**Topic Guide for HTDS User Research at Tresco House, London on Monday 16 September 2019**

**Testing on curtailment prototype v 0.5**

**Background**

This session has been set up specifically to research revised journeys for LCWRA curtailment scenarios following previous sessions in Salford on 7 August and Five Ways on 21 August 2019.

Today’s participants have been drawn from the DWP Assessment Centre in Tresco House, Marylebone and are generally fairly experienced Health Care Professionals (HCPs).

All of the participants will have some familiarity with the HTDS system being used in Private Beta.

**What will “good” look like?**

* **HCPs will understand that replying “no” to the guard question will take them down the standard assessment route**
* **HCPs will understand the requirement to reference consultation with another practitioner in certain cases**
* **HCPs will then successfully navigate the curtailment flow through to the report**
* **HCPs will understand the word “curtail” and, if not, will present us with more meaningful alternatives**
* **HCPs will tag statements without prompting**
* **HCPs will spot the surfaced tagged statements (or hit the hyperlink) and use them as an aide memoire to help them complete their justification for LCWRA**
* **We will see that using tagged statements can help HCPs complete the justification for the chosen descriptor**
* **HCPs will complete PSS without confusion and without unnecessary duplication**

**Introduction**

* Brief background and history of user research for HTDS
* Consent and confidentiality – complete consent forms
* 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 showing them certain features on a new prototype and seeking their opinions

**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?

**Preamble**

* Explain that we are looking at a particular face to face assessment scenario from the point where they are ready to make a recommendation, having completed all relevant sections to date (they should be familiar with these from the assessments they have already conducted on HTDS)
* Let them peruse the UC 50 for Michael Morris/David Lowe alongside the text that has already been input in the 4 boxes
* When they are ready, ask them what they think of the scenario as it stands. What will be their next steps? Ask them to “think out loud” from this point on (if they wish us to role play for any reason then we can do so but this may not be necessary)
* As far as possible let them navigate their way through without guidance – can they do so? Explain that they can do anything they would normally do at this stage, eg pen and paper etc

**Exercise**

* How do they react to the new “guard question” re LCWRA?
* Does introducing the LCWRA question result in any hesitation?
* Do they instinctively know to select ‘No’ on this page to go down the full assessment flow?
* Do they comment on “name of practitioner if consulted”? Would they expect to see this?
* Would HCP know to call in another HCP for consultation without prompting and whilst the claimant is still in the room?
* At what point in the assessment would they get approval from another practitioner?
* Does the HCP leave the room when seeking approval? ‘Name of practitioner if consulted’ field - Do less experienced HCPs know that they would need to complete this field?
* Is “practitioner” the correct terminology? What terminology could be used instead?
* Does the use of the word ‘curtail’ at this stage of the journey cause any confusion?
* Do they comment on the list of functional descriptors that is revealed? If so, what do they say?
* Do they choose mobilising/starting and finishing tasks (as appropriate)?
* Any immediate comments when the “taggable” statements are revealed?
* Do they spontaneously tick relevant boxes and do they guess at what these might be for?

Hypothesis Statement (Tagging Step 2 of 2)

We have observed confusion from HCPs when they reach the ‘justification’ statement step of scoring activities, we believe that by making the labelling of the text field clearer and surfacing the tagged statements relative to the activity alongside the text field we will make this task easier for the HCP, we expect this change to result in reduced confusion for HCPs and the content entered in the text field should be unique and not a direct copy and paste from the relevant statements.

* When they move on to the justification page, how do they react?
* If we see any confusion when reaching this page, why is this?
* What are the HCPs assumptions as to the purpose of this page?
* Would they expect ‘tagged statements’ selected on the previous page to be displayed on this page?
* Do they notice/use/comment on the surfaced tagged statements/the hyperlink to “relevant statements?” Do they find these useful?
* What do they put in their justification? Do they repeat the tagged statements or attempt to cut and paste?
* Do they attempt to put anything in the observations link? (Again may need to explain that we’re not actually testing that feature today)
* Do they hit “save and continue” to move on to the prognosis page? Ask them to explain the rationale behind their choice of review period
* How do they approach the PSS after completing the previous justification? Do they look for ways of cutting and pasting? Do they start entering similar text to that used earlier and do they comment on this? Any confusion between justification text and PSS?
* When they come to the report, ask them to peruse it for a while and then ask what they think about both the content and layout. Is the curtailment recommendation prominent enough? Are things in the right order, if not, how so?
* Any overall comments about what they have seen?
* Did they understand the word “curtail”? If not, what would they expect instead?
* Has curtailment raised its head in any of the real assessments that they have done to date? If so, in what way?

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

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

**Miscellaneous**

If there is time remaining we shall try and gauge HCP views on the following:-

* User needs around having timer functionality within the assessment tool
* ‘Step 1’ & ‘Step 2’ vs single tasklist for the assessment
* ‘Special circumstances’ or ‘Exceptional circumstances’ – Which is the correct wording for ‘Treat As’ in the curtail journey