Bristol Health Partners

People in Health
West of England

Better involvement · Better research · Better health

Developing a training workshop for public contributors on digital health and use of data

Spring 2019 pilot report

hello@bristolhealthpartners.org.uk

Contents

Executive summary

What did we do and why?

1. There is increasing attention on the potential to improve people's health through digital technologies and the vast amounts of data being collected in health and care organisations. There is consensus that involving patients and members of the public in discussions about how best to use these technologies and data is crucial to success

2. To support this process, Bristol Health Partners and People in Health West of England designed and delivered 'an introduction to digital health and use of data' for patient and public contributors on 28 March 2019.

3. This training workshop had three aims:
   A. create a process of community engagement on how digital and data services are delivered and developed.
   B. provide initial training, and scope future requirements (understanding what people want to know and need to know).
   C. create a pool of public contributors who could act as 'digital critical friends' for local projects.

4. The session was designed according to principles of community education[1]. The intention was to create space for the facilitation team, expert speakers and course participants to co-investigate the concepts, debates and resources available to contribute to work on digital health and uses of health data.

5. The workshop had four sessions: 'Understanding patient data', 'Understanding digital health', 'Understanding health services data', 'Understanding AI in health and care'.

What did people say about it?

6. Twelve people signed up for the training and eleven people attended on the day (plus two public contributors from the design and facilitation team).

7. There were thirteen respondents to the post-course evaluation (including eleven external participants and two public contributors from the design and facilitation team).

8. Six respondents rated the training as 'Very Good' in improving knowledge of digital health and uses of health data and six as 'Good'. One respondent rated the training as 'fair'.

9. Respondents found it either 'Very Easy' or 'Easy' to take part in discussions.

10. All respondents were interested in contributing to health data or digital projects. Two indicated they were 'Extremely' confident about being able to contribute to do this in the future; three 'Very' confident; five 'Moderately' confident, and one 'Not at all' (this respondent said they were 'Unsure about what contributing means').

"Really interesting day. Variety. Different perspectives. Thought provoking."

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[1] http://cldstandardscouncil.org.uk/resources/the-competences/

"The planning provided a good balance of activities and the time for questioning was well managed. The speakers were chosen well."

"As good as it gets"

What next?

This pilot project has shown that it is feasible to deliver a training workshop on digital health and use of data for patient and public contributors. We will run a further session in Autumn 2019, with an updated report looking more fully at the impact of the training.

After our next session, we will be publishing free materials which will help people to run similar training sessions themselves.

To our knowledge this is the first workshop of its kind in the UK, and we are keen to share what we have learnt with others. Equally, we'd like to hear about other work to increase the patient and public voice in digital health and data initiatives.

Get in touch through hello@bristolhealthpartners.org.uk

1 Background

> *"In a similar way to other public health education initiatives, programmes aimed at engaging and educating the public about genomics and digital healthcare technologies should be developed."*
>
> *Preparing the healthcare workforce to deliver the digital future, The Topol Review[2]*

1.1 Decisions about our data are being made on a daily basis, sometimes by humans and sometimes by computers. It's vital that patient and public voices are heard in this rapidly changing and often confusing landscape.

1.2 Bristol Health Partners[3] and People in Health West of England[4] designed and delivered 'an introduction to digital health and use of data' for patient and public contributors on 28 March 2019.

1.3 The training had three aims:
   A. create a process of community engagement on how digital and data services are delivered and developed.
   B. provide initial training, and scope future requirements (understanding what people want to know and need to know).
   C. create a pool of public contributors who could act as 'digital critical friends' for local projects.

1.4 This report describes the process for developing the session, and shares what we learnt and what participants thought of the day. It also includes our plans for next steps.

1.5 This report will be updated to include details from the follow-up evaluation and findings from a second pilot session.

2. Methods of evaluation

2.1. All training participants were asked to complete pre-course and post-course surveys (see **Annex A** for full evaluation summary). These surveys were used to identify the levels of knowledge and awareness people had about digital health, use of data and local projects. The surveys also helped us understand people's experience of the training and how they heard about it.

