

## Evaluation specification

### Examining barriers and enablers in the use of Women's Digital Care Records (WDCR) in maternity

#### Context

In January 2018 NHS England chief executive Simon Stevens undertook a 'deep dive' review of the potential activities associated with the ambition to provide women with access to their electronic maternity record. This supports the need to give women better understanding, control of her care and an opportunity to contribute to their own care. A new priority and expectation was given for NHS Digital and NHS England to progress with the implementation of electronic records for women, as a demonstrator for wider citizen enablement. The digital maternity programme in NHS Digital were asked to coordinate the delivery of tactical pilots for maternity Personal Health Record (PHR) roll out (Women's Digital Care Record/WDCR) in England across a number of pilot areas.

The Better Births, the report of the National Maternity Review, was published in 2016 and identified that maternity services in England needed, in the next 5 years, to 'become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care'.

The review made 4 key recommendations, each of which make direct statements that relate to the priority for a PHR, these are:

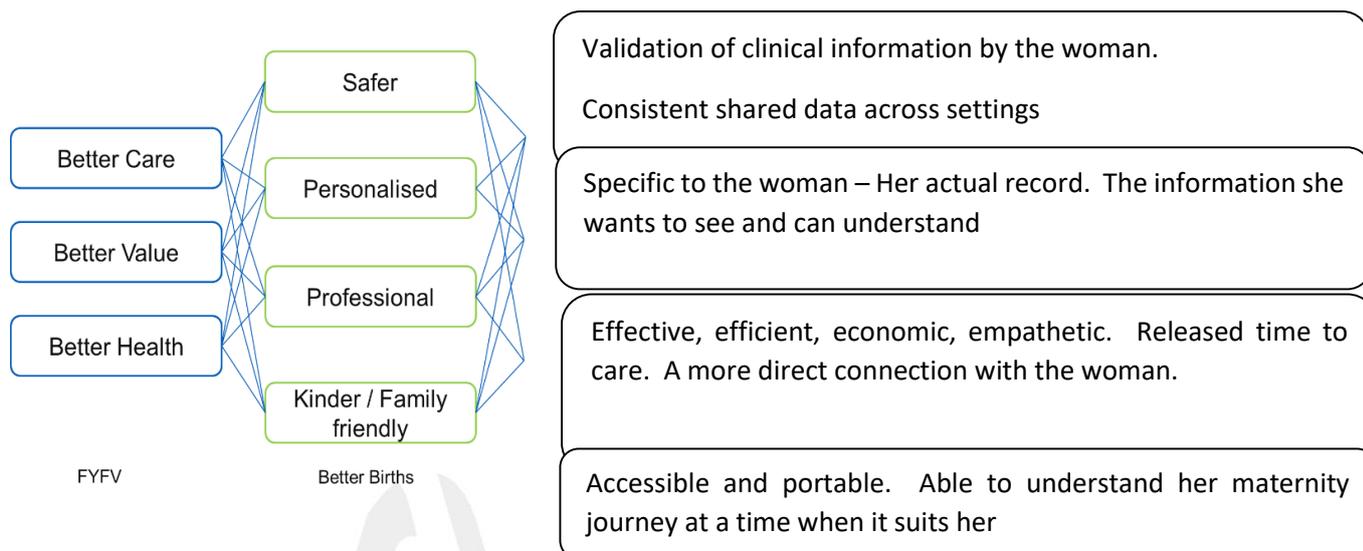
- Investment should be made in electronic, interoperable maternity records to reduce the administrative burden of information recording and sharing
- All women to have access to comprehensive digital sources of information via digital tools or personal health record
- The digital tool or personal health record must interface with professionally held electronic maternity records so that the woman can access her own records and receive personalised information
- The technological solutions must be accessible to women, families and professionals, particularly outside of the hospital setting

In March 2017, 'Implementing Better Births: A Resource Pack for Local Maternity Systems' was published, outlining 'the ask' of LMS and a request that local transformation plans were produced by October 31st 2017. A section entitled 'Digitally enabled transformation' within the resource pack suggested that LMS undertake a series of actions, including the 'identification of measures to improve user experience through access, enhanced usability and personalisation'

Workstream 7 of the Maternity Transformation Programme, 'Harnessing Digital Technology', led by NHS Digital, established a national programme of work to enable local digital transformation. The programme is to play a key role in the delivery of the proposed Personal Health Record Project,

alongside the Maternity Transformation Policy Team and Personal Health Records team at NHS England.

Strategically, the broader programme aligns to the MTP and to the Five Year Forward View objectives. These are articulated within the Programme Business Case (PBC) and set out below:



The WDCR project's aim is to rapidly bolster the existing provision of digital personal health records. This will be in localities where the current provision is such that a limited amount of capital funding could enable a significant proportion of women to access a digital maternity health record.

