Brand Personality

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Prepared for Meditech

Project Harley App

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Contents

Introduction 3
Aspiration Gap 3
Day One / Day 90 4
Heartbreak Scale 5
The Dinner Party 5
The Rejection Letter 6
Read It Aloud 7
The Voice Sort 8
The Funeral Speech 9
The Word Sort 10
Moodboard Speed Dating 10
Opposite Ends 11
Design Principles Builder 12
The Moment Test 13
Who Meditech Is 13
Personality Dimensions 14
Voice & Tone 16
What Meditech Is Not 17
Competitor Context 18
How the Personality Applies 19
- Pre-App Touchpoints 19
- Onboarding Experience 19
- Product Discovery 20
- Booking and Confirmation 20
- Post-Appointment 20
- Crisis Communication 21
- Cross-Platform Consistency 21

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Introduction

Brand personality cannot be designed or decided through rational discussion. It emerges through instinct, structured conversation, and exercises that sidestep conscious thought entirely. This document draws directly from workshops between the Meditech team and We Are Affective, working through games like The Moment Test, Moodboard Speed Dating, The Dinner Party, and The Funeral Speech to surface what the team already knew but had not yet articulated. These are not our interpretations of who Meditech should be, but what became clear when the right questions were asked. The personality that follows is already there, waiting to be recognised and expressed consistently across every interaction the brand has with the people it serves.

Aspiration Gap

The Aspiration Gap exercise mapped the emotional journey from arrival to resolution, surfacing the profound shift people need to make when seeking private healthcare through a digital platform. Participants described their starting point with remarkable consistency around vulnerability and uncertainty.

People arrive carrying a specific kind of nervous energy. They are *worried*, *frustrated*, and feeling *helpless* in the face of NHS waiting times that don't match their sense of urgency. The internal dialogue reveals the depth of this anxiety. *Will I be ok? Can I trust these doctors? Can they help me?* These are not casual browsing questions. They represent someone trying to navigate an unfamiliar system while managing genuine health concerns and financial uncertainty about private care.

The context that brings people to Harley matters enormously. Most arrive because of a *current health scare* combined with *long NHS waiting times* where *action is needed*. Often they've been encouraged by friends to *bypass the NHS*, which carries its own emotional complexity. This isn't lifestyle healthcare or convenience booking. This is people who feel they cannot wait, making a decision that sits outside their usual healthcare experience.

The aspiration gap itself becomes clear in the contrast between arrival and desired end state. People want to move from *nervous* and *confused* to *reassured*, *informed*, and *in control*. They want to feel *heard and listened to*, *calmer*, *educated*, and ultimately *happy in their choice to bypass the NHS*. The gap is not just about finding a doctor. It's about transforming from feeling overwhelmed by an unfamiliar system to feeling *proactive* and confident that *I can handle this*.

Two critical realisations emerged as essential to closing this gap. The first comes *when they feel they are guided by a managed product* rather than facing another directory to navigate alone. The second happens when they see *available solutions, available choices* and realise *they are not alone in the experience*. The evidence that convinces them centres on the product demonstrating that it *articulates the problem back to them well* and genuinely *understands their situation*. Trust builds

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through *trusted real world ratings and reviews* and the sense of having *guidance and support* rather than just information.

What could derail this journey speaks to the fundamental vulnerability of the moment. If people *feel the product doesn't understand their specific issue* or that it's *too salesy, not genuinely there to help them*, the aspiration gap widens rather than closes. The biggest single risk emerged clearly around trust. If people feel they *can't trust the product, whether that is the security of the product or the integrity of the reviews*, everything else becomes irrelevant. The emotional landmines that can destroy progress centre on *health shame*, *making assumptions*, and *trivialising their situation*. These reveal how carefully the experience must acknowledge the weight of what people are carrying when they arrive.

Day One / Day 90

The Day One / Day 90 exercise was designed to map the emotional distance between someone's first anxious encounter with the platform and the point where they have become a confident advocate for private healthcare. The exercise surfaced not just what users need functionally, but what they carry emotionally when they arrive.

Day One users arrive in crisis

The person who finds Harley on Day One is "*feeling very worried about a health concern*" and believes the NHS is not taking their situation seriously. They are asking themselves "*Why won't anyone help me? How can the NHS be so slow?*" The weight they carry is not just medical uncertainty, but isolation. They feel like they are "*the only one that seems to feel this is important*". What emerges clearly is that these are not people shopping for convenience. They are people who have reached the limits of their patience with a system that feels indifferent to their urgency.

The critical moment on Day One happens when they believe the product understands something the NHS missed. When they get "*the response from this product that they were hoping to get from the NHS*" and suddenly feel less alone. This is not about features or functionality. It is about recognition.

Day 90 users have found their footing

By Day 90, the same person feels "*much more in control of their health*" and confident they made the right choice. They know there is "*a good alternative to the NHS*" and that "*going private for healthcare doesn't compromise the quality of their care*". Most importantly, they feel equipped to handle future situations and ready to recommend the platform to others. The transformation is from isolation and anxiety to agency and advocacy.

The exercise revealed what the product must do to bridge this gap. It needs to be "*emotionally sensitive to their information and situation*" and act as "*a guide throughout the whole process*". The failure points are equally clear. Most users never reach Day 90 because of "*fear of leaving the NHS*", "*concern about the qualifications of the doctors*", and fundamentally, "*lack of trust*". The product that

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understands this emotional journey, rather than simply facilitating transactions, earns the right to guide someone from crisis to confidence.

