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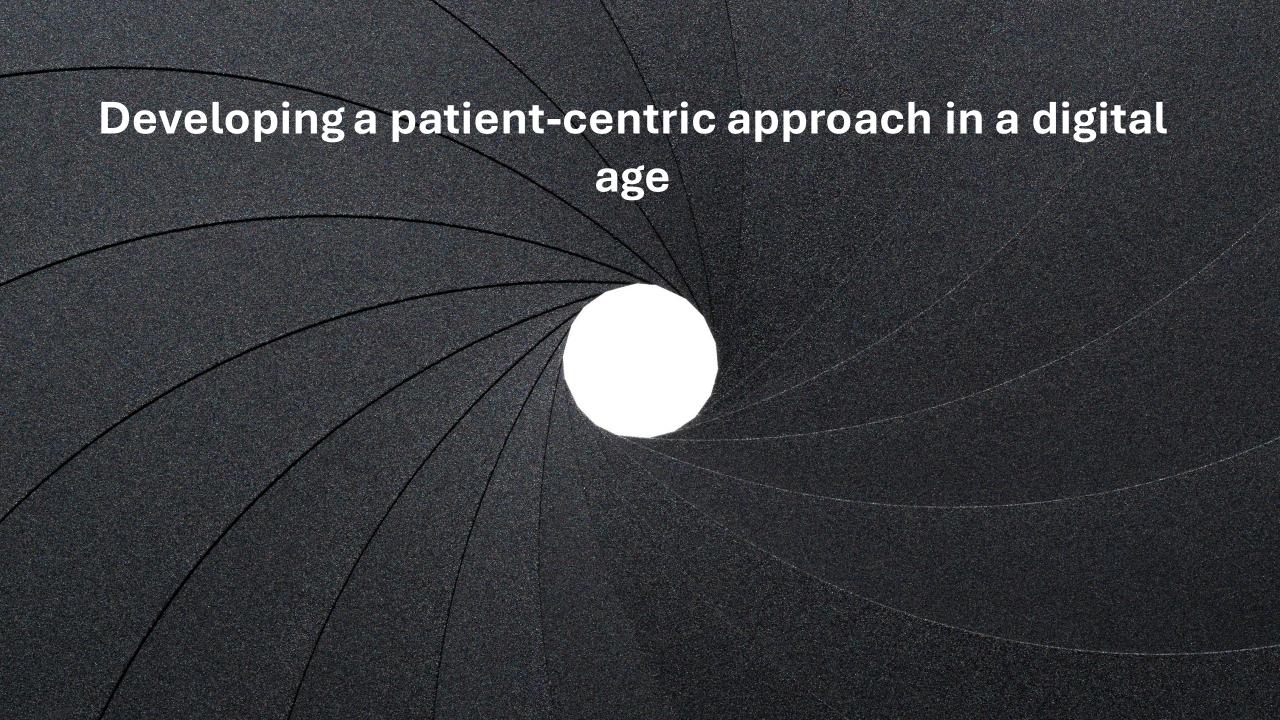
Ben Jeeves

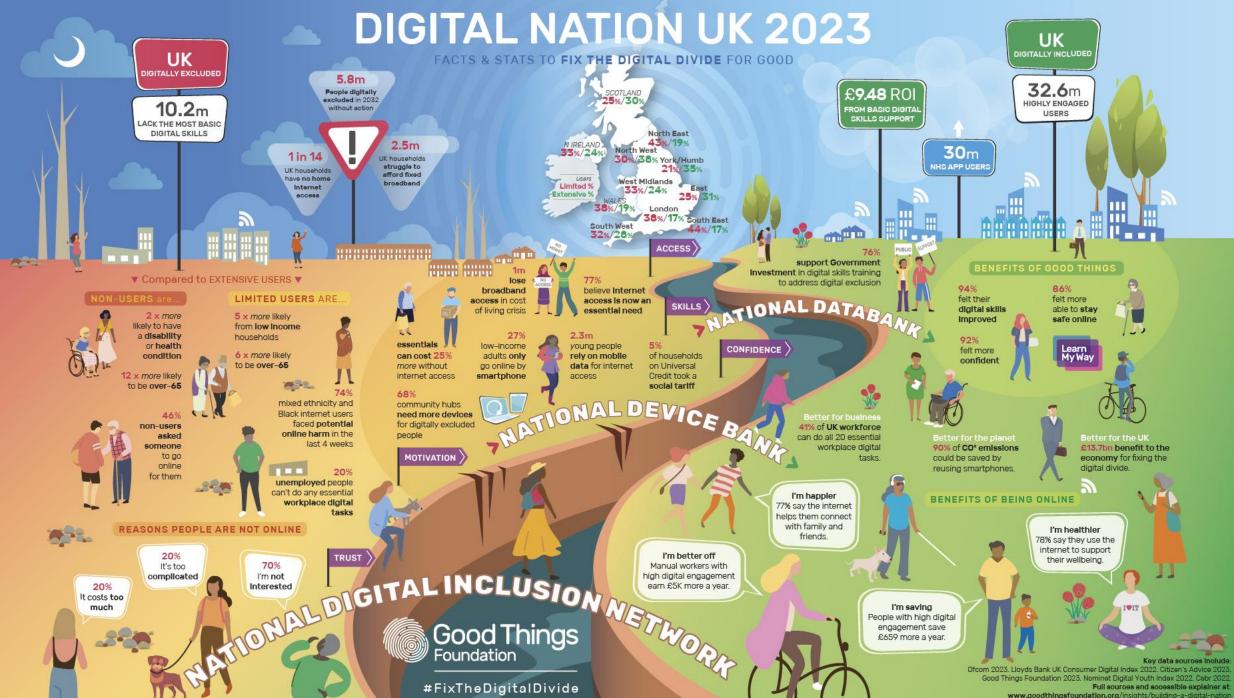
Associate Chief Clinical Information Officer & Clinical Safety Officer

Midlands Partnership University NHS FT









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Why do we need a user-centric approach?

