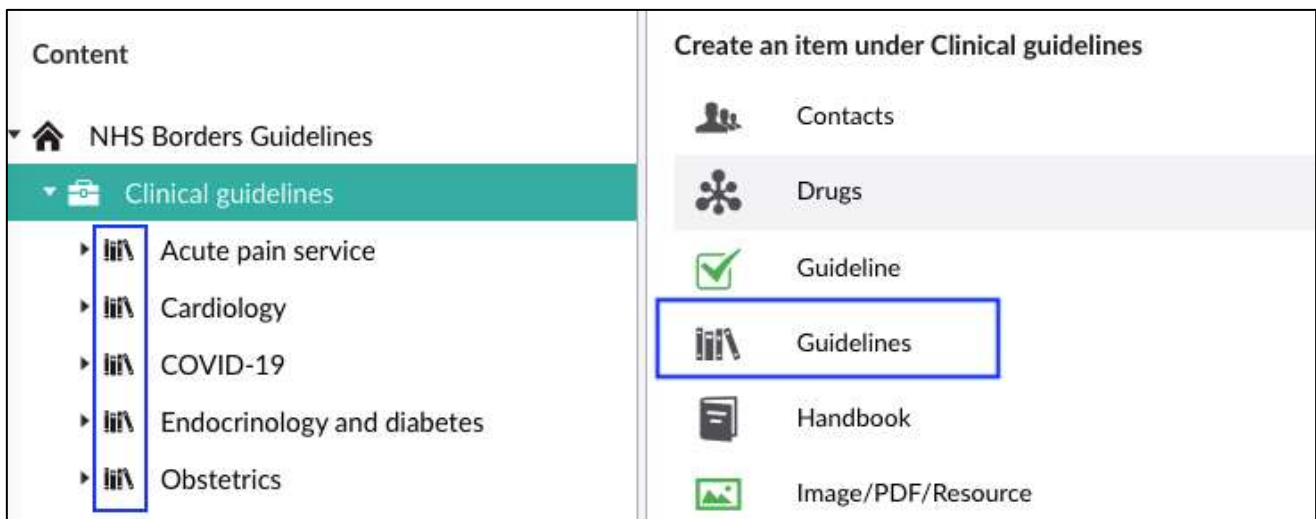
Standard section headings for “About” are:

- Purpose and audience
- Conditions of use – includes Disclaimer
- Acknowledgements
- Accessibility
- Browser and operating system compatibility
- Copyright
- Privacy statement

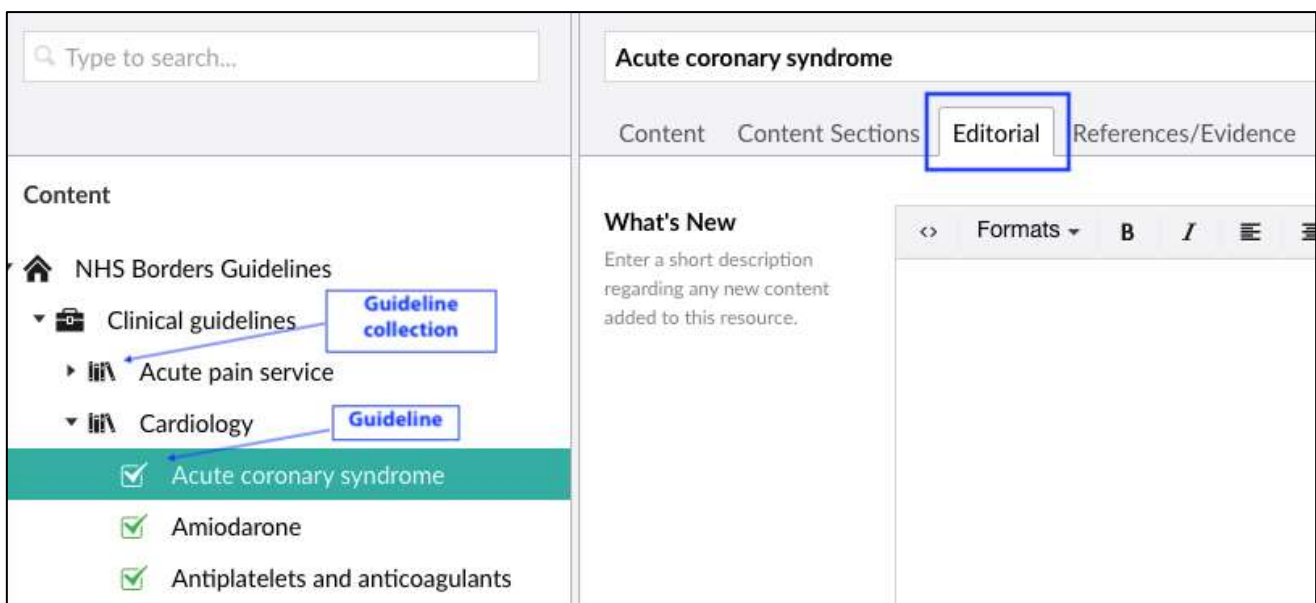
Consult with your organisational Comms department on Disclaimer, copyright and privacy statement content. Standard text for Accessibility and Browser/operating system compatibility, and examples of text for the other sections, are available at: <https://finder.rightdecision.scot.nhs.uk/about/>