Heartbreak Scale

The Heartbreak Scale exercise asked participants to rate the current Harley experience across five emotional dimensions, then identify the specific moments and elements driving each score. The purpose was to surface the emotional reality of using the product, beyond functional feedback.

The results paint a picture of a product that creates anxiety rather than confidence. Trust scored just 1 out of 10, driven by what participants called "*visual credibility*" issues and an "*overly complex layout contrasting with overly simplified onboarding*". The app feels "*like a templated shell*" without personality, using "*alarmist colours*" that undermine rather than build confidence. Delight scored even lower at 0, with participants noting that while there are glimpses of satisfaction, particularly in "*seeing there are multiple categories of professionals*", the experience misses critical opportunities for "*early reassurance*" and positive reinforcement.

Anxiety dominated the experience at 5 out of 10, triggered by the healthcare context itself but amplified by design choices. Participants pointed to "*negative colouring and alarmist undertones*" and crucially, the "*lack of early education on app features and process*". The absence of guidance creates a cascade of uncertainty where users find themselves asking "*What do I do with this information? Where do I go next? How do I know I'm picking the right specialist?*"

The most revealing finding emerged around confusion, scored at 4 out of 10. The "*single most confusing element*" was identified as the "*overwhelming single list of doctors without guidance*". This connects directly to what participants described as the moment "*where the gap between expectation and reality became undeniable*" when users are "*dropped post onboarding into a large list of unfiltered doctors*" creating "*immediate overwhelm and lack of direction*".

Pride scored just 1 out of 10, with participants noting they wouldn't share something "*they don't know whether they can trust*". The path forward became clear through their recommendations: reduce choices, delay signup until confidence builds, provide early education, and establish a clear product personality that guides rather than abandons users at the moment they need support most.

The Dinner Party

The Dinner Party exercise asked participants to imagine their brand as a person at a social gathering, exploring how they would behave, interact, and present themselves. This projection technique bypasses rational positioning statements to surface the instinctive character traits that define how a brand moves through the world.

What emerged was someone who arrives with quiet intention, dressed in "*smart casual, good quality fabrics, well fitted clothes, not ostentatious*". This is a person who has considered their appearance

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but isn't making a statement with it. They drove themselves in a "*mid-range car that was impeccably clean*", choosing self-reliance not from necessity but preference. The punctuality matters. This is someone who respects other people's time because they understand what time means to people.

The social behaviour revealed something more complex than simple professionalism. They "*gravitate towards the person who looks like they need them the most*", but when someone spills wine, they "*ask for permission to help as opposed to jumping in*". The distinction is crucial. They notice need instinctively, but they respect autonomy absolutely. Their conversation style reinforces this: they "*listen first and talk about how they can help this person, what options do they have and help guide them to make the choice that's best for them*". This isn't advice-giving, it's option-mapping.

Their boundaries were as revealing as their behaviours. They avoid "*foul language, judgemental people, aggressive behaviour*" and anything that might cause a scene. When they laugh, it's at "*dry humour, observational comedy and anecdotes, nothing vulgar*". They're not prudish, they're considered. The person who emerges is "*understated, observational, softly offering help, checking in on people without being pushy*". They leave when they see "*there is no-one else needing help*". Purpose drives presence, not social momentum.

What struck us was how this character holds two qualities in tension: complete confidence in their ability to help, paired with complete respect for people's right to choose their own path. This is someone who has found the balance between being useful and being intrusive, between offering support and assuming it's wanted.

The Rejection Letter

The Rejection Letter exercise asked participants to imagine a brand that Harley could never be, then write the rejection letter that brand would send. This approach surfaces brand boundaries by exploring what feels fundamentally wrong, revealing character through what it explicitly rejects.

Amazon emerged as the antithesis. Not because of its scale or success, but because of what drives it. "*It is about throughput. Fast, speed over quality. Mechanics over people.*" The rejection letter Amazon might write to Harley was telling in its specificity. "*You spend too much time with people and not enough time pushing sellable products. You seem more concerned with the customers than the business. You get too involved with the customer and their problems.*"

When inverted, these criticisms revealed something essential about Harley's character. The team described a brand that is "*human centric*" and cares "*more about people than throughput.*" This is not corporate speak about customer focus. This is about genuine investment in individual outcomes. They want people to "*come away from every interaction feeling happy, reassured and confident.*" The word choice matters. Not satisfied or informed, but reassured and confident. This suggests a brand that understands the emotional reality of seeking healthcare when you are already worried.

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The boundaries that emerged were equally revealing. Harley will never "*criticise the customer or judge them*" and will never "*leave them feeling hopeless.*" It will never tell people "*they are on their own.*" These are not abstract principles. They speak to the specific vulnerabilities of first-generation immigrants navigating an unfamiliar healthcare system, young professionals questioning whether their symptoms warrant attention, and parents making medical decisions for their children. The commitment to never "*show disinterest*" or "*overpromise*" suggests a brand that earns trust through consistent presence rather than grand gestures.