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[2] Available here: https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf

[3] Bristol Health Partners is a strategic collaboration between the city region's major health institutions, covering the Bristol, North Somerset and South Gloucestershire area. These include its three NHS trusts, its clinical commissioning group, two universities and Bristol City Council. These organisations have formed Bristol Health Partners voluntarily, and we are funded by contributions from five of the partners. More here: http://www.bristolhealthpartners.org.uk/about-us/

[4] People in Health West of England (PHWE) is an initiative promoting innovative and effective public involvement in research and evidence-based service improvement. More here: www.phwe.org.uk

2.2. Pre-course evaluation questionnaires were completed by eleven of the twelve expected course participants. However, of the eleven completed questionnaires only ten can be used in the evaluation as one person did not attend on the day.

2.3. Post-course questionnaires were completed by all eleven course participants and a further two questionnaires were received from the facilitators involved in the training as they were keen to take part in the evaluation.

2.4. We will follow-up on these surveys, to monitor the longer-term impact of the sessions. All participants agreed to take part in the follow-up.

2.5. To get the perspectives of the design and facilitation team, we held a debrief meeting which captured reflections and suggestions for future improvements.

3. Developing the session

Rationale

3.1. There is increasing attention on the potential to improve people's health through digital technologies and the vast amounts of data being collected in health and care organisations. There is consensus that involving patients and members of the public in discussions about how best to use these technologies and data is crucial to success. Indeed, national initiatives such as Understanding Patient Data have been created to develop resources to support such conversations.

3.2. Through the work of its 'using data better' programme, Bristol Health Partners identified a need to improve the quality of public involvement in digital health and data projects. We agreed to be proactive and help equip patients and members of the public to take a full and meaningful role in debates about use of data and digital technologies.

3.3. Therefore, we agreed that a pilot training session should be developed, using national communications resources, alongside local knowledge.

Session design

3.4. Bristol Health Partners and People in Health West of England agreed to work in partnership to develop this pilot training session.

3.5. John Kellas, a community engagement and innovation consultant working for Bristol Health Partners developed the idea for the session and its content. The session was then co-produced by a design and facilitation team:
- Sarah Blake, Public Contributor, Local Digital Health R&D Group
- Dr Andy Gibson, Academic Lead, People in Health West of England
- Ceilidh Jackson-Baker, Senior Administrator, People in Health West of England
- Louise Osborne, Management Assistant, Bristol Health Partners

- Sandra Tweddell, Public Contributor, Local Digital Health R&D Group
- Olly Watson, Senior Project Manager, Bristol Health Partners

3.6. The session was designed according to principles of community education[5]. The intention was to create space for the facilitation team, expert speakers and course participants to co-investigate the concepts, debates and resources available to contribute to work on digital health and uses of health data. Learning would be drawn from the discussions between these groups.

3.7. This co-investigation was to be achieved through four modules being delivered on a single day training workshop. The approach for these used the 'Understanding Patient Data' naming format:
- Understanding patient data
- Understanding digital health
- Understanding health services data
- Understanding AI in health and care

3.8. The topics were chosen to be sufficiently broad to draw out learning which would be useful for the range of local informatics projects currently underway in BNSSG, and those which could arise in the future.

3.9. Each module followed the same structure:
- Introduce session: Outline key topic areas, gauge confidence and introduce speakers (10mins)
- Mini expert presentation: Colleague working on relevant aspect of digital health or use of data to give short talk on applied examples (10mins)
- Structured conversation about presentation content: (30mins)
- Interactive card game (10mins)
- Questions arising and consolidating learning (15mins)

3.10. The programme can be found at **Annex B.** We will be publishing other resources to support others in delivering the training after a further pilot in Autumn 2019.

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[5] http://cldstandardscouncil.org.uk/resources/the-competences/

4. Publicising the session

4.1. The following methods were used to publicise the session:

- Targeted emails to local patient and public contributor groups: Healthier Together Citizens Panel, Health Integration Teams, Clinical Commissioning Group PPI Forum
- Advertising through the People in Health West of England Newsletter
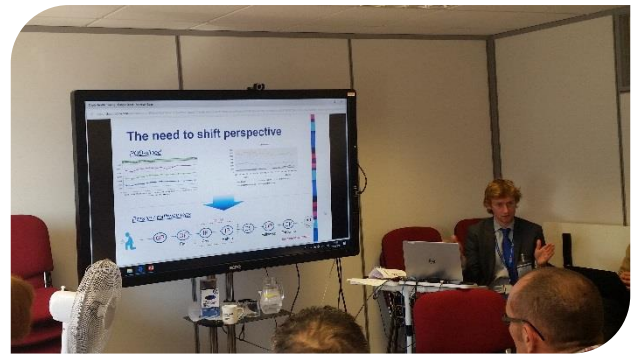
4.2. Twelve people signed up for the training and eleven people attended on the day.