2 Setting up a guideline toolkit

When setting up a toolkit guidelines should be grouped by specialty or subject matter using the ‘guidelines collection’ option within the Right Decision Service (RDS) app builder. An example is shown below:



Add content using the 'page' or 'guideline' option. The majority of content should be entered as a guideline. Content should be organised alphabetically at every level.



3 Editorial information

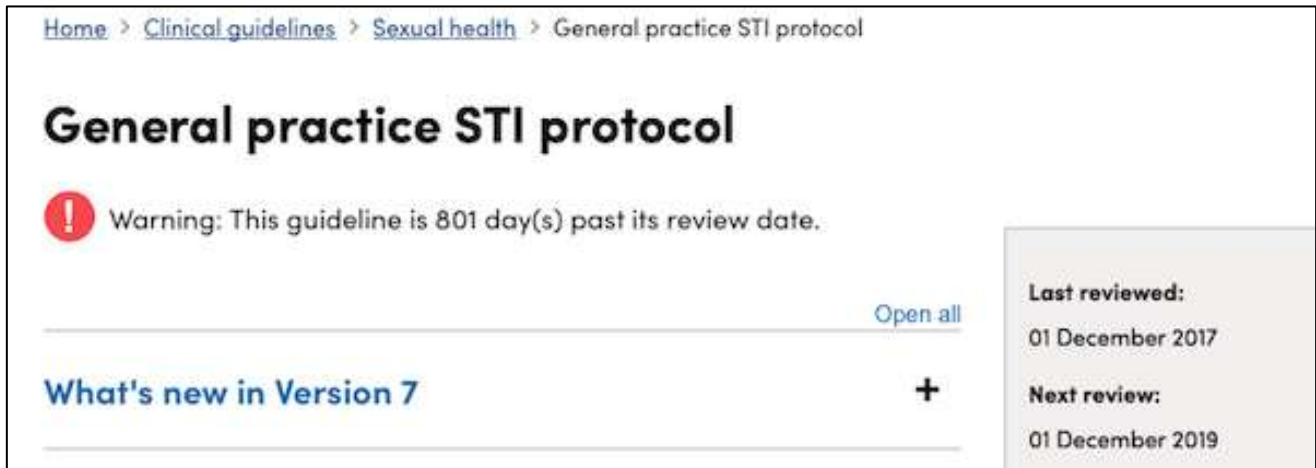
Every guideline or page has an editorial tab as shown in the image above. This should be completed to include as a minimum:

- author names in format 'Smith JC' with no full stops
- author email addresses
- a version number
- last review date
- next review date

