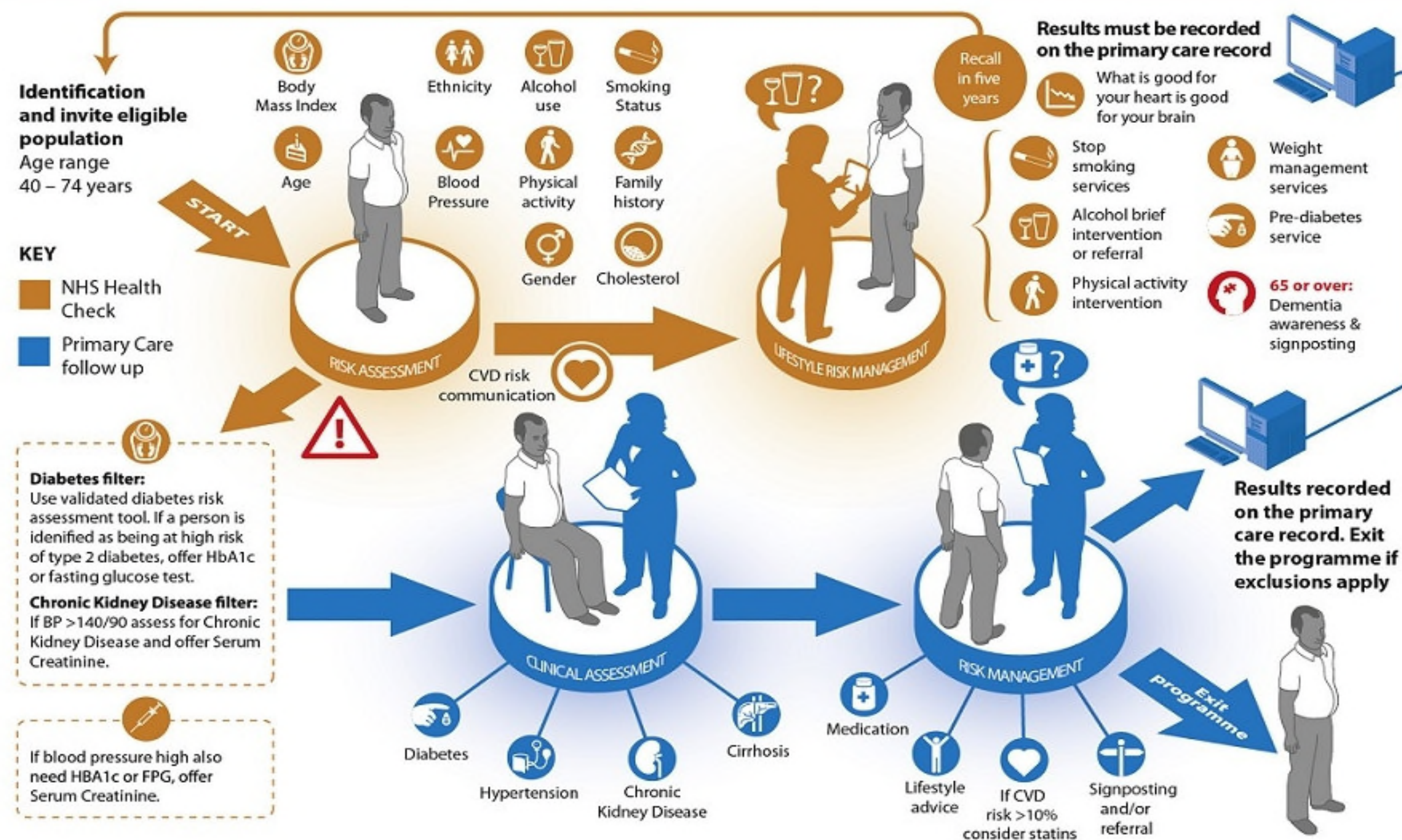


# ‘User’ representations in the design of NHS Online Health Checks: *Who counts?*

Dr Jackie van Dael  
University of Oxford

# NHS Health Check



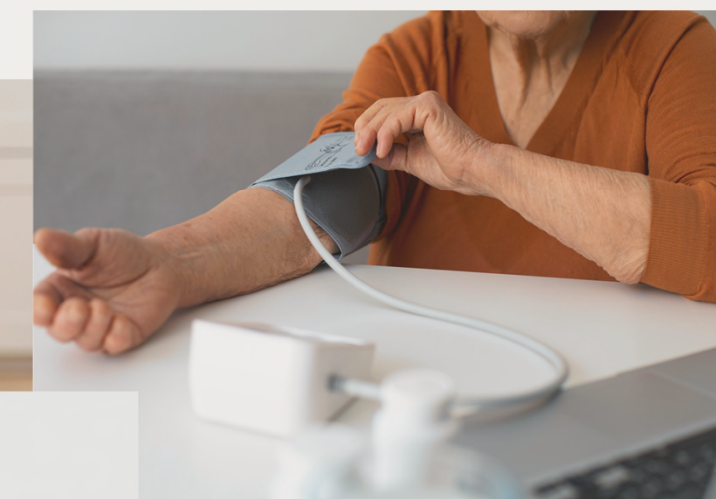
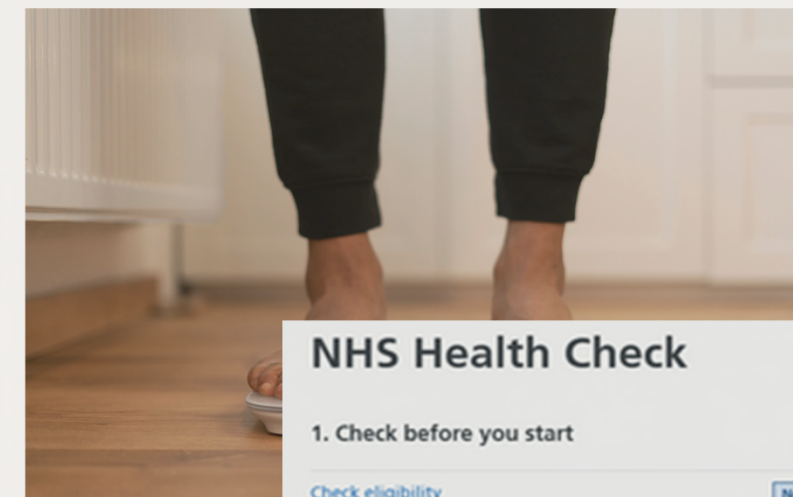


Research and analysis

# Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations

Updated 9 December 2021

*“A digital NHS health check option could increase access and uptake, improve communication and engagement, providing people with greater control of their health and shared care”*



## NHS Health Check

### 1. Check before you start

[Check eligibility](#)

Not started yet

Read declaration

Cannot start yet