4.3. Our course participants found out about the session from the following sources:

- **Four** respondents – via People in Health West of England
- **Two** respondents via Healthier Together
- **One** respondent via a Bristol Health Partners Health Integration Team
- **Six** respondents found out via other channels:
  - Local PPG (x2)
  - BNSSG CCG & Hanham Health PPG
  - Healthwatch South Gloucestershire

4.4. We received considerable interest from health professionals, local academics and other professionals. It was decided that we would prioritise patient and public contributors attending the session.

4.5. Our participants gave ideas for how we could publicise future sessions:

- Through the standing CCG facility – example the Bristol Public & Patient Involvement Forum
- Via Care Forum – could send it out via their news updates.
- Healthcare providers, peer & service user groups, STP transformation programmes crucial to many projects and services
- Voscur, The Care Forum, WellAware website
- GP surgery and practice websites

5. Impact of the session

5.1. Attendees were asked to rate how effective the session had been improving their knowledge. A summary of responses is included below.

	Very good	Good	Fair	Poor
Improving knowledge of digital health and uses of health data	6	6	1	0
Improving knowledge of local projects using health data and digital technologies	3	7	3	0
Improving knowledge of resources available to help participants contribute to work this field	4	3	6	0

5.2. In terms of whether confidence to contribute to local projects had improved, it was possible to make a comparison between nine of the respondents who had completed pre- and post-course questionnaires. This comparison indicates that for six respondents, confidence levels had increased as a result of the training - although one commented 'I feel personally that I will need a lot more training'. However, for another, confidence had shifted from 'not at all confident' to' moderately confident'. For one respondent the confidence level remained the same and for two respondents any increase was unclear.

5.3. The overwhelming majority of respondents (eleven) indicated they would be interested in contributing to future digital health or data projects, although one respondent felt this was only possible 'with 'more training'. A further respondent was unsure – commenting that it 'depends what it is'.

5.4. An important measure of how successful the session has been, will be to follow-up the extent to which course participants have gone on to play an active role in local digital and data project development. We have already had interest from local colleagues in the NHS who wish to work with the people who have been on our course. We are also planning to measure any increase in knowledge and confidence around digital health and uses of data in health and care.

6. Experience of the session

6.1. Respondents found it either 'Very Easy' or 'Easy' to take part in discussions, commenting positively about the facilitators and that there were 'lots of opportunities to ask questions and voice opinions'.

6.2. When asked about the most useful aspects of the training, Respondents offered a number of positive comments about the speakers:

'Expert speakers – so knowledgeable'; 'Succinct presentations which conveyed accessible information'; 'John is inspirational at how he can bridge complicated data back to us as a group'; 'Invigorating, stimulating, exciting day; thank you'; 'Really enjoyed Connecting Care talk' and 'keen to take this back to workplace'; 'Connecting Care – interesting about stewardship of patient data/records'

6.3. Four respondents found the opportunity for clarification and understanding of digital health concepts most useful (and where digital health is moving and those who could be excluded by not having electronic equipment). One respondent liked the use of cards to support reflection on these. Others commented on specific topics covered during the day: 'Datasets and capacity planning. Dataset linkage'; 'The "holistic approach" to linking data from (and back to) primary care/GPs through A&E'; 'The exciting way in which AI systems are being pioneered and championed, particularly here in the Bristol areas'. One respondent said for them the most useful thing was '..making me think out of my comfort zone!'

6.4. When asked about the least useful aspects of the session, four respondents commented that it was all useful. Another commented that 'The day was well planned, ensuring that each session fed the next making it all relevant'. Where specific things were mentioned, these included: data modelling and analytics (two respondents), some of the more technical parts of the sessions (stochastic modelling etc) could be more 'layman-friendly', the training room being too hot and stuffy.