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3.1 Overdue review date

Entering an overdue review date causes an automatic warning to appear on the live page as shown in the example below:



The screenshot shows a mobile app interface for a clinical guideline. At the top, a breadcrumb trail reads: Home > Clinical guidelines > Sexual health > General practice STI protocol. Below this is the title "General practice STI protocol". A prominent red warning icon is followed by the text: "Warning: This guideline is 801 day(s) past its review date." To the right of the main content area, there is a grey box containing the text: "Last reviewed: 01 December 2017" and "Next review: 01 December 2019". Below the warning, there is a horizontal line, followed by the text "What's new in Version 7" and a plus sign icon. A link labeled "Open all" is visible to the right of the horizontal line.

3.2 Transition period arrangements for managing review date

If app owners do not require the warning to be so prominent (e.g. if the need for review is not urgent as clinical practice in the field is stable), follow these steps:

- Remove the review date from the editorial information
- Add a statement including the missed review date to the guideline body section on the first tab – 'content' as shown in the example below:

General practice STI protocol

Content | Content Sections | Editorial | References/Evidence | Tags | Settings | Info

persons who should be aware of this guidance.

Guideline Body
The main body of guideline information should be placed here. Ideally, the length of the guideline should not be too long and should be sub-

Formats ▾ B / [List of icons]

- Sub-title (H2)
- Section Title (H3)
- Subsection Title (H4)
- Subsection Title (H5)
- Text - danger
- Text - warning
- Text - success
- Alert - Informative
- Alert - Warning
- Alert - Danger
- Info Panel
- ImportantPanel

This content was last reviewed in December 2017. It was scheduled for review in December 2019.

NHS Borders recommendations for STI risk assessment and testing in general practice.

An example of how the live content should then look is shown below:

[Home](#) > [Clinical guidelines](#) > [Sexual health](#) > General practice STI protocol

General practice STI protocol

This content was last reviewed in December 2017. It was scheduled for review in December 2019.

NHS Borders recommendations for STI risk assessment and testing in general practice.

Last reviewed:
01 December 2017

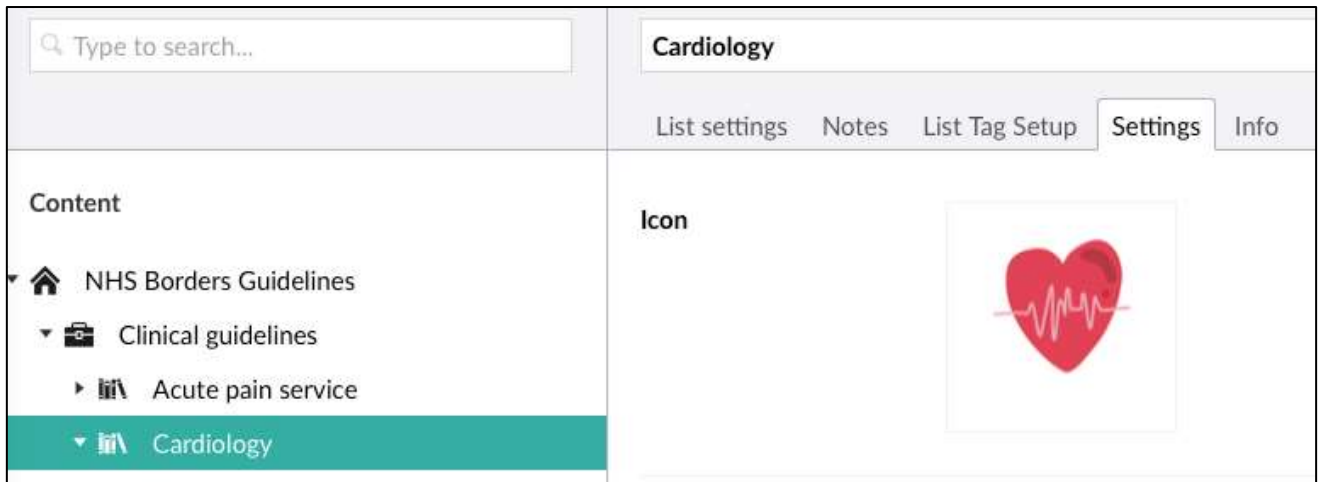
Author(s):
Dan Clutterbuck and Gillian Forbes

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4 Icons

Sources of free icons include [Flaticon](#), [The Noun Project](#) and [Canva](#).

