Making Word documents accessible – guidance and tips

Under the Equality Act 2010 and the more recent accessibility regulations (Public Sector Bodies Websites and Mobile Applications No. 2) which came into force on 23rd September 2018, require public sector websites and apps to be accessible. Under these regulations, the SWL IMO website is required to be accessible.

The '[what all NHS services need to do about accessibility](#)' explains this further, and the [Web Content Accessibility Guidelines (WCAG) 2.2](#). provide a full explanation of all principles and requirements.

When local documents are produced it is assumed that there is a local need for the information as it is not available elsewhere i.e., it adds value to NHS SWL. Local documents should not duplicate what is already available nationally. Documents to be published on the website will need to be accessible.

Aim

All authors are responsible for making their documents accessible. This guidance and tips aim to support the SWL medicines optimisation team in producing accessible Word documents, guidelines, position statements, etc. Please take time to read this before starting your guideline or document. If you are producing documents in another format, please check with the accessibility champion before proceeding.

General points to note

- Use the 'accessibility checker' function. For Word documents, it can be found under 'review'. Reminder this is for Word documents, it does not check for Web accessibility (however is a good starting point).
- Refer to the organisation as NHS South West London
- Do not change the size of the NHS logo in the template header.
- Do not change the margins or spacing or paragraph settings in templates.

Headings

- The template has been set up so that 'headings' form the structure.
- The headings in the template are set as follows:

Heading 1 – Arial 16 bold (this is for page title)
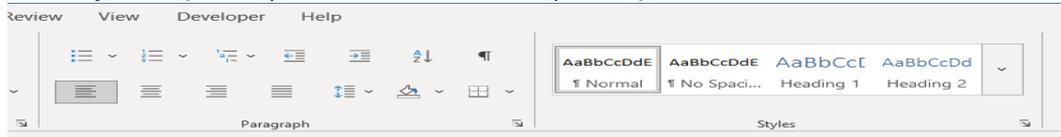
Heading 2 – Arial 14 bold

Heading 3 – Arial 12 bold

Heading 4 – Arial 12 bold

Normal text – Arial 12 (black)

(Reminder: footers not to be used. Use the document history instead).

DO NOT change the spacing or heading settings.

- The headings are set as above in the template. If they need to be reset use the 'styles' option (under the home tab) if required.

- Each main section should start with an H2 and each subsection of H2 with H3 etc.
- With each heading, ask yourself if it's a sub-section of the previous heading. If not, it should be at the same level as (or higher than) the previous section.
- Make sure that headings follow the correct "nesting" order and don't skip levels. The structure of the page is the key thing, not the size and style of the text.

Avoid blank lines

- One common error in a Word document is the use blank lines to create space between paragraphs instead of using paragraph spacing.
- This may create the desired visual effect but will be read by the screen reader as "blank line".
- The paragraph spacing has been set in the template, so using the space function is not required.

Content

- Ensure content applies to SWL and is not just a copy and paste of another source with SWL logo added.
- When text is copied and pasted from another source, the formatting will be lost, and you must reset it.
- The language used should be appropriate for the target audience.
- For patient-facing documents - Use plain English. Keep it simple. Write short sentences and avoid jargon.

Abbreviations and symbols

- When using abbreviations and acronyms, ensure these are expanded at the first presentation e.g. blood pressure (BP).
- Do not use symbols e.g. for '>' say in words 'more than'
- Do not use the asterisk symbol '*' or any other symbol as a foot note, instead add your note as a sentence.

Drug names, strengths and dosage:

- Generic names to be in lowercase if within a sentence e.g. See position statement for tirzepatide.

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- Do not abbreviate strengths.
  Has been agreed for 'mg' to be as 'mg' but 'mcg' must be as 'micrograms'
- Do not use the Latin dosage abbreviations, state the dosage in full.
  i.e. three times a day when required.
- If in doubt – check what NICE do.

Medical conditions:

- Medical condition to be in lowercase if within a sentence. E.g. The drug semaglutide is used to manage type 2 diabetes.
- If in doubt – check how NICE writes the medical condition.

Lists

- Reserve numbering bullet points for policies and principals.
    1.1 Reserve for policies.
- All other documents use this bullet point. Select from the bullet library.
    o If you require bullet points within the bullet points list, use this one.
    o Ensure these are indented correctly, like in this example.
- Remember to use full stops at the end of sentences in lists.
- Keep each bullet point up to 2 or 3 sentences.
- If your list denotes various options, use 'or'
  For example:
  If you go to the shops please buy an:
    o apple or
    o banana or
    o orange.

