



Case Study

Starting a national conversation about EPR usability

Background

As part of a programme of assessments to support its What Good Looks Like framework, NHS England asked Ethical Healthcare to create a new nationwide, user-led survey that measured and compared how well electronic patient record (EPR) systems supported frontline clinicians.

During 2021-22, we worked with the global research company KLAS Research to design, develop and run the first ever NHS Supported People EPR Usability Survey across all acute, community, mental health and ambulance settings in England.

The results have challenged assumptions about what makes an EPR effective, identified critical areas for improvement and helped to create a national conversation about the importance of usability and user-generated feedback.

The Need

Understanding the user experience is essential for designing and implementing effective software solutions, yet until recently there had been a dearth of national studies measuring how well NHS clinical platforms work for the frontline professionals who use them.

This changed in 2021/22 as NHS England engaged Ethical Healthcare to support the development of its assessment programme for What Good Looks Like – it wanted to combine more traditional measures of digital maturity (including functionality, infrastructure etc) with a new focus on clinical usability and experience.

Forming a central part of this new measurement approach, Ethical Healthcare worked with KLAS Research to develop a new NHS Supported People EPR Usability Survey, which was designed to answer the following needs:

- To capture the experience of clinicians using EPR systems on a national scale – including views on functionality, configuration and the wider training and support offer – to guide national policy and shape discussions with suppliers.
- To give individual NHS organisations bespoke data and feedback to assess their own EPR systems, helping them to identify areas for improvement while also gaining access to relevant support and best practice.
- To provide the ability, via the KLAS Arch Collaborative programme, to benchmark NHS organisations against other health organisations nationally and internationally, opening up opportunities for collaboration and peer support.
- To create greater awareness of the value of user-led research as a way of shaping IT development within the NHS, by starting a national conversation about the findings and their implications for future investment strategies.

The Solution



Ethical Healthcare worked in partnership with KLAS Research and the NHS England Transformation Directorate on all aspects of the design and delivery of the survey, as well as supporting the analysis and dissemination of the key findings.



Delivering expert-led design

The survey needed to reflect the language and priorities of the NHS workforce while remaining consistent enough with other generic KLAS studies to allow international comparability. Our consultants ran a series of workshops with clinicians and NHS technology leaders to ensure the questionnaire was skilfully adapted for the NHS environment.



Engaging the NHS leadership community

Extensive pre-launch engagement of senior staff across all NHS organisations helped to explain the rationale for the research and achieve early buy-in. Ethical Healthcare developed messaging and collaterals to enable the NHS England team to engage with confidence through all available channels and networks.



Helping NHS organisations to engage their staff

Ethical Healthcare developed and tested a suite of communications resources for Trusts to use to promote the survey. These incorporated best practice from other NHS organisations that had previously ran the KLAS survey, and included social media collaterals, posters and display adverts, sample copy for internal bulletins and newsletters, and a full Q&A. This communications toolkit was distributed through NHS England's regional channels and networks.



Securing wider advocacy and external partnerships

We also developed a national advocacy campaign, working with the Royal Colleges, the Digital Academy, WeNurses and the Digital Health Network to raise awareness of the research and encourage senior leaders to speak in support of it. This resulted in a series of blogs from leading CIOs and CCIOs, a facilitated web chat on EPR usability, and vox pops from clinical voices, all of which were shared via social media.



Analysing and disseminating the results

Our consultants supported KLAS Research in designing bespoke dashboards for each individual Trust, breaking down their usability scores into a series of actionable insights. We developed an executive summary document to communicate the high-level findings and participated in a programme of workshops to help individual Trusts to understand and work through the implications of their results.



The Impact



More than **10,000** clinicians across the country participated in the survey, making it the **largest clinical user research study ever undertaken in the NHS**. As well as providing a robust baseline to track in future years, the results yielded several important insights that are now helping to change the conversation around EPR design and development.



Key insight 1: Implementation is more important than functionality

The results mirrored the findings in other KLAS surveys, showing that around two-thirds of the user experience was determined by the way a system was implemented, whereas only a third of the score was associated with people's perceptions of the functionality of the system itself.



Key insight 2: Shared ownership of IT development is key

The research showed that end users need to feel a partnership with their IT departments who support the EPR, and the EPR supplier whose technology they are using. Clinicians who strongly disagreed that their organisation or IT leadership team delivers well were about 85 times more likely to be dissatisfied overall, underlining the need for improved governance and clinical engagement.



Key insight 3: Infrastructure and integration are holding the NHS back

The results suggested that wi-fi, hardware and service desk capability all needed to be improved in the majority of Trusts. Only 36% of clinicians said that their EPR has fast system response times, for example, and only half (50%) said they received timely EPR support from a technical team.



Key insight 4: A lack of training and personalisation is damaging the user experience

Even among top five performing NHS organisations in this phase, satisfaction with the training offer lagged behind international averages. Particular attention should be paid to training on the personalisation available within each EPR to help tailor the clinician's experience of their system and hence improve overall efficiency.

As well as giving NHS technology leaders a robust evidence base upon which to develop their future investment plans, the survey has also enabled NHS England to engage constructively with suppliers on areas of unmet need – including through in-depth workshops run in conjunction with techUK.

Similarly, Ethical Healthcare's consultants have used the research widely in our work with individual Trusts and through reflective blogs and articles (see below).

As a measure of the appetite and interest generated in this research, we are now running a similar national-scale usability study focusing on clinical digital systems across Wales, and a bespoke EHR usability survey for Dorset Healthcare.

Feedback



The national EPR Usability Survey now gives us a way of actually measuring how well clinical IT systems support the people who use them. Ethical Healthcare's understanding of the NHS landscape helped us to design and deliver a piece of research that really worked for the NHS. The results are already informing fundamental questions for technology suppliers, policy-makers and digital leaders alike on how best to make EPRs work.



Anna Hawksley, former Assistant Director of Programmes – Frontline Digitisation, NHS England



What I particularly like is that this is the NHS helping itself, creating an environment where we can share good practice and build with confidence on our own experiences and those of others.



Rachel Duncombe, Chief Executive of the NHS Digital Academy and former Chief Information Officer at Salford Royal NHS Foundation Trust



Every CIO and CCIO should want to know their staff are using the best system and that it's been deployed well. Here's the opportunity to understand this.



Darren McKenna, Director of Informatics, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Get in touch



For advice and support on how to interpret and act on the findings of the national EPR usability research – or to develop and run your own bespoke usability survey – please contact Thomas Webb, Chief Executive Officer of Ethical Healthcare:
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Further information



Here is a selection of blogs, articles and thought pieces written to support the national EPR usability survey:

[EPR Usability: why implementation is more important than functionality – Thomas Webb, CEO, Ethical Healthcare](#)

[Our National Supported People Usability Survey – a joint blog from NHSE's Dermot Ryan and the NHS Digital Academy CEO Rachel Duncombe](#)

[Electronic patient records: just eight minutes could make a difference – Professor Joe McDonald, Ethical Healthcare](#)

[The Great Big EPR Usability Survey: Mental Health Usability – Darren McKenna, Director of Informatics, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](#)

[Joe's view: Finally – Comparing software – Professor Joe McDonald, Ethical Healthcare](#)