



# The Aspiration Gap

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Prepared for Meditech  
Project Harley

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## Introduction

The Aspiration Gap captures the emotional distance between where a user encounters a product and where they should ideally end up. This distance is not a problem to be solved. It represents the space where emotional design can transform uncertainty into confidence, overwhelm into clarity, and isolation into guidance.

For Harley, this gap is particularly pronounced. Users arrive carrying the weight of health anxiety and NHS frustration. They leave feeling reassured, informed, and in control of their healthcare choices. The journey between these two states reveals both the challenge and the opportunity that defines Harley's role in people's lives.

The following insights emerge directly from workshops and structured conversations between Meditech and We Are Affective. These findings reflect what the team already knows to be true about their users, drawn from those with the deepest understanding of both the product and the people it serves. These are not hypothetical user states. They represent the genuine emotional landscape that Harley navigates every day.

## Where Users Start

**People are feeling** nervous, worried, frustrated, helpless, unsure, confused, urgency about needing attention.

Users arrive at Harley carrying the emotional weight of a health concern that the NHS has not addressed with the urgency they believe it requires. This is not casual browsing or routine healthcare shopping. These are people who feel their situation demands more immediate attention than the system has been willing to provide. The combination of health anxiety and systemic frustration creates a particularly charged emotional entry point.

What makes this entry state complex is how vulnerability sits alongside determination. The same person who feels helpless about their health situation has taken the proactive step to seek private alternatives. They arrive both uncertain about what they are doing and committed to doing something. The current product does little to acknowledge this emotional reality, instead presenting them with lists and categories when what they need first is recognition that their feelings are understood.

**People are thinking** "Will I be ok?", "Can I trust these doctors?", "Can they help me?", "Can I afford this?", "How does this all work?", "How can I make sure I have picked the right doctor?", "How will I know?", "Why won't anyone help me?", "How can the NHS be so slow?", "Should I be venturing outside the NHS?", "Will this affect any future NHS treatment I might need?"

These questions reveal people who are not disengaged or casually curious. They are actively trying to understand, desperately wanting to make the right choice, and questioning whether they should even

be there at all. The questions about trust and capability sit alongside deeper concerns about whether they are making the right decision to step outside the familiar NHS framework.

The internal dialogue shows users who want to believe in what they have found but need evidence before they can commit. They are not asking to be convinced that private healthcare is better. They are asking to be shown that this particular path will actually help them, that they can trust it, and that they will not regret the decision to try something different when their health feels too important to get wrong.

## Where Users Should End

**Users need to feel** reassured, informed, heard and listened to, calmer, educated, in control, feeling proactive and happy in their choice to bypass the NHS

When Harley works as intended, people experience a fundamental shift from anxiety to agency. The transformation is not about convincing someone that private healthcare is superior, but about helping them feel confident that they have found a path forward that makes sense for their situation. This shift happens when the product demonstrates that it understands both their health concerns and their emotional state, then provides clear guidance rather than overwhelming choice.

The desired destination is both specific and achievable because it builds on what users already want to feel. They arrive wanting to be heard, to understand their options, and to take control. The product's role is to create the conditions where these feelings can emerge naturally, rather than trying to manufacture confidence where none exists.

**The end beliefs, in users' own words are** "I can do this, I can handle this", "I have control over my situation", "I know where to find help and resources", "I'm not on my own", "Faster access to health is worth paying for if you are able to", "There is a good alternative to the NHS", "Going private for healthcare doesn't compromise the quality of my care", "I feel able to deal with their situation and future situations"

These statements represent what users genuinely feel when the experience works correctly. They are not marketing messages but authentic expressions of confidence that emerges when someone moves from uncertainty to understanding. The statements focus on the users themselves and their newfound capability, not on the product's features or benefits. This distinction matters because trust is built when people feel more capable, not when they feel sold to.

The transformation these beliefs represent is profound but not dramatic. People do not need to become evangelists for private healthcare. They need to feel that they have made a thoughtful decision based on clear information, that they understand what comes next, and that they can trust both the process and their own judgment in navigating it.

## The Gap

This emotional distance reveals itself most clearly when mapped dimension by dimension. Each dimension represents a specific aspect of how someone moves from uncertainty to confidence, showing both where the journey begins and where it should arrive.

Dimension	Where users start	Where users should end
<b>Understanding</b>	Overwhelmed by unfiltered doctor lists with no guidance	Clear on which specialist matches their specific situation
<b>Trust</b>	Questioning whether private doctors are qualified and legitimate	Confident in both doctor credentials and the platform's integrity
<b>Direction</b>	Paralysed by too many choices without context	Guided through clear next steps with appropriate options
<b>Control</b>	Helpless against NHS delays and dismissive treatment	Empowered to make informed healthcare decisions independently
<b>Emotional safety</b>	Anxious about health shame and making wrong choices	Reassured that their concerns are valid and understood
<b>Support</b>	Feeling alone in navigating an unfamiliar system	Supported by a product that acts as a knowledgeable guide
<b>Legitimacy</b>	Uncertain whether bypassing NHS is acceptable or wise	Comfortable that private healthcare is a valid complementary choice

The gap between these states is not simply about features or information architecture. It represents the emotional work required to transform someone who feels dismissed by the healthcare system into someone who feels capable of taking charge of their own care. This transformation happens through recognition, not persuasion. When users feel that the product genuinely understands both their medical concerns and their emotional state, the distance between confusion and clarity becomes navigable rather than overwhelming.