Bolding

- Do not use bold for text to stand out.
- Screen readers cannot distinguish bolding from the usual font.

Italics

- Do not use italics.
- Screen readers cannot distinguish italics from the usual font.

Underlining

- Do not underline text to make it stand out.
- Screen readers cannot distinguish this from the usual font.

Capitals

- Do not use all CAPITALS. This is considered as shouting.
- Screen readers cannot distinguish this from the usual font.

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Full stops

Don't forget to add full stops at the end of sentences

Hyperlinks

- Contextualise hyperlinks. Use descriptive links so users know where a hyperlink will take them. Ideally the title of the page.
  e.g. NHS England document on [items which should not routinely be prescribed in primary care](#) has been updated……..
- Hyperlink to the title of the page, rather than specific documents.
- Do not use the terminology 'click here' or 'link via here' etc.
- Do not display the web address as the url www.swl.....

Colour

- Do not change the colour of the headings in the template. These are set to ensure correct colour contrast for accessibility.
- Do not use colour to denote different options. i.e., red font for hospital only or green for formulary.
- If you need to add colour – please discuss it with an accessibility champion.

Tables

- With the current platform it is not possible to add tables into a webpage.
- Tables should be reserved for actual data (i.e., numbers) only.
- A summary table may be included as a visual summary, if **all** the information in the table is described in text in the main document. It should be referred to as a visual summary.
- Tables should be reserved for actual data (i.e., numbers) only and avoid merging cells.
- Please discuss this with an accessibility champion.

Flow charts

- If a flow chart is required, this can be included as a visual summary **only** if all the flows from the chart are described in the full word guideline. It should be referred to as a visual flow chart.
- Please discuss this with an accessibility champion for further clarification.

Images

- Only use images if it adds value to the document.
- If an image is used – alternative text must be provided to describe the image. Think of how you would describe the imagine to someone who is unable to see the image e.g. on the end of a phone call.

References / resources

- List these at the end of the document. No need to cite the numbers within the document.
- Hyperlink references or resources where possible.

Document History

- The document's history replaces the footer details.
- Complete the 'author' and 'approval date'. Author will be the network name or team name, not actual names of people to be included.
- Review date will be 2 years as default.
- If adding an acknowledgment, - add this below the 'Author' line.
- Once the document is approved by IMOC, it will be V1.0, unless it is an update.
- If any minor amendments are required once it is published, contact MO-website team.

Other

- Further information on web accessibility can be found on the [SWL intranet](#) and [on making documents accessible](#).
- Use the accessibility checker. For Word documents it can be found under 'review'. Reminder this is for Word documents, it does not check for Web accessibility (however is a good starting point).
- Any queries on accessible Word documents please check with an accessibility champion.
- Any accessibility issues identified for rectification will be the responsibility of the author.

Templates

The following templates are available.

- for guidelines
- for information sheets
- for position statement

As an example the template for guidelines is available on the next page.

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Title is always heading one (H1)

Tip: The title should start with the name of the drug/condition. For example,

For example: Infant formula and Infant feeding prescribing guidelines.

Have an opening sentence. For example, who the target audience is or small introduction. This is optional but could set the scene for your document.

- Remember to refer to the organisation as NHS South West London

Introduction or Summary (H2)

Include an introduction or summary if you think it would be useful.

Recommendations / or another subheading as required.

- Each main section should start with Heading 2 and each subsection of Heading 2 with Heading 3 etc.
- With each heading, ask yourself if it's a sub-section of the previous heading. If not, it should be at the same level as (or higher than) the previous section.
- Make sure that headings follow the correct "nesting" order and don't skip levels. The structure of the page is the key thing, not the size and style of the text.
- See 'making word documents accessible guidance and tips'.

References/resources

- See 'making word documents accessible guidance and tips'.

Document History

Version: V 1.0

Author: **Insert the name of the network OR working group**

Approved by: Integrated medicines optimisation committee (IMOC)

Approval date: **Insert date of approval.**

Review Date: 2 years from the approval date or sooner where appropriate.

Complete the 'author' and 'approval date' below. If adding an acknowledgment, - add this below the 'Author' line.

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