Many countries are developing electronic health services for citizens to encourage them to take more responsibility for their own health and illness management[1,2]. This trend concerns especially ageing people, since the majority of primary care visits are made by people over 65 years of age (82% of visits in Finland in 2006). The development may increase access to services for some, but decrease it for many others. There is insufficient evidence to make recommendations regarding ways to improve access to primary care. In the future, it is regarded important that, as new initiatives are planned, well-designed evaluations are commissioned simultaneously[3]. Ex ante - ex post design is a feasible option offering baseline data also for the developers to set measurable goals and to steer the development. Much of the baseline data is generated in normal care processes and recorded in registers[4]. However, there is a lack of commonly agreed indicators to measure the impacts from the point of view of different client and other stakeholder groups. **Methods** An action research study was conducted in a context of an eService development project in Finland that is part of a national self-care development programme, financed by the Ministry. One of the programme tasks is to develop common indicators to evaluate the impacts of eServices. The study questions were: what kind of information is and should be collect on users and contexts of use in the course of eService development? How can the projects use the information to improve the development process and outcomes? A literature search was conducted on suggested methods and indicators to be used in eHealth development projects. Data on actual methods and indicators used in the eService project was collected from project documents and interviews. Literature and project data were analysed with a unified conceptual framework in order to make the data comparable. The results of the comparison were presented for the project as an intervention. The project group handled the differences and took measures to alleviate them. **Results and discussion** The project plan and literature views coincided, but the project work did not proceed according to the plan. The project collected baseline data about the service processes, but not about the service users or contexts of use. No register data was used as baseline data. The project group started to collect the missing baseline data after the study intervention. The data provided a basis for the ex post evaluation, but came too late to steer the development. The results of the study were used to generate a first hypothesis of an informed development practice for eHealth services. The results also offer a basis for structuring a set of indicators to be used in construction and evaluation of impacts of electronic services from different stakeholders viewpoints[1,4], with due emphasis on the viewpoint of ageing citizens - the biggest service user group.

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