



# The Feel Factor®

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Prepared for Meditech  
Project Harley

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## Introduction

Harley already has the downloads. People arrive ready to find a doctor, but they leave before they ever see one. The mechanics work, the availability is real, the promise is deliverable. What's missing is the emotional architecture that turns functional possibility into felt confidence.

The Feel Factor framework emerged from our workshops with the Meditech team, mapping the specific emotional journey that determines whether someone trusts your product enough to share their health concerns with it. Through exercises like the Aspiration Gap and Heartbreak Scale, we identified the precise moments where users either commit or abandon the experience. The framework translates these insights into actionable design decisions across three critical layers.

Layer 1 examines the first sixty seconds. What does someone feel when they arrive worried about a health issue and encounter your onboarding process? The Dinner Party exercise revealed Harley's character as measured, reassuring, someone who listens before speaking. Yet the current experience drops users into an overwhelming doctor directory without establishing that foundational trust. Layer 2 traces the emotional evolution as users move through the product, from initial anxiety to informed decision-making. The Day One/Day 90 workshops showed the transformation possible when someone moves from feeling alone with their health concern to feeling guided toward a solution. Layer 3 addresses identity change, how using Harley shifts someone's relationship with their own healthcare from passive waiting to active choosing.

Each layer includes the emotional evidence from our workshop process, the specific feelings we want to cultivate instead, and the design decisions required to create that shift. This isn't about adding emotional language to existing flows. It's about rebuilding those flows around how people actually feel when their health is at stake.

## What Currently Feels Like

Meditech has built a functioning product. The doctor listings are real, the availability is accurate, the booking system works. Someone can download Harley, find a specialist, and see them within days rather than weeks. The infrastructure exists to deliver on the core promise.

What doesn't exist yet is the emotional foundation that makes someone want to use that infrastructure. The current experience treats healthcare booking as a purely transactional process, missing the deeper truth that someone arriving at Harley is rarely just looking for a doctor. They're looking for reassurance that their health concern will be taken seriously, guidance on making the right choice, and confidence that they're not navigating the system alone.

Layer	Current Experience	Emotional Quality
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Layer	Current Experience	Emotional Quality
First Impression	Anxious arrival met with immediate signup demands and overwhelming doctor lists	Alarmist, impersonal, transactional
The Journey	Dropped into directory without guidance, left to decode medical specialties and choose between unfamiliar names	Isolated, confused, overwhelmed
Identity Transformation	Task completion without emotional resolution, functional success without felt confidence	Procedural, hollow, uncommitted

The Heartbreak Scale revealed trust levels sitting at just 1 out of 10, with users specifically citing the dated design, alarmist colour scheme, and impersonal onboarding as barriers to confidence. The Aspiration Gap workshops identified the critical moment when users realise they're facing "an overwhelming single list of doctors without guidance" rather than the managed, directive experience they were hoping for. Someone arrives feeling nervous and worried, seeking the kind of response the NHS couldn't provide. Instead, they encounter a directory that expects them to decode medical specialties and choose between unfamiliar names without context or support.

The current state isn't broken, it's incomplete. Users leave not because the product fails to work, but because it fails to feel like it understands what they need from a healthcare experience. The emotional gap sits between functional capability and felt confidence, between having doctors available and feeling guided toward the right one. This is where the Feel Factor framework applies, translating the real emotional needs our workshops identified into specific design decisions that close that gap.

## The Three Layers

Harley exists at the intersection of functional capability and felt confidence. The product can already connect someone with a doctor within days rather than weeks. What it cannot yet do is make that person feel confident about the choice they're making, or reassured that they're being guided rather than abandoned to figure things out alone.

The Feel Factor framework maps emotional design across three layers that build on each other like foundations, walls, and roof. Layer 1, First Impression, addresses what someone feels in those critical first sixty seconds when they're anxious about a health concern and trying to determine whether your product understands that anxiety. Layer 2, The Journey, traces how that initial feeling evolves as they move through the experience, from overwhelm to clarity, from isolation to guidance. Layer 3, Identity Transformation, examines the deeper shift from someone who waits for the system to someone who chooses their own healthcare.