6.5. Some general comments from participants about the training are included below:

"Programme excellently designed and run by John and Andy – well time-managed – giving everyone an opportunity to question and contribute. Ceilidh and Sandra very helpful. John is such as motivational speaker. Would love to hear the 'unmoderated' views on AI!!"

"Really interesting day. Variety. Different perspectives. Thought provoking."

"The planning provided a good balance of activities and the time for questioning was well managed. The speakers were chosen well."

"Room was too warm. Fresh air would have been good. Some speakers were very softly spoken. Do you check whether attendees have hearing difficulties? Possibly didn't need half an hour for tea breaks. Thanks for making the info understandable for non-technical people."

"Well run and at a reasonable level."

"As good as it gets"

6.6. The following suggestions for improvements were made by course participants:

- Slightly bigger space, cooler room
- Possibly need local examples to explain some parts of the training
- Like more on understanding NHS data. Less on AI theory
- Felt that the card games stopped the flow of the session. Think the cards were useful but as a separate activity maybe
- A printed handout which identified crucial points on the topic
- Technical parts need to be a little more layman-friendly
- Would be useful to have information on local health data projects on a written [email] to take away

6.7. The facilitation team provided the following suggestions for improvements:

- More opportunity to get up and move around, potentially mixing up group work
- Using a bigger room with better temperature control
- Actively trying to recruit a more diverse group of people to take part in the course
- Consider power dynamic within facilitation team
- Being more explicit before the training about how controversial issues will be approached by the team. The topics covered are often inherently political, and it was at times difficult to manage how best to present issues.
- Encourage more visual and less text heavy slides
- More time for course participants to do self-reflection and note taking
- Design and facilitation team to review evaluation format before next session
- Make sure speakers are aware of the expectation to engage in discussion before the event
- Having an online collaboration space for sharing notes, comments and resources as the session runs
- The order of sessions could be reviewed, with 'understanding digital health' happening earlier
- Include some time at the start for introducing foundational topics like 'what is data?' and 'data ownership vs stewardship'

6.8. The facilitation team felt that the following had worked well:

- Having short and targeted presentations from local speakers
- Speakers ability to have a dialogue with people
- Running the day with enough flexibility to give enough time for the issues that were most interesting for people
- Having a facilitation team to share responsibilities of note taking, time keeping, facilitating discussion etc worked well, rather than placing this on a smaller number of people

- Overbooking the session worked well as there was a small amount of drop-out
- The atmosphere created felt positive, friendly and with room to be constructively critical
- The preparation and planning meant that the day ran smoothly

- The discussion was high quality and the model of drawing learning from discussion worked well
- The course structure worked well. There could have been a whole day on each topic, but key learning still emerged.

7. Conclusion

7.1. This pilot project has shown that its feasible to deliver a training workshop on digital health and use of data for patient and public contributors. Feedback was positive from both the course participants and the facilitation team.

7.2. An important measure of how successful the session has been, will be to follow-up the extent to which course participants have gone on to play an active role in local digital and data project development. Promisingly, we have already had interest from local colleagues in the NHS who wish to work with the people who have been on our course.

7.3. To our knowledge, this is the first workshop of its kind in the UK, and we are keen to share what we have learnt with others. Equally, we'd like to hear about other work to increase the patient and public voice in digital health and data initiatives.

Get in touch through hello@bristolhealthpartners.org.uk

8. Next steps

8.1. A session which is aimed at a similar group, using a similar format will be held in autumn 2019. We will use the feedback of course participants and the design and facilitation team to make improvements. In between the sessions, we will be following up with course participants from the first session, to try and measure the impact of the training.

8.2. After the second pilot workshop, we will publish free materials which will help people to run similar training sessions themselves.

Bristol Health Partners

An introduction to digital health and uses of data
Thursday, 28 March 2019

Summary of Evaluation Responses

Evaluation aim

The evaluation sought to measure the success of the training in meeting learning outcomes and in encouraging involvement in future digital health projects (eg by increasing knowledge and confidence in digital health and use of health data). Additionally, it sought to gain feedback on participant experience and what worked well/not so well about the training.