What surfaced most clearly was the role Harley sees itself playing. Not a platform pushing transactions, but a "*trusted guide, not a salesman with an agenda.*" This distinction cuts to the heart of why people abandon healthcare apps. They can sense when they are being processed rather than helped. Harley's rejection of the transaction-first approach places it in a category of one, where the measure of success is not appointment bookings completed, but people feeling genuinely supported through a moment of vulnerability.

Read It Aloud

The Read It Aloud exercise tested different pieces of copy by having the team speak them out loud, surfacing the instinctive reaction that emerges when words leave the page and enter the room. The physical act of saying brand language reveals what feels authentic to embody versus what only works in writing.

The patterns were immediate and telling. Copy that felt "*salesy*" or "*shady*" when spoken shared common traits, overlong explanations, unnecessary comparisons to the NHS, and language that promised more than it could reasonably deliver. One piece described as "*overly wordy*" and "*impersonal even though it is trying to be personal*" demonstrated how effort to connect can backfire when it feels manufactured. Another left the speaker feeling like a "*snake oil salesman*", too aggressive, too certain, too willing to diminish other options to elevate itself.

What worked carried a different quality entirely. Language that felt "*reassuring*" to say was direct without being blunt, factual without being cold. The example that emerged from the session, "*NHS says three weeks. We say Tuesday at 2pm. Done.*", illustrates the difference. It acknowledges reality without criticism, states capability without fanfare, and moves toward resolution without hesitation. The rhythm is clean, the claim is specific, and the speaker feels they are helping rather than selling.

Voice qualities that felt right

The language that participants wanted to continue saying shared four characteristics. It was confident without arrogance, stating what Harley could do rather than what others could not. It was friendly without being casual about serious subjects. It remained calm in situations where users likely felt anything but. Most importantly, it was reassuring, the speaker felt they were reducing someone's anxiety rather than adding to it.

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Voice qualities that felt wrong

Equally revealing were the immediate rejections. Language that felt "*flippant given the nature of the app*" highlighted how tone that works in other contexts fails when health is the subject. Anything that came across as elitist or derogatory made speakers uncomfortable, they could feel themselves creating distance from people who needed help. Overly complex explanations felt patronising to say, suggesting they would feel patronising to hear.

The exercise revealed a voice that earns trust through competence rather than criticism, that builds confidence through clarity rather than comparison. When someone is worried about their health, they need to feel that the person helping them is both capable and genuinely concerned with making things better rather than making a point.

The Voice Sort

The Voice Sort exercise asked the team to separate words and phrases into three piles: what feels right for Harley, what feels wrong, and what causes hesitation. The process was designed to surface the brand's instinctive voice before rational positioning gets in the way.

What emerged was a brand that speaks in facts, not feelings. The words that felt right clustered around action and completion: "*Find. Book. Nearby. Sorted. Done.*" Simple verbs that land like decisions. The words that felt wrong were the usual suspects of startup language, the "*leverage, optimise, innovate*" pile that sounds like a funding deck rather than something you'd say to someone who needs medical help. But the most revealing pile was the middle one, the words that caused disagreement.

"*Private*" split the room. Half the team heard exclusivity and expense, the other half heard efficiency. "*Book*" felt transactional to some, reducing healthcare to commodity booking. "*Illness*" carried too much weight for people who might just need a quick consultation. These tensions point to something important about Harley's positioning challenge. The service sits between NHS and full private healthcare, and the language needs to acknowledge that complexity without getting trapped in it.

The exercise produced a clear voice principle: "*A knowledgeable friend, not a doctor's receptionist.*" Someone with authority who doesn't need to prove it. The example that landed strongest was "*NHS says 3 weeks. We say tuesday 2pm. Sorted.*" It works because it's specific rather than superlative, and it makes the competitor the problem without naming them. "*Tuesday 2pm*" does more work than any adjective about speed or convenience.

The rhythm matters as much as the words. Short sentences when action is required: "*You're booked. Done.*" Longer ones when explanation is needed, particularly around data requests or appointment changes. The rule that surfaced was simple: short sentences move people, longer ones reassure them. What this brand never does is thank people for existing, use exclamation marks about health

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appointments, or claim to understand how someone feels. It just gets them to a doctor, and it speaks like someone who knows how to do that without making a performance of it.

The Funeral Speech

The Funeral Speech exercise asked participants to imagine Harley's impact from the perspective of someone delivering a eulogy years from now, surfacing the deeper emotional transformation the platform could create in people's lives. This reverse-engineering approach revealed not just what the service does, but the profound shift it enables in how people relate to their own healthcare.

What emerged was a portrait of profound systemic frustration transformed into personal agency. Participants described the current state as "*very impersonal, profit driven*" with people feeling "*high anxiety and worry, helpless, confused, alone.*" The gap wasn't just operational but emotional, characterised by "*no guidance or accessibility, no genuine trust, no easy way to find a solution.*" Harley's role became clear as the bridge between these two realities.

The transformation participants envisioned was striking in its specificity. Rather than broad healthcare improvements, they articulated precise emotional shifts. "*From waiting to deciding. From confusion to clarity. From the system's timeline to yours.*" The language revealed something deeper than convenience, a fundamental recalibration of power. "*From 'I'll just leave it' to 'booked for Tuesday.' From passive to in control.*" This wasn't about making healthcare slightly better, but about giving people back their agency in moments when they feel most vulnerable.