Add an icon to the landing page for each guidelines group using the settings tab as shown in the example below:

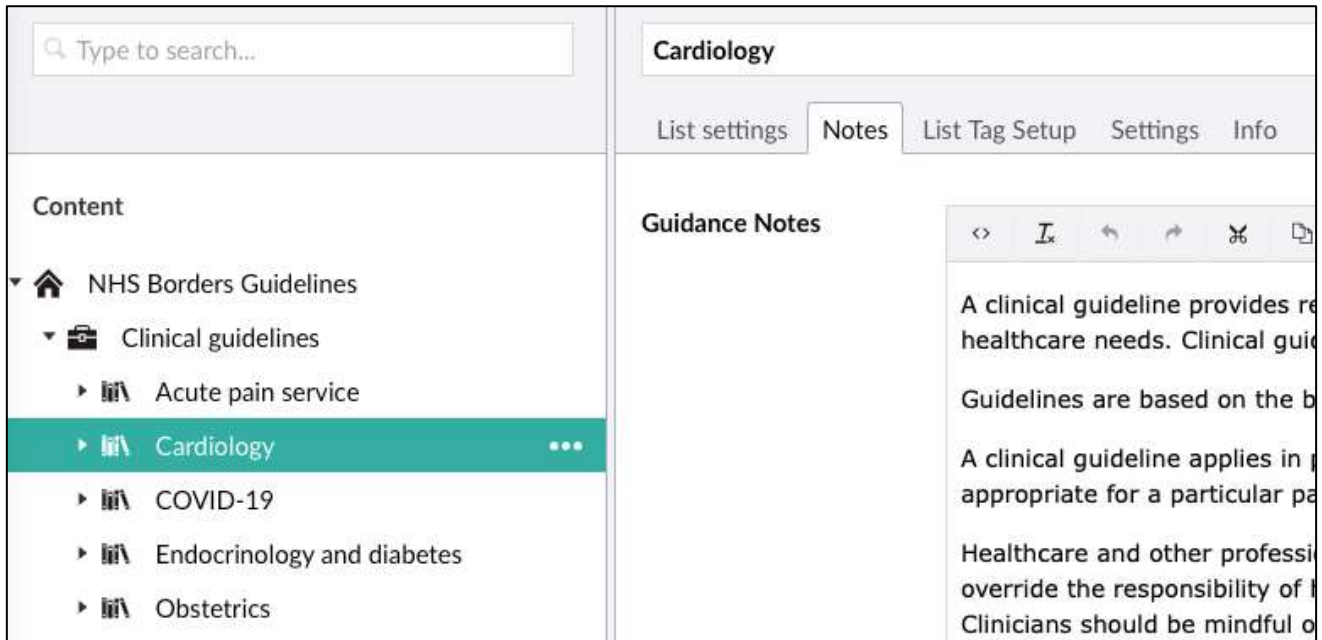


Icons can also be added to subsets of guidelines, again using their individual settings tab. This may be visually useful for a guideline group with several subsets.

5 Guideline statement and summaries

5.1 Statement

Add a statement about appropriate use of guidelines on the landing page for each specialty or guidelines group using the notes tab as shown below:



The screenshot displays a user interface for editing guideline content. On the left is a navigation sidebar with a search bar at the top. Under 'Content', there is a tree view: 'NHS Borders Guidelines' (with a home icon), 'Clinical guidelines' (with a briefcase icon), and a list of specialties: 'Acute pain service', 'Cardiology' (highlighted in green with a three-dot menu), 'COVID-19', 'Endocrinology and diabetes', and 'Obstetrics'. On the right, the 'Cardiology' page is open, showing tabs for 'List settings', 'Notes' (active), 'List Tag Setup', 'Settings', and 'Info'. Below the tabs is a 'Guidance Notes' section with a rich text editor toolbar containing icons for bold, italic, undo, redo, link, and unlink. The text area contains the following content:

A clinical guideline provides re healthcare needs. Clinical guid

Guidelines are based on the b

A clinical guideline applies in p appropriate for a particular pa

Healthcare and other professi override the responsibility of t Clinicians should be mindful o

An example of text to use is:

A clinical guideline provides recommendations to support healthcare and other professionals in making decisions about care and support for people with specific conditions or healthcare needs. Clinical guidelines are also important for service managers.

Guidelines are based on the best available evidence and may cover, for example, prevention diagnosis, treatment, monitoring, rehabilitation, follow-up and self-management.

A clinical guideline applies in principle to all patients with a particular condition or healthcare need. However, there will be times when the recommendations are not appropriate for a particular patient.

Healthcare and other professionals are expected to take clinical guidelines fully into account when exercising their professional judgement. However, the guidance does not override the responsibility of healthcare professionals and others to make decisions appropriate to the circumstances, characteristics and preferences of each patient. Clinicians should be mindful of the potential impact of co-morbidities, harmful polypharmacy and increased clinical risks in patients with frailty.

In accordance with [Realistic Medicine](#) principles, these decisions should be made in consultation with, and with the agreement of, the patient and/or their guardian or carer.

Healthcare professionals and others should record their reasons for not following clinical guideline recommendations.

5.2 Guideline summary or abstract

If appropriate, add a brief summary in the guideline body section of the first content tab to give the user an idea of the aim of that individual guideline. You can copy the abstract if available or a section from the introduction, or you may need to create a summary. This approach will be suitable for some, but not all, guidelines and authors should use their judgement as to when it may be a useful addition for the user.

6 Structure and language

6.1 Active voice

Use the active rather than passive voice wherever possible.

For example – “Discuss the risks of perioperative and postoperative COVID-19 infection with patients, parents/carers...” rather than “The risks of perioperative and postoperative COVID-19 infection should be discussed with patients, parents/carers...”

6.2 Chunking content

Try to break up digital content into easily digestible chunks. Use headings and subheadings to steer the user quickly to the content that will meet their needs.

6.3 Frontloading

Bring to the front of each section of content the most important information for the user.

6.4 Use white space

Large sections of dense text are disengaging for the user. So in addition to chunking content into digestible sections, try to allow for plenty of white space that draws the user's eye to the critical content.

7 Punctuation, formatting and bullet points

7.1 Capitalisation

Do not use block capitals as they're difficult for people to read.

The first letter of first word in titles should be capitalised, the remainder in lower case except for proper nouns.

Exceptions to this rule include:

- Acronyms should be explained at first use and capitals should be used for each word. For example, DLQI (Dermatology Life Quality Index).
- Capitalise government legislation ('the Care Act 2014'). If the context is clear, refer to legislation as 'the Act' after the first mention.
- Titles of projects or campaigns should have initial capitals (Active for Life, No Smoking Day).

Use lower case for all other text, including adjectival forms of proper nouns (caesarean, darwinian, parkinsonian) and words that derive from a proper name but that have passed into common use (braille, doppler, gram stain, hoover).

Note: X-ray has a capital X.

Use a lower case n and p for patient numbers (n=43) and p values (p=0.001).

7.2 Italics

Do not use italics for emphasis.

Italicise Latin names of bacteria, viruses and fungi (for example, 'test for *S. typhimurium*'). Do not italicise a virus name when used generically ('people with any hepatitis virus'). For more information see the [Centers for Disease Control and Prevention's guide on scientific nomenclature](#).

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7.3 Headings and subheadings

The app editor in consultation with the guideline author(s) should decide what looks clearer for their content and apply the same format throughout.