Evaluation method

The evaluation adopted a 'before and after' evaluation approach using a two-part questionnaire. See Appendices 1 and 2 for copies of the pre- and post-course questionnaires

Twelve people signed up for the training and **eleven** people attended on the day.

Course participants were asked to complete pre-course questions on their current knowledge around digital health and uses of data; knowledge of resources available to assist patient and public contribution in this field; awareness of local digital health projects; confidence to contribute to digital health projects. **Pre-course** evaluation questionnaires were completed by **eleven** of the twelve expected course participants. However, of the eleven completed questionnaires only **ten** can be used in the evaluation as one person did not attend on the day.

Participants were then asked to complete a post-course evaluation questionnaire at the end of the training. This included comparable questions concerning levels of knowledge and confidence but also included questions on participants' experience of the training.

Post-course questionnaires were completed by **all eleven** of the course participants and a further **two** questionnaires were received from the facilitators involved in the training as they were keen to take part in the evaluation.

The evaluation sought to measure any increase in confidence to contribute to health data projects as a result of the training. However, it was only possible to make a comparison of pre- and post- training confidence levels for **nine** of the course participants as one of the ten who had completed both forms did not complete the relevant question (Q8) on the post-course evaluation questionnaire.

In order to evaluate the impact of this training, course participants were asked if they would be willing to take part in a 6-month follow up survey to learn about actual or likely involvement in health data projects. All **eleven** course participants gave consent to be contacted with the follow-up survey. The two facilitators taking part in the training also gave consent to be followed up making a total of **thirteen**. The survey will ask course participants to rate their knowledge and confidence levels at this point so that a comparison can be made with earlier ratings.

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Findings

Post-course questionnaire responses are analysed below.

1. Improving knowledge

Responses to questions 1-3 indicate the training met the objective to improve knowledge of digital health (concepts and local projects) and awareness of resources available to contribute to work in this field. In the majority, respondents rated the training as 'Very Good' or 'Good'. Although ratings for improving knowledge of resources were slightly less favourable as a higher number of respondents rated the training as 'Fair' with regard to this.

Improving knowledge of digital health and uses of health data:
Six respondents rated the training as 'Very Good' in doing this, and **six** as 'Good'. **One** respondent rated the training as 'Fair'.

Improving knowledge of local projects using health data and digital technologies:
Three respondents rated the training as 'Very Good', **seven** as 'Good', and **three** as 'Fair'.

Improving knowledge of resources available to help participants contribute to work this field:
Four respondents rated the training as 'Very Good', **three** as 'Good' and **six** as 'Fair'.

2. Ease of taking part

Respondents found it either 'Very Easy' or 'Easy' to take part in discussions, commenting positively on the role of the two facilitators and that there were '...lots of opportunities to ask questions and voice opinions'.

3. Most useful aspects of the training

Respondents offered **a number of positive comments** about the speakers:

'Expert speakers – so knowledgeable'; 'Succinct presentations which conveyed accessible information'; 'John is inspirational at how he can bridge complicated data back to us as a group'; 'Invigorating, stimulating, exciting day; thank you'; 'Really enjoyed Connecting Care talk' and 'keen to take this back to workplace'; 'Connecting Care – interesting about stewardship of patient data/records'

Four respondents found the opportunity for clarification and understanding of digital health concepts most useful (and where digital health is moving and those who could be excluded by not having electronic equipment). **One** respondent liked the use of cards to support reflection on these. Another commented that he found 'learning about the various levels of data use and management' most useful.

Others commented on specific topics covered during the day: 'Datasets and capacity planning. Dataset linkage'; 'The "holistic approach" to linking data from (and back to) primary care/GPs through A&E'; 'The exciting way in which AI systems are being pioneered and championed, particularly here in the Bristol areas'.

One respondent said for them the most useful thing was '..making me think out of my comfort zone!'

Another respondent gave detailed feedback on sessions 1-4 and added 'I would welcome the chance of developing my knowledge of these issues further to enable me to better represent the communities I support.' The feedback is included below.