## The Three Critical Moments

The gap between anxiety and agency does not close gradually. It closes at specific moments when the right evidence appears at precisely the time someone is ready to receive it. Miss these moments and users remain trapped in uncertainty, no matter how comprehensive the information or how polished the interface. Recognise them correctly and the entire experience transforms from overwhelming directory into trusted guide.

### **Moment 1: The Recognition**

The first critical moment happens before users even see a doctor listing. They need to feel that the product recognises their specific situation rather than treating them as a general healthcare consumer. In the Aspiration Gap exercise, users described this as "when they feel they are guided by a managed product" rather than presented with a directory. The current experience fails here completely, dropping people from onboarding directly into an unfiltered list of doctors.

Recognition means acknowledging both the health concern and the emotional state that brought someone here. Users arrive asking "Will I be ok?" and "Can they help me?" These are not information requests. They are expressions of vulnerability from someone who needs to know that their situation is understood before they can trust any solution offered. When users feel the product articulates their problem back to them accurately, everything that follows becomes possible. Without this recognition, even the best doctor directory feels cold and impersonal.

This moment must happen early because it determines whether users experience the product as helpful guidance or additional overwhelm. The Day One / Day 90 exercise revealed that successful users describe feeling "no longer alone" as a critical shift. But users who never reach Day 90 cite "not feeling in control" and "confusing process" as primary barriers. The difference is whether the first interaction demonstrates understanding or simply presents options.

### **Moment 2: The Guidance**

The second critical moment occurs when users realise they do not need to navigate complex healthcare decisions alone. The Aspiration Gap findings show this as "realising there are available solutions, available choices, this is able to help them". But choice without context creates paralysis rather than empowerment. Users need to feel guided toward the right choice for their specific situation, not presented with comprehensive options they must evaluate independently.

Guidance works when it reduces rather than expands the decision-making burden. In the Heartbreak Scale exercise, users identified "overwhelming single list of doctors without guidance" as the single most confusing element. The anxiety level of 5 stems partly from "too much information for someone who has to make their own choice". People who feel unwell do not want more complexity. They want someone who understands their situation to help them navigate toward clarity.

Effective guidance feels personal without being presumptuous. It acknowledges what users have shared about their situation and uses that information to present relevant options rather than comprehensive catalogues. Users should feel that the product is working on their behalf, filtering possibilities based on their specific needs rather than expecting them to become instant experts in healthcare provider selection. This is the difference between feeling supported and feeling abandoned with information.

### **Moment 3: The Trust Transfer**

The deepest critical moment happens when users feel confident enough to proceed with booking, knowing they can trust both the doctor and the process. This represents the complete transfer from institutional trust in the NHS to personal confidence in their own healthcare decisions. In the Aspiration Gap exercise, users described this as when "the product articulates the problem back to them well and they feel it really understands their situation" combined with evidence of "trusted real world ratings and reviews".

Trust transfer cannot be designed around or accelerated artificially. It emerges when users see evidence that others in similar situations have found genuine help through the platform. The Heartbreak Scale findings show trust currently sits at level 1, impacted by "visual credibility", "dated design", and "lack of strong trust markers". But improving these surface elements alone will not create the deeper trust required for healthcare decisions. Users need to feel that the platform has consistently helped people like them, not just that it looks professional.

This moment determines whether users become advocates or remain cautious one-time users. Day 90 users "feel they can recommend the product to friends and family going forward" because they have experienced the complete journey from uncertainty to resolution. They know the platform works because they have lived through the transformation themselves. This is why the third moment matters most. It creates not just individual confidence but the social proof that helps others begin their own journey from anxiety to agency.

## Emerging Themes

The current experience asks users to make complex healthcare decisions before establishing any foundation for those choices. People arrive needing to understand whether private healthcare is right for them, how doctors are vetted, what the booking process involves, and whether their specific concern can be addressed. Instead, they encounter immediate signup requirements and doctor listings that assume they already possess this knowledge. The Aspiration Gap findings reveal users asking "How does this all work?" and "How can I make sure I have picked the right doctor?" These are foundational questions that the current flow skips entirely.

This mismatch creates compound anxiety because users feel pressured to act before they feel ready. The Heartbreak Scale exercise identified anxiety at level 5, triggered partly by "lack of early education on app features and process" and "no clear next steps post onboarding". When someone feels unwell and uncertain about stepping outside the NHS, being rushed through signup before understanding what they are signing up for amplifies rather than reduces their stress. The product treats urgency of need as urgency of decision, but these are different things entirely.

