

Understanding eHealth Research Innovation at Scale to support Policy & Practice: The Living It Up Project

Ruth Ngozi Agbakoba¹, Marilyn McGee-Lennon², Matt-Mouley Bouamrane², Nick Watson¹, Frances S Mair¹

¹ Institute of Health and Wellbeing, University of Glasgow, Scotland, United Kingdom

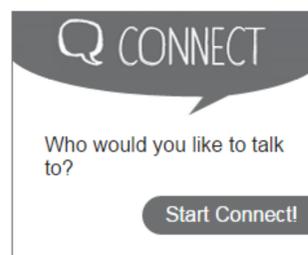
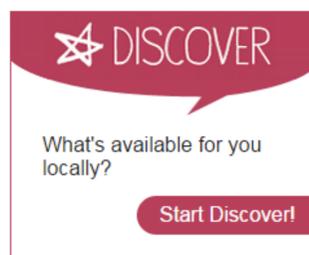
² Department of Computing and Information Science, University of Strathclyde, Scotland, United Kingdom



THE PROBLEM

The need for person-centred care is required now more than ever before. Poorly coordinated services between health and social care provision means that people are in danger of falling between the cracks. This problem has led to an increased demand on services to cater for an ageing population with complex needs. Living It Up www.livingitup.org.uk is an innovative digital platform and self-management hub which aims to empower people to improve their health and wellbeing (2012-2015).

THE SOLUTION: STATE-OF-THE-ART DIGITAL SELF-MANAGEMENT MULTI-PLATFORM HUB



RESEARCH AIM

Examine the factors that positively or negatively impacted the implementation of LiU into users everyday or working lives. [MID-POINT FINDINGS]

METHODS

N=16 Observation Sessions, N=28 Interviews, N=45 Documents
Identification of Themes (Ritchie & Spencer., 1994) Framework
Mapped to the Normalisation Process Theory (May & Finch., 2009)
and used as underpinning conceptual framework for study.

RESULTS: IMPLEMENTATION BARRIERS

- ❑ **Organisational & Social Factors**
 - ❑ Effective communication difficult to achieve
 - ❑ Challenging within a multi-stakeholder environment
- ❑ **Myopic viewpoint heavily focused on target numbers**
 - ❑ Difficulty to operate within 'target-driven' environment
 - ❑ Immediate psychological barrier for people on ground
- ❑ **Resource Limitations**
 - ❑ Restricted autonomy over financial budget on ground
 - ❑ Insufficient manpower in initial to mid-point stages
- ❑ **Technical Problems**
 - ❑ Underdeveloped IT infrastructure affects 'readiness'
 - ❑ Work-side barriers to use of system in NHS workflow
- ❑ **Problems of capturing information to demonstrate benefits of the programme.**
 - ❑ Overly ambitious goals
 - ❑ Numbers recruited alone not only indicator of success

"Key lesson would be on the targets... I think those have possibly distorted and distracted people from more meaningful development" PM 5

"Barriers; as I say just the reluctance from other clinicians just to each and anything that's new and that might involve more work." Clinician 1

RESULTS: IMPLEMENTATION FACILITATORS

- ❑ **Service designed by the public for the public**
 - ❑ Users input into iterative co-design and development
 - ❑ LiU ensures that people remain at heart of service re-design
- ❑ **Traditional and innovative tools to engage and recruit**
 - ❑ Use of innovative methods of engagement
 - ❑ Use of widespread Community Champions in all regions
- ❑ **A move towards embedding and sustaining 'change'**
 - ❑ Integrating into statutory service – Job Centre Plus
 - ❑ Embedding into existing 'routine' NHS services
- ❑ **The use of creative tools to advertise benefits**
 - ❑ Nationwide LiU Newspaper, Radio and TV adverts
 - ❑ User 'case studies' additionally helping to generate momentum

IMPLICATIONS FOR FUTURE POLICY

- ▶ Need to ensure a coherent and collective interpretation of how national policy can be implemented locally on the ground given differing contexts
- ▶ Need to take greater account of barriers when time-lining and costing eHealth initiatives in order to increase chances of successful deployment and normalisation

REFERENCES

1. McGee-Lennon M, Bouamrane M, Barry S, Grieve E, Latina D, Watson N et al. Evaluating the Delivering Assisted Living Lifestyles at Scale (dallas). HCI 2012. Proceedings of the 26th Annual BCS Conference on Human Computer Interaction; 2012 Sept 12-14; Birmingham, UK. <http://ewic.bcs.org/content/ConWebDoc/48790>
2. May C, Mair F, Finch T, et al. Development of a theory of implementation and integration: normalization process theory. Implement Sci 2009; 4: 29.

CONTACT

@RuthAgbakoba

Ruth Ngozi Agbakoba