Session 1: Understanding Patient Data
- Most PEG (Patient Experience Group) leads fully understand the benefits of the [Connecting Care] program and greater aspirations for the future. However, we also understand that many patients view the proposals with suspicion and are wary of the confidentiality implications for them and the sensitive data stored about them. As organisations we need to be able to convince patients and the other people, we represent that their concerns are fully taken into consideration in the implementation of the scheme. That we are able to explain and endorse the advantages and benefits to the individual and to the wider community. We need to ensure that all communities and groups are able to access the benefits and advantages of the program.

Sessions 2 and 3: Understanding Digital Health and Health Service Data
- Helped me gain an understanding of the benefits associated with big data. How the providers are using it to improve performance and understand capacity needs and projections. Also, the benefits the CCG (Clinical Commissioning Group) are gaining from an understanding of the indicators relating to the health of various groups and how they may be better served with consequently better outcomes. Creating more cost-effective sustainable pathways to the advantage of patients and families.

Session 4: Understanding AI in Health and Care:
- Helped me understand the future possibilities for technology in health and care provision. Enabling me to promote knowledge of what can be achieved and what is being proposed while reminding providers that the patients and public have some reservations about the introduction of technology and whether it will be reliable accessible and beneficial or just a method of cutting costs.

4. **Least useful aspects of the training**

Four respondents commented that it was all useful. **Another** commented that 'The day was well planned, ensuring that each session fed the next making it all relevant'.

Where specific things were mentioned, these included: data modelling and analytics (**two** respondents), some of the more technical parts of Session 4 (stochastic etc) could be more 'layman-friendly', the training room being too hot and stuffy.

5. **Anything about the training that could have been improved?**

Respondents made the following comments on how the training could have been improved:

- Felt that the card games stopped the flow of the session. Think the cards were useful but as a separate activity maybe
- Slightly bigger space, cooler room (x2)
- Possibly need local examples to explain some parts of the training
- A printed handout which identified crucial points on the topic
- Technical parts need to be a little more layman-friendly
- Like more on understanding NHS data. Less on AI theory
- Would be useful to have information on local health data projects on a written [email] to take away

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6. Improving confidence to contribute to health data project

Responses were received from **twelve** participants (this question was left unanswered by one respondent). **Two** indicated they were **'Extremely'** confident; **three 'Very'** confident; **five 'Moderately'** confident, **one** slightly confident, and **one 'Not at all'** confident (this respondent said they were 'Unsure about what contributing means').

It was possible to make a comparison between **nine** respondents who had answered the question on both the pre- and post-course questionnaires regarding any increase in confidence levels. This comparison indicates that for **six respondents, confidence levels had increased as a result of the training** (in one case, the confidence level had shifted from 'not at all confident' to' moderately confident') - although one commented 'I feel personally that I will need a lot more training'. For **three** respondents the confidence level remained the same.

7. Interest in becoming involved as a Public/Patient Contributor to future digital health projects as a result of the training

The overwhelming majority of respondents (**eleven**) indicated they would be interested, although one respondent felt this was only possible 'with 'more training'. **Two** respondents were unsure, with one adding the comment 'depends what it is'.

8. Other comments about the training

Comments about the day were almost all positive. Comments to single out for further attention concern the room, checking if those attending have hearing difficulties and the length of tea breaks.

- Within my fairly new role as an informatics nurse today has given me some great knowledge that I want to take forwards. Plan to see some clinical staff and see how they are using connecting care within their practice.
- Well run and at a reasonable level.
- No. As good as it gets.
- Room was too warm. Fresh air would have been good. Some speakers were very softly spoken. Do you check whether attendees have hearing difficulties? Possibly didn't need half an hour for tea breaks. Thanks for making the info understandable for non-technical people.
- I apologise for being late (due to my own health). I felt truly supported by John and Ceilidh.
- Programme excellently designed and run by John and Andy – well time-managed – giving everyone an opportunity to question and contribute. Ceilidh and Sandra very helpful. John is such as motivational speaker. Would love to hear the 'unmoderated' views on AI!!
- Really interesting day. Variety. Different perspectives. Thought provoking.
- The planning provided a good balance of activities and the time for questioning was well managed. The speakers were chosen well.
- I found the day interesting though there was a lot to digest.

