Developer Handoff

Last Updated: 1 June 2026, 11:12

Prepared for Meditech

Project Harley

Contents

Introduction

This document ensures that the emotional strategy developed for Harley translates accurately into working product. It captures the decisions made during design workshops and strategy sessions that cannot be conveyed through wireframes alone.

This is not a functional specification. The user stories, technical requirements, and feature documentation exist separately. This is not a project plan or timeline. The development sequence and delivery milestones are handled elsewhere. This is not a design system. The visual components, colour palettes, and interaction patterns are documented in their own deliverables.

What this document does contain is the emotional intent behind every design decision. The constraints that shaped the product direction emerged from structured workshops with the Harley team, where we identified the critical moments that determine whether someone trusts the platform enough to book their first appointment. The principles governing how the product should feel were developed through exercises that revealed what currently breaks user confidence and what would restore it.

The development team should reference this document whenever a design decision needs interpretation, when edge cases arise that weren't explicitly designed for, or when technical constraints require changes that might compromise the emotional experience. QA should use the success criteria defined here to evaluate whether the built product achieves the intended emotional outcome, not just functional completion. Anyone making decisions about copy, interaction timing, error states, or loading experiences should understand the emotional context those decisions serve.

The document draws from twelve strategy exercises conducted with Meditech, including mapping the anxiety triggers that cause users to abandon the app during onboarding, identifying the specific moments where trust is built or broken, and defining the voice that makes healthcare guidance feel supportive rather than transactional. These sessions revealed that the current product fails because it overwhelms people who are already anxious, rather than reducing their uncertainty about finding appropriate care.

Design Phase Deliverables

These documents represent a complete emotional strategy translated into specific design direction. Each serves a distinct purpose in moving from abstract intention to measurable user experience.

The documents work together as a system. The Strategic Foundation establishes why certain emotional outcomes matter for Harley's success. The Emotional Design Blueprint translates those outcomes into specific design principles that govern every screen and interaction. The Voice & Copy Guidelines ensure the language matches the emotional intent throughout the user journey.

For developers starting implementation, prioritise reading these three documents first: Emotional Design Blueprint for the principles that govern every design decision, Success Criteria & Quality Gates for the specific metrics that determine whether implementation succeeds, and Edge Cases & Error States because these moments often determine whether a user trusts the product enough to continue.

Document	Category	Primary Audience	Summary
Strategic Foundation	Research & Strategy	Leadership, Product Management	Core insights from user research exercises revealing why current onboarding fails and what emotional outcomes drive booking completion rates
Emotional Design Blueprint	Brand & Experience	Design Team, Frontend Developers	Five design principles derived from workshop sessions that govern every screen interaction, with specific implementation guidance
Voice & Copy Guidelines	Brand & Experience	Content Team, Frontend Developers	Tone framework and copy standards that emerged from read-aloud testing sessions with actual user responses
Success Criteria & Quality Gates	Research & Strategy	QA, Product Management	Measurable signals for each design principle with specific analytics targets and user feedback benchmarks
Visual Direction Summary	Brand & Experience	Design Team, Frontend Developers	Style preferences identified through comparative exercises and moodboard testing with clear direction on what to avoid
Edge Cases & Error States	Technical	Frontend Developers, QA	Emotional handling guidelines for system failures, network issues, and data validation problems that preserve user trust
Critical User Journey Mapping	Research & Strategy	Product Management, Design Team	Screen-by-screen emotional requirements for the three highest-risk interaction sequences identified in workshops
Implementation Checklist	Technical	All Development Team	Quality gates for each feature delivery with yes/no criteria for emotional experience success

What Has Been Built

This is the plain-language summary a developer needs to understand the design intent without reading every document. It covers who the brand is, who the user is, the emotional arc they should

experience, the critical moments where emotion matters most, and the governing principles that shaped every design decision.

Who the brand is

Harley is a knowledgeable friend who happens to work in healthcare. The brand speaks with quiet authority, never needing to prove its credentials through jargon or overselling. It guides people through difficult healthcare decisions with the same measured confidence as a GP who tells you straight without making you feel like you're wasting their time.