### 2. Health questionnaire

About you

Cannot start yet

Physical activity

Cannot start yet

Alcohol consumption

Cannot start yet

Enter body measurements

Cannot start yet

### 3. Blood pressure

Check your blood pressure

Cannot start yet

### 4. Submit

Review and submit

Cannot start yet

### 5. Blood test

Order a blood test kit

Cannot start yet

## Diabetes results

Your result is:

# High risk

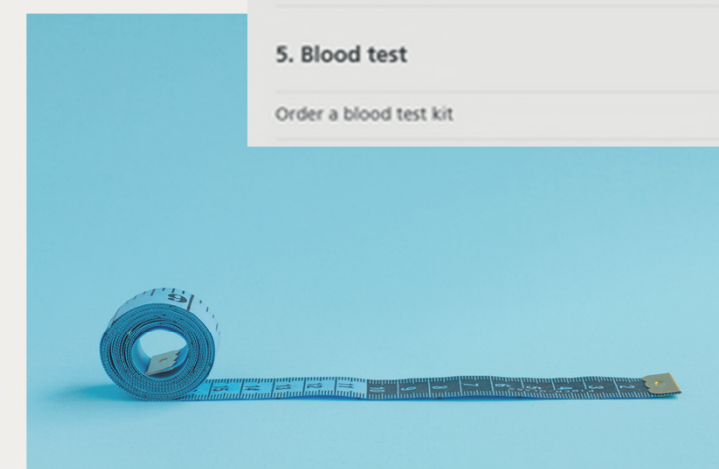
Your blood sugar (glucose) reading is 49 mmol/mol. This suggests you're at high risk of type 2 diabetes

This reading is not a diagnosis - your GP can give you a diagnosis and help with treatment. Early treatment reduces the risk of other health problems.