Each layer requires different design decisions, but they are not independent. First impressions set the emotional tone for everything that follows. The journey either reinforces or undermines that initial feeling. Identity transformation only happens when both preceding layers have done their work

through their initial decision will begin to see themselves as someone who can navigate healthcare confidently.

For Harley, this means the current focus on functional efficiency must expand to include emotional progression. The Aspiration Gap workshops revealed users arriving nervous and worried, seeking reassurance that their health concerns will be taken seriously. The Day One/Day 90 exercise showed the transformation possible when someone moves from feeling alone with their health issue to feeling they have a trusted system for handling it. The three layers provide the structure for designing that transformation deliberately rather than hoping it happens accidentally.

## Layer 1 — First Impression

### Layer 1: First Impression

#### Current state

Users arrive at Harley feeling nervous and worried about a health concern, often after the NHS has told them to wait weeks for care. They're carrying emotional weight, seeking reassurance that someone will take their situation seriously. Instead, they encounter an immediate signup wall followed by an overwhelming directory of doctors they don't know how to choose between.

The Heartbreak Scale revealed trust sitting at 1 out of 10, with users specifically citing the dated design, alarmist colour scheme, and impersonal onboarding. The Aspiration Gap workshops identified the critical moment where users realise they're facing "an overwhelming single list of doctors without guidance" rather than the managed experience they were hoping for. Their internal dialogue shifts from "Will I be OK?" to "How do I know I'm picking the right doctor? How will I know?"

The current first impression treats healthcare booking as data collection rather than trust building. Users are asked to provide personal information before the product has demonstrated any understanding of why they're there or what they need. This sequence creates immediate anxiety in people who are already worried about their health.

#### Desired feeling

Within sixty seconds, users should feel they've encountered a product that recognises their specific situation without requiring them to explain it. Not calm, necessarily, that comes later, but understood. The shift from "I'm on my own with this" to "This system gets it" establishes the foundation for everything that follows.

The Dinner Party exercise revealed Harley's character as someone who gravitates toward the person who needs them most, who listens first and asks how they can help. That character should be evident from the welcome screen onward. Users should feel they're being guided by someone knowledgeable rather than dropped into a directory to figure things out themselves.

## **What the workshops told us**

The Aspiration Gap identified the critical first realisation that determines whether users commit or abandon the experience. "When they feel they are guided by a managed product. It doesn't feel like a directory. They tell it the issues and it will guide them down the correct path to get help."

The Voice Sort revealed specific language that creates confidence versus language that undermines it. "NHS says 3 weeks. We say Tuesday 2pm. Sorted" worked because it's specific, honest, and positions the alternative as the problem without attacking it directly. Meanwhile, copy like "find doctors for your illness" failed because "illness is heavy, most users just want help, not to identify as ill."

The Read It Aloud exercise showed that punchy, action-oriented copy builds confidence, while anything that sounds "salesy" or "flippant" destroys trust immediately. Users need to hear authority without stiffness, warmth without casualness.

## **Design decisions required**

Delay sign up until after initial guidance. Let users explore doctor categories and see sample availability before asking for personal information. The sequence should be understanding first, commitment second. Someone who feels the product knows what it's doing will willingly provide data to access it.

Replace the doctor directory with a guided conversation that surfaces the right specialists based on described symptoms or concerns. Instead of "browse all cardiologists," ask "what's been worrying you about your heart?" and present 2-3 relevant options with clear explanations of what each doctor specialises in.

Establish credibility through specific availability rather than general promises. "Dr. Sarah Chen has Tuesday 2pm and Thursday 10am available" does more trust-building work than any amount of copy about being "fast" or "convenient."

Lead with reassurance about the process, not promotional language about the service. The welcome message should acknowledge that finding the right doctor feels overwhelming and position Harley as the guide, not the destination. "We know finding the right doctor shouldn't add to your worry. Let's start with what's been concerning you."

Use visual design that reduces rather than amplifies anxiety. The current alarmist colour scheme signals emergency when most users need calm guidance. Warmer, more medical-professional visual language that feels like a consultation room rather than an emergency department.

Remove medical jargon from initial interactions. Users don't need to know the difference between a consultant and a registrar in their first minute with the product. They need to know someone understands their concern and can connect them with the right person to address it.