Who the user is

The user arrives feeling worried about a health concern and frustrated by NHS waiting times that feel inappropriate for their level of anxiety. They want someone to take their situation seriously and guide them toward the right choice rather than presenting them with a directory they have to navigate alone. Success for them means feeling heard, getting appropriate care quickly, and knowing they made the right decision about bypassing the NHS.

The emotional arc

1. **First contact:** The user should feel immediately understood rather than processed. The product acknowledges their frustration without requiring them to explain it or justify wanting faster care.
2. **During the journey:** Anxiety decreases through guided decision-making rather than overwhelming choice. Each step reduces uncertainty by providing clear direction and explaining what happens next.
3. **After sustained use:** The user feels confident managing their healthcare decisions and comfortable recommending the service to others who face similar frustrations with NHS wait times.

Critical moments where emotion matters most

1. **First screen after onboarding:** When the user realizes this feels like guided care rather than a doctor directory. The moment they understand the product will help them choose rather than forcing them to choose.
2. **Doctor selection:** When they see curated options based on their specific situation instead of an unfiltered list. The relief of "this understands what I need" rather than "where do I even start?"
3. **Information requests:** When the product asks for personal health data with clear explanation of why it's needed. Trust is built or broken based on whether requests feel justified or invasive.
4. **Booking confirmation:** When they realize they actually have an appointment scheduled with a real doctor at a specific time. The shift from hoping for help to knowing help is coming.
5. **Between booking and appointment:** When they receive reminders that reinforce confidence in their choice rather than creating new anxiety about whether they did the right thing.

Design principles governing every decision

These five principles emerged from workshop exercises and shape every design choice from screen layout to copy tone:, **Every screen must reduce anxiety, not add to it.** If an interaction creates confusion, demands unexplained information, or leaves the user unsure what happens next, it has failed regardless of how it looks., **Never ask for something without explaining why.** Trust builds when the product demonstrates it needs information for the user's benefit, not because the system demands it., **The next step must always be obvious.** Users who are already frustrated and anxious will disengage if they have to work out how to proceed., **Guide toward the right choice, don't present all choices.** Show three doctors who match their needs rather than fifty they have to filter through themselves., **Build healthcare confidence, not just booking functionality.** The product succeeds when users feel empowered to manage their health decisions, not just when they complete a transaction.

What Matters Most

These are the elements that hold the entire experience together. They cannot be compromised during development, simplified for technical convenience, or treated as optional polish. Each one emerged from workshop sessions that identified exactly where trust breaks down and what restores user confidence.

Trust builds before functionality proves itself

The product must demonstrate understanding of the user's situation before asking them to share personal health information or complete any significant action. This means the first screen after onboarding shows curated doctor recommendations based on their stated need, not a general directory they have to filter themselves.

Why this matters: Users arrive already anxious about their health situation and frustrated with NHS waiting times. If the first meaningful interaction requires them to work out what to do next, they interpret this as another system that doesn't understand their urgency.

What happens if compromised: Drop-off rates spike immediately after onboarding completion. Users return to NHS waiting lists or seek alternatives elsewhere because they conclude this product won't actually help them navigate their healthcare decisions.

Information requests include immediate context

Every form field that asks for personal health data must include a clear explanation of why that specific information helps match them with appropriate care. The explanation appears before the user sees the input field, not after they hesitate or abandon.

Why this matters: People sharing health information with a new platform need to understand how their data improves their experience. Generic privacy statements don't build trust; specific utility explanations do.

What happens if compromised: Form abandonment increases significantly, particularly among users who are already cautious about private healthcare. Trust never recovers once broken at this early stage.

Guided choice architecture prevents decision paralysis

When presenting options, the interface shows maximum three choices at any decision point, with clear guidance about which option serves their stated needs best. This applies to doctor selection, appointment slots, and any preference settings that affect their care pathway.

Why this matters: Users experiencing health anxiety cannot process extensive choice sets effectively. They need confident recommendations from a system that already understands their situation.

