Accessibility changes: notes for developers

Corporate document

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www.nice.org.uk/corporate/ecd6

Contents

Footnotes

What are we doing?

Removing all footnotes, and presenting the information in a different format.

Why are we doing this?

Screen readers do not understand footnotes in the web versions of our guidelines. They just read out the number, without mentioning it's a footnote (or even that it's superscript). And they will not flag up the link to the footnote text.

In addition to the problems for people who use screen readers, footnotes do not work very well for anyone when they're on a web page. You have to jump to the end of the page to read them, and then click on the footnote again to jump back. Not everyone will know to click on the footnote at the end, so they may lose their place. And if the footnote is repeated several times, clicking on this link might take you to the wrong place anyway.

Watch a short video about the changes we are making to footnotes.

Common types of footnote

Off-label prescribing

Replace the footnote with an extra sentence at the end of the recommendation:

In [month year of publication], this was an off-label use. See NICE's information on prescribing medicines.

If there are multiple drugs recommended, and only some are off-label:

In [month year of publication], this was an off-label use of donepezil and rivastigmine. See NICE's information on prescribing medicines.

If there are several recs in one section that would all have the same footnote, add a box to the start of the section:

In May 2019, the use of budesonide, mesalazine, olsalazine and balsalazide as described in recommendations 1.2.3 and 1.2.4 was off label. See NICE's information on prescribing medicines.

MHRA safety warnings

Replace the footnote with an extra sentence at the end of the recommendation:

Follow the MHRA safety advice on Respimat and Handihaler inhalers.

Note that some safety warnings may need more substantial wording. For example, recommendations on sodium valproate or opioids.

Tables

What are we doing?

- Simplifying tables by removing merged and split cells.

- Removing footnotes and presenting the information in a different way.

- Taking out definitions, notes, and other content at the end of tables, and putting it as normal text after the table.

Why are we doing this?

Screen readers cannot follow complicated tables with lots of merged and split cells. They read out cells in the wrong order, or miss content altogether. And it's not easy for people using a screen reader to jump between cells and notes or footnotes at the end of the table.

In addition, simplifying the tables often helps all readers understand the content. And the design limitations of our website mean there are restrictions on what we can do with complicated tables anyway (for example, it's not easy to make them landscape, and they cannot be too wide in general).

Before adding a table to a guideline, think about whether this is the best format to use for the information.

If your table will have a small number of cells, with large amounts of text, it may be better to just use subheadings and paragraphs of text.

If your table will be very complicated, with layers of merged and split cells, it will need reworking. Would it work better as multiple tables? Could some column/row headings be repeated in each cell without it getting too complicated?

Watch a short video about the changes we are making to tables.

Hyperlinks

What are we doing?

- Changing the text that displays in the document. For example:

  … see the NICE guideline on ulcerative colitis.

  Becomes:

  … see the NICE guideline on ulcerative colitis.

  The URLs themselves are not being changed.

- Including more context in external links, to make it clear what we're directing people to. For example:

  Approximately 40% of deaths in children and young people under 15 are neonatal deaths (Office for National Statistics, 2016)

  Becomes:

  The 2016 Office for National Statistics report on child and infant mortality in England and Wales showed that approximately 40% of deaths in children and young people under 15 are neonatal deaths.

Why are we doing this?

To make it easier for people with screen readers to understand where a link will take them. It's particularly important when linking to external organisations, so people know they're being taken somewhere else.

This also makes it easier for everyone when a link breaks. If they know the organisation and title of the page/document, it will be easier for them to find it.

Watch a short video about the changes we are making to hyperlinks.

Alt text

What are we doing?

- Adding alt text to tables, graphs, and other images or visual representations of data.

- To add alt text to a table:

- right click on the table.

- select Table Properties.

- click on the Alt Text tab.

complete the description. It should be around 123 characters (about 16 words), and should describe the table/graph/etc (for example 'Possible reasons to refer people for specialist advice, and the purpose of this advice').

You do not need to say 'An image of' or 'A table of' in alt text – the screen reader will flag this up automatically.

Why are we doing this?

To make it easier for people who use screen readers to understand content if their screen reader cannot read it out. It helps add context to the surrounding text, if this refers back to an image. And it avoids confusing screen reader errors, because if there is no alt text a screen reader may just read out 'no alt text' or similar.

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