Participants saw Harley creating what they called identity transformation. Users would become "*someone who feels heard, someone who knows they can find a solution, someone who sorted it.*" The emphasis on self-efficacy was consistent. "*Someone who didn't need to grovel or chase for help. Someone who's not alone. Someone the system works for. Someone who showed up for themselves.*" These descriptions suggested Harley's deeper purpose was restoring dignity to the healthcare experience.

The data relationship shift was equally revealing. "*From 'I'll Google it and panic' to 'I have an appointment.' From not knowing what anything costs to seeing it upfront.*" Participants understood that information anxiety was as debilitating as physical symptoms, and that clarity was itself a form of care. The transformation was temporal too. "*From weeks to days. From an open loop to a closed one. From time the NHS owned to time that's yours.*" Time became something people could own again rather than something done to them.

When asked how Harley should speak, participants were unambiguous. "*People first. Explain and guide. Speak in a soft and supportive tone. Confident and educated. Simple and precise.*" What it should never do was equally clear. "*Talks down to people. Never makes people feel stupid. Doesn't preach. Never leaves people to work it out themselves.*" The brand truth that surfaced was elegantly simple. "*It genuinely wanted to help people.*" In a sector where commercial motives often feel transparent, this represented the foundation everything else would need to build from.

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The Word Sort

The Word Sort exercise asked the Harley team to categorise vocabulary into yes, no, and maybe piles, revealing the instinctive language boundaries that define their brand voice. The process bypassed rational overthinking to surface what feels right when placing words against the brand they are building.

A clear pattern emerged from the yes pile around what one participant called "*positive, simple straightforward language*" that feels "*very human, very positive, very actionable*". The brand gravitates toward words that guide rather than sell, that reassure rather than persuade. This suggests a voice that earns trust through clarity rather than claims, speaking to people who need healthcare solutions but have learned to be wary of promises that sound too smooth.

The language that works carries what the team described as "*factual*" weight without feeling clinical. There is something deliberately grounded here, a voice that acknowledges the gravity of health decisions without adding unnecessary complexity. The emphasis on being "*proactive*" and "*guided*" speaks to users who want direction, not just options. These are people navigating an unfamiliar system who need a brand that understands the difference between helpful and overwhelming.

What the team rejected reveals as much as what they embraced. Words deemed wrong for the brand were "*complex, overpromising, derogatory, demeaning, buzzwords, flippant language, arrogance*". This is particularly telling for a digital health startup, where the temptation to oversell convenience or undersell complexity runs high. The instinct to avoid anything that feels dismissive or superior suggests an understanding that their users often come from positions of vulnerability.

The maybe pile captured language that was "*salesy but with a benefit to the user*" and carried "*elements of buzzwords*". This hesitation around promotional language, even when user-focused, suggests a brand that wants to be helpful first and persuasive second. The tension here feels productive, a voice that knows it needs to convert users but refuses to compromise on the respect those users deserve.

Moodboard Speed Dating

We asked the team to respond instinctively to a series of visual moodboards, rating each as love, meh, or hate within seconds of seeing it. The exercise bypasses rational thought to surface the emotional territory Harley naturally inhabits, before language gets in the way.

The pattern that emerged was telling. Strong positive reactions clustered around images that felt both competent and approachable, warm but never soft. The team consistently gravitated toward visuals that suggested capability without clinical coldness, human connection without losing professional credibility. There was an immediate rejection of anything that felt overly corporate or sterile, but equally strong resistance to visuals that appeared casual or unprofessional.

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What became clear through the speed and consistency of the hate responses was how much the team instinctively understood what Harley should not be. Anything that suggested bureaucracy, complexity, or institutional healthcare triggered immediate rejection. The strongest negative reactions came to visuals that felt impersonal, overly technical, or reminiscent of traditional NHS interfaces. The team seemed to know, without discussion, that Harley exists specifically to feel different from those experiences.

The loved images shared something harder to define but unmistakable in practice. They suggested efficiency that feels effortless, professionalism that remains human, and systems that work for people rather than requiring people to work for them. The visual language the team responded to most strongly was one of quiet confidence, accessible expertise, and technology that disappears into helpfulness rather than announcing itself.

Opposite Ends

The Opposite Ends exercise asked participants to position Harley along visual and emotional spectrums, forcing choices that reveal character rather than aspiration. By placing the brand at specific points between opposing qualities, patterns emerged about what Harley is and, crucially, what it is not.

Harley sits at the calm end of the visual density spectrum, with participants unanimously rejecting anything "*busy, content heavy*" or "*overloaded with information*". This choice reflects something deeper than aesthetic preference. For people navigating health decisions while managing work, family, and the complexity of living in a new country, visual noise becomes emotional noise. The brand's visual restraint is not minimalism for its own sake, but recognition that clarity is a form of care.

The positioning reveals a brand that prioritises human understanding over functional demonstration. Participants placed Harley firmly towards "*design priority*" rather than utility focus, and chose generous spacing over efficiency. This suggests a platform that earns trust through how it feels, not just what it does. The rejection of "*traditional dashboard style*" and "*functional focus*" signals an understanding that healthcare technology fails when it looks like healthcare technology.

What emerged most clearly was a brand that assumes intelligence without assuming knowledge. The middle positioning on "*audience assumption*" indicates respect for users' capability while acknowledging they may be unfamiliar with UK healthcare navigation. Harley speaks to people who are competent in their professional lives but need guidance in this specific context. The moderate energy level suggests calm confidence rather than hyperactive efficiency, recognising that health decisions deserve space to breathe rather than pressure to move quickly.

