Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

An Roinn Sláinte
Department of Health

TECHNICAL REPORT:

NATIONAL ENGAGEMENT ON Digital Health & Social Care

2024

About the National Engagement on Digital Health and Social Care

The National Engagement on Digital Health and Social Care was completed by the Health Information and Quality Authority (HIQA), in partnership with the Department of Health and the Health Service Executive (HSE). The aim of the National Engagement on Digital Health and Social Care was to understand the opinions and attitudes of the Irish public and professionals in relation to the digitalisation of health and social care services. The engagement investigated what the Irish public and professionals who work in health and social care want, need, and are ready for in relation to the digitisation of health and social care services, including any potential benefits, challenges, and impacts.

Purpose of this Technical Report

This report provides a technical description of the methodology, methods and procedures implemented during the National Engagement on Digital Health and Social Care. This report has been designed to provide sufficient detail for repetition, replication and review. This document does not report in detail on the results from the public engagement. A report on the findings can be downloaded from (www.hiqa.ie).

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1. Overview

1.1. The National Engagement on Digital Health and Social Care

Digital technologies are an important part of day-to-day life. Progressing the digital transformation of health and social care services is critical to improving the efficiency, safety and quality of service delivery. The European Commission has set goals to support Europe's digital transformation, one of which is to provide access to electronic health records for all EU citizens by 2030.(1)

In Ireland, the Health Information Bill 2024 provides a legislative framework to ensure that Ireland has a fit-for-purpose national health information system that enhances patient care and treatment, and supports better planning and delivery of health services into the future and is aligned to EU regulations.(2) eHealth is identified as a 'critical enabler to implement the change required to deliver an integrated, universal, high quality health system' as envisioned in the Sláintecare healthcare reform programme.(3,4) The Digital Health Framework for Ireland 2024-2030 sets out a clear vision to digitally transform health services, focused on harnessing the power of new technologies, digital and data to transform how health and social care services are delivered in Ireland.(5) The Health Service Executive (HSE) has developed a corresponding Digital Health Strategic Implementation Roadmap(6) which sets out the digital initiatives which will deliver the vision and mission of the Framework.

Engagement is crucial in order to ensure any advances in the digital transformation of health and social care services are fit for purpose and acceptable to those who will be impacted. The World Health Organization (WHO) advocates that digital developments should be person centred, address identified health needs and be appropriate to a local context.(7) The WHO encourages engagement not only with the public, but also the health and social care professionals who will deploy or use digital health technologies in their work. In this context, the Health Information and Quality Authority (HIQA), in partnership with the Department of Health and the Health Service Executive (HSE), conducted a National Engagement on Digital Health and Social Care. This engagement involved:

- A national telephone survey with 2,009 members of the public.
- Focus groups and interviews with 41 members of the public including representatives of minority groups.
- An online survey with 1,020 professionals working in the health and social care services.

- Focus groups with 27 professionals working in health and social care services including doctors, nurses and health and social care professionals.

The findings from this engagement provide insights and evidence to inform the development and provision of digital health systems and services in Ireland. HIQA will use the findings to inform its health information programme of work. The Department of Health and the HSE will also use the findings to inform legislation, national policy, and future developments in digital health and social care.

1.2. Management of the National Engagement on Digital Health and Social Care

The National Engagement on Digital Health and Social Care was a partnership approach between HIQA, the Department of Health and the HSE. The partnership was underpinned by a memorandum of understanding, clearly stating each partner's role and responsibilities.

The National Engagement on Digital Health and Social Care has enabled the public and professionals working across health and social care to voice their opinion on this topic and in doing so, has provided a rich source of information that will allow all of the partner organisations to work towards improving how digital health and social care is progressed in Ireland.

A governance model was developed to support the National Public Engagement on Digital Health and Social Care. This governance model included:

- **Steering Group for the National Engagement on Digital Health and Social Care:** The steering group was responsible for strategic oversight of the engagement. The steering group comprised of members from HIQA, the Department of Health, the HSE and patient representatives. Membership of the Steering Group can be found in Appendix 1.

- **Partnership Project Team:** This team was responsible for the operational aspects of the project, developing the methodology and analysing and reporting on findings. While the core team was based within HIQA, the project partnership team also included representatives from the Department of Health and the HSE who reviewed documentation, provided input and joined team meetings as required.

HIQA contracted a managed service (Ipsos B&A) to administer the public survey. HIQA, with the support of the managed service, administered the professional online survey. The managed service recruited participants for two public focus groups and five one-to-one interviews, in line with HIQA's focus group methodology.(8) HIQA recruited representatives of minority groups to a further five focus groups. HIQA also recruited professionals for three focus groups. All focus groups and interviews were conducted by the HIQA project team, with the exception of the focus group with people with intellectual disabilities. This focus group was conducted by staff working with people with intellectual disabilities and HIQA project team members were in attendance.

1.3. Stakeholder engagement and communication plan

A stakeholder engagement and communication plan was developed for this project. This ensured clear and consistent engagement with stakeholders throughout the project and after the publication of the findings.

1.4. Ethical approval

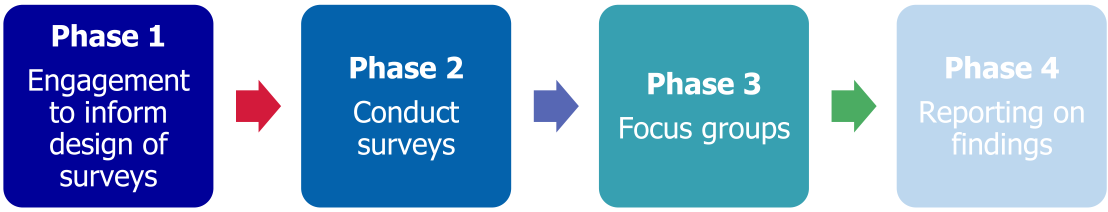
Ethical approval for the National Engagement on Digital Health and Social Care was obtained from the Royal College of Physicians of Ireland (RCPI).

1.5. Information governance

Information governance is a means of ensuring that all data, including personal information, is handled in line with relevant legislation, guidance and evidence-based practices. In line with legislation, a Data Protection Impact Assessment (DPIA) was conducted to ensure that all engagement activities were completed in a manner that was fair, secure and respected the privacy of the survey participants. Documentation was developed to explain why information was collected, how this data was processed and handled and how survey respondents' privacy was protected. The DPIA summary is available to download from HIQA's website here.

1.6. Methodology overview

There were four phases to the National Engagement on Digital Health and Social Care which included engagement to inform the design of surveys, conducting public and professional surveys, conducting public and professional focus groups and reporting on the findings from the surveys and focus groups. Fieldwork for the project was undertaken from June 2023 to February 2024. Further details on activities under each phase are outlined in the sections below.



2. Phase 1: Engagement to inform design of surveys

2.1. Literature review and engagement activities to inform design of the surveys

To inform the development of the survey questionnaire for both the public and for professionals, a review of international evidence was undertaken and focus groups and interviews were conducted to gain an understanding of what is important for people regarding the digitalisation of health and social care.

The engagement activities that informed the survey design for the public were as follows:

- two focus groups with eight HIQA staff, representing different functions across HIQA, to inform the themes for the public survey. The purpose of the engagement meetings was to understand what does digital health and social care mean for the public and their opinions, wants, needs and readiness regarding digital health and social care.

The engagement activities that informed the survey design for professionals working in health and social care were as follows:

- two focus groups and one interview with 12 professionals to inform the themes of the professional survey. The purpose of the engagement meetings was to understand what does digital health and social care mean to professionals providing services and their opinions, wants, needs and readiness regarding digital health and social care. See Appendix 2 for the list of organisations represented in the engagement meetings.

The survey questions were developed by HIQA based on the review of the literature and responses from the focus groups with HIQA staff and professionals working in health and social care. An overview of the key themes identified is presented in Appendix 3. Input to the survey questions was also received from the project steering group.

2.2. Public pilot survey

A pilot of 10 cognitive interviews were conducted between 29 May and 7 June 2023 among members of the Irish population, recruited by the managed service. The purpose of the cognitive interviews was to test the survey questions and questionnaire among a range of respondents to ensure relevancy and ease of understanding among all cohorts of the Irish population. The sample included a mix of gender and age, as well as differing levels of confidence using online tools. Experienced interviewers from the managed service worked on the pilot. The average length of the survey was 20 minutes. The results from these pilot interviews were used solely to inform the content of the survey. The results were not included in the final survey findings.

2.3. Professional pilot survey

A pilot of 10 cognitive interviews were conducted between 16 June and 26 June 2023 among health and social care professionals. The sample, recruited by the managed service, included a mix of health and social care professionals in order to test the questions among different contexts and ensure relevancy and ease of understanding across various cohorts of those working in health and social care in Ireland. Experienced interviewers from the managed service worked on the pilot. The average length of the survey was 20 minutes. The results from these pilot interviews were used solely to inform the content of the survey. The results were not included in the final survey findings.

3. Phase 2: Conduct surveys

3.1. Public survey sampling

A target sample of 1,920 people aged over 18 years was chosen for this study. A sample of 1,920 is sufficiently large to be able to provide a 95% confidence interval within +/-5% on any estimate.[*] The sample was quota controlled by gender and age. The sample target was over achieved with 2,009 respondents. Weights were applied to the analysis. This was to ensure estimates presented in the report are representative of the population. The weights were calculated by comparing the proportion of individuals in the sample in subgroups with that of the national population. These subgroups were age, sex and region. The national population estimates for these subgroups were derived from the CSO Labour Force Survey (2021-2022) and the CSO Census 2022 (9,10,11,12,13,14,15). By applying weights to the analysis, the proportion of respondents in each of the subgroups in the survey sample are adjusted accordingly to reflect the national population estimates.

3.2. Public survey Computer-Assisted Telephone Interviewing (CATI) methodology

A computer-assisted telephone interviewing (CATI) approach was used for both the public and professional pilots and the main telephone survey with the public. CATI interviewers, working for the managed service, conducted interviews with members of the public over the phone, guided by the questionnaire which was displayed on their computer screens. The CATI interviewers were able to record the participants' responses by inputting the survey participant data to the questionnaire on screen. Once an interviewer completed the survey, they could no longer access the survey or the answers.

3.3. Public survey random digital dialling

Survey participants were recruited for the telephone survey using Random Digit Dialling (RDD). The RDD sampling involves generating a random selection of national telephone numbers (both mobile and landline) using known number stems issued by the Commission for Communications Regulation, ComReg. Numbers were manually dialled by Computer Assisted Telephone Interviewers. Ineligible numbers, such as businesses or people under the age of 18, were excluded once the interviewer had established their ineligibility. Members of the public were randomly

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[*] Using the population total of 5,123,536 (preliminary CSO figures from the 2022 census), requiring a confidence interval of 95% and accepting a margin of error of 5%, the sample size of 384 was calculated. To facilitate reporting by demographic categories (e.g. age) and analysis of difference across categories, this figure was multiplied by 5, resulting in a sample size of 1,920.

selected until the managed service achieved the sample size of 1,920 completed surveys.

3.4. Public survey interviewer training

CATI interviewers were trained and briefed on the National Engagement on Digital Health and Social Care by the managed service (Ipsos B&A). The training covered:

- overall aim of the survey and survey topic
- sensitive data and consent
- vulnerable groups
- FAQs from respondents (see Appendix 4)
- open ended questions
- participant information leaflet and further information from HIQA (see Appendix 5)
- briefing on the survey (going through each question)
- anonymization criteria.

In order to ensure quality of interviewer work, 12% of all calls (243 calls) where the participant gave consent were remotely monitored by a supervisor from the initial contact with a number through to the end of the interview. The interviewer was assessed on a number of criteria including appropriate pacing, approach to asking the survey questions, probing, their telephone manner, responses recorded correctly and ability to respond to participant queries. Following completion of the call, the interviewer was provided with an evaluation of their call performance and were provided with feedback if any concerns were raised.

3.5. Public survey consent

Participant consent was obtained at the beginning of the survey. Participants were asked to confirm that they understood the purpose of the survey, that it was voluntary, and that they consented to taking part. Participants were informed if they required more information that a participant information leaflet and frequently asked questions were provided on the HIQA website, or alternatively if they wanted the documents posted out to them, the managed service (Ipsos B&A) would oblige. Both documents were also translated into Irish[†] and made available on the HIQA website.

[†] HIQA went out to tender and DCU language services won the tender. DCU language services translated the documents into Irish.

For those that gave their consent, it was recorded by the interviewer and the interviewer either proceeded with the interview at that time or an appointment was made to conduct the interview at a later time that suited the participant. Survey participants were also informed that their participation was voluntary and that they had the right to withdraw from the survey at any time. If consent was not given by a participant, this was processed as a 'refusal' and the survey was closed. It was not counted as an interview and the participant was thanked for their time.

3.6. Public survey methodology and structure

Between June 2023 and July 2023 the public telephone survey was conducted with a representative sample of the Irish population aged 18 and over. The survey collected key demographic information about the participants including:

- county
- age
- gender
- education/training
- ethnicity
- living with a long-term or chronic health condition
- number of GP, consultant, dentist or other health or social care professional/hospital or inpatient visits in last 12 months
- limited in everyday activities due to health problems in the last 12 months
- medical card/GP visit card
- private health insurance
- formal qualification in a medical, nursing, or health or social care profession
- formal qualification in information technology or computer science.

The survey consisted of 27 questions and averaged around 20 minutes to complete by telephone. The survey addressed the following topics:

- Information access and sharing
- Sharing online health information
- Digital care.

The first section, information access and sharing, asked participants to rate their levels of comfort with different types of digital technology, what would be important for the public to have available in an online record, the importance of practical aspects of an online record, the benefits of having online access to health and social care information and what would be beneficial for the public to add to their online health record. The second section, sharing online health information, explored participants' comfort levels sharing information and participants were asked what would increase their comfort sharing information with a trusted family member or friend. The final section, digital care, focused on participants' experience with telephone and video consultations. Questions also asked about participants' comfort with other forms of digital care delivery, their comfort levels providing information to correctly identify them when accessing services and their likelihood of accessing an online health record or digital care when it is made available. The final two questions were open text responses relating to challenges the public might have with digital health and social care and any additional comments (See Appendix 6 for the full Survey Tool).

3.7. Public sample characteristics

The final sample (n=2,009) by age, gender, geographic spread, health care usage and category of service user group is set out below.

Table 1. Public survey participant demographics and characteristics[‡]

Group	Total Completes	Percentage %
Totals	**2,009**	**%**
Geographical Location		
Connaught/Ulster	350	17
Rest of Leinster	536	27
Munster	538	27
Dublin	584	29
Age Category		**%**
18 to 24	231	11

[‡] Please note the figures in this table are weighted. For unweighted responses please see the published data file on www.hiqa.ie Please note that values in tables do not always add up to 100% exactly. This is due to rounding

Group	**Total Completes**	**Percentage %**
25 to 34	319	16
35 to 49	597	30
50 to 64	466	23
65 or older	396	20
Gender		**%**
Male	982	49
Female	1026	51
Other	>5	0.1
Highest Level of Education or Training		**%**
No formal education or training	13	0.6
Primary	144	7
Lower secondary (Group; Inter; Junior Certificate)	273	14
Upper secondary (Leaving Certificate)	359	18
Technical or vocational	57	3
Advanced certificate/completed apprenticeship	71	4
Higher certificate	67	3
Ordinary Bachelor Degree or National Diploma	254	13
Honours Bachelor Degree or Professional Qualification or both	313	16
Postgraduate Diploma or Master’s Degree	359	18
Doctorate (Ph.D.) or Higher	25	1
Pass	72	4

Group	**Total Completes**	**Percentage %**
Ethnic Group		**%**
White Irish	1609	80
White Irish Traveller	>5	0.1
Roma	7	0.3
Other White Background	179	9
Black or Black Irish		
Black or Black African Irish	35	2
Other Black Background	>5	0.1
Asian or Asian Irish		
Chinese	8	0.4
Indian/ Pakistani/ Bangladeshi	48	2
Other Asian Background	14	0.7
Other, including mixed group/background		
Arabic	10	0.5
Mixed	38	2
Other	26	1
Pass	33	2
Long-Term or Chronic Condition		**%**
Yes	704	35
No	1281	64
Pass	24	1
Number of Times in Last 12 Months Attended		**%**

Group	Total Completes	Percentage %
A GP, consultant, dentist, or other health or social care professional		
Never	179	9
1	268	13
2-5	971	48
6-10	392	19
More than 10	178	9
Pass	21	1
Hospital as a day patient or inpatient		
Never	1165	58
1	360	18
2-5	370	18
6-10	53	3
More than 10	29	1
Pass	33	2
For the past 12 months or more, limited in everyday activities due to health problems		**%**
Yes	511	26
No	1480	74
Don’t know	6	0.3
Pass	12	0.6
Full Medical Card User		**%**
Yes	698	35
No	1296	65

Group	**Total Completes**	**Percentage %**
Pass	15	0.7
GP Visit Card User[§]		**%**
Yes	133	10
No	1159	89
Pass	5	0.4
Private Health Insurance User		**%**
Yes	1109	55
No	875	44
Pass	25	1
Formal qualification in a medical, nursing, or health or social care profession		**%**
Yes	240	12
No	1759	88
Pass	10	0.5
Formal qualification in information technology or computer science		**%**
Yes	209	10
No	1789	89
Pass	12	0.6

[§] Participants were asked this question if they said they did not have a medical card.

3.8. Professional survey sampling

A target sample of 672 people was chosen for this study[**]. The sample target was over achieved with 1,020 respondents. The professional online survey was conducted with a voluntary response sample of professionals working in health and social care. Prior to commencing the survey, participants were asked if they were in paid employment in health and social care in the Republic of Ireland, and registered with, or a member of one of the following professions; dentistry, medicine, nursing or midwifery, pharmacy, pre-hospital emergency care, psychology, or registered with CORU (Ireland's multi-profession health regulator). HIQA, with the assistance of the managed service, developed and administered the survey online using Qualtrics.[††] Participants could complete the online survey using a link accessed via the HIQA website.

3.9. Professional survey recruitment

Between September and October 2023 professionals were recruited to the online survey by the HIQA project team. Professionals who worked in the private and voluntary sectors were recruited through contacting professional representative groups, registration bodies, and unions such as those representing nurses, medics, and other professionals across health and social care. Promotion and recruitment also involved using personal contacts to identify leads, and snowballing (that is, participants were asked at the end of the survey to share the survey link with their network).

An extensive recruitment plan was in place and recruitment had multiple phases. Prior to the launch of the survey, the HIQA project team contacted stakeholders via email asking if they would help promote the online professional survey in advance of the launch. Once the survey was live, the HIQA project team notified internal and external stakeholders via email about the launch of the professional survey asking them to promote the survey amongst colleagues, registrants, and members, and

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[**] The sampling frame was professionals registered with or a member of one of the seven professional bodies identified. These organisations reflected the make-up of professionals working across health and social care in Ireland. These groups were: CORU, Dental council, Medical council, Nursing and Midwifery Board of Ireland, Pre-hospital Emergency Care Council, the Pharmacy Regulator and the Psychological Society of Ireland. Based on figures received from these organisations, the total population of professionals working in health and social care in Ireland was calculated at 144,248. Applying this estimated population, a 95% confidence interval, a 10% margin of error and enabling analysis of differences between groups, the minimum required sample size was n=672. The final returned sample was 1,020. This sample aligned with the distribution of roles across professionals working in health and social care in Ireland.

[††] The survey responses were answered on Qualtrics. This is an online survey tool which has been approved for use by HIQA. All data on the survey tool is stored and processed in the EU and subject to the GDPR.

requesting they promote the engagement on social media, newsletters, or elsewhere if possible. Emails were sent to regulatory bodies, unions, and organisations in:

- dentistry, medicine, nursing and midwifery, pharmacy, pre-hospital emergency care, psychology, CORU
- HSE national clinical programmes
- hospital groups
- senior managers in the HSE and the Department of Health
- public and patient representatives
- senior and general managers in acute and community healthcare
- universities and colleges, including the schools of nursing and midwifery and dentistry
- urban and rural dentists across Ireland
- urban and rural community pharmacies across Ireland.

Promotion to stakeholders resulted in social media posts on X, Meta, Instagram, LinkedIn from various organisations and individuals including HIQA's own social media platforms. Two radio interviews were completed and the online survey was promoted in newsletters and articles on different stakeholder websites.

3.10. Professional survey consent

Participants were asked to confirm that they consented to taking part in the survey, by ticking a box at the start. Participants were also asked if they are in paid employment in health and social care in the Republic of Ireland, and if they are registered with or a member of one of the following professional groups; dentistry, medicine, nursing or midwifery, pharmacy, pre-hospital emergency care, psychology, or registered with CORU (Ireland's multi-profession health regulator). If the participants answered 'no' to either of the above, this was processed as a 'refusal' and the survey was closed. If participants responded 'yes' to the questions the survey proceeded, and this was recorded as participation. Participants were informed that if they required more information that a frequently asked questions document (see Appendix 7) and a participant information leaflet (see Appendix 8) were provided on the HIQA website. Both documents were also available in the Irish language.

3.11. Professional survey methodology and structure

Once participants consented to participate in the online survey, they were asked demographic questions and presented with the survey questions.

The demographic information that was collected included:

- current role
- primary area of work
- primary sector
- current employment status
- primary area working in management, administration or direct care
- age group
- gender.

The survey addressed the following topics:

- Sharing health and social care information with the public
- Public providing information
- Providing services and communicating digitally with the public.

The first section, sharing health and social care information with the public, had professionals rate their levels of comfort with different types of digital technology and with the public having access to their own health information. Professionals were also asked if the public should have access to backdated information and records, when the public should have access to radiology reports and laboratory tests and if the public having access to their health and social care information would change the amount of information, content and language used in their clinical notes. Professionals were also questioned about the benefits and challenges of the public having access to their health and social care information in an online health record.

The second section, sharing health and social care information with the public, asked professionals to rate how useful it would be for the public to add information to their online health record and if it would be helpful for the public to identify errors or omissions in their online health records.

The final section, providing services and communicating digitally with the public, asked professionals to rate how ready they feel the public are to interact digitally. Questions also focused on professionals’ experience delivering care digitally via phone and video consultations and professionals were asked to rate the effectiveness of other forms of digital care, such as text message reminders. Following this, questions explored if professionals' attitudes towards digital technology had changed since the onset of the COVID-19 pandemic and the cyber-attack in the HSE and if they feel relationships with the public will improve, disimprove or remain the same when information and care is provided digitally. Professionals were asked to indicate what would increase their comfort providing services or information digitally and to identity up to three main potential challenges of providing services and communicating digitally. The final questions asked how comfortable professionals would be with the public knowing if they had accessed their digital records and if they had any other additional comments in relation to sharing information and providing care digitally (See Appendix 9) for the full survey tool).

3.12. Professional survey sample characteristics

In total, 1,315 professionals accessed the online survey, 295 participants were processed as refusals because they did not consent to participating, were not currently in paid employment in health and social care in the Republic of Ireland, or they were not registered with or a member of one of the professional groups. Therefore, the final sample (n=1,020) [‡‡] by age, gender, professional status, area of work, and role is set out below.

Table 2. Professional survey participant characteristics[§§]

Demographics	Total Completes	% Completed
Area		
Acute	469	46
Community	352	35

[‡‡] The sampling frame was professionals registered with or a member of one of the seven professional bodies identified. These organisations reflected the make-up of professionals working across health and social care in Ireland. These groups were: CORU, Dental council, Medical council, Nursing and Midwifery Board of Ireland, Pre-hospital Emergency Care Council, the Pharmacy Regulator and the Psychological Society of Ireland. Based on figures received from these organisations, the total population of professionals working in health and social care in Ireland was calculated at 144,248. Applying this estimated population, a 95% confidence interval, a 10% margin of error and enabling analysis of differences between groups, the minimum required sample size was n=672. The final returned sample was 1,020. This sample aligned with the distribution of roles across professionals working in health and social care in Ireland.

[§§] Where column totals are less than 1,020 this because not all respondents answered each question. Please note that values in tables do not always add up to 100% exactly. This is due to rounding

Demographics	Total Completes	% Completed
Primary Care	113	11
Not relevant to my role	77	8
Sector		
Public sector	723	73
Private sector	166	17
Voluntary sector	97	10
Employment Status		
Permanent employee	906	89
Contract employee	55	5
Agency contract employee	10	1
Self-employed	42	4
Management/Direct Care		
Management/administration	386	38
Direct care	566	56
Other	64	6
Gender		
Male	202	21
Female	742	78
Other	11	1
Age groups		
18-24	6	1
25-34	124	13
35-49	430	46
50-64	363	39

Demographics	Total Completes	% Completed
65+	18	2
Role		
Nursing and Midwifery Board		
Nurse	496	49
Midwife	26	3
Medical Council		
General Practitioner	22	2
Non-consultant specialist doctor	22	2
Consultant or specialist	66	6
CORU		
Dietitian	22	2
Dispensing Optician	>5	>1
Medical Scientist	20	2
Occupational Therapist	24	2
Optometrist	11	1
Physiotherapist	32	3
Podiatrist	4	0.4
Radiographer	16	1.6
Radiation Therapist	4	0.4
Social Worker	34	3
Speech and Language Therapist	40	4
Pre-Hospital Emergency Care Council		
Advanced Paramedic	24	2

Demographics	Total Completes	% Completed
Emergency Medical Technician	16	2
Paramedic	21	2
Pharmaceutical Society of Ireland		
Community Pharmacist	34	3
Hospital Pharmacist	31	3
Psychological Society of Ireland		
Psychologist	26	3
Psychotherapist	>5	>1
Dental Council of Ireland		
Dental Hygienist	>5	>1
Dental Nurse	>5	>1
Dental Specialist	7	1
Dentist	9	1

4. Phase 3: Focus groups methodology

4.1. Public focus groups methodology

Between September 2023 and February 2024, seven focus groups and five one-to-one interviews were held with members of the public including representatives of minority groups. Participants were sent information on the engagement and focus groups in advance and were required to sign a consent form before taking part (Appendix 10 and 11). To ensure all participants had the required support to give informed consent, the consent form and information sheet were available in a easy to read version (see Appendix 12 and 13) To enable participation, four focus groups were held online, three were held in-person, and to further facilitate access, five one-to-one telephone calls were held. The focus groups and interviews followed the standard HIQA methodology.(8)

The facilitator read an introductory script (see Appendix 14) at the beginning of each focus group. The facilitator then proceeded with a semi-structured schedule of questions (see Appendix 15) developed to incorporate relevant prompts related to the areas of interest. The focus groups aimed to develop a deeper understanding of the survey findings; elaborate on the findings to capture any additional information; ensure the opinions and attitudes gathered are reflective of people living in Ireland; and capture the views of those who may have specific needs in relation to digital health and social care which may not have been fully captured in the survey. The schedule of questioning was flexible and allowed for participants to discuss additional topics they considered relevant, and for the facilitator to probe particular points to ensure a better understanding.

4.2. Public focus group sampling

Participants were recruited to either focus groups or one-to-one interviews. Seven focus groups and five one-to-one interviews were held and total of 41 people took part in the focus groups/interviews. Specific advocacy organisations from different locations across Ireland were invited to ask individuals they represent to take part in these focus groups, including members of Traveller and Roma communities, disability service users, and family carers. Young people aged 16 and 17 from two schools, one from an urban location and one from a rural location, were also asked to take part.

Apart from the focus groups with young people, only those aged over 18 were eligible to participate. The sampling method for the focus groups was purposive where participants were invited to participate based on a common characteristic relevant to the objective of the focus group. Individuals were invited to focus groups based on their level of comfort with digital technologies. HIQA invited specific representative organisations to ask individuals they represent to take part in these focus groups. An overview of focus group participants is provided in Table 3.

Table 3. Overview of public focus group and interview participants

	Participant group	Number of participants
1	Public focus groups	10
2	Public interviews	5
3	Disability service users	7
4	Family carers	3
5	Traveller and Roma communities	6
6	16 & 17 year olds group 1	6
7	16 & 17 year olds group 2	4

4.3. Public focus groups consent

In advance of the focus group, participants were sent details of the study in the form of a Participant Information Leaflet (see Appendix 10). Participants were provided with an email address and telephone number to contact in the event that they had any further questions about the focus group. Participants were required to sign a consent form in advance of participating in the focus group, this was returned by email (see Appendix 11). At the beginning of each focus group, the facilitator confirmed that participation was voluntary and participants had the right to withdraw from the focus group at any point. Recruitment of patients and representatives of different service user groups was via representative or advocacy groups and HIQA worked closely with these organisations to ensure that participants had all required supports to give informed consent.

4.4. Public focus groups data collection

Focus groups and interviews were held online using a virtual meeting platform, in person, or by telephone. There were two to three members of HIQA project team present: the facilitator, the moderator and a note-taker. The facilitator informed participants at the start of the focus group that the focus groups would be voice recorded. Participants were given the opportunity to ask questions in relation to the information and consent form that had been provided. A schedule of questions was used for the focus group discussions, as detailed in Appendix 15. After each segment of questions, the moderator summarised the emerging findings and requested validation from participants that it reflected their opinions and was an accurate representation of what they shared. The note-taker took detailed notes of the discussion, but did not record names or identifiable information. The focus groups and interviews were recorded using a digital voice recorder (the digital voice recording were deleted post transcription of the data see further detail in section 5.3.4). Focus groups lasted between around 90 minutes and one-to-one interviews last around 20-40 minutes.

4.5. Professional focus groups methodology

Between January and February 2024, three focus groups were held with a mix of professionals across health and social care. Focus groups were held online by HIQA with a total of 27 professionals taking part. The focus groups followed the standard HIQA methodology.(8)

A semi-structured schedule of questions (see Appendix 18) was developed that incorporated relevant prompts related to areas of interest. The focus groups aimed to develop a deeper understanding of the survey findings; elaborate on the findings to capture any additional information; ensure the opinions and attitudes gathered are representative of professionals working in health and social care in Ireland. The schedule of questioning was flexible and allowed for participants to discuss additional topics they considered relevant, and for the facilitator to probe particular points for a better understanding. Questions were also adapted for participants based on their understanding of the topic

4.6. Professional focus group sampling

Participants were asked in the survey if they would be interested in taking part in the focus group and to provide their email. HIQA then invited via email a random selection of professionals who volunteered to take part in the focus groups. An overview of focus group participants is provided in Table 4.

Table 4. Overview of professional focus group participants

	Participant group	Number of participants
1	Mix of professionals including; CORU, medicine, nursing, pharmacy, psychology	7
2	Mix of professionals including; CORU, medicine, nursing, pharmacy, pre-hospital emergency care, psychology	11
3	Mix of professionals including; dentistry, CORU, medicine, nursing, pharmacy	9

4.7. Professional focus groups consent

In advance of the focus group, professionals were sent details of the study in the form of a Participant Information Leaflet (see Appendix 16). Participants were provided with an email address and telephone number to contact in the event that they had any further questions about the focus group. Participants were required to sign a consent form in advance of participating in the focus group, this was returned by email (see Appendix 17). At the beginning of each focus group, the facilitator confirmed that participation was voluntary and participants had the right to withdraw from the focus group at any point.

4.8. Professional focus group data collection

Focus groups were held online using a virtual meeting platform. There were two to three members of HIQA project team present: the facilitator, the moderator and a note-taker. The facilitator informed participants at the start of the focus group that audio would be recorded. The facilitator read an introductory script (see Appendix 14) at the beginning of each focus group. Participants were given the opportunity to ask questions in relation to the information and consent form that had been provided. A schedule of questions was used for the focus group discussions, as detailed in Appendix 18. After each segment of questions, the moderator summarised the emerging findings and requested validation from participants that it reflected their opinions and was an accurate representation of what they shared. The note-taker took detailed notes of the discussion, but did not record names and also recorded the focus groups using a digital voice recorder. Focus groups lasted around 90 minutes.

5. Phase 4: Report on findings

5.1. Quantitative data processing and analysis

Initial, high-level preliminary analysis was completed by the managed service for both the public and the professional survey. Prior to data analysis, both the public and professional survey datasets were checked and cleaned by the HIQA project team. Data analysis for public and professional surveys was conducted through Stata 16 software by the HIQA project team. The frequency of response to all questions are individually presented in the tables and graphs throughout the main findings report. In line with best practice in sample surveys, the data was weighted prior to analysis to ensure the data was representative of the population. Missing data was excluded from analysis.

The HIQA project team prepared and anonymised both datasets, these are now publicly available on the HIQA website to enable use of data for further analysis.

5.1.1. Data retention and destruction

Anonymised responses from the public pilot were deleted four weeks after collection. The anonymised public telephone survey responses will be retained for a period of five years following the close of the survey. The file containing phone numbers and first names of responders to the public telephone survey was deleted four weeks after the survey closed.

Anonymised responses from the professional pilot were deleted four weeks after collection. The anonymised online survey responses from professionals will be retained for a period of five years following the close of the survey.

5.2. Qualitative data processing and analysis of survey data

5.2.1. Qualitative data analysis from public survey

Qualitative data from public and professional surveys including responses to open-ended questions were coded and analysed in Microsoft Excel. Codes that emerged were integrated into the overall analysis and write up of the public and professional focus groups. The public and professional survey questions did not ask for any information of a personal nature when recording the responses to the open-ended questions, if personal or identifying information was recorded it was deleted within four weeks of the survey closing.

5.3. Qualitative data processing and analysis of focus groups

5.3.1. Transcription of focus groups

The qualitative data collected during the focus groups was recorded (with prior agreement), and transcribed within four weeks of the focus group taking place. HIQA contracted a managed service (Audiotrans) to transcribe the recordings of the focus goups. The recordings were sent to the external transciber via HIQA's secure online file transfer. The recordings were transcribed by the external provider and HIQA carried out quality checks on three transcripts to ensure accuracy of the transcription.

5.3.2. Data anonymisation from focus groups

Any personal information was removed from the transcripts, as detailed in the anonymisation criteria in Appendix 19. The transcripts have been anonymised so that it is not possible to attribute specific comments or statements to any individual participant. No individuals can be identified in the write up of the public and professionals interview results.

5.3.3. Data analysis from focus groups

Anonymised transcripts were imported to NVivo 12 to facilitate data organisation, management, and analysis. Analysis was undertaken in line with the Framework Method approach.(16) Two researchers, who acted as facilitators and moderators at the focus groups and interviews, undertook data analysis. Analysis was also reviewed by a third researcher independent to the process.

The Framework Method approach can be used in a wide range of qualitative studies.(16) Using this method allowed the investigators to follow a clear and transparent process of analysing large amounts of data from the public and professional focus groups and interviews.

Once the recordings were transcribed, the researchers read each transcript to familiarise themselves with the discussions. A coding framework was developed based on initial focus groups. Codes were key points of information related to the objectives of the research. Developing the coding framework was an ongoing process where codes were adapted, added, or removed based on additional readings of the transcripts. The coding framework was then applied to all transcripts (see Appendix 20 for the public focus group coding frame and Appendix 21 for the professional focus group coding frame). Each transcript was initially coded by one of the researchers and subsequently coded by the other researcher to ensure the framework was applied appropriately. Draft findings were subsequently developed drawing on the relationships between codes. The codes related findings were reviewed by a third researcher who was independent to the process. A summary of initial findings was developed, discussed with the wider project team and adapted in line with their feedback. A selection of quotes were chosen to best illustrate each finding and are presented in the findings report. Transcripts were not returned to participants, except one participant who requested theirs.

5.3.4. Data retention and destruction focus groups

All personal details of the focus group participants were stored on a secure server. Access to this data was limited to the HIQA project team. All contact details of focus group participants were deleted as soon as the focus groups were completed. Focus group recordings were deleted once transcription was completed. All focus group anonymised response data will be retained for five years. For files held by the managed service, they provided a certificate of deletion to HIQA.

6. Publication of findings: National Public Engagement on Digital Health and Social Care

The findings of the National Engagement on Digital Health and Social Care were published in September 2024. The related documents published include:

- Findings from the National Engagement on Digital Health and Social Care
- Technical Report for the National Engagement on Digital Health and Social Care
- Response to National Engagement on Digital Health and Social Care by the partner organisations.
- The anonymised survey data file.***

All published reports and outputs can be downloaded from www.hiqa.ie.

*** Certain variables were redacted from the anonymised survey data file to protect the identities of participants. Further details are provided in the data file.

Appendices

Appendix 1. Membership of Steering Group

Steering group for the National Engagement on Digital Health and Social Care

Name	Organisation Title
Rachel Flynn (Chair)	Health Information and Quality Authority (HIQA) Director of Health Information and Standards
Kevin O'Carroll	HIQA Standards and Technology Manager
Niall Sinnott	Department of Health Head of eHealth & Information Systems
Sarah Gibney*	Department of Health Principal Officer and Head of Unit, Health Information Policy (HIP) Unit
Helen Conroy*	Department of Health Assistant Principal Officer, Health Information Policy Unit
Kathryn Kissane	Health Service Executive (HSE) Deputy Delivery Director, Engagement and Delivery
Richard A Greene	HSE Professor of Clinical Obstetrics (UCC); Chief Clinical Information Officer (HSE); Director of The National Perinatal Epidemiology Centre
Mary-Brigid Collins	National Patient Forum Pavee Point
Tiberius Pereira	National Patient Forum Patients for Patient Safety Ireland

*Helen Conroy replaced Sarah Gibney in June 2024.

Appendix 2. Organisations represented in engagement meeting to inform survey development

Organisation
HSE National Clinical lead for Rheumatology
Ireland East Hospital Group (IEHG) and representing Assistant Director of Midwifery
Irish College of General Practitioners
Irish Dental Association
Irish Pharmacy Union
National Ambulance Service
National Rehabilitation Hospital Lead
PACS Radiology Manager Tipperary University Hospital
Physiotherapy Manager Beaumont Hospital
Social work clinical advisor
South/Southwest Hospital Group (SSWHG) and representing nursing
St. James Hospital Medical Oncologist

Appendix 3. Key themes identified in engagement meetings to inform survey development

The key themes identified in the thematic analysis of the notes from the focus groups and interviews with health and social care professionals and with HIQA staff to inform the design of the survey were:

1. The design of the app or online health record, including its functionality
2. Digital health technology
3. Patient generated information and quality control
4. Patient access to information
5. Digital literacy
6. Reactive work due to a portal or online health record
7. Sharing sensitive information
8. Research of other countries with digital health.

Appendix 4. Public Survey — Frequently Asked Questions

National Engagement on Digital Health and Social Care

Public Telephone Survey

About the survey

1. What is this survey about?

This survey is about you and your thoughts and opinions, as a member of the public, on digital health and social care in Ireland. Digital health and social care in this survey means how you access and share your own health and social care information digitally. This can include details about your medical conditions, lists of medications you may be taking, and also personal details such as your date of birth. Digital health and social care also refers to how professionals who work in health and social care may communicate with you digitally or provide services digitally. We want to understand the public's wants, needs, and readiness for digital health and social care, including potential impacts for the public.

2. Who is running the survey?

The survey is being run by the Health Information and Quality Authority (HIQA) in partnership with the Department of Health and the Health Service Executive (HSE). HIQA will also be using a data processor, IPSOS MRBI, to assist with carrying out this survey.

3. Why is it important?

The partnership organisations involved in this survey want to understand the expectations of people living in Ireland and professionals working in health and social care[†††] in Ireland in relation to digital health services and accessing and sharing health information digitally. This survey will enable people living in Ireland to voice their opinion and in doing so, provide a rich source of information that will inform national policy and future developments and recommendations in the area.

4. Why now?

The national engagement will look at what digital health and social care means to the Irish public and professionals in health and social care. It will gather evidence on the public's wants, needs, and readiness for digital health and social care, including

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[†††] The professional survey is specifically looking to registrants with CORU (Ireland's multi-profession health regulator); the Dental Council of Ireland; the Medical Council; the Nursing and Midwifery Board of Ireland; the Pharmaceutical Society of Ireland; the Pre-Hospital Emergency Care Council; and members of the Psychological Society of Ireland.

potential impacts for the public. It will also gather evidence on professionals' wants, needs, and readiness for digital health and social care, including their attitudes to the public having digital access to their health and social care information and potential impacts for professionals. This is especially in light of potential changes brought about by the COVID-19 pandemic and attitudes to digital health technologies as a result of the cyber-attack in the HSE.

The European Commission recently set a target that 100% of European Union citizens will have electronic access to their medical records by 2030.[‡‡‡] In addition, under the Sláintecare reform programme, the Government has a goal to implement a citizen health portal among other digital health objectives.[§§§]. Improvements in this area will lead to greater availability of health information, improvements in decision-making, and ultimately safer care and better outcomes for patients.

5. Who will be asked to complete the survey?

The target sample size is 1,920 people who live in Ireland and who are aged 18 years and over. A survey recruitment method called random digit dialling will be used. This involves calling mobile phone numbers randomly. If you receive a phone call asking you to take part, this means that your phone number was generated at random. Random digit dialling will allow us to ensure that the results of this survey are a true reflection of the Irish public's opinions on digital health and social care.

The study is not open to volunteers among the general public.

6. Is there another survey taking place?

We are also holding a national online survey with professionals in health and social care. Both surveys will help us to understand the opinions of the public and professionals on digital health and social care.

7. Can I complete both surveys?

You could possibly complete one survey in a private capacity as a member of the public and the other survey in a professional capacity.

Please see www.hiqa.ie for more information on the online survey for professionals working in health and social care.

8. Does the survey comply with data protection laws?

[‡‡‡] See Europe's Digital Decade at https://digital-strategy.ec.europa.eu/en/policies/europes-digital-decade

[§§§] See Sláintecare Implementation Strategy and Action