#### Project Objectives

1. To deliver WDCR and support project's pilot sites to 'go live' with the product
2. To provide the opportunity for users to access WDCR ( 'get it in the hands of women') and increase WDCR uptake
3. To support business change activities (implementation and embedding) for each pilot site
4. To capture and measure the benefits pertaining to anticipated outcomes from WDCR utilisation
5. To gather feedback from users (clinical professionals and women) to enable further evaluation of contextual insights and utilisation

NHS Digital's WDCR project team, including the Implementation and Business Change Function, has led the relationship management and engagement interface with the pilot sites. The WDCR project team and IBC function has presided over the following activities to support the pilot sites:

1. Supported the implementation of the WDCR products to ensure pilot sites 'go live. (via ongoing engagement with key project and clinical leads at each site)
2. Supported the 'post go live' embedding and business change activities associated with WDCR implementation.



3. Stakeholder engagement. Supplier based '**Learning from Local**' groups have been set up to provide a platform for collaboration and knowledge sharing. Pilot sites have had the opportunity to share updates on implementation planning and progress, lessons learned/best practice and also highlight risks and issues.
4. Supported the development, baselining and tracking of benefits realisation plans, in order to determine the emerging benefit themes, and the core benefits which can be measured.
5. Supported the development and implementation of user research, to capture feedback from users (clinical professionals and women) which will inform contextual insights for further analysis
6. Coordinated the development of marketing materials for pilot sites to use to promote the Women's Digital Care Record
7. The development of standardised reporting streams and the collection of WDCR utilisation data from 'live' pilot sites. The creation of monthly project dashboard to illustrate progress and comparative data (including utilisation and number of women offered WDCR)

As part of this work, the Project team have noted variation in uptake of the digital care records. The team have collected anecdotal feedback and have started to identify some themes around blockers to successful adoption of the project. They are now seeking to formalise this learning by furthering their insight about the barriers and enablers for activity to date across the various pilot sites and better understand the reasons behind the variation in uptake.

## Purpose

The purpose of the evaluation is to improve understanding of the barriers and enablers for use of WDCR across four pilot sites. It is anticipated that this will inform the development of the model for further roll out across the country.

The primary focus of the evaluation will therefore be around the identification of barrier and enablers but it is expected that the evaluator will demonstrate the functional differences in how WDCR has been introduced and adopted in each site.

In order to fully utilise the information found, where possible the evaluator should align findings and recommendations with what we know about successfully spreading digital innovation<sup>1</sup>.

## Questions the evaluation should address

1. How has WDCR been approached in the different pilot sites and what can we learn from this?
2. What are the barriers and enablers to implementation of the digital care records?
3. What are the barriers and enablers to successful adoption of the digital care records?

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<sup>1</sup> For example: Trisha Greenhalgh et al, Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies; and Billions institute, many vehicles for expanding impact.



4. Based on models of good practice, what strategies might be useful to consider for future roll out of WDCR?

## Methods

The SW AHSN are looking for a partner to deliver this evaluation. We anticipate the need for a mixed methods approach accounting for the views of women using the records, Trust and community-based maternity staff and local project teams. The evaluator will also be required to demonstrate usage data across the pilot sites and carry out some desk research to back recommendations based on findings with existing models of how to successfully adopt similar products.

## Timeline for application

The deadline for submission of a proposal is **12 noon on Monday 1 July**. We anticipate initial phone calls for discussion/clarification will be scheduled for the end of that week and an initial kick off meeting will be required in the week commencing 8 July.

## Procurement

The SW AHSN would like to enter into a contract with someone to deliver the evaluation. Please send in your proposal detailing how you intend to approach the evaluation, including timelines and costings. Please also send a summary of the experience of the team you intend to work on this project.

Applications will be scored against the ability to answer each of the evaluation questions, experience in the area of interest and value for money.

There is a limited budget for this work, we would be happy to receive multiple options for your approach that work to different price brackets. For the purposes of scoring in this instance we would score against the option that best fits with our budget.

## Deliverables/Requirements

We expect a written report that details the findings of the fieldwork and any desk research carried out. The report will need an executive summary of the main findings, a brief introduction, the main findings section(s) and conclusion with recommendations.



There may be a requirement for the contractor to travel across the country to each of the pilot sites (potentially one in the North, South, Midlands and London).

In order to ensure safe and ethical practice, we would expect to review all interview schedules, questionnaires and consent documents as well as any procedures for data collection (if required).

We anticipate work will need to begin as soon as possible for delivery in **October 2019**.

Please direct enquiries and proposals to [louise.hall@swahsn.com](mailto:louise.hall@swahsn.com)