The solution direction involves recognising that confidence builds through layers of understanding, not single moments of commitment. Users need time to understand the platform, the process, and their options before being asked to provide personal information or make selections. When someone feels genuinely informed about what comes next, the decision to proceed becomes natural rather than forced. The Day One / Day 90 exercise shows that successful users describe the product as having

"been measured in how it onboards the user" and "emotionally sensitive to their information and situation".

### **Guidance gets replaced by overwhelming choice**

Users need help navigating healthcare decisions but instead receive comprehensive lists they must evaluate independently. The Heartbreak Scale findings identified "overwhelming single list of doctors without guidance" as the single most confusing element, with users asking "What do I do with this information?" and "How do I know I'm picking the right specialist for my situation?" The current approach assumes that more choice equals better experience, but for someone feeling unwell and uncertain, extensive options without context create paralysis rather than empowerment.

This pattern reflects a fundamental misunderstanding of what people want from healthcare guidance. The Aspiration Gap exercise reveals the critical moment as "when they feel they are guided by a managed product" rather than presented with a directory. Users want to feel that the platform is working on their behalf, filtering possibilities based on their specific situation rather than expecting them to become instant experts in healthcare provider selection. Choice without context feels like abandonment rather than freedom, particularly when health anxiety is already present.

The opportunity lies in transforming choice architecture from comprehensive to curated. When users share information about their concern, that knowledge should inform every subsequent interaction, progressively narrowing options rather than expanding them. The Day One / Day 90 findings show successful users feel the product has "listened and provided solutions to their situation" and "been a guide throughout the whole process". This suggests that guidance feels most helpful when it builds understanding progressively rather than presenting everything at once.

### **Trust must be earned but the product assumes it already exists**

The current experience operates as though users already trust private healthcare providers and the platform itself, when the Heartbreak Scale exercise reveals trust at level 1. Users arrive questioning "Can I trust these doctors?" and "Should I be venturing outside the NHS?" These are not casual concerns about service quality but fundamental questions about legitimacy and safety. The product provides minimal evidence to address these concerns, instead moving quickly to booking flows that assume trust has already been established.

This trust deficit compounds every other challenge because uncertainty about the platform makes users second-guess every decision they are asked to make. The Aspiration Gap findings identify "the biggest single risk" as users feeling "they can't trust the product, whether that is the security of the product or the integrity of the reviews". When foundational trust is absent, even well-designed features feel suspicious. Users need evidence that others in similar situations have found genuine help, not just polished interfaces that look professional.

Building trust requires demonstrating understanding before asking for commitment. The Aspiration Gap exercise reveals that trust emerges when users feel "the product articulates the problem back to them well and they feel it really understands their situation" combined with "trusted real world ratings

and reviews". Trust in healthcare contexts develops through recognition of specific situations rather than general assurances about quality. When users feel understood in their particular circumstances, they become willing to consider the solutions being offered.

## Root Causes

The gap between anxiety and agency emerges not from flaws in Harley's underlying service, but from how the experience is currently delivered. The doctors are qualified, the booking system functions, and the concept addresses a genuine need. What fails is the sequence of interactions that should guide someone from uncertainty to confidence. The structure of the experience creates barriers that prevent users from reaching the emotional destination the product is designed to provide.

- 1. The product assumes readiness where uncertainty exists.** The current flow moves people directly from basic onboarding into doctor selection without addressing fundamental questions about how private healthcare works, whether it's the right choice, or what the process involves. Users arrive asking "How does this all work?" and "Should I be venturing outside the NHS?" but encounter signup requirements and provider lists that assume these questions have already been resolved. Someone feeling unwell and uncertain about stepping outside familiar NHS structures needs foundation-building before decision-making, but the experience treats urgency of need as urgency of commitment.
- 2. Choice replaces guidance when people need direction most.** When someone feels overwhelmed by their health situation, presenting them with comprehensive doctor listings without context amplifies rather than reduces their stress. The Heartbreak Scale exercise identified "overwhelming single list of doctors without guidance" as the single most confusing element, with users asking "What do I do with this information?" and "How do I know I'm picking the right specialist?" The current architecture provides breadth when people need depth, options when they need recommendations, and independence when they need support.
- 3. Trust requirements go unaddressed while booking flows assume it exists.** Users arrive questioning whether they can trust private doctors and whether the platform itself is legitimate, yet the experience provides minimal evidence to address these concerns before asking for personal information and payment details. The Heartbreak Scale shows trust at level 1, impacted by "visual credibility", "dated design", and "lack of strong trust markers". Healthcare decisions require deeper confidence than retail transactions, but the current flow treats them with similar assumptions about user readiness to proceed.
- 4. Emotional recognition gets skipped in favour of functional efficiency.** People need to feel understood in their specific situation before they can trust any solution being offered, but the current experience treats users as general healthcare consumers rather than individuals with particular concerns and circumstances. The gap forms when products fail to acknowledge both the medical issue and the emotional state that brought someone there. Recognition must precede recommendation, but the current flow prioritises speed over understanding.

These structural challenges are entirely solvable through thoughtful experience design. Collectively, they form the brief for creating an experience that honours both the emotional reality of users and the

## The Aspiration Gap

Discovery & Strategy



genuine value of what Harley provides.