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Design Principles Builder

The Design Principles Builder exercise was designed to surface the practical philosophy that should guide every design decision across Harley's product experience. Rather than abstract brand values, this process drew out specific principles that emerge from understanding how people actually feel when they need healthcare quickly.

The clearest principle that emerged was that *every screen must reduce anxiety, not add to it*. The team recognised that someone opening the app is already dealing with uncertainty about their health, frustration with waiting, and not knowing where to turn. The app's role at every single step is to make that feeling smaller, not bigger. This translates into progressive disclosure of information, low density screens, and large, simplistic text and actions. If a screen creates confusion or leaves the user unsure what happens next, it has failed regardless of how polished it looks.

Closely connected was the principle that Harley should *never ask for something without explaining why*. The vulnerability of the user emerged clearly in this discussion. As one participant noted, *the user is vulnerable and may be put off if we overreach or potentially push our current level of trust*. This led to a commitment to proactive educational content ahead of information requests and contextual rather than bulk data gathering. The team understood that trust is the key building block for users to stick with the app and actually use it.

The most revealing principle was to *guide toward the right choice, don't present all choices*. This emerged directly from earlier findings about users needing to feel guided by a managed product rather than presented with a directory. The critical moment happens *when they realise there are available solutions, available choices, this is able to help them*, but overwhelm occurs when too much choice creates paralysis rather than empowerment. In practice, this means the home screen shows three doctors who match, are available today, and take your insurance, not every doctor in London. The search asks one question first rather than opening to fifty filters.

Perhaps most importantly, the team articulated that Harley should *build healthcare confidence, not just booking functionality*. This principle recognises that the app sits between functionality and felt confidence. The doctor card shows their name, photo, and one plain-English line about what they treat, not a list of qualifications nobody can parse. When asking for height and weight during onboarding, the app explains exactly why this helps match users with the right specialist. Price is visible on the doctor card, not hidden until after commitment to booking.

The checklist that emerged from this work is telling in its directness. Does this screen make the user feel more certain or less certain than before they saw it? Could someone who's tired, on a commute, and slightly anxious complete this in under ten seconds? Would this make someone trust us more or just use us once? These questions cut through design aesthetics to the emotional reality of the user experience. They represent a team that has moved beyond thinking about features to thinking about how those features feel when someone actually needs healthcare quickly.

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The Moment Test

The Moment Test asked the team to identify the five hardest moments in the Harley experience and work backwards from user difficulty to design principle. What surfaced was a product caught between the efficiency it promises and the vulnerability it asks people to navigate.

The hardest moments clustered around choice and trust. Users choosing the cheapest option over the recommended one, not because of price sensitivity but because "*the comparison of the NHS is free versus costed so the distance between free and cheap isn't as big as free and expensive.*" Completing medical induction forms where you're "*sharing data with a new company that is very personal.*" Video consultations that make you feel "*vulnerable being on camera.*" The team recognised that taking any action at all makes healthcare needs real when "*it can be easier and less intimidating to bury your head in the sand.*"

What emerged from examining these friction points was a consistent principle that ran counter to standard platform thinking. Rather than offering comprehensive choice, Harley works best when it "*guides toward the right choice, don't present all choices.*" The team saw that their users needed curation, not comparison shopping. Healthcare decisions carry emotional weight that paralysis of choice only amplifies. The product needed to listen first, then recommend with confidence.

Two other principles surfaced that spoke directly to the trust deficit. "*Build healthcare confidence, not just booking functionality*" recognised that the product's real job isn't scheduling but reassurance. "*Never ask for something without explaining why*" acknowledged that every data request feels invasive unless the person understands exactly how it serves their care. The team understood that transparency isn't just good practice in healthcare, it's what makes the difference between someone completing their profile and abandoning it halfway through.

The measurement framework the team developed revealed their sophisticated understanding of what actually matters. Success wasn't more bookings or faster flows, it was whether users returned after their first appointment and whether app store reviews stopped mentioning confusion and started mentioning trust. They knew the principle was being compromised when designers added options for flexibility that tested well internally but left first-time users stalled, or when efficiency improvements stripped away the doctor photos and patient reviews that built confidence in the choice being made.

Who Meditech Is

Meditech exists to close the gap between needing medical help and getting it. Not by disrupting healthcare, but by making the path clearer when the NHS timeline doesn't match yours.

The company recognises something fundamental about how people experience health concerns. Someone downloading this app isn't looking for innovation or transformation. They're looking for

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Tuesday at 2pm. They're looking for a name, a face, and the certainty that someone qualified will see them this week, not next month. The product sits in the space between "I think I need help" and "I'm getting help," which for too many people has become a place where anxiety compounds rather than resolves.

This is not about replacing the NHS or positioning private healthcare as superior. It's about acknowledging that when someone feels unwell, uncertain, or simply needs answers, three weeks can feel like three months. The value isn't in the technology or the convenience layer. It's in the shift from waiting to deciding, from confusion to clarity, from "I'll just leave it" to "booked for Tuesday." Meditech understands that this shift happens not through features or functionality, but through feeling genuinely guided by a product that listens first.