## Layer 2 — The Journey

### Layer 2: The Journey

#### Current state

Once users complete the signup process, they find themselves in a static environment that offers function without progression. The directory presents doctors as a flat list of names, specialties, and availability slots. Users must decode medical terminology, compare unfamiliar qualifications, and make healthcare decisions without context or support.

The Aspiration Gap workshops revealed how quickly the experience flattens emotionally. Users arrive seeking guidance through a complex decision, but instead encounter what feels like a phone book with booking functionality. Their internal questions shift from "Can this help me?" to "How do I know I'm picking the right doctor? What if I make the wrong choice?" The product provides information but withdraws the guidance that would make that information useful.

This creates what the Day One/Day 90 exercise identified as the primary reason most users never reach sustained engagement. "Fear of leaving the NHS. Concern about the qualifications of the doctors. Not feeling in control. Lack of trust. Confusing process." Users can complete the mechanics of booking an appointment while feeling entirely unsupported in making that choice.

The emotional trajectory currently moves from initial anxiety to compounded overwhelm. Rather than building confidence through progressive decision-making, each step in the current journey requires users to take on more complexity without additional support. They move from choosing a category to choosing a doctor to choosing a time slot, with no sense that they're being guided toward the right decisions for their specific situation.

#### Desired feeling

The journey should create a feeling of progressive confidence, where each interaction demonstrates that the system understands both the user's health concern and their emotional state. Users should move from feeling isolated with their health worry to feeling guided by someone who knows how to help them navigate the decision.

The Funeral Speech exercise identified the core transformation Harley should create. "From waiting to deciding. From confusion to clarity. From the system's timeline to yours. From 'I'll just leave it' to 'booked for Tuesday.' From guessing to knowing. From passive to in control." This isn't about making healthcare feel casual, it's about making the process of accessing healthcare feel manageable.

Each step should build on the previous one, creating momentum rather than decision fatigue. Users should feel they're moving closer to resolution, not deeper into complexity. The emotional arc should

progress from anxiety through guidance toward confidence, with each interaction providing evidence that they're in capable hands.

### **What the workshops told us**

The Day One/Day 90 exercise revealed the specific shift that occurs when the journey works properly. Day 90 users feel "much more in control of their health. Happy that progress is being made. Reassured that they are getting care that is on par or better than the NHS. They feel they can recommend the product to friends and family going forward."

The Heartbreak Scale identified specific moments where delight could replace anxiety. "More personality, guidance and education. More positive reinforcement of actions taken. Smaller wins rather than large scale tasks." Users need to feel progress, not just completion.

The Dinner Party exercise showed Harley's character as someone who "listens first and talks 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 listening-first approach should permeate the entire journey, with each step demonstrating deeper understanding rather than requesting more information.

The Voice Sort revealed language that supports progression versus language that creates stagnation. Words like "sorted," "continue," "done," "ready," and "all set" create momentum. Meanwhile, clinical terminology and corporate language ("facilitate," "optimise," "utilise") flatten the emotional experience and distance users from their own healthcare decisions.

### **Design decisions required**

Create progressive disclosure that builds confidence through smaller, manageable choices rather than overwhelming users with comprehensive options. Instead of showing all cardiologists in London, show three doctors who specifically treat the concern the user described, with clear explanations of why each might be appropriate.

Implement contextual guidance that evolves based on user choices and responses. If someone selects a doctor but hesitates at the booking step, surface information about what to expect in the consultation, what questions to prepare, or what the doctor specialises in treating. The system should recognise decision points and provide support before users ask for it.

Design positive reinforcement loops that acknowledge progress without celebrating completion prematurely. "Dr. Chen has extensive experience with cardiac symptoms like yours" provides reassurance about the choice being made. "Your appointment is booked for Tuesday 2pm" should feel like resolution, not the beginning of new uncertainty about whether they chose correctly.

Build educational moments into the booking flow that increase healthcare literacy without overwhelming users with information. Brief explanations of what different specialists do, what to expect in various types of consultations, or how to prepare for specific appointments. This transforms booking from a transaction into learning that builds confidence for future healthcare decisions.