9. How respondents learned of the training?

When asked how they found out about the training, respondents indicated the following

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Four respondents – via People in Health West of England
Two respondents via Healthier Together
One respondent via a Bristol Health Partners Health Integration Team
Six respondents found out via other channels:
- Local PPG (x2)
- BMSSG CCG & Hanham Health PPG
- Healthwatch South Gloucestershire

Ideas for publicising the training should it be repeated included:

- Through the standing CCG facility – example the Bristol Public & Patient Involvement Forum
- Via Care Forum – Bristol, could send it out via their news updates.
- Healthcare providers, peer & service user groups, STP transformation programmes crucial to many projects and services
- Voscur, The Care Forum, Well Aware website
- GP surgery and practice websites
- PHWE Operational Group?

TH/04 April 2019

Bristol Health Partners

An introduction to digital health and use of data
Thursday, 28 March 2019

Pre-course Evaluation Questionnaire

Your name: …………………………………………

To help us plan and evaluate this training day we would like to get an idea of your current level of knowledge around digital health and uses of data in health and care. Also, we would be interested to know about your knowledge of local projects using health data and digital technologies.

Please tell us about your knowledge and confidence by completing the questions below.

	Please rate the following	Excellent	Very Good	Good	Fair	Poor
1	Understanding of the ideas and debates that would help me contribute to work on digital health and uses of health data					
2	Knowledge of the resources available to help me contribute to work on digital health and uses of health data					
3	Awareness of local projects using health data and digital technologies					

		Extremely	Very	Moderately	Slightly	Not at all
4	At this point, how confident do you feel about contributing to health data projects?					

Thank you for completing these questions.

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Post-course Evaluation Questionnaire

Your name: …………………………………………

We would like to know your views on the training today as this will help us to identify what works well and what needs improving when planning future courses. Thank you for your help with the evaluation.

1. How would you rate this training in improving your knowledge of digital health and uses of health data?

Very good	Good	Fair	Poor	Very poor

2. How would you rate this training in improving your knowledge of local projects using health data and digital technologies?

Very good	Good	Fair	Poor	Very poor

3. How would you rate this training in improving your knowledge of the resources available to help you contribute to work on digital health and uses of health data?

Very good	Good	Fair	Poor	Very poor

4. How easy was it for you to take part in discussions today on digital health and uses of health data?

Very easy	Easy	Not easy	Comments

5. What did you find **MOST** useful about the training?

Continued overleaf ..

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6. What did you find **LEAST** useful?

7. Was there anything about the training that could have been improved?

8. At this point, how confident do you feel about contributing to health data projects?

Extremely	Very	Moderately	Slightly	Not at all

9. Would you be interested in becoming involved as a Public/Patient Contributor to future digital health/data projects as a result of today's training?

Yes☐   No☐   Unsure☐

10. Any other comments about the training?

Lastly, how did you find out about this training?

☐People in Health West of England   ☐Healthier Together   ☐Word of mouth

☐ Twitter   ☐Bristol Health Partners Health Integration Team

☐Other (please give details) …………………………...

Where else should we publicise this training if we run it again?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

A practical introduction to digital health and data

Thursday 28 March 2019

Seminar Room, CLAHRC West Offices, 9th Floor, Whitefriars, Lewins Mead, Bristol, BS1 2NT

Timing	Activity
9am – 9.30am	Arrivals & refreshments
9.30am 10am	Introductions
10am -11.15am	Session 1: Understanding Patient Data *Speaker: Joss Palmer, Programme Lead, Connecting Care*
11.15am - 11.45am	Break
11.45am -1pm	Session 2: Understanding Digital Health *Speaker: Dr Andrew Turner, Senior Research Associate, University of Bristol*
1pm -1.45pm	Lunch
1.45pm – 2pm	Consolidation chat - data and technology, what have we learned?
2pm - 2.15pm	Session 3 Understanding Health Service Data *Speaker: Dr Richard Wood, Head of Modelling & Analytics, Bristol, North Somerset and South Glos Clinical Commissioning Group*
14.15 - 15.00	Break
3pm - 4.15pm	Session 4 Understanding AI in Health and Care *Speaker: Dr Sophie Taysom,*
4.15pm - 4.30pm	Reflective and evaluative structured conversation