What emerged clearly through our work together is that the company's role is fundamentally that of a trusted guide rather than a transactional booking platform. During our Aspiration Gap exercise, the team identified the critical moment as "when they feel they are guided by a managed product. It doesn't feel like a directory." This insight shaped everything that followed. The difference between a list of doctors and a curated recommendation isn't technical. It's emotional. Someone opening the app is already dealing with something, whether that's uncertainty about their health, frustration with waiting times, or simply not knowing where to turn. The product's job at every step is to make that feeling smaller, not bigger.

Trust is built through sequence, not claims. The person who feels heard before being asked to share personal health information, who understands why each piece of data matters before providing it, who sees exactly what they're paying for before committing to it, develops a different relationship with the platform than someone who is processed through it. Meditech exists to demonstrate, through every interaction, that it already understands something true about the person using it before asking anything in return. That understanding translates into practical things like showing three doctors who match rather than fifty to choose from, asking one question at a time rather than presenting a form, explaining why height and weight matter for matching with the right specialist. The accumulation of these moments creates confidence, and confidence is what turns a first booking into a second one.

Personality Dimensions

Confidently understated runs through everything Harley does. The brand emerged from workshop conversations as someone who "drives themselves to the dinner party not because they have to, but because they wanted to." This translates to a product that demonstrates capability without announcing it. When the NHS says three weeks, Harley simply says Tuesday 2pm. The confidence is in the specificity, not the claim. The brand never needs to tell you it's reliable because it shows availability. Never needs to promise it's simple because the experience proves it. This quality emerged most clearly in the Voice Sort exercise, where participants consistently rejected words like

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"world-class" and "cutting-edge" in favour of "sorted," "done," and "ready." The brand earns trust through consistent delivery rather than ambitious promises.

A guide before a directory shapes how Harley presents choices to users. Workshop participants identified the critical moment when they "feel they are guided by a managed product, it doesn't feel like a directory." This means the home screen doesn't show every doctor in London. It shows three who match, are available today, and take your insurance. The search doesn't open to fifty filters. It asks one question first: what do you need help with? This principle emerged directly from the Aspiration Gap exercise, where the turning point happened "when they realise there are available solutions, available choices, this is able to help them" but overwhelm occurred when too much choice created paralysis rather than empowerment. The brand understands that guidance is not limitation. It's intelligent curation that respects the user's emotional state.

Transparent by default governs every interaction where Harley asks for something from users. The Design Principles Builder session established that "never ask for something without explaining why" because "the user is vulnerable and may be put off if we overreach." This translates to copy that says exactly why height and weight help match you with the right specialist. Pricing appears on the doctor card, not hidden until after commitment. When an appointment approaches, the reminder tells you what to bring, how long it'll take, and what the doctor knows about you already. The brand doesn't hide complexity, it contextualises it. Transparency here isn't about overwhelming users with information. It's about earning the right to ask for trust by being honest about what you need and why you need it.

Calmly human in moments of anxiety defines how Harley communicates when emotions run high. The Heartbreak Scale exercise revealed users arrive at a trust level of 1 and anxiety level of 5, triggered by "negative colouring and alarmist undertones" and "lack of early education on app features." The brand responds by speaking like "a friend who happens to be a GP," identified in the Read It Aloud session as someone who "tells you straight, doesn't blind you with jargon, doesn't hedge everything with disclaimers, and doesn't make you feel like you're wasting your time." This voice never escalates anxiety even when delivering difficult news. When something goes wrong, the tone stays level. The brand understands that calm is not the absence of urgency. It's the presence of control.

Listens before it speaks determines the sequence of every user interaction. The Dinner Party exercise revealed someone who gravitates "towards the person who looks like they need them the most" and "asks for permission to help as opposed to jumping in." This translates to progressive onboarding that delays signup until anxiety has dropped and confidence has grown. The app doesn't immediately demand personal health data. It first demonstrates understanding of the user's situation. The brand shows what it knows before asking what it doesn't know. In the Aspiration Gap session, the critical evidence moment happened "when the product articulates the problem back to them well and they feel it really understands their situation." The brand earns the right to ask questions by first proving it understands the answers that matter.

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Finished, not just functional shapes how users feel when they complete any task with Harley. The Day One/Day 90 exercise traced the emotional journey from "feeling very worried about a health concern" to "feeling much more in control of their health" and "happy they made the choice." This isn't about polished interfaces. It's about closed emotional loops. When someone books an appointment, they don't just get a reference number. They get "You're booked with Dr Patel. Tuesday 14:00. 12 Harley Street." The confirmation feels like completion, not just transaction. The brand understands that functional success and emotional resolution are not the same thing. A user who completes a booking but still feels uncertain has not been properly served.

Voice & Tone

Harley speaks like a friend who happens to be a GP. Not the formal voice of a medical institution, not the casual tone of a consumer app, but something in between. Someone you trust because they know what they're talking about, someone you relax around because they're clearly on your side.

The voice emerged from workshop sessions where the team consistently moved away from healthcare jargon and corporate positioning toward something more human. When we read copy aloud, the pieces that felt right to say were confident without being boastful, direct without being blunt. The voice that emerged was measured, factual, and reassuring rather than salesy or clinical.

"*NHS says three weeks. We say Tuesday at 2pm. Sorted.*"

This line, which surfaced during the Voice Sort exercise, captures something essential about how Harley should speak. It's specific rather than vague, uses facts rather than adjectives, and positions itself as a solution without criticising the alternative.