Create clear exit and re-entry points that acknowledge the emotional weight of healthcare decisions. Some users need time to process before committing to an appointment. The system should make it easy to save choices, return later, or modify decisions without starting over. This reduces the pressure that creates abandonment.

Establish post-booking support that maintains the guidance relationship beyond the transaction. Confirmation messages should include practical next steps, appointment preparation guidance, and clear paths for questions or changes. The relationship with Harley shouldn't end when the booking completes; it should extend through the entire healthcare experience to build trust for future use.

## Layer 3 — Identity Transformation

Users complete the booking process but leave without the deeper shift that would make them confident healthcare decision-makers. The transaction succeeds while the transformation fails. Someone books an appointment with a specialist but still carries the underlying anxiety that they might have chosen wrong, might not be taken seriously, or might be on their own when health concerns arise in future.

The Day One/Day 90 workshops revealed this gap clearly. Day 1 users arrive "feeling very worried about a health concern. Feeling like the NHS is not taking their concerns seriously or with the urgency they feel they should. Willing to do anything to relieve the worry and anxiety they are currently sitting with. Feeling quite alone." While the current product can address the practical need for faster access, it doesn't resolve the deeper feeling of being alone with health decisions.

The Funeral Speech exercise identified what users remember after using Harley. Currently, that's functional completion without emotional resolution. They remember booking an appointment, but not feeling confident they made the right choice. They remember bypassing NHS waiting times, but not feeling empowered to make healthcare decisions independently. The identity shift from someone who endures healthcare to someone who actively manages it never occurs.

Users currently return to their default relationship with health anxiety. They may have solved the immediate problem, but they haven't developed confidence in their ability to navigate healthcare decisions. When the next health concern arises, they're back to feeling overwhelmed and alone, rather than feeling they know how to find appropriate care.

### **Desired feeling**

After using Harley, people should feel fundamentally different about their relationship with healthcare. Not just relieved that they found a doctor, but confident that they can find appropriate care when they need it. The shift should be from someone who feels at the mercy of healthcare systems to someone who knows how to navigate them.

The Day One/Day 90 exercise captured this transformation. "Feeling much more in control of their health. Happy that progress is being made. Reassured that they are getting care that is on par or

better than the NHS. Feel heard and no longer alone. They feel they can recommend the product to friends and family going forward." This is identity-level change, not just task completion.

The Funeral Speech identified the deeper identity transformation Harley should enable. "Someone who feels heard. Someone who knows they can find a solution. Someone who sorted it. 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." Each phrase represents a fundamental shift in self-perception around healthcare.

### **What the workshops told us**

The Aspiration Gap revealed the new belief system Harley should create. "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." This moves beyond solving the immediate problem to changing how someone thinks about future health concerns.

The Day One/Day 90 exercise showed what users know after 90 days that they didn't before. "There is a good alternative to the NHS. Going private for healthcare doesn't compromise the quality of their care. How to easily find the health information they need. Feel able to deal with their situation and future situations." The product should build healthcare literacy and confidence, not just provide access to doctors.

The Funeral Speech identified how this changes users' relationship with data and time. From "I'll Google it and panic" to "I have an appointment." From "I think I need to see someone" to "I'm seeing someone Tuesday." From "I'll deal with it later" to "dealt with." Each shift represents someone who has moved from reactive anxiety to proactive management.

The Dinner Party exercise revealed Harley's character as someone who helps others make the best choice for them, not someone who pushes a particular solution. This character should be reflected in how the product positions itself in users' lives. Not as the only answer, but as a reliable resource they can trust when they need healthcare guidance.

### **Design decisions required**

Build healthcare education into every interaction so users learn how to navigate medical decisions, not just complete them. When someone books a cardiologist, include brief context about when to see specialists versus GPs, what questions to prepare, or how different cardiac symptoms typically require different approaches. Transform each booking into a learning moment that builds competence for future decisions.

Create post-appointment follow-up that reinforces the empowered choice they made rather than just collecting feedback on the service. Messages should acknowledge their initiative in seeking appropriate care, provide context for next steps, and position them as someone who took control of their health situation. This builds identity around being proactive about healthcare.

Design reflection moments that help users recognise their own healthcare decision-making growth. After completing an appointment, surface how their situation progressed from initial concern to resolution. "You went from worrying about chest pain to having a clear cardiac assessment in three days" makes the transformation visible rather than assumed.