Headings and subheadings should never be a smaller font size than the body text. Use 'Subsection Title (H4)' format throughout although the following may also be appropriate:

- For sections of content with a lot of text to break up, 'Info Panel' format followed by 'subsection title (H4)' format can be a useful combination of headings.
- 'Section title (H3)' format followed by 'subsection title (H4)' can also be used (but 'info panel' format may make things clearer).

As a general rule, do not use bold or italics for emphasis. Use headings and bullet lists instead, and structure your content logically. Where necessary, bold may be used within text for emphasis when it is not appropriate to use a heading.

7.4 Bullet points

This is a general guide and editors/authors should use their judgement to decide what style looks better for their particular content and take care to use the same approach throughout.

With the exception of task/process lists (see section 6.5) use bullet points to break up large chunks of text and to avoid long lists in sentences.

Do not use a bullet if you only have 1 item.

As a general rule there are 2 bullet styles, for short lists and long lists. For both types, every bullet should follow from the stem. An extra layer of bullets can be added if necessary.

Short lists should:

- start with a lower case letter
- not have a full stop
- until the last bullet.

For longer lists, treat each bullet as a separate sentence:

- Each bullet should start with a capital letter and end with a full stop.
- You can include as many bullets as necessary in the list.

Aim to avoid more than one sentence in a bullet point but if more than one sentence needs to be used a full stop should be added at the end of each sentence.

Avoid ending a bullet point with "and" and "or".

7.5 Numbered lists

Use numbered lists instead of bullet points to guide a user through a process. Start each point with a capital letter and end with a full stop because each step should be a complete sentence.

Example

How to gargle with salt water

1. Dissolve half a teaspoon of salt in a glass of warm water.
2. Gargle with the solution then spit it out – do not swallow it.
3. Repeat as often as you like.

7.6 Brackets

Use brackets sparingly and avoid them if you can for subclauses in sentences as they can be confusing.

Do not put 2 sets of brackets next to each other. Use 1 set of brackets and other punctuation like commas, semi-colons or dashes to separate the text: (23.4 compared with 56.9; $p < 0.05$) instead of (23.4 compared with 56.9) ($p < 0.05$).

For brackets within brackets, use round brackets then square brackets (like this [for example]).

8 Hyphenation

Use a hyphen if not using one could cause confusion or it looks strange.

Always hyphenate 'non-'.

Do not hyphenate compound words in common use (healthcare, childcare, crossover, wellbeing, baseline, breastfeeding, birthweight).

Do not hyphenate prefixes like pre, post or peri.

Do not use hyphens for time and date ranges. Instead, use 'from ... to' or 'between ... and':

- the ages ranged from 4 to 42 years
- he usually went to bed between 10pm and 11pm
- 95% confidence interval -78 to 87

9 Spelling

Use UK English spellings (for example, colour, tumour, authorise, optimise and leukaemia). See table 1 for some important examples and exceptions that are standard practice with national guideline organisations – e.g. NICE, SIGN.

Table 1 – Spellings –exceptions to UK English spelling rule.

Do use	Do not use
Adviser	Advisor
Among	Amongst
Dietitian	Dietician
Fetus	Foetus
Focused Focusing	Focussed Focussing
Formulas	Formulae
Naive	Naïve
Homeopathy	Homoeopathy
Recurring	Reoccurring
Targeted	Targetted
While	Whilst
World Health Organization	World Health Organisation

10 Contractions

Do not use negative contractions like can't and don't. Research from the Government Digital Service shows that many users find negative contractions harder to read and they sometimes misread them as the opposite of what they say.

You can use common positive contractions (like it's or you'll).

11 Drugs and medicines

The reference work for all medicines spellings is the [British National Formulary](#).

Use generic names for drugs unless a brand name makes more sense in context (for example, in some information for the public). Use lower case for generic names and always say generic, not non-branded.

Avoid Latin phrases if there are clear English alternatives. If there is no simple English alternative (de novo, vice versa), do not italicise the Latin. Do not use shorthand dosing schedules ('as needed' not p.r.n.; '3 times daily' not t.d.s).

12 Abbreviations

Avoid abbreviations whenever possible.

However, recognise that many common abbreviations are better known than what they stand for, so they do not need to be replaced by long hand or defined (in fact, to do either may make things less clear!). Use common sense and think about what the user is likely to be familiar with.

If it is necessary to use abbreviations that require definitions, provide the definition for each abbreviation the first time you use it in a section. For example, disease-modifying antirheumatic drugs (DMARDs).

Do not use the abbreviation if it only appears once, unless it's more commonly used than the full term.

Do not use full stops in abbreviations (US, NHS), contractions (Ms, Dr) or initials (Dr HJ Baker).

13 Numbers, units and symbols

If you need to write a minus (negative) number, use a hyphen.

13.1 Numbers

Use numerals (including for 1 to 9) except when it's part of a common expression and it would look strange ('one of the first'). Use common sense.

Avoid long strings of zeros by spelling out millions and billions (£4.2 million not £4,200,000).

Use a comma for 4-digit numbers and above (4,000, 10,000).

13.2 Units

Do not put a space around symbols ($p < 0.01$; -12°C ; $p = 0.012$).

Do not leave a space between numbers and units (8ml, 37°C , 76%). This will prevent them from being split between lines of text.

Use the [International System of Units](#) (SI units) except for mmHg for blood pressure and other situations in which non-SI units are standard (for example, ml for millilitres). For some audiences you might want to use imperial measurements, for instance to describe weight. In these cases, always include the metric equivalent in brackets and spell out imperial units rather than abbreviating them (inches not ").

Be consistent throughout a document - do not use 100ml in one place and 0.1 litres in another.

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Always spell out:

- litre
- microgram (the app doesn't recognise the symbol)
- microsecond
nanogram

Repeat units in lists and ranges to avoid ambiguity (5%, 15% and 25%; 5 ml to 15 ml).

13.3 Date and time

For dates, use the format 3 June 2019. The format 3/6/2019 is okay to save space in a table. Use 2014/15 or 2014 to 2015 for ranges of years.

Write time in format 4:15pm.

13.4 Symbols

Try not to use <, >, ≤, ≥, × (multiply) and = in text except for expressing p values and other measures of significance. You can use them in tables and pathways/ Q and A options if space is tight.

Do not use TM or ® marks after brand names.

14 Hyperlinks

All internal links should be set to open in the same window.

Add pdfs and images to media files in the CMS to enable links through the app rather than to external or intranet sites.

Organise media files in folders according to their associated guidelines.



This icon should go to the right of any download links (sized at 20 pixels). It can be downloaded as a free icon and saved in media files.

Do not tell the user to click here or see here. Include enough information in the link for users to understand what it is and where it goes. Make sure the words in the link match the destination.

14.1 External links



This icon should go to the right of any external link (sized at 20 pixels). It can be downloaded as a free icon and saved in media files. All external links open in a new window.

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If the link is to a different guideline, pathway or document, make it clear the reader is going to be taken somewhere else by naming the organisation, and make it clear what they'll find when they get there, for example: see the [section on preoperative rehabilitation in the NICE guideline on joint replacement](#) or see [NICE's topic page on anxiety](#).

15 References

If a guideline contains references add them in a separate content section within the guideline. Use Vancouver style as shown in the example below:

Kanneganti P, Harris JD, Brophy RH, Carey JL, Lattermann C, Flanigan DC. The effect of smoking on ligament and cartilage surgery in the knee: a systematic review. *Am J Sports Med.* 2012 40(12):2872-8. Available from: <http://ajs.sagepub.com/content/40/12/2872> DOI: 10.1177/0363546512458223

Further examples of Vancouver style can be found in [Citing and referencing Vancouver style](#).

Use superscript numbers within text to indicate the reference number, for example, reference¹.

Include URLs and/or a Digital Object Identifier (DOI) of articles where available.