Direct and specific | Clever or vague Calm and measured | Anxious or overselling
Human and useful | Corporate or mechanical Factual and clear | Buzzword-heavy or jargon-filled Confident without claims | Boastful or promising Warm but never casual | Stiff or overly familiar Action-oriented | Process-focused

The voice should never use exclamation marks in health contexts, never claim to understand how someone feels, and never pad sentences with unnecessary words. "In order to" becomes "to", "at this point in time" becomes "now". Every word earns its place by helping someone do something specific.

When explaining why personal information is needed, the voice takes time to be clear. When someone needs to act, sentences become shorter. The rhythm follows function. Short sentences move people forward. Longer ones provide the reassurance needed for someone to trust you with something personal.

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What Meditech Is Not

Understanding a brand's boundaries is as important as understanding its centre. These are the things Meditech actively refuses to be.

Not a directory

The instinct in healthcare apps is to show everything. Every doctor, every specialty, every available slot. This creates the illusion of choice while actually creating paralysis. From the Moment Test, we saw that users choosing from overwhelming lists of unfiltered doctors creates immediate drop-off and confusion. Meditech refuses to be a passive directory that dumps options on people who are already anxious. Instead, it guides toward the right choice rather than presenting all choices. The difference matters because someone opening a health app is already dealing with uncertainty. Adding more decisions makes that feeling bigger, not smaller.

Not transactional

The word "book" came up repeatedly in our voice work as problematic. Does booking a doctor feel the same as booking a restaurant? The team's resistance revealed something important about what this brand refuses to be. Meditech will not reduce healthcare to a commodity transaction. It builds healthcare confidence, not just booking functionality. This boundary emerged clearly from the Aspiration Gap work, where users need to feel "guided by a managed product" rather than processed through a system. The moment healthcare feels like ordering takeaway, trust breaks down.

Not clinical

The Heartbreak Scale showed how alarmist colours and overly clinical language triggered anxiety rather than building confidence. Meditech refuses the sterile, institutional voice that makes people feel like patients before they feel like people. The voice work reinforced this, with words like "leverage," "optimise," and "solutions" feeling fundamentally wrong. Clinical doesn't equal credible when someone is already worried. A friend who happens to be a GP, not a hospital letter. This boundary protects the human connection that makes private healthcare feel worth paying for.

Not elitist

The word "private" caused hesitation in our voice sorting exercise. Some users hear "private healthcare" and think expensive, exclusive, not for them. Meditech refuses to be positioned as healthcare for people who can afford to skip queues. From The Funeral Speech, the lasting legacy should be a shift in how people think about private healthcare, making it feel more human rather than more privileged. This boundary is crucial for reaching first-generation immigrants and young professionals who need options but don't identify as wealthy.

Not overwhelming

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The Design Principles revealed that every screen must reduce anxiety, not add to it. Meditech actively refuses complexity disguised as completeness. No fifty filters on search. No eight specialisms to choose from during onboarding. No calendar grids with every available slot. The Opposite Ends exercise placed the brand firmly toward minimal visual density and high spacing. When someone is worried about their health, information overload feels like abandonment, not service.

Not assumptive

The principle "never ask for something without explaining why" came directly from recognising how vulnerable users feel when sharing health information with a new platform. Meditech refuses to assume trust exists. It earns trust by explaining its requests before making them. Height and weight during onboarding gets explained: "This helps us match you with the right specialist." The distinction between asking and demanding becomes crucial when the subject matter is personal health data.

Competitor Context

Based on the workshop outputs, no direct competitor analysis was conducted during this engagement. However, several positioning insights emerged from the various exercises that suggest the territory Harley should occupy relative to the broader healthcare landscape.

The moodboard responses revealed strong reactions against traditional healthcare aesthetics. Images that felt clinical, corporate, or overly complex were consistently rejected, while clean, human-centred designs that conveyed calm professionalism resonated. This suggests Harley should position itself distinctly from both NHS digital touchpoints and traditional private healthcare platforms that lean heavily into medical authority.

The voice exercises surfaced particularly strong feelings about how healthcare brands typically communicate. Words like "leverage," "solutions," and "journey" were firmly rejected, alongside anything that felt corporate or jargonistic. The brand gravitates toward direct, specific language that acknowledges the human reality of needing medical help without drowning users in process or authority markers.

From the rejection letter exercise, Amazon emerged as the anti-brand: "You spend too much time with people and not enough time pushing sellable products. You seem more concerned with the customers than the business." This positions Harley in deliberate opposition to platforms that prioritise throughput over care, speed over understanding.

The dinner party persona revealed someone who "gravitates towards the person who looks like they need them the most" and "listens first." This suggests positioning against brands that lead with features, credentials, or efficiency metrics rather than acknowledging the emotional state someone brings to healthcare decisions.

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A clear positioning territory is emerging around guided care versus directory browsing. The aspiration gap work consistently highlighted the critical moment "when they feel they are guided by a managed product" rather than presented with overwhelming choice. This suggests Harley should position itself against platforms that function as medical yellow pages, even sophisticated ones.

