**Topic Guide for HTDS Lab Research at The Talking Shop Salford on 7 August 2019**

**Testing on Prototype Version 8**

**Research priorities:-**

This session has been set up specifically to research LCWRA curtailment scenarios using an updated prototype.

The assessment reports produced in the lab will subsequently be tested with DWP Decision Makers (DMs) to see whether they are sufficiently robust for them to make a decision on LCWRA.

We have worked with CHDA HCPs to co-design a couple of scenarios (one physical and one mental health) that we believe will maximise the possibility of the HCPs curtailing the assessments on the day.

Participants have been drawn from the CHDA Manchester Assessment Centre at Albert Bridge House.

The research may also give us some insights into:-

* Preview – how the HCP prepares for the assessment before the customer enters the room
* How the “parts 1 and 2” format works (or not) with HCPs who are new to HTDS
* Observations
* What’s App feature in Typical Day

(Though these are **NOT** the primary focus of the session).

**What will “good” look like?**

* **HCPs will spot the curtail link which will always be visible (based on what we have learnt in earlier research)**
* **We shall learn whether HCPs expect to access the curtail link from the page they are currently on**
* **HCPs will understand the word “curtail” and, if not, will present us with more meaningful alternatives**
* **HCPs will understand the distinction between “abandon” and “curtail”**
* **We will confirm that HCPs routinely complete a mental health assessment when curtailing on a mental health descriptor before completing the curtailment justification**
* **Should a physical assessment be required, we shall learn whether or not HCPs expect to complete this before completing the curtailment justification**
* **We will know whether HCPs expect to be able to retrieve data from Condition History and Typical Day etc when completing their curtailment justification**
* **We will know whether HCPs expect to be able to re-visit earlier parts of the recorded assessment, eg mental health answers, once they have actually curtailed**
* **DMs will be able to review the outputs and make robust curtailment decisions that will pass any subsequent audit checks**

**Hypotheses we are testing:-**

**Progression through a curtailed assessment**

We believe that where HCPs are opting to curtail on a physical functional descriptor then they will not also complete a mental health assessment. Vice-versa where they are curtailing on a mental health functional descriptor.

Based on user research to date we believe that in the mental health scenario, HCPs will complete the mental health assessment before completing the curtailment justification and that the structure of the prototype will allow them to do so.

**Experiment:** UR will role play scenario for “starting and finishing tasks” that should prompt curtailment so that we can observe how HCP deals with this.

**Report content**

We think the bare minimum of information a report must contain is whatever's been captured up to the point of curtailment. So if we output everything captured in the report, we'll see that DMs will: 1) make a robust decision; 2) do it quickly; 3) consider everything in the report to be relevant.

**Experiment:** Ask HCPs to capture evidence as they would in an actual assessment. Print off reports and ask DM to make decisions, as they would normally. Review the reports and decisions with the DMs, and ask them which parts are essential, nice-to-have, and not relevant.

**Reusing information captured earlier in assessment**

We don't think HCPs need to refer back to earlier parts of the assessment (e.g. typical day, social and work history) when giving reasons for their LCWRA justification. So if we give them a free text area in which to write their justification, we'll see that they don't need to copy and paste information from other parts of the assessment; and that DMs can make a robust decision on the final report.

**Experiment:** In tandem with experiment 1, observe how HCPs write the justification. Do they go back to earlier parts of the assessment and copy information to paste into the justification? Do they keep hand-written notes? How then do they proceed to write the personal summary statement? Once they've completed all reports, review this process with them.

**Would you curtail during physical exam?**

We think an HCP can curtail at any point in the assessment, including the physical and mental health exams. This is because we've seen mental health exam findings in a Lima report, which was curtailed for functional LCWRA on a mental health activity. So if the curtailment button is visible on the physical and mental health exam pages we'll see that the HCP can capture all the evidence they need to justify their recommendation and that a DM can make a fast, fair and robust decision on the report.

**Experiment:** we may see physical exam for hands where fibromyalgia is the main condition – gripping activity.

**Introduction**

* Brief background and history of user research for HTDS
* Consent and confidentiality – complete consent forms
* Explain re colleagues observing and video
* Safe environment so you can be brutally honest – and that’s what we want!
* Testing the system and **NOT** them etc
* Today we shall be looking at face-to-face assessment scenarios
* Will be running a couple of mock assessments with role play and will guide them through this. Each scenario will have myself playing the customer with a third party present who has come along to help me on the day
* Advise them to approach this the way they would any other assessment, ie allowing time for preview and also to write up findings once the customer has left the room
* **Ask them NOT come out of the browser at the very end!**
* **A warning that what they see today will be somewhat different from what they are used to but we really need their honest opinion as this is the only way we can change it to meet their needs!**

**About themselves**

* Get them to talk a bit about their background, experience, views on existing systems that they use
* Gauge digital confidence – what do they do online and who do they turn to if they need help?
* How are changes to current systems communicated and what do they do if they need help?

**Exercise**

* Going to show you our most up to date prototype
* Going to ask you to conduct a face-to-face assessment. You will be given a completed UC 50 to review in preparation for the assessment, at which point I shall leave the room. You should also find corresponding details when you look around the screens available to you
* When you have completed your preparation, wave at the window and I shall re-enter the room with a colleague playing a family member
* I will role play the part of the customer whilst you conduct the assessment
* When you have completed the assessment, please ask me to leave the room and then complete any actions as you would do in a normal assessment
* I will come out of character and help you if you get stuck but I would like you to try and use the system unaided – you can’t break it!
* Want your honest opinions of what you are seeing!
* Once you have completed all your actions I will then come back into the room and ask you questions about what happened
* If there is time remaining then we may complete a second mock assessment

**Take them straight into the test case and avoid the dashboard and case list on this occasion**

**Preview assessment phase**

Ask them to complete preview phase, ie you have arrived for assessment and are waiting to be called in from the waiting room. Hand them the UC 50 for review and leave room. This bit is effectively unmoderated. Tell them to call you back when ready.

* Do they have a look around the timeline + details + evidence?
* Do they start the assessment review and choose the relevant descriptors, including any that are unclear?

When back in the room….

**Face to face assessment phase**

See if they can start the assessment (and then role play)

Things to look for in observation room and for UR to cover in de-brief after mock assessment….

* Do they comment on the list presented to them?
* Do they have a look round or go straight to medical conditions? Direct them to this if necessary and answer their questions in role play
* Do they comment on text stacking up in Typical Day?
* What do they think this is for? Do they have any clues at this stage?
* Do they use the “observations” link and do they understand the heading? (Maybe give them opportunity to use this by behaviour in assessment (eg wander over to window or something – display anxiety)
* If they reach the point of curtailment do they see and use the curtailment link on the left hand side of the screen?
* If so, how do they deal with the options presented? Do they understand the wording and drop downs?
* How do they cope with the options presented, the prognosis and the justification text? Do they try to copy and paste wording from elsewhere?
* Do they attempt to complete the physical assessment (for the functional physical scenario?)
* Does the progression work for them on the mental health scenario, ie allowing them to complete relevant bits of the mental health assessment before moving on to the curtailment justification?
* Would they have done anything differently for a curtailment on a non-functional “treat as” activity

**Post-assessment phase**

* How much of the write up do they actually leave until the customer has left the room?
* Did the progression of the prototype mean that they kept the customer in the room longer than they would normally do in a real curtailment situation?

**General thoughts on what they have seen (if not already covered):-**

* “Look and feel??”
* Navigation
* Language and content?
* Free text boxes?
* Overall thoughts?