Reviewer’s report

Title: An organizational analysis of the implementation of telecare and telehealth: The Whole Systems Demonstrator

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Reviewer: Carl May

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An organizational analysis of the implementation of telecare and telehealth: The Whole Systems Demonstrator Jane Hendy et al.

This is an interesting paper that seeks to explore and explain important organizational aspects of the operationalization of the Whole System Demonstrator project, and to explore problems of integrating large clinical trials with practice. This is potentially a very important paper and for this reason I have been slightly more critical with my comments than I might have been with a less interesting and significant study.

The first problem is about how the study is contextualized. The question of what ‘whole systems’ actually are, and how modifications to them should be conceptualized, is fundamental to this paper but is not discussed. Some sense of what implementing (i) the trial, and (ii) the telecare services (since they are not the same thing), meant to the organizations involved, and what it actually required of them is needed here. Reference to and discussion of Trisha Greenhalgh’s work on implementing large scale informatics programmes would be useful here, since she has explored this problem in depth [1, 2]. The casual reader might be forgiven for believing that the problems of translation and transition of telemedicine and telecare systems from clinical trials to normalized service provision in telecare have not previously been considered or researched. In this context, work from our research programme on exactly this topic may be useful to you since we have previously written about this in some detail [3-5]. It’s not clear to me either that ‘very little implementation management research has been to look at the mechanisms through which change can be achieved’. Work by Webster, Nicolini, Greenhalgh, May, Lehoux, and other STS researchers on telemedicine/telecare is important here, and surely there is a huge body of Management literature on this topic?

So, I think that much more work needs to be done to contextualize this paper in relation to previous research, and also to explain what the paper is really about. The idea of the ‘Whole System Demonstrator’ is founded on a set of political assumptions not just about how telemedicine/telecare work and what they do, but also why they are important, and what would need to happen in NHS organizations to make them possible. The second problem is that the findings presented here are largely descriptive, and are framed without any kind of
over-arching conceptual framework. This speaks to the problem of contextualization that I have outlined above. While the analysis may have drawn on ‘innovation theory’ this is nowhere identified. Later there is reference to Weiner’s theory of organizational readiness but it is not clear how influenced analysis. All this means that the paper can never go to the next level of explanation.

Compulsory revisions.

1. The paper needs to be oriented to previous scholarship on (a) implementation of complex informatics systems in healthcare settings, (b) making the transition from clinical trials to normalized services, and (c) the wider literature on socio-technical change in complex organizational settings.

2. ‘Innovation Theory’ needs to be identified, and properly referenced. The conceptual framework that informed analysis of data and interpretation of findings needs to be made clear.

3. Quotes from participants in the study are obviously anonymized, but at the moment we know nothing about most of the speakers. Were they managers, clinicians, patients, or technical experts? Each item of qualitative data needs to make clear at least the type of speaker involved. For example, the significance of quote on P7, in which a respondent talks about the damage that being involved in the trial did to services is affected by where they are in the scheme of things. It may be more significant (and have important implications from translation) if it is a senior manager that is speaking. Once again, this is an issue of contextualization – on this occasion in relation to the data.

4. The sections on implementation challenges and on organizational learning look to me to be in the wrong place. Surely they should follow the section on ‘whole system redesign’ since that section makes clear that the problem that users faced was not redesign but integration. Our recent national study of telehealth and telecare in normalized practice focused on this problem [6].

5. The implications of this paper for interpretation of the results of the trial itself are highly significant. Knowing what we know from this qualitative study about the complexities of integration and operationalization, and the fact that enrolment in the trial meant that real problems of delivery were not solved, how should we interpret the trial? A clear statement about this would be useful. (Incidentally, I was surprised that neither the recent BMJ paper reporting preliminary results of the WSD, nor Sanders et al’s paper on non-participants in the WSD are referenced in this paper. They probably ought to be so that readers can begin to integrate the results.)


Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests