

# Digital Health: Developing health professionals' capacity to support patients



# Sheffield City Region Perfect Patient Pathway Test Bed

## Evaluating the Digital Health Workshops

June 2018

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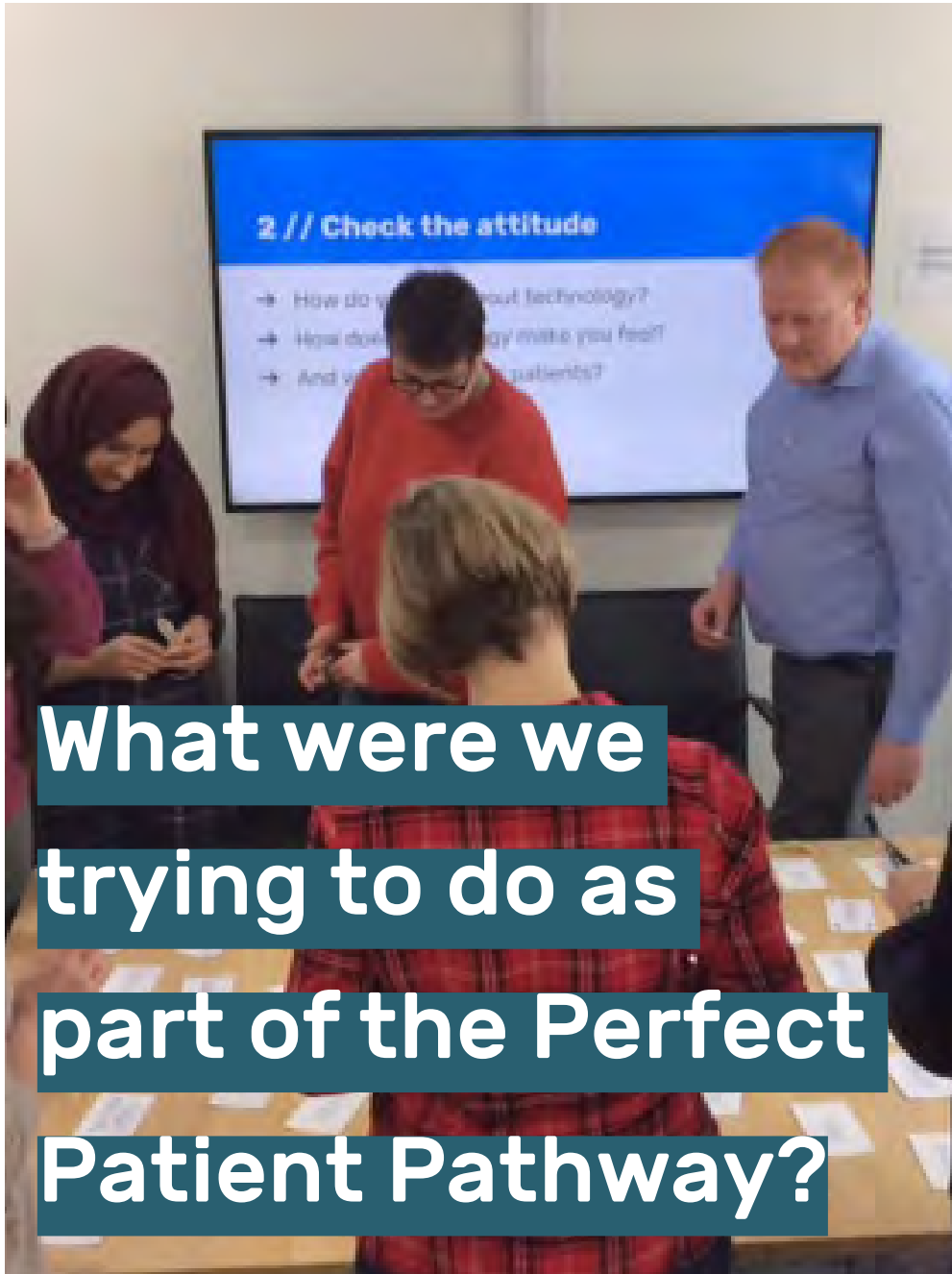
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# Introduction



As part of the Sheffield City Region Perfect Patient Pathway Test Bed, Good Things Foundation was commissioned to investigate and pilot the training needs of health professionals to run alongside the introduction of particular health technologies for patients.

Good Things Foundation is a social change charity, helping people use digital to lead happier and healthier lives. Good Things works with the Online Centres Network of over 5,000 community-based organisations across the country to design and deliver programmes that address social challenges, from unemployment and poverty to poor health and wellbeing, using digital.



Our focus was to pilot the training of health professionals to become Digital Health Champions. Digital Champions already deliver informal digital skills training across the Online Centres Network and beyond. The new, specialised role of Digital Health Champion would focus on encouraging and supporting people to use digital health resources alongside clinical interventions, as a fully integrated part of the patient pathway.

More specifically, we were trying to answer the following question:

**How can we develop health professionals' capacity to improve digital health skills for people living with long-term conditions?**

This was based on the following hypothesis:



It was assumed that this would ultimately support patients to manage their long term conditions better.

### **We set about creating a small scale pilot to:**

- Understand:
  - health professionals' motivations and barriers when it comes to digital health and how that has an impact on their interactions with patients
  - the training needs and preferences of health professionals.
- Design, test and iterate the delivery of digital training to address this understanding.
- Assess any resulting behaviour change in relation to digital health with both colleagues and patients.



## Why is this important?

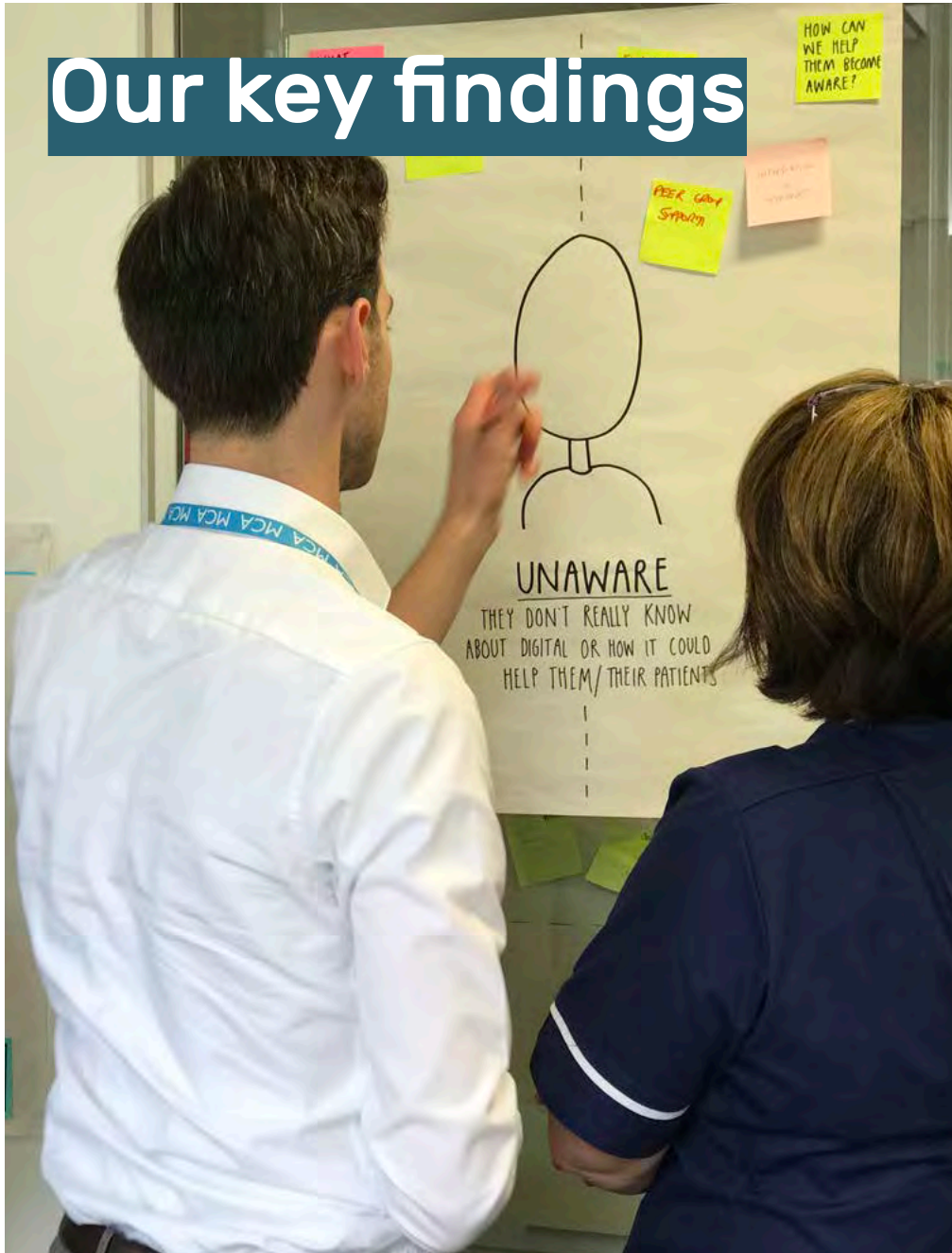


The NHS Widening Digital Participation programme has shown that there are tangible benefits for patients and the NHS of engaging effectively with digital health tools and resources. What's less clear, however, is the role of health professionals in supporting themselves and patients to adopt digital health technology for the management of long term conditions.

Health is complicated and the way that people relate to their own health is complicated. Through running the NHS Widening Digital Participation programme, we have found that there are lots of things which prevent people from engaging with information about their health. You cannot simply provide health information on the internet. In many cases you also have to create the conditions in which someone will use that information. To do this, you need to be mindful of the complex lives of your service users, whether they are staff or patients. With this in mind, it's hard to create good models of support that suit all types of NHS staff.



# Our key findings



We have now conducted our pilot, including the research phase, the development of a resources toolkit and the delivery of training, which took the format of a series of workshops, and understanding subsequent behaviour change.

## The headlines:

### *Learning*

- 1)** There is a lack of confidence and willingness to engage amongst health professionals when it comes to their own digital skills in the workplace, let alone supporting others to engage with digital technology for health.
- 2)** To promote adoption by as many members of staff as possible, digital health training must be recognised at and promoted by all levels of the NHS hierarchy and should be incorporated into practitioners' CPD.
- 3)** Peer support amongst colleagues at all levels is key to raising awareness of digital health before it can be translated into conversations with patients.
- 4)** To engage health professionals in digital health, the benefits to patients must be clearly communicated when promoting any related training.



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## Approach

- 5) Allowing time to iterate the delivery of the training throughout this pilot enabled us to make changes that had a positive effect on health professionals' subsequent behaviour change.
- 6) It is crucial to acknowledge the concerns of staff who are reluctant to engage with digital and to have those people as an equal part of any training. The invitation to any digital health training should be clear that having a mix of voices and levels of digital confidence is essential to the training model and that there's no right or wrong. In the training itself, part of the role of the facilitator should be to identify potential reluctance in the room and to encourage those views to be shared (see the facilitator person specification in the 'Our recommendation' section for more).

## Outcome

- 7) This pilot has shown that there is scope to embed digital health training for health professionals with a range of backgrounds and confidence when it focuses on core, baseline themes, rather than specific technologies (see

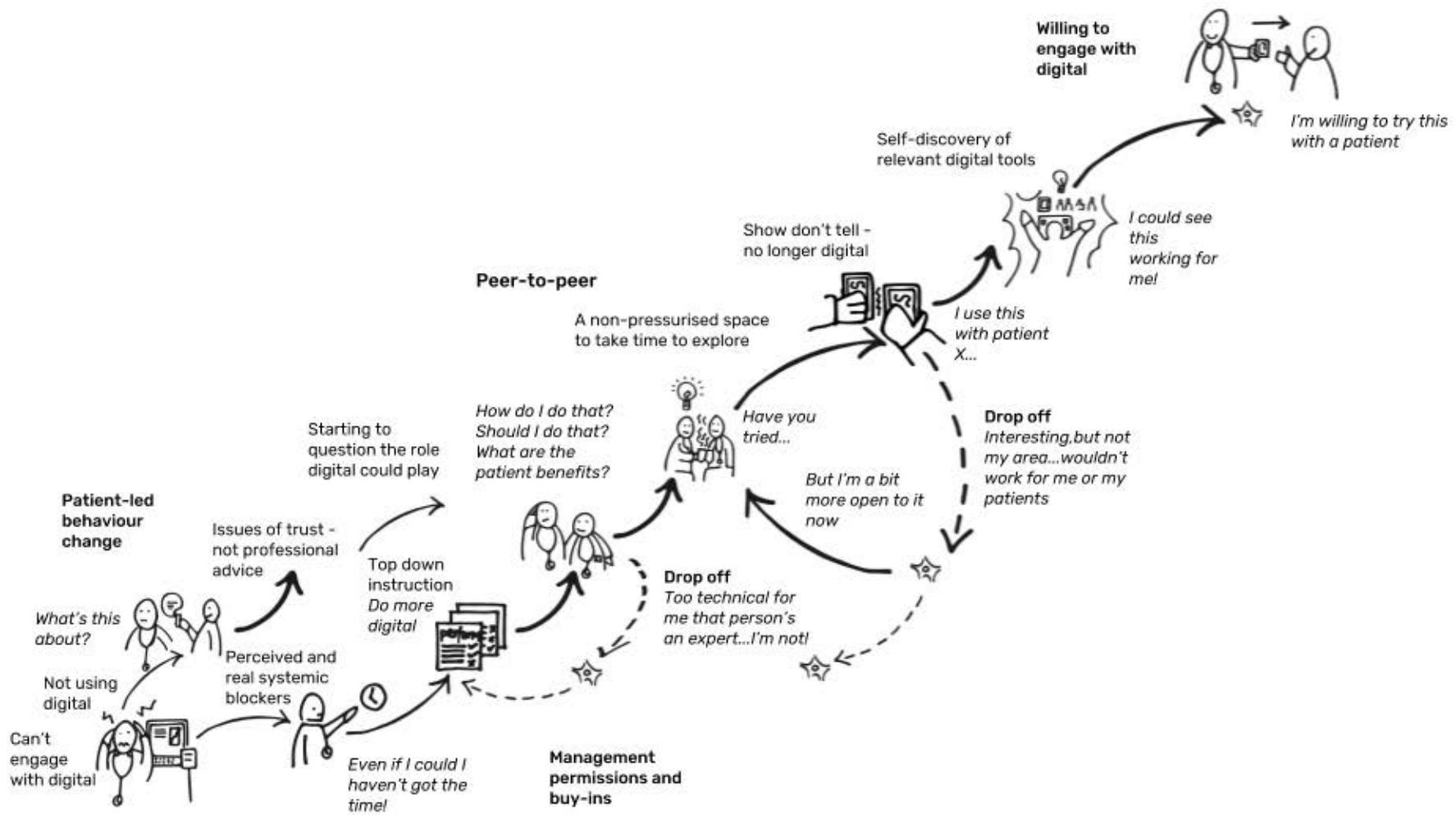
our recommended training package as the result of this work). The workshops we have delivered have been well received and there is benefit to scaling this approach across the Trust and beyond.

- 8) Including patients or people with lived experience in the training workshops supports learning as it provides real context and a counterpoint to common misconceptions. To do this, however, it is important to clearly identify and communicate this 'advisory' role to the patient, as well as provide detailed background information on what the training is intended to achieve. Relationships with local Patient Advisory Groups are one way to facilitate this. In our pilot, this role was on a voluntary basis but incentives for patients should be considered for any future training.

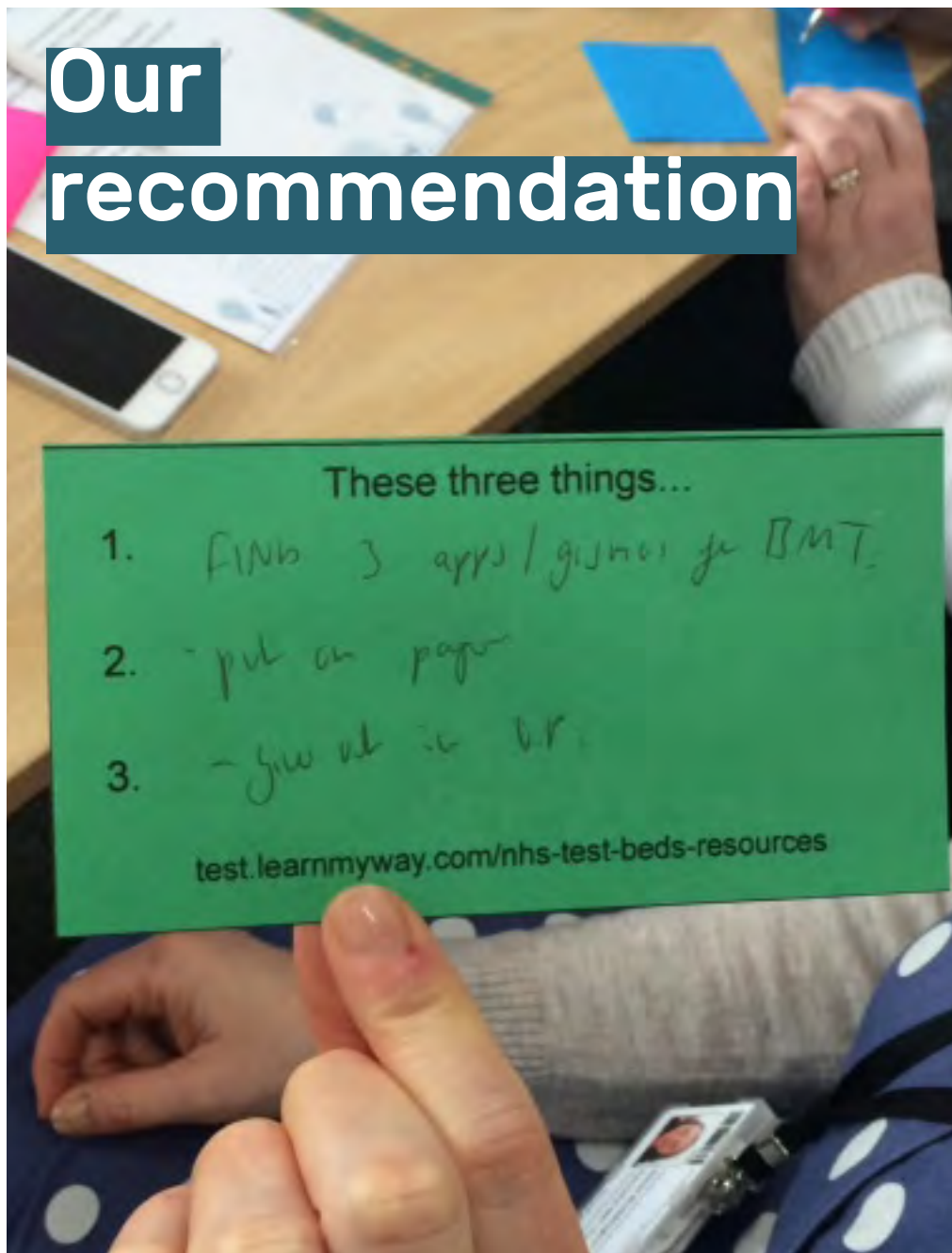
- 9) We have shown that delivering digital health training that focuses on sharing experiences and peer support achieves behaviour change. It is worth noting that the pilot as delivered has shown more success in enabling changes with how people speak with colleagues compared to changes with how they speak with patients.

# A theory of change

Our research as part of this process has led us to present the following theory of change for how health professionals reach a point of being willing to engage with digital health. It focuses on the steps necessary to overcome some of the barriers to getting there:



# Our recommendation



Having researched, designed, tested and iterated a training model around digital health, we recommend the following workshop package to achieve willingness to engage; a crucial first step as part of a wider change management plan. We believe it should be delivered to all patient-facing staff in mixed groups and promoted from within the NHS at all levels as essential to CPD.

## Delivering the workshop:

- A slide deck for workshops
- A person specification for the workshop facilitator
- A guide for delivering the workshop
- A (pilot) resources web page for reference after the workshop

## Delegate packs:

- Pledge cards
- Case studies - Jennifer and Imran
- Top ten tips for making technology part of your everyday practice.
- Certificate

## Materials for engaging health professionals (marketing):

- Leaflet/poster (please note that this is an example to help you develop your own.)

Although we have iterated our workshop approach and have presented our understanding of 'what works' here, we recognise that it could be improved further.

Suggestions from the final workshop that we have not had the opportunity to test include:

- **It would be beneficial to have at least one person with a long term condition in each workshop. This would help to frame the conversations and encourage behaviour change with patients.**
- **Practical, hands-on experience would be beneficial as a second part of the workshop. This could take the form of role-playing exercises, introducing a patient to a particular digital tool or a chance to have a play with different digital health tools with peers supporting each other.**

Each one of the resources is designed to address particular stages of our proposed theory of change. Here's how they map out...

**Continued >>**

# Workshop

## Peer-to-peer

A non-pressurised space to take time to explore

How do I do that?  
Should I do that?  
What are the patient benefits?

Show don't tell - no longer digital

I use this with patient X...

Have you tried...

Self-discovery of relevant digital tools

I could see this working for me!

Willing to engage with digital

I'm willing to try this with a patient

# Resources and Tips

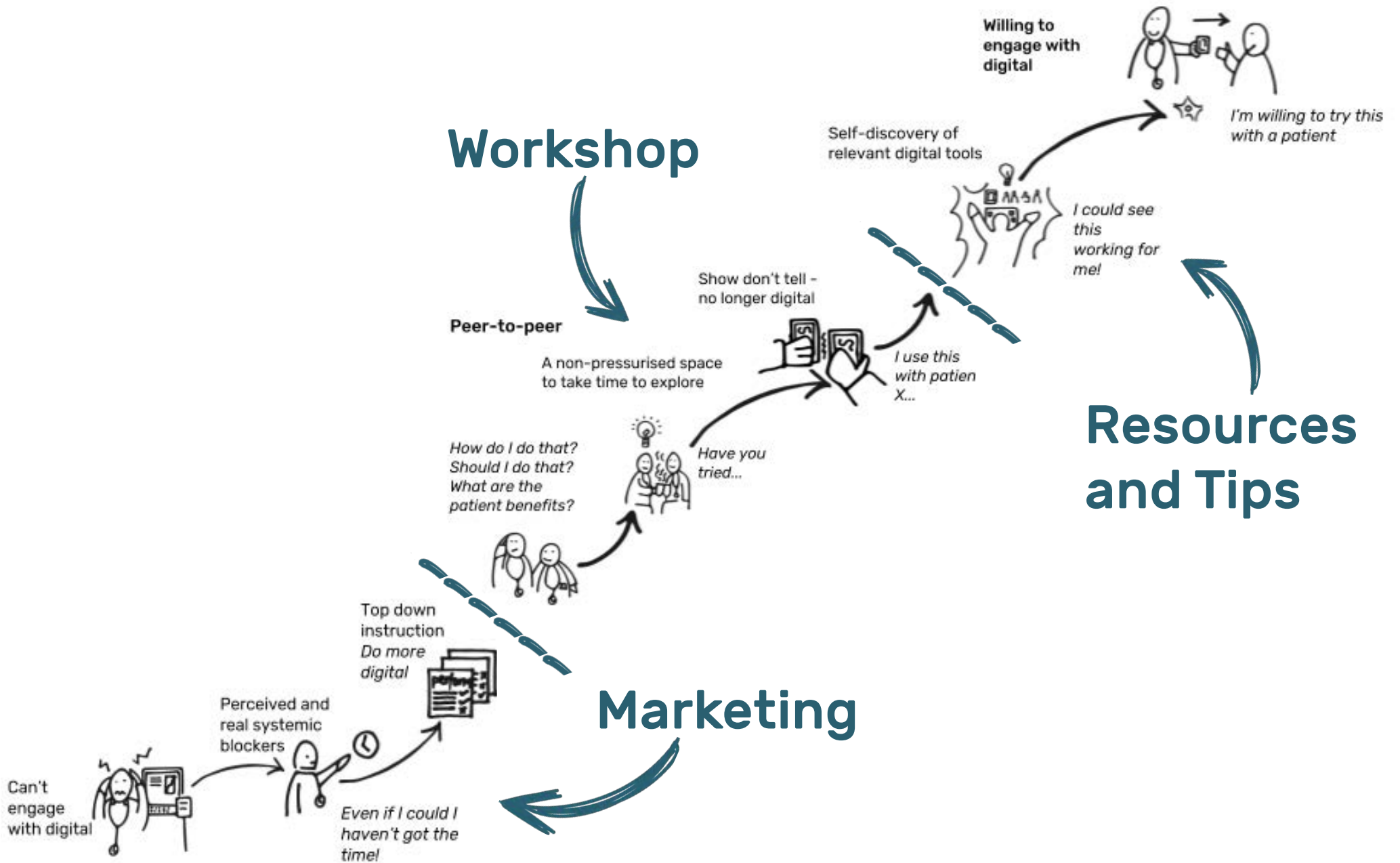
# Marketing

Can't engage with digital

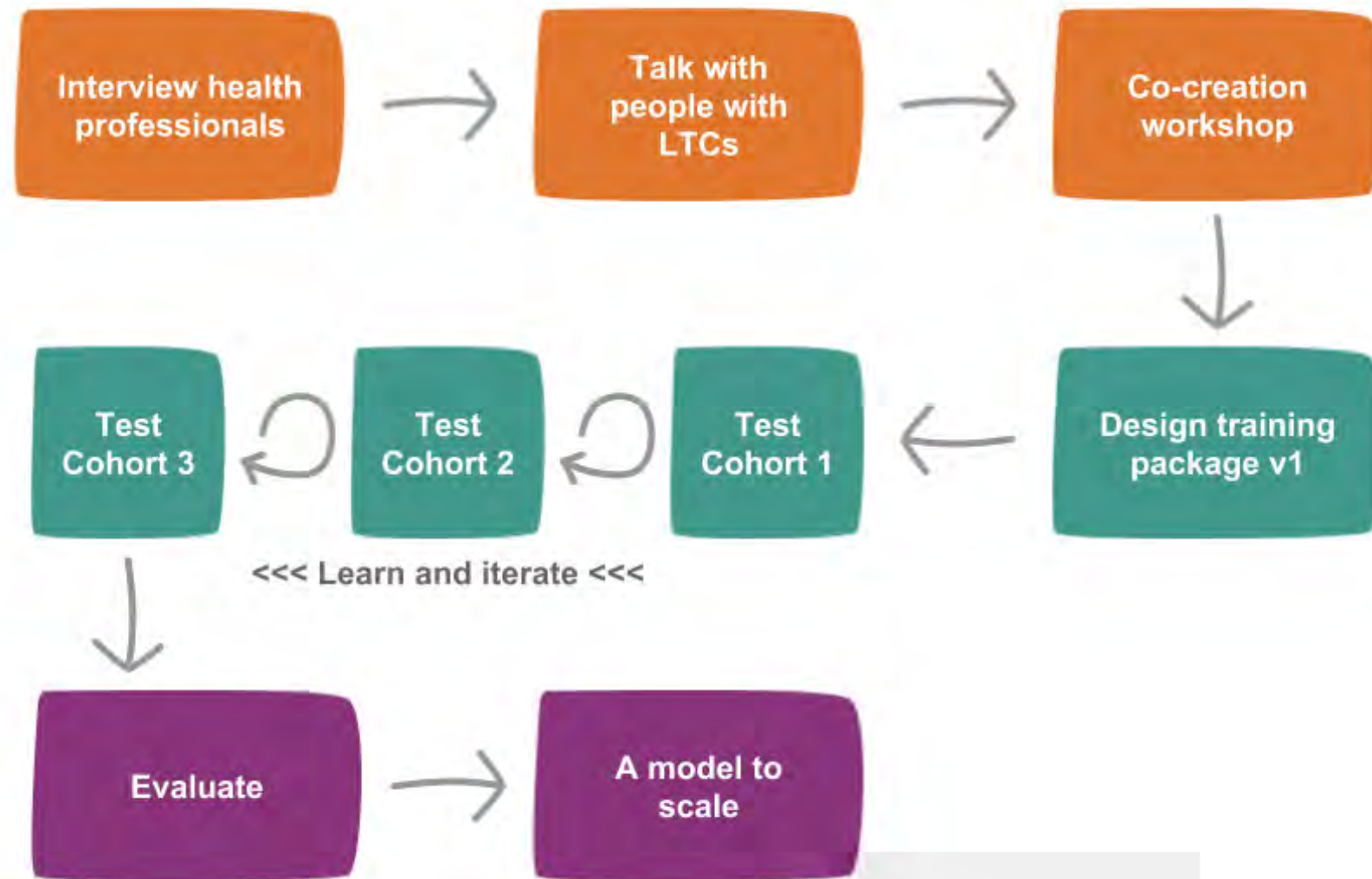
Perceived and real systemic blockers

Even if I could I haven't got the time!

Top down instruction  
Do more digital



# How we went about answering the question and making our decisions - our methodology



## 1. Interviews

The first step was speaking with a variety of health professionals. In partnership with the Test Bed team, we arranged interviews with 10 different members of staff. The interviews were with a range of health and care professionals, comprising:

- GP Practice Manager
- GP Receptionist
- GP
- NHS 111 Head of Nursing & Quality Assurance
- Healthcare Assistant
- Community Falls Team (Nurse)
- Community Nurse
- Respiratory Consultant
- Community Research Nurse
- Senior Charge Nurse (ED)

These were semi-structured, one-to-one interviews based around three areas:

1. Their perceptions of digital for themselves (work and personal use)
2. What they thought their patients felt about digital technology
3. How they respond to different approaches in learning or training.

We recorded these interviews, transcribed them and then analysed them for particular themes.

NB. Our interview schedule can be found in Appendix A.

**Continued >>**

Theme	Supporting Quotations from Interviews
Language	"Language is a big challenge with patients" "Struggle to understand written language, let alone digital"
Professionals' perceptions of patients	"Lack of confidence" "Finance is a barrier" "Stubbornness"
Confidence/trust in tech	"Google, that's usually the place to start these days..." "Reassurance that you're following the right process" "I like to be fully confident if I'm using it in front of a patient"
Current staff ability	"A couple of older staff find it harder to engage" "My understanding is very basic..." "But now I've got there I'm fine"
Suggested Solutions/Ideas	"Training you can do in your own time" "Sharing experience is good" "Being able to access info on how the tech works"
Technology/digital is not always the answer or needed	"Can be beneficial but there are other ways around it" "Digital is not always the answer [cup of tea]" "They don't work all the time do they?"
NHS tech barriers	"I get frustrated when systems don't work"



	<p>"Tech being developed in NHS is slow, it will leave behind the people who need it most."</p> <p>"But where does the money come from?"</p> <p>"No WiFi"</p>
NHS culture barriers	<p>"Won't use tech for the sake of it"</p> <p>"Don't have the time, energy or funding to help people with digital"</p> <p>"It's not the patient side of it that's an issue"</p>
Patient access	<p>"Most patients have smartphones, more enabled and capable than we are"</p> <p>"I think patients will find the cost a barrier"</p> <p>"Somebody over 80 is not really interested... or has poor eyesight or hearing so it's not appropriate"</p>
Benefits to the NHS	<p>"Beneficial because it's stored all on the laptop"</p> <p>"We want to get where patients are self-managing"</p> <p>"Tech holds actions, progress and reminders"</p>
Stories of benefits to patients	<p>"Show them that patients enjoy it. That it works together with face-to-face"</p> <p>"Seeing how it works in practice for a patient who is isolated"</p> <p>"Relevance for specific patients eg. conditional"</p>
Patient experience	<p>"We struggle to approach the basics"</p> <p>"Patients would want the basics, self management advice, how to know if your child needs to see a doctor"</p> <p>"Booking in and understanding what's happening should be standard"</p>

Face-to-face vs digital	<p>“Rather sit down in a room with people”</p> <p>“Never get to the stage where digital replaces human touch”</p> <p>“Assumption we can replace face-to-face with digital”</p>
Time	<p>“Don’t need to spend energy on people who can help themselves”</p> <p>“Patients think Doctors are too busy, and don’t want to bother”</p> <p>“We want to know when you start getting poorly so we can get in early”</p> <p>“Staff are worried patients already think they don’t have time for them. Will directing them to digital not help this?”</p>



- One attendee was concerned about digital increasing social isolation as it would mean less face time with clinicians
- It's one thing knowing where to go to access information but it's difficult to know how people are interpreting it (even if the source is reliable)
- "Medical jargon" was a barrier, particularly from Consultants
- The fear of breaking something needs to be overcome
- "Providing concise information, not simple information"
- Could endorse trusted sources of information online and embed this in to consultations - ie. "if you need to find out more, go here [specifically]"
- Language is key - for example, 'tablet' means two things in a medical /digital context
- "Teach patients how to use tools, not what to get out of it" - patients and professionals will get different things out of the same thing
- The use of day centres, lunch clubs, support groups, GP visits to care homes or voluntary groups were strongly encouraged as good venues to deliver digital health training
- "[The] training of staff must have status as professional development, not be peripheral."

### 3. Co-creation workshop

We brought health professionals, patients and our learning team together for a co-creation session to build on the insight from the interviews. This helped us to further identify the common ground on which we should focus our efforts when it comes to training health professionals.

### 4. Developing a first training package

A number of core themes emerged through steps 1 to 3.



**Language:** NHS staff and patients have said that the way digital is described can be confusing and off-putting.



**Peer support:** NHS staff can help each other and create a culture of shared knowledge, rather than be 'taught at', and a number of examples of this were raised through the insight activities.



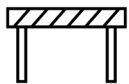
**Show don't tell:** During the consultation stage a number of individuals highlighted that specific examples and hands-on support help show both clinicians and patients the benefits of understanding and using digital.



**Personal touch:** Every NHS staff member and patient is different. Though many share the same values, it is important to find a way to connect on a personal, one-to-one basis.



**Myth busting:** Providing correct, positive information can help clinicians and patients change their perception of and willingness to try digital.



**Barriers:** A number of barriers were highlighted throughout the insight activities for both NHS staff and patients. These included:

- The time available to patient-facing staff
- Staff's experience of digital technology
- Patient access eg. cost
- NHS culture barriers eg. changes to ways of working, training, hierarchies.



A training package was then devised to address these themes. Based on the learning preferences expressed in the interview stage, this would take a workshop format. Translating the themes and insight activities in to deliverable outputs, we highlighted the following needs:

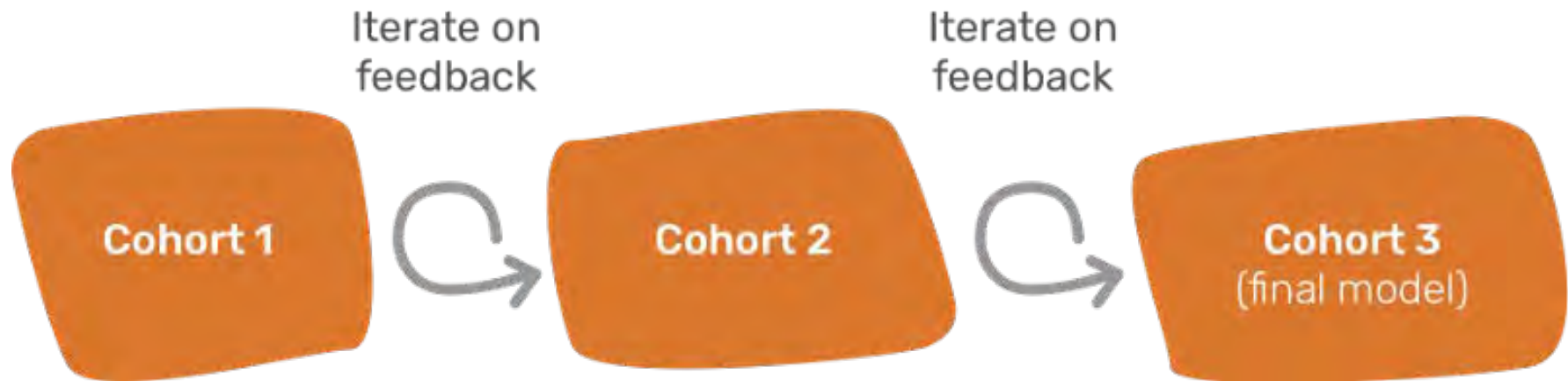
<b>Component</b>	<b>Rationale and purpose</b>	<b>Content</b>
<p><b>Promotional toolkit</b></p> <p>Designed to engage and recruit NHS staff, encouraging them to take part in the training programme.</p>	<p>The insight activities have highlighted the need to 'sell' training in the right way in advance to show the relevance to NHS staff and, most importantly, the potential benefits for patients.</p>	<p>Key messages, potentially including an email invitation and/or promotional communications to NHS staff.</p> <p>Key messages should engage and inspire NHS staff at different levels or roles. We could also develop messages based on the engagement levels explored at the co-creation workshop eg. unaware, passionate.</p> <p>Production of a hard-copy A5 leaflet as a low tech way of promoting the training offer to health professionals.</p>
<p><b>Training content and delivery</b></p> <p>Tools and techniques to enable NHS staff to engage and support patients in using digital technology for the management of their health condition(s).</p>	<p>See the themes</p>	<p>Interactive face-to-face training delivered in groups of ten. The training will provide the opportunity for staff to get involved in activities that will closely represent real life situations.</p> <p>There will be no audio or video recording of the training sessions, as we felt this may cause the groups to be less engaged with the training. Instead the training will be observed by both Good Things Foundation and Test Bed staff, to evaluate the training's reception and contribute to the wider evaluation later on.</p>

<p><b>Resources toolkit</b></p> <p>To enable staff to continue their learning outside the formal face-to-face training, accessing resources and support as and when they need it.</p>	<p>A number of NHS staff stated that they 'don't know what's out there' to support them with digital health literacy.</p>	<p>A directory of websites for accessing reliable/ approved, condition-specific health information. This would appear on either the Online Centres Network or Learn My Way websites.</p> <p>Written and video case studies representing different roles within the NHS and how they use digital technology.</p> <p>'Top tips' to help you embed digital in your role and in your interactions and touchpoints with patients.</p> <p>Mythbusting and anti-jargon guide.</p> <p>Train the Trainer material (the face-to-face training content with a short guide on 'how to deliver to other health professionals'.)</p> <p>We are proposing we use existing video content and where possible capture video footage eg. talking heads throughout the pilot.</p> <p>Links to online spaces such as a Slack, Whatsapp or Kahootz channel, so that conversations from the training can continue and reminders be sent out. These reminders could also be sent by email.</p>
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Throughout the insight phase, we captured strong views that both health professionals and patients did not want to see the use of digital replace face-to-face interactions. There was similar consensus that the purpose of digital technology and the patient need should both be clearly demonstrated before they would be willing to engage.

## 5. Test and learn

To learn as much as we could about what did and didn't work, we delivered the training to three cohorts of health professionals. In between each cohort we would make changes to the delivery based on feedback from attendees and observers of the workshops. Observers were either members of staff from Good Things Foundation or part of the Test Bed team in the Sheffield City Region. They did not participate in the workshop activities.



At the end of the workshop, the attendees were asked:

- What went well?
- What didn't go so well?
- What could be done better next time?



Having now worked with the three cohorts, they break down as follows:

- Seven attendees at workshop one
- Seventeen attendees at workshop two
- Eleven attendees at workshop three

This iterative process has enabled us to present the best version of a workshop we can at the end of the pilot phase. That does not mean, however, that it couldn't be iterated further if rolled out.

Examples of how we changed the activities from one cohort to the next based on feedback and observations are included in the *Guide for delivering the workshop*.

Our observer guidance framework can be found in Appendix B.

## 6. Evaluate

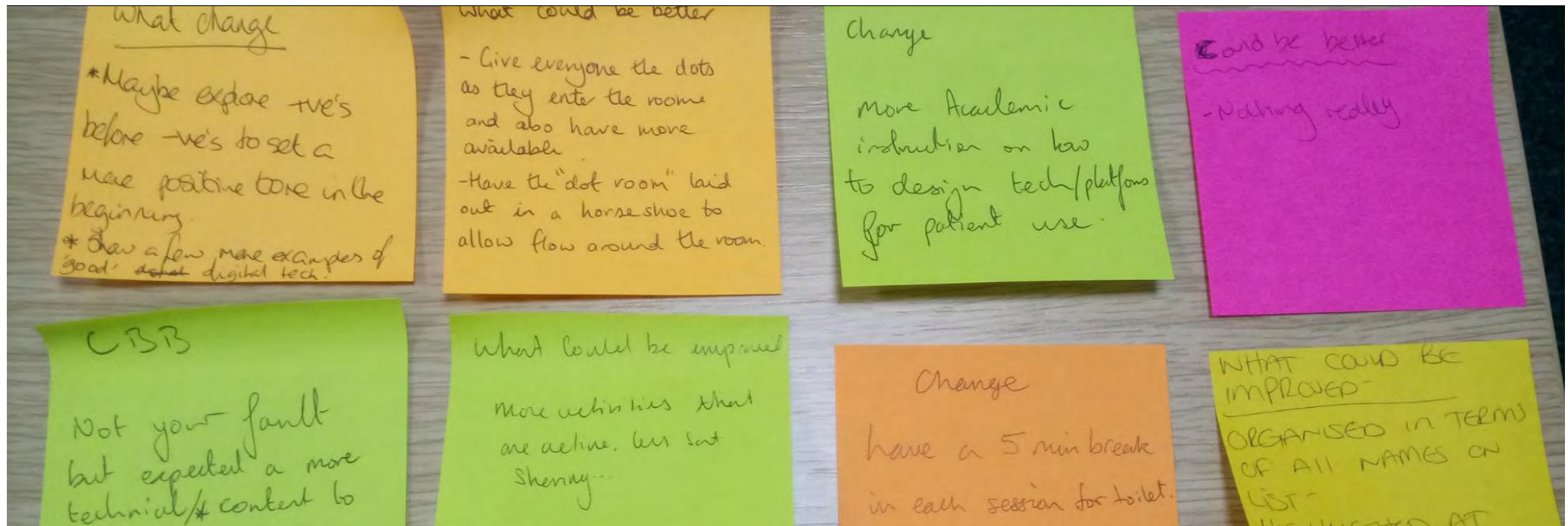
To understand how our workshop approach had resulted in behaviour change, we administered online surveys to each and every participant of the three workshops. We did this one calendar month after the workshop took place. This also enabled us to see how responses were different for each cohort of attendees. We wanted to understand what they thought of it, but also if/how they've been able to put anything in to practice since the workshop.