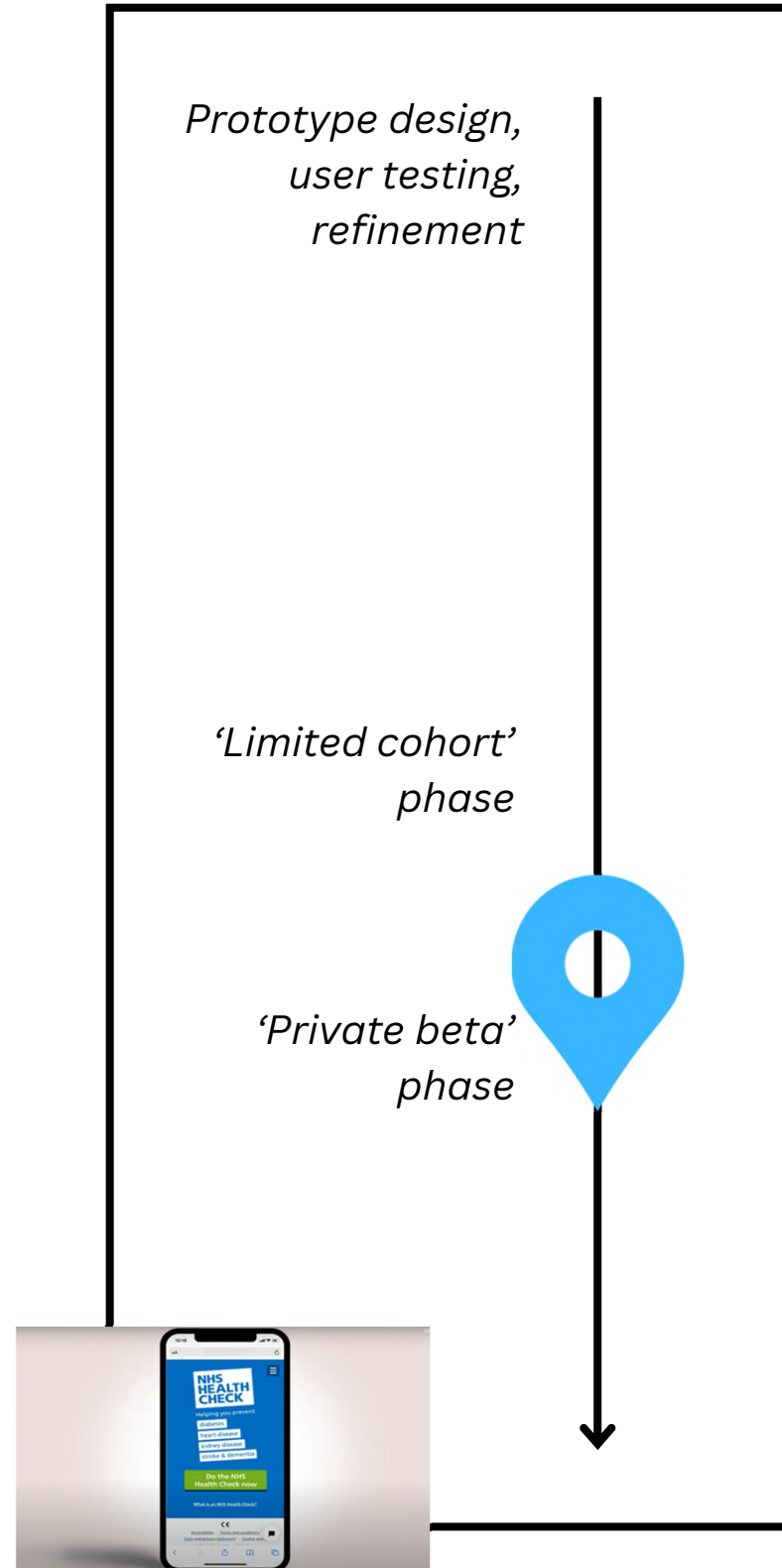
[What you reading means](#)

### Contact your GP surgery

Contact your GP surgery to discuss your reading as soon as possible. They will give you a diagnosis and help you understand what to do next.