In England <u>27 per cent (14 million) people have the lowest digital capability.</u> This means they don't have regular access to a device or the skills and confidence to turn on a device, use an app, log in and/or enter information on a digital device by themselves. Furthermore, <u>about 30 per cent of people who are offline (ie, no online access or use) find the NHS to be one of the most difficult organisations to interact with.</u> This matches what we heard from the <u>people we spoke with</u>. People told us time and again that access to devices and the associated costs were limiting factors for accessing services digitally alongside familiarity and confidence.

The company's EHRs (Electronic Health Records) were criticized for being difficult to use and causing medical errors. The technical challenges here could include user interface design, data input and retrieval processes, and interoperability with other systems.

Some sources report 70% failure rates. Other studies show that as few as one in eight information technology projects is considered truly successful, with more than half overshooting budgets and timetables and still not delivering what was promised.

User centered design goes beyond solutions



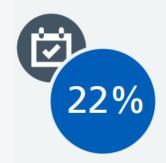
felt more confident in using online health information



feel less lonely or isolated



have had less visits to their GP for minor ailments



have progressed to booking GP appointments online and 20% to ordering prescriptions online



have saved time through carrying out health transactions online



This evaluation estimates a return on investment of £6.40 for every £1.00 spent by the NHS on digital inclusion support.

User centered design is fundamental across all aspects of digital

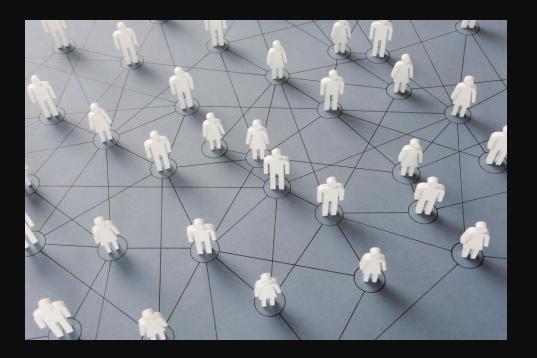
Return on investment of £6.40 for every £1.00 spent by the NHS on digital inclusion support.

DIGITAL INCLUSION AND EQUALITIES Provision of equipment to service users and accessible systems **DIGITAL ACCESS WHERE CAPTURE PREFERRED** REQUIRED COMMUNICATION **AND PROTECTED UNDERSTANDING DIGITAL CHARACTERISTICS CAPABILITY OF SERVICE PREFERENCES USERS AND STAFF DIGITAL ACCESS FOR** PROVISION OF LOAN **SERVICE USERS FROM EQUIPMENT TRUST PREMISES**

Digital Inclusion



Engagement



MEASURES FOR SUCCESS

Digitally enabled care DIGITAL VISION PHASE thways are

pathways are in place that are inclusive across

Our ICSs have consolidated, interconnected digital inclusion, social prescribing and equality platforms in place

all care settings

INNOVATION PHASE

Our preferencing processes result in tailored offers and increased uptake and outcomes for our service users

Our service users have bookable booths for digital access across key MPFT sites and clear sign-posting to community offers for digital access

Our service user equipment loan process is available and fully supported

PROCESS PHASE

Our service users have accessible remote consultation platforms that are not available on tablet/laptop/smartphone access if required

Our guides and digital content are provided in a number of formats including easy read and multi-language

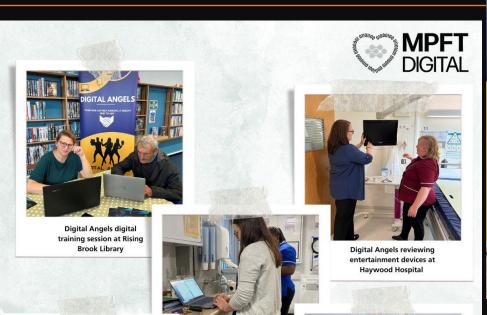
Our service user onboarding processes capture consent, preferences, digital competency and digital access and this is reported

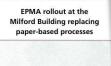
Our reporting processes evidence uptake and review of protected characteristics including updates for gender identity FOUNDATION PHASE

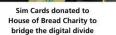
Our service users and staff have increased accessibility functionality for use of digital video consultations and wider digital platforms

Our service users have entertainment and family contact systems available

Community Sessions

















Limitations & Challenges

- limit art of the possible?
- Is it transformational enough?
- How to achieve user centred design for "many"
- A component or a panacea?





Steve Jobs

"You've got to start with the customer experience and work back toward the technology — not the other way around."