We had 20 responses in total (57% of 35 workshop attendees overall):

- Four from workshop one (57% of seven attendees)
- Eleven from workshop two (65% of 17 attendees)
- Five from workshop three (45% of 11 attendees)

## The headlines

- The workshops have been well received and there is benefit to scaling this approach
- We were successful in achieving some behaviour change and each iteration of the workshop was more successful than the previous one
- It is essential to include critical voices in the room and a range of roles
- Behaviour change is hard and appropriate support must be in place post-training to enable this approach to be embedded and become 'business as usual'
- It is important to recognise and communicate effectively the scope of this type of training, particularly because of the perceptions of the word digital and to whom this is relevant - ie. it is not about NHS Digital Systems
- Acting on feedback from health professionals is critical to maintaining the relevance of training such as this.



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## A summary of the survey data:

### What did people think?

On a scale of 1-5, 90% of all attendees rated the workshop as good/4 (60%) or excellent/5 (30%). The remainder rated it as 3. Breaking this down by each workshop:

- 75% from workshop one rated it as 4 (with no 5s)
- 91% from workshop two rated it as 4 (64%) or 5 (27%)
- 100% from workshop three rated it as 4 (40%) or 5 (60%)

Two respondents stated that they would not recommend the workshop. In each case, this was due to the perception that the workshop wasn't aimed at their role or level of digital proficiency. This should be considered when thinking about any potential scaling.

### How did people find out about it?

Referral by colleagues or other trusted individuals was by far the most common means of finding out (65% via a colleague/individual and 25% via an email). Only one person mentioned leaflets or posters. Noone highlighted social media.



Overall, the text used to describe the workshop in marketing materials was perceived as accurate, but suggested changes include:

- "A little clearer that it was going to be largely focus grouped [...] not quite what I expected!"
- "I thought this was a workshop as to how we can engage staff into using [...] systems within the NHS"
- "An agenda for the session describing in a bit more detail"

### Addressing the six themes

Overall, it was felt that all of the six themes were positively addressed. Two themes, however, may need to be revisited in future delivery of this content due to lower survey scores:

- 'Show don't tell' (2 people rated this as 2 out of 5)
- 'Barriers' (3 people rated this as 2 out of 5)

This supports the suggestions we have had around including more hands-on activities, such as role-play, in any future training delivery. To overcome the barrier issues we introduced some rules of engagement at the beginning of each workshop. The aim of this was to recognise head-on that there are certain practical or systemic

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constraints of which we are aware and that the purpose of the training was to explore how we can do things given these restraints.

## The people in the room

From the perspective of making changes to the way staff approach digital health with patients in the future, only 65% of attendees felt the 'right' people were in the room. In particular:

- Not enough critical voices in the room
- More frontline staff, particularly from General Practice should be invited.

This must be considered for any next steps.

## Would people try something new with colleagues?

Half of all attendees felt that it was clear what they would go away and try with **colleagues**. A further 25% felt inspired to do this, but they weren't sure what they could do:

- Workshop one: 25% clear and a further 75% inspired
- Workshop two: 55% clear and 0% inspired
- Workshop three: 60% clear and a further 40% inspired



There is positive progression between each workshop when it comes to being clear, but it has been inconclusive with regards to those that were not inspired.

## Would people try something new with patients?

25% of all attendees felt that it was clear what they would go away and try with **patients**. A further 30% felt inspired to do this, but they weren't sure what they could do:

- Workshop one: 0% clear and a further 50% inspired
- Workshop two: 36% clear and a further 18% inspired
- Workshop three: 20% clear and a further 40% inspired

This suggests that more examples of working with patients are required, as well as supporting the suggestions that patients should be present in future training.

## Changing behaviour

Nine respondents (out of 16 that answered the question) advised that they had started to make changes (however small) in the month since the workshop. These were all from workshops two and three.

- 
- Workshop one: No one responded to the question (note: the survey changed slightly for workshop two onwards)
  - Workshop two: 36% made changes
  - Workshop three: Everyone had made changes

## The changes people made after workshop two

Of the four that made changes:

- One changed how they talk with or support their colleagues around digital health
- Two changed how they talk with or support patients/clients around digital health
- The other stated "I have been able to signpost clients to different websites within Sheffield"

## The changes people made after workshop three

Of the five that made changes:

- Three changed how they talk with or support their colleagues around digital health
- Two changed how they talk with or support **both** colleagues and patients/clients around digital health

## Changes with colleagues

Examples of how the workshop attendees went

on to explore options with their colleagues afterwards include:

- "Discussions with dietetics about how to find an appropriate app"
- "Changing the language I use to talk about digital. It scares a lot of people off, so changing the words I use really helps"
- "Identified apps to support our patient group and explained how to access them"
- "I spoke with one of the head consultants about what I had learned [...] and agreed that we are not making use of this new info/technologies"
- "Encouraging them to encourage our patients, to use different terms of speech and language"
- "I explain the use of digital resilience, being able to find more than one way to get the job done, to encourage colleagues to persevere"
- "I have explained to colleagues and clients how to use the SOS mobile app"
- "By talking to them about what they already do in their personal life [...] it helps them to realise they are already quite skilled [...] and feel more confident"

## Changes with patients

Examples of how the workshop attendees began to change the way they introduce digital health resources with patients include:

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- “I encouraged a patient to order her prescriptions online. This has improved her reliability of getting medication”
  - “I have asked patients to describe how IT and tech savvy they are and told them about different sites and pieces of equipment they can use to make themselves more independent. I have spoken with the worker from the hospital who has a computer suite as I need to access this with the patients to show them”
  - “I showed an older client how to access the internet so that she could educate herself about a particular health condition”
  - “Signpost people to different websites. In particular the Sheffield Aches and Pains website so people can learn more about their individual health conditions and try to self manage”
  - “I helped an elderly patient with their mobile phone to receive texts for their appointment reminders”

### **Examples of improved health and wellbeing outcomes for patients**

As a consequence of making changes with their patients, we asked workshop attendees for their views on how this affected the health and wellbeing of the patients

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- “I have shown a patient how to order their shopping online. This allowed them to choose their own food and choose the right food for their stage of treatment thus supporting their physical and emotional wellbeing”
  - “My client feels a lot more supported that she is not alone in the symptoms she has been having”
  - “Encouraging patients to access the Patient View service to keep abreast of their blood results, including potassium. This enabled the patient to be aware of the high results and adjust her diet accordingly to bring this reading down. Giving her control of health and wellbeing”
  - “Helping an elderly patient to research a yoga class. She wasn’t sure how to ‘Google’ but does have a laptop at home. I explained how you could type anything into the search bar to find lots of different activities in our area. She was thrilled.”
  - “Clients have been able to learn more about their health conditions and have been equipped to try different coping strategies”

### **Barriers for health professionals when trying to make changes**

Aside from workload and time restraints - the barriers acknowledged through the research

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phase - workshop attendees also highlighted the following things:

- “Having internet access on a portable device that I can use on the wards, even typing this I am thinking about how I can change my laptop for a tablet and then how I can persuade the hospital IT to let me use their internet access.”
- “People not owning equipment, too expensive to own and then to pay for internet connection.”
- “Staff are very reluctant to use the electronic patient record or move away from paper.”
- “Inappropriate setting to do so”/“Opportunity”

It is worth highlighting that a number of people stated that there were no barriers at all.