The competitive landscape analysis will be developed in a future session, but the personality work points toward a positioning that emphasises human understanding over clinical efficiency, guidance over choice, and genuine care over transactional speed. Harley sits in the space between the NHS's systemic constraints and private healthcare's traditional exclusivity markers, offering neither free care nor premium positioning, but something more valuable: care that actually understands what someone needs when they're worried about their health.

How the Personality Applies

The brand personality is singular. Harley is a knowledgeable friend who happens to work in healthcare. Someone steady, professional, and genuinely invested in helping you sort things out. This character stays consistent across every touchpoint, but the emotional register shifts depending on what someone needs in that moment.

The personality adapts its expression based on where people are in their journey and what level of support they need.

Pre-App Touchpoints

Before someone opens Harley, they encounter the brand through search results, recommendations, and advertising. Here, the personality leads with quiet confidence rather than bold claims. No overselling, no attacking the NHS, no promises that sound too good to be true.

The Voice Sort exercise revealed how carefully language must be chosen at this stage. Words like "private" and "free" create hesitation because they carry assumptions about cost and exclusivity. Instead, the personality shows up as direct facts. "NHS says three weeks. We say Tuesday at 2pm. Done." The authority comes from specificity, not superlatives.

Social proof appears as real stories rather than manufactured testimonials. The personality never claims to understand how someone feels, but it demonstrates understanding through the quality of what it provides.

Onboarding Experience

During onboarding, the personality becomes a patient guide rather than an efficient processor. The Aspiration Gap findings showed that people arrive "nervous, worried, feeling they need more urgent attention than waiting." The personality responds by slowing down the pace, not speeding it up.

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Every request for information comes with an explanation. The Design Principles Builder made clear that the brand "never asks for something without explaining why." When the app needs height and weight, it says exactly why this helps match users with the right specialist. When it asks about symptoms, it explains how this information shapes the recommendations they'll see.

The personality never rushes someone toward a decision. Instead of presenting all available doctors immediately, it guides people toward the right choice through careful curation. The home screen shows three doctors who match, are available today, and take their insurance. Not fifty options that create analysis paralysis.

Product Discovery

When someone explores available doctors and services, the personality shifts to become more of a knowledgeable curator. The Moment Test identified that users struggle most "choosing the cheapest option over the recommended option" and feeling overwhelmed by "a large list of unfiltered doctors."

Here, the personality guides without pushing. Doctor cards show what matters for this specific person rather than listing every qualification. The recommended option appears with clear reasoning, not just a badge. The personality explains why Dr Patel might be better for this particular concern without dismissing other choices.

Progressive disclosure becomes crucial. Rather than showing all available appointment times, the personality offers two options first: morning or afternoon. Then it reveals the specific slots. Every screen reduces anxiety rather than adding to it.

Booking and Confirmation

During the booking flow, the personality becomes quietly efficient. No unnecessary celebration, no forced enthusiasm. The confirmation screen simply states what happened: "You're booked with Dr Patel. Tuesday 14:00. 12 Harley Street."

The Voice Sort exercise established that this brand never uses exclamation marks in health contexts. "Your appointment is confirmed!" feels inappropriate when someone is dealing with a health concern. The personality acknowledges that booking an appointment is help, not a celebration.

Pre-appointment communication maintains the same steady tone. Reminders include practical information: what to bring, how long it will take, what the doctor already knows. The personality reduces anxiety by eliminating unknowns rather than manufacturing reassurance.

Post-Appointment

After an appointment, the personality shifts to reinforce confidence rather than request feedback immediately. The Heartbreak Scale revealed that "second booking rate" serves as the most honest measure of whether trust was built or just a transaction completed.

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Follow-up communication focuses on continuity of care rather than service evaluation. If the doctor recommended next steps, the app surfaces relevant specialists. If medication was prescribed, it provides clear information about collection. The personality demonstrates ongoing value rather than declaring it.

When feedback is requested, it happens naturally within the flow of use rather than as an interruption. The personality never thanks someone for existing or celebrates their choice to use private healthcare. It simply continues being useful.

Crisis Communication

When something goes wrong, the personality becomes more present without becoming dramatic. Appointment cancellations, payment issues, or technical problems are handled with direct communication and immediate solutions.

The Read It Aloud exercise showed that the brand voice must remain "calm and reassuring" even when delivering difficult information. No hedging, no corporate language, no deflection of responsibility. If an appointment is cancelled, the message explains what happened and provides two alternative slots immediately.

The personality never panics, even when users might. Emergency situations receive the same steady treatment, with clear instructions and direct contact information. Authority comes from competence, not urgency.

Cross-Platform Consistency

Whether someone encounters Harley through the app, website, email, or phone support, they meet the same personality. The Dinner Party exercise established that this character "listens first and talks about how they can help." This approach translates across every channel.

Customer service scripts reflect the same voice principles established in the app copy. No corporate pleasantries, no scripted enthusiasm, no unnecessary politeness that creates distance. The personality remains direct, helpful, and genuinely focused on solving problems.

Marketing materials use the same vocabulary and rhythm as in-app messaging. The brand never promises what it cannot deliver or claims capabilities it does not possess. Consistency builds trust through repeated demonstration of reliability.

The personality adapts its expression while maintaining its core character. Whether someone needs gentle guidance through onboarding or efficient confirmation of booking details, they encounter the same fundamental approach: someone who knows what they're doing, genuinely wants to help, and never pretends to be more than they are.

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