## Programme development



## DECIDE rapid evaluation & engagement work

- Social Sciences Engagement Fellowship
  - 48 hours of observation of online/offline user testing and design activities by the technology developers of the NHS online health check
  - Offering social science and ongoing evaluation insights to inform development and iteration of programme (e.g. feedback workshops)
- DECIDE rapid evaluation (ongoing)
  - Qualitative research (alongside quantitative and health economics work) to examine the implementation and use of online NHS health checks at 3 local authorities, including:
    - Observations of digital/in-person health checks and related processes (~50hours);
    - ~30 NHS staff and stakeholder interviews;
    - ~30 'user' and 'non-user' interviews;
    - ~5 interviews with national/regional decision-makers (e.g. NHS England, ICBs)

Funded by





## Research and Applications

### Putting the social back into sociotechnical: Case studies of co-design in digital health

Chrysanthi Papoutsis,<sup>1</sup> Joseph Wherton,<sup>1</sup> Sara Shaw,<sup>1</sup> Clare Morrison,<sup>2</sup> and Trisha Greenhalgh<sup>1</sup>

### Located accountabilities technology production

Lucy Suchman  
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### Steps Toward an Ecology of Infrastructure: Design and Access for Large Information Spaces

Susan Leigh Star • Karen Ruhleder  
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*How are ‘users’ of the NHS online health check imagined/defined, and what does this mean in terms of who becomes enrolled in its design and how?*

*What are the implications of these design activities for the type of care the digital service enables (or not)?*

# Who is the online health check for?

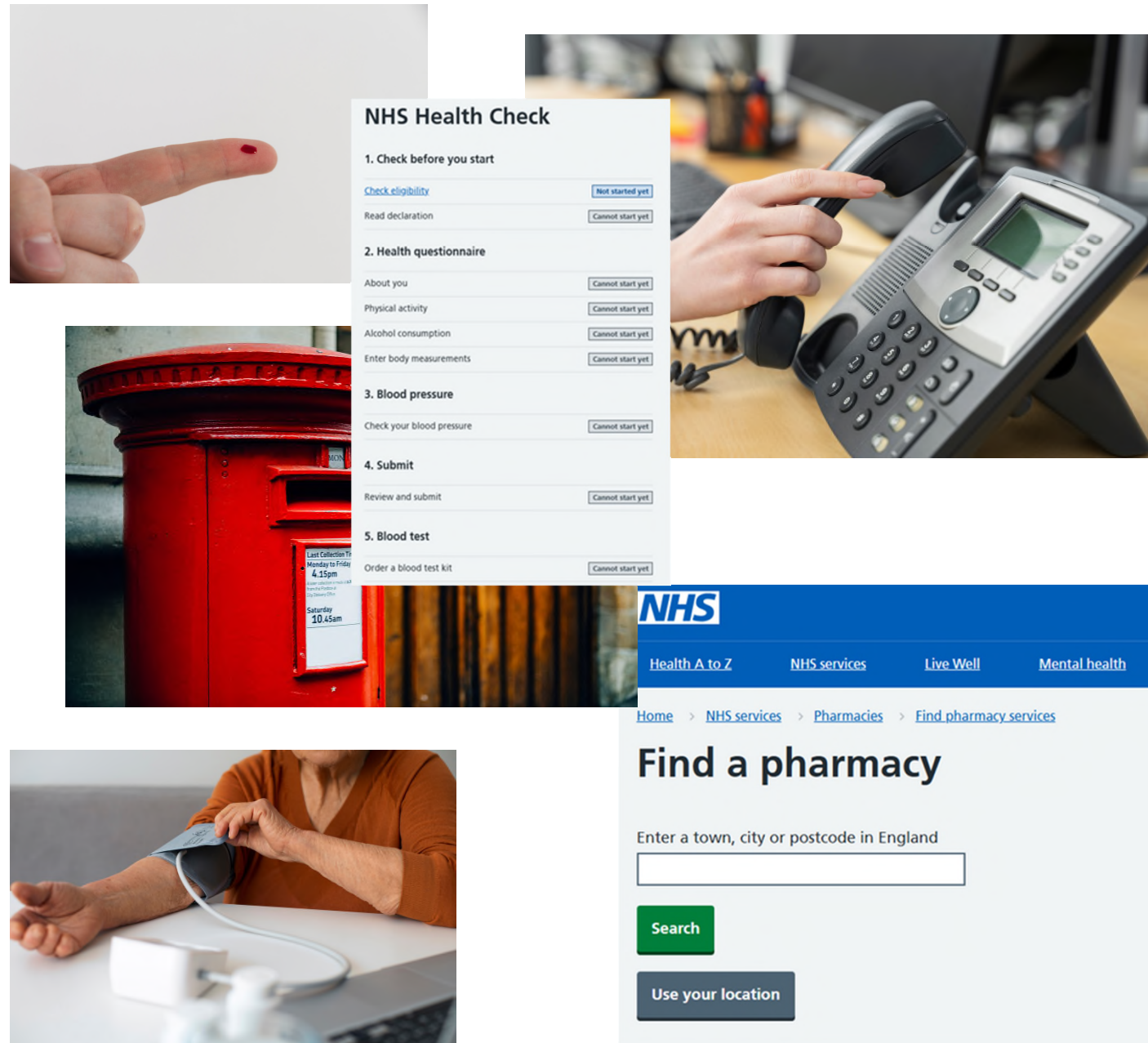
- Differing interpretations across programme stakeholders and over time
- “*Widening reach*”, “*increasing accessibility*”, “*addressing health inequities*”, “*freeing up resources*” – all have different implications for design
- Political framings of a digital offer as “*increasing access to the health check*” risk distracting from questions such as:
  - Are the online and in-person health check fundamentally different services?
  - If so, what is the purpose or value of each?
  - Who, then, are the imagined users of the online check and what does this mean for design?