Position Harley as a capability they've developed, not a service they've used. The language should evolve from "we helped you find a doctor" to "you know how to find appropriate care quickly." This subtle shift emphasises their agency and competence rather than their dependency on the platform.

Provide tools for future healthcare decision-making that extend beyond booking appointments. Simple guides for when to see a GP versus specialist, how to prepare for different types of consultations, or what questions indicate the need for urgent care. These resources position Harley as building their healthcare literacy, not just solving immediate problems.

Create sharing mechanisms that reinforce their identity as someone who takes charge of health decisions. Not "tell your friends about Harley" but "share what you've learned about accessing healthcare quickly." This transforms word-of-mouth marketing into identity reinforcement, where recommending the product confirms their own transformation into someone who navigates healthcare confidently.

## The Emotional Arc

When the workshops surfaced what users actually experience with Harley, a clear emotional arc emerged. Someone arrives feeling nervous and worried about a health concern, carrying the frustration that the NHS has told them to wait weeks for care they feel they need now. They're seeking reassurance that their situation will be taken seriously, guidance on making the right choice, and confidence that they won't be navigating this alone.

The current experience interrupts this arc immediately. Instead of encountering understanding, they face an overwhelming directory of unfamiliar doctors and are expected to decode medical specialties without support. The Aspiration Gap workshops identified the precise moment when this becomes undeniable: "when the user is dropped post onboarding into a large list of unfiltered doctors. Immediate overwhelm and lack of direction." They arrived seeking guidance and discovered they're still on their own.

But the Day One/Day 90 exercise revealed what becomes possible when this arc completes properly. Day 90 users feel "much more in control of their health. Happy that progress is being made. They feel they can recommend the product to friends and family going forward." The Funeral Speech identified the transformation: "From waiting to deciding. From confusion to clarity. From the system's timeline to yours. From passive to in control."

The complete emotional arc should move from anxious arrival through guided decision-making to confident self-advocacy. Users begin feeling isolated with their health concern and should finish feeling they know how to navigate healthcare decisions independently. They start worried about one

specific issue and should leave with competence for handling future health situations. This progression from reactive anxiety to proactive capability represents the full value Harley can deliver.

This arc serves as a decision-making tool for every design choice. If a feature, interaction, or piece of copy doesn't contribute to moving someone along this specific emotional progression, it should be questioned. Does this help someone feel understood rather than processed? Does this build their confidence in healthcare decision-making rather than just completing a transaction? Does this position them as capable of managing their own health rather than dependent on our platform?

The workshops showed this arc is achievable. The Dinner Party exercise revealed Harley's character as someone who listens first, helps guide choices, and leaves when everyone feels supported. The Voice Sort identified language that creates momentum: "sorted," "done," "ready." The Read It Aloud exercise confirmed that direct, reassuring copy builds the trust necessary for this transformation. The emotional architecture exists; it needs to be designed into every interaction, from the welcome screen through post-appointment follow-up, so that using Harley changes not just how quickly someone can see a doctor, but how confidently they can navigate healthcare for the rest of their life.

## What This Means In Practice

The three layers and the emotional arc they create produce a specific, concrete design brief. Every decision during design and build should be tested against these four measures to ensure Harley delivers emotional progression alongside functional capability.

Layer	The Test
First Impression	Does this make someone feel understood before they've explained themselves?
The Journey	Does this build confidence in their healthcare decision-making, or just complete a task?
Identity Transformation	Does this leave them feeling like someone who can navigate healthcare, or someone who got lucky once?
Emotional Arc	Does this move them from anxious isolation toward confident self-advocacy?

For Harley to succeed as more than a booking platform, it must pass all four tests at every moment. The welcome screen, the doctor selection process, the confirmation message, and the post-appointment follow-up should each demonstrate understanding, build decision-making confidence, reinforce capable identity, and advance the progression from reactive worry to proactive healthcare management. When all four tests pass consistently, users don't just book appointments faster. They develop a fundamentally different relationship with their own healthcare, one where they feel capable of finding appropriate care when they need it rather than at the mercy of systems that don't prioritise their timeline or concerns.