### **What else should the training have covered to enable change?**

Further suggestions from workshop attendees after one month included:

- “Would have liked to have seen more practical examples of how to engage with learners and become a Digital Champion”
- “Probably look at work pressures and time management and how to find development time”

- “Keep us updated about the new sites/bits of tech you come across. Create a database/info system for us to dip into”
- “It would’ve been good to have an idea of the barriers you think can’t or shouldn’t be overcome (eg. which client groups approaches would be inappropriate for)”
- “I think many of the people there would have benefitted from in-depth demonstrations of the technologies you want them to use/promote”
- “Patient reluctance”
- “Hard to reach groups with limited internet access”

### **Changes to health professionals’ confidence**

- “Feel more confident - inspired to make changes”
- “It has made me focus on the positives of this new type of tech but I want to make sure it enhances human life rather than replaces face-to-face communication”
- “It has opened my eyes to the broad use of digital technology for both myself and patients”
- “I have found it useful to realise that others are also struggling”

- 
- “Although I was already quite confident, I am more so now regarding using and explaining technology to help people manage their health”
  - “I felt quite challenged about my own digital use and am trying to exercise more discernment in how and what I use it for”
  - “I think it helped to explore my thoughts about the use of digital technology and to explore ways that I can make this use more effective”

A number of people stated that their level of confidence did not change as the result of the workshop, particularly when they perceived that they were starting from a point of digital capability already.

### **Using the resources on Learn My Way after the workshop**

Part of the workshop package includes a resources web page for attendees to visit after the workshop to refresh their learning.

Eleven of those attending the workshops visited the trial resources page online at some stage within the month afterwards. Seven of these attended workshop two. Those that did not visit the page cited time restraints as the reason for this.

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Of those that used the resources web page, we received the following feedback:

- “We do use these as part of my work. Find them a very good resource.”
- “It’s a really good resource with a wide range of topics. I’ll be sharing some with colleagues here.”
- “I think it’s good in that there are a lot of successful case studies and resources both for practitioners and patients. It shows what is already working out there and can give you ideas for what might work in your own role.”
- “It would also be helpful to have information altogether so for instance someone with Diabetes would have all the information together to support their management which can be accessed easily
- “I have definitely learned more than I thought I would from it!”



# APPENDIX A - Interview Schedule for Health Professionals

Question
<b>PART A: Staff perceptions, motivations and barriers</b>
How would you rate the importance of digital in your role on a scale of 1-10?
<b>Describe how you think digital is relevant to your patients (if at all)</b>
<b>What does it mean to you to be a more digitally-inclusive practitioner?</b>
Describe any support at work or elsewhere that supports you to be a digitally-inclusive practitioner
In your own words, describe how frequently you use digital for any purpose
In what ways does digital currently support you PERSONALLY?
In what ways does digital currently support your role FOR YOU?
<b>In what ways does digital currently support your role WITH YOUR PATIENTS?</b>
In what ways could digital support you PERSONALLY?
In what ways could digital support your role FOR YOU?
<b>In what ways could digital support your role FOR YOUR PATIENTS?</b>
What are the potential benefits of this support FOR YOU?
<b>What are the potential benefits of this support FOR YOUR PATIENTS?</b>
When presented with new technology, how would you describe your reaction to it? [If needed, prompt or give examples such as 'early adopter' or 'see it as one more thing to do']
Describe any workplace constraints or barriers that prevent this support from taking place

## **PART B: Understanding patient motivations and barriers from the staff perspective**

**How important do you think your patients see digital in relation to their health on a scale of 1-10?**

**Describe the barriers you think face your patients when it comes to accessing health information online**

**Describe the barriers you think face your patients when it comes to interacting or transacting with health service online**

**In what ways do you think health professionals can support patients to overcome these barriers?**

**In what ways do you think your patients would like to use digital to support their health and wellbeing?**

**Describe which patients you think are the hardest to engage with around using digital for their health**

**In what ways do you think you can engage patients with digital to support health and wellbeing?**

## **PART C: Staff training needs analysis [NB: highlight that responses should be given on the assumption that they have the time to commit to training]**

**Interviewer: "You said it meant x to be a more digitally-inclusive practitioner. In that context:"**

What would you highlight as your biggest training need?

Describe in your own words how you like to receive training

Describe what topics or content would be useful to you from a digital perspective

In what ways does the time at which available training is run affect you? Expand if necessary

In what ways does the place at which available training is run affect you? Expand if necessary

Describe what the measures of success for you would be for any such training

Do you see digital as part of your CPD?

In what ways do you feel there's support and opportunity to incorporate digital into your CPD?

# APPENDIX B - Workshop Observer Guidance

Reminder of main question:

**How do we design and deliver training for patient-facing NHS staff that enables them to support patients in using digital technology for the management of long term conditions?**

A reminder of the themes we are trying to address:

Theme	Rationale for inclusion
Language	NHS staff and patients have said that the way digital is described can be confusing and off-putting.
Peer support	NHS staff can help each other and create a culture of shared knowledge, rather than be 'taught at', and a number of examples of this were raised through the insight activities.
Show don't tell	During the consultation stage a number of individuals highlighted that specific examples and hands-on support help show both clinicians and patients the benefits of understanding and using digital.
Personal touch	Every member of NHS staff and patient is different, though many share the same values, so it is important to find a way to connect on a personal, one-to-one basis.
Myth busting	Providing correct, positive information can help clinicians and patients change their perception of and willingness to try digital.

Barriers	<p>A number of barriers were highlighted throughout the insight activities for both NHS staff and patients. These included:</p> <ul style="list-style-type: none"><li>• Clinician time</li><li>• Staff experience of digital technology</li><li>• Patient Access eg. cost</li><li>• NHS Culture Barriers eg. changes to ways of working, training</li></ul> <p>A list of barriers and accompanying quotes is available in the appendix at the end of this document. Most importantly, removing barriers means acknowledging that they are both physical and emotional, and importantly, showing that they affect many people.</p>
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With the question and themes in mind, record how each of the activities went from your view AND how learners reacted to it.

Activity	What went well?	What didn't go so well?	What could we do differently?
Defining Digital			
Check the Attitude			
How Digital are you?			

Activity	What went well?	What didn't go so well?	What could we do differently?
Making it Real			
It's Good to Talk - Help Yourself			
These Three Things			

Overall	What went well?	What didn't go so well?	What could we do differently?

General Thoughts Overall			
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