# Concepts of difference in technology design

- Purposeful efforts to engage diverse users in technology design
  - Pop up and in-person research at public libraries; smoking services; health centres
  - Targeted recruitment of minoritised groups in citizen research panels
  - Cohort-based user testing (e.g. smokers, people with mental health conditions, trans people, long-term health conditions or at high risk of diabetes)
- Logic of demographic *representation*; traditional methods in user research and design (e.g. usability testing) less focused on surfacing social and material circumstances that *make* people and use-situations ‘*diverse*’
- Tensions between equity-focused design vs. fast-moving targets and agile working structures...

# Designing a technology or a *technology-supported service*?



- Strong emphasis on interface design and usability
- More infrastructure-focused design practices hindered by fractured responsibilities in development of service (e.g. interface design vs blood testing pathway)
- Ongoing need to conceptualise and involve patients and NHS providers as *service* codesigners rather than ‘technology users’ or ‘implementers’

# Lessons for large technology programmes in healthcare

- Technology programmes should be understood as new technology-supported services that offer different kinds of care rather than simply the ‘digitisation’ of an existing service
- Purposeful and equity-informed design practices, focused on specific users and their needs, require carefully defined programme aims: *What problem is the technology-supported service trying to solve for whom?*
- Developing a good technology-supported service is a sociotechnical, rather than purely technical, endeavour. Involves many different actors (patients, carers, NHS staff etc), and their specific contexts, interests, resources.
- We need innovation in design methods and collaborative ways of working to enable iterative, situated design done ‘by many hands’ in formal and informal ways.

# Thank you for listening

With acknowledgements to co-authors: Lizzie Coates<sup>3</sup>, Jack Burton<sup>3</sup>, Karl Olsen<sup>3</sup>, Chris Sisk<sup>3</sup>, Nikki Newhouse<sup>1</sup>, Zuzanna Marciniak-Nuqui<sup>2</sup>, Sonja Marjanovic<sup>2</sup>, Sara Shaw<sup>1</sup>, Chrysanthi Papoutsis<sup>1</sup>

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<sup>2</sup>RAND Europe

<sup>3</sup>Kainos

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