What happens if compromised: Session length increases dramatically as users struggle to evaluate options. Many abandon the booking process entirely rather than risk choosing incorrectly, returning to familiar NHS pathways despite wait times.

Next steps remain visible and actionable

Every screen includes a clear, single primary action that moves the user forward in their healthcare journey. The button text describes the specific outcome, not a generic "Continue" or "Next" that requires interpretation.

Why this matters: Users feeling vulnerable about health decisions need constant reassurance that they're progressing toward actual care, not just completing administrative steps.

What happens if compromised: Users lose confidence that the process leads anywhere meaningful. Time spent per screen increases as people try to understand what each action accomplishes.

Error states maintain emotional safety

When something goes wrong technically, the messaging acknowledges the interruption without creating additional health anxiety. Error copy never suggests the user did something wrong or that their health situation contributed to the problem.

Why this matters: People using health services are already managing medical worry. System errors that increase anxiety or suggest personal fault can trigger abandonment even when technical problems are minor and quickly resolved.

What happens if compromised: Single technical failures create disproportionate loss of user confidence. Recovery rates after errors remain low because users interpret system problems as evidence they cannot trust the platform with important healthcare decisions.

Known Constraints & Decisions

These decisions emerged from structured workshops identifying exactly where the current product breaks user trust and what design choices would restore confidence. They were made with full context about user emotional states, business constraints, and technical requirements. Revisiting them during development without that complete context risks undermining the coherence of the entire experience.

Decision	Rationale	What Not To Do
Progressive disclosure of information using carousels and off-screen content rather than dense single screens	Users arriving with health anxiety cannot process extensive choice sets effectively. The Aspiration Gap exercise revealed they need to feel "guided by a managed product" rather than presented with a directory. Dense information layouts trigger the overwhelm that causes immediate abandonment.	Do not collapse carousels into single-screen grids for efficiency. Do not add "View All" options that expose the full data set. Do not optimize for information density over emotional comfort.
Maximum three choices presented at any decision point	The Moment Test identified "choosing the cheapest option over the recommended option" as one of the hardest moments. When overwhelmed by options, users default to price comparison rather than clinical appropriateness. Guided choice architecture prevents this decision paralysis.	Do not add "Show More Options" functionality. Do not present full doctor directories even when filtered. Do not create comparison tables that encourage side-by-side evaluation of multiple providers.
Explanation text appears before form fields, not as placeholder text or help links	The Design Principles exercise established "Never ask for something without explaining why" as non-negotiable. Trust builds when users understand how their personal health data improves their experience before they're asked to provide it.	Do not move explanations to tooltips, help sections, or modal overlays. Do not use placeholder text as the primary explanation method. Do not assume users will click for additional context about why information is needed.
Home screen shows curated recommendations based on stated needs, not a searchable directory	The critical moment identified in workshops happens "when they realize there are available solutions, available choices, this is able to help them" but only when properly guided. A general directory recreates the NHS overwhelm they came to escape.	Do not add advanced search functionality to the home screen. Do not create category browsing interfaces. Do not default to showing all available doctors within geographic proximity.

Decision	Rationale	What Not To Do
Single primary action per screen with specific outcome language rather than generic navigation terms	The Heartbreak Scale exercise revealed confusion level of 4 out of 5, primarily from users not knowing "what direction to go next." Clear action language reduces cognitive load for people already managing health anxiety.	Do not use generic button text like "Continue," "Next," or "Submit." Do not add secondary actions that compete with the primary path. Do not create multi-step forms without clear progress indication.
Calm colour palette avoiding alarmist red tones that were identified as anxiety triggers	Visual design testing through Moodboard Speed Dating showed clear rejection of alarmist colour schemes. The Heartbreak Scale specifically identified "negative colouring and alarmist undertones" as anxiety triggers scoring 5 out of 5.	Do not use red for primary actions or important information. Do not adopt high-contrast colour schemes that feel urgent or alarming. Do not use bright, saturated colours that increase rather than reduce anxiety levels.
Conversational, supportive copy tone matching "knowledgeable friend who happens to be a GP" rather than clinical or corporate language	Voice Sort and Read It Aloud exercises revealed that clinical language increases anxiety while overly casual language reduces trust. Users need authority without stiffness, warmth without casualness for healthcare decisions.	Do not adopt corporate healthcare language ("facilitating access to medical professionals"). Do not use casual social media tone inappropriate for health contexts. Do not write copy that sounds like marketing rather than genuine guidance.
Error states that maintain emotional safety without creating additional health anxiety	Error handling emerged as critical during principle development. Users managing medical worry interpret system errors as evidence they cannot trust the platform with important healthcare decisions. Recovery rates after errors remain disproportionately low in health contexts.	Do not write error messages that suggest user fault or incompetence. Do not use technical jargon in error explanations. Do not create error states that increase health anxiety or suggest the system cannot handle their medical needs.
Immediate feedback for completed actions showing specific outcomes rather than generic confirmations	The Day One/Day 90 exercise showed the emotional shift from "hoping for help" to "knowing help is coming." Confirmation screens must reinforce this confidence by showing concrete results rather than abstract acknowledgments.	Do not use generic success messages like "Action completed" or "Thank you for your submission." Do not hide important details like appointment specifics or doctor information in separate screens or email confirmations. Do not create confirmations that feel like administrative receipts rather than care arrangements.

Decision	Rationale	What Not To Do
Information architecture that delays signup until user confidence increases through product education	The Aspiration Gap exercise revealed that current "immediate overwhelm and lack of direction" creates the trust breakdown. Users need to see the product's value and guidance approach before committing personal health information.	Do not require account creation before showing curated doctor recommendations. Do not gate basic product functionality behind signup walls. Do not optimize for early data capture over trust building in the user journey.

System Copy Requirements

This section identifies the types of copy that require tone review during development and establishes clear ownership for maintaining voice consistency throughout the product. System copy often gets written during implementation without strategic oversight, yet these moments frequently determine whether users continue or abandon the experience.

Category	Examples	Tone Guidance	Review Required
Error messages	Form validation failures, network timeouts, booking conflicts, payment processing issues	Never suggest user fault. Acknowledge the problem without creating health anxiety. Offer specific next steps rather than generic "try again" language. Maintain calm authority even when systems fail.	All error copy must be reviewed by content team before implementation. No generic system-generated error messages should reach users without tone adaptation.
Empty states	No doctors found for search criteria, no appointment history, no saved preferences	Frame as guidance opportunity rather than system limitation. "Let's help you find the right match" not "No results found." Provide clear path forward rather than dead-end messaging.	Content team review required for all empty state copy. Default empty state text from development frameworks must be replaced with brand-appropriate alternatives.
Loading states	Doctor search in progress, booking confirmation processing, profile data syncing	Reinforce that something valuable is happening. "Finding doctors who match your needs" rather than "Loading..." Set appropriate expectations for timing without creating anxiety about delays.	Standard loading indicators acceptable, but any text accompanying loading states requires content review before shipping.

Category	Examples	Tone Guidance	Review Required
Confirmation messages	Booking completed, profile updated, preferences saved, account created	Show specific outcomes rather than generic acknowledgments. Include relevant details that reinforce trust. "You're booked with Dr Patel, Tuesday 14:00" not "Booking confirmed."	All confirmation copy requires content team approval. Generic success messages must be replaced with specific, reassuring alternatives.
Onboarding copy	Welcome screens, permission requests, initial setup flows, feature explanations	Explain why each step matters before asking for action. Use "knowledgeable friend" tone established in voice guidelines. Reduce anxiety through clarity rather than enthusiasm.	Every onboarding text element requires content review. No placeholder or developer-written copy should reach users during initial experience.
Notification copy	Appointment reminders, booking updates, system announcements, promotional messages	Provide useful information without creating urgency or alarm. Include specific details that help users prepare. Avoid marketing language in healthcare contexts.	All notification text must be reviewed before scheduling. Push notification character limits cannot compromise tone requirements.
Success states	Appointment completed, review submitted, referral sent, payment processed	Acknowledge accomplishment while maintaining healthcare seriousness. Focus on outcome achieved rather than system completion. Guide toward logical next action when appropriate.	Success messaging requires content team review to ensure appropriate tone for healthcare context while recognising user achievement.
Help and support text	FAQs, contact information, troubleshooting guides, feature explanations	Anticipate user questions without over-explaining. Maintain calm, knowledgeable tone from voice guidelines. Provide actionable solutions rather than just information.	All help content requires content team review. Support copy must align with guided experience principles rather than exhaustive self-service documentation.

Review process ownership

Content team reviews all system copy before user testing begins. Development team flags any copy needs during sprint planning rather than writing placeholder text that might accidentally ship. QA includes tone compliance in acceptance criteria using specific examples from voice guidelines.

Emergency copy protocol

When system failures require immediate messaging that cannot wait for full review process, use this framework. Acknowledge the specific problem without technical jargon. Provide realistic timeframe for resolution without over-promising. Include alternative action if possible. Example: "We can't load doctor availability right now. This should resolve within a few minutes, or you can call us directly at [number] and we'll book your appointment over the phone."

Copy that never requires review

Standard navigation labels established in the design system, button text defined in the component library, and field labels specified in wireframes do not require additional review if they follow established patterns. However, any deviation from documented standards or new copy categories must go through review process.

Integration with development workflow

Copy requirements are defined during story writing, not during implementation. Development tickets include specific copy needs or reference to approved copy document. No story is considered ready for development without copy direction clearly specified. QA acceptance criteria includes tone verification using examples from voice guidelines rather than subjective assessment.

Acceptance Criteria

User feels understood rather than processed within the first 30 seconds of interaction, Anxiety decreases with each completed action instead of increasing due to uncertainty, User experiences relief when seeing curated doctor options rather than overwhelm from choice volume, Confidence builds through clear explanations before information requests rather than suspicion about data collection, User feels guided toward appropriate care rather than abandoned to navigate healthcare decisions alone, Trust increases through specific outcome confirmations rather than diminishing through generic acknowledgments

Brand criteria, voice, tone, and visual language consistency: All copy matches "knowledgeable friend who happens to be a GP" tone established in voice guidelines, Visual hierarchy uses calm colour palette avoiding alarmist red tones identified as anxiety triggers, Information density follows progressive disclosure principles with maximum three choices at decision points, Button text describes specific outcomes rather than generic navigation terms like "Continue" or "Next", Error messaging maintains emotional safety without suggesting user fault or incompetence, Spacing and layout create breathing room rather than cramped, overwhelming information architecture

Interaction criteria, specific patterns that must work as designed: Home screen shows curated recommendations based on onboarding responses, not searchable doctor directory, Form explanations appear before input fields, not as placeholder text or help tooltips, Carousel navigation preserves guided experience rather than collapsing to grid views for efficiency, Single primary action per screen eliminates competing pathways that create decision paralysis, Progressive disclosure

reveals information in response to user needs rather than front-loading comprehensive data, Confirmation screens show specific appointment details rather than generic success messages

Copy criteria, all system copy must pass tone review: Error messages acknowledge problems without creating additional health anxiety or suggesting user fault, Loading states reinforce valuable activity in progress rather than generic "please wait" messaging, Empty states provide guidance toward solutions rather than dead-end "no results found" notifications, Confirmation copy includes specific outcomes that reinforce trust rather than administrative acknowledgments, Onboarding text explains why each step matters before requesting action or personal information, Help content anticipates user questions without over-explaining or adopting corporate healthcare language

Performance criteria, thresholds that affect emotional pacing: Doctor search results display within 3 seconds to maintain confidence in guided recommendations, Screen transitions complete within 1 second to preserve feeling of smooth, guided progression, Form submission feedback appears immediately to prevent anxiety about whether action registered, Image loading for doctor profiles completes within 2 seconds to maintain personal connection during selection, Booking confirmation displays within 5 seconds to sustain trust during critical outcome moment, Error recovery options become available within 10 seconds to maintain user agency during system failures

Pre-Launch Emotional Review

This review happens in two phases. First, a guided walkthrough using the Feel Factor methodology to assess whether each critical moment achieves its emotional intent. Second, a formal sign-off process that determines whether the product launches as designed or requires adjustments.

What the review covers

The walkthrough follows the user journey screen by screen, checking each interaction against the five design principles established during strategy workshops. We assess whether "every screen reduces anxiety rather than adding to it" by observing first-time user behaviour during guided testing. We verify that "information requests include immediate context" by confirming explanations appear before form fields, not buried in help sections or placeholder text.

Each critical moment identified during the Aspiration Gap and Moment Test exercises receives focused attention. The moment when users realise "there are available solutions, available choices, this is able to help them" gets tested specifically to ensure curated recommendations feel guided rather than overwhelming. The transition from "hoping for help" to "knowing help is coming" during booking confirmation receives particular scrutiny because this shift determines whether users develop lasting confidence in the platform.

The review uses the Heartbreak Scale framework developed during workshops, measuring trust, anxiety, confusion, delight, and pride levels at each interaction point. Any screen that increases anxiety or confusion rather than reducing it fails the emotional threshold regardless of functional completion.

Who participates

The design team leads the walkthrough, using the specific user scenarios developed during Day One/Day 90 exercises. They guide participants through the exact emotional journey from "feeling worried about a health concern" to "reassured and informed" that the workshops identified as critical for booking completion.

Development leads participate to understand how technical implementation choices affect emotional outcomes. They learn why progressive disclosure through carousels cannot be collapsed into grid views for efficiency, and why error messages that suggest user fault break trust in ways that standard troubleshooting approaches cannot repair.

Client stakeholders from Meditech attend to verify that the built product matches the emotional outcomes they committed to during strategy sessions. They confirm whether the guided experience principles they defined have been preserved through development decisions and technical constraints.

What the review produces

The process generates a formal findings document with three categories of results. Working elements receive approval without modification, demonstrating successful translation from design intent to functional reality. These sections proceed to launch without further review.

Adjustment requirements identify specific elements that compromise emotional outcomes and need modification before launch. These might include copy that feels too corporate despite following technical requirements, or interaction timing that creates anxiety despite meeting performance benchmarks. Each adjustment receives a specific timeline and ownership assignment.

Blocking issues prevent launch until resolved. These occur when core design principles have been compromised in ways that fundamentally change the user's emotional experience. Examples include information architecture that overwhelms rather than guides, or onboarding sequences that demand personal health data without establishing trust first.

Sign-off process and thresholds

Design team sign-off requires demonstration that each design principle translates measurably into the built experience. They verify that guided choice architecture limits options to three per decision point, that explanations precede information requests, and that next steps remain obvious without reading extensive on-screen text.

Development lead sign-off confirms that emotional requirements can be maintained through future iterations and technical changes. They validate that the infrastructure supports the progressive disclosure patterns and guided experiences without creating performance issues that would compromise user confidence.

Client sign-off from Meditech verifies that the emotional transformation from anxiety to confidence happens within the first user session, matching the outcomes defined during workshop sessions. They confirm that users complete onboarding feeling guided rather than processed, and that doctor selection feels personalised rather than directory-based.

The threshold for launch requires unanimous sign-off on all blocking issues and agreement on timeline for addressing adjustment requirements. Emotional success criteria must demonstrate measurable improvement from current baseline performance, particularly around onboarding completion rates and time from first open to completed booking.

Ongoing review framework

The 30-day review measures whether the emotional design principles translate into sustained user behaviour. We track whether initial confidence leads to second bookings, and whether users recommend the service to others facing similar NHS wait time frustrations. This review focuses on whether trust built during first use compounds over time.

The 90-day assessment evaluates whether the guided experience creates lasting healthcare confidence rather than just booking completion. We measure changes in user behaviour around health decision-making and validate whether the product achieves its goal of empowering people to manage their care proactively.

The 6-month review determines whether the emotional strategy creates competitive advantage through user loyalty and word-of-mouth growth. This longer view assesses whether the investment in emotional design produces business outcomes that justify the approach over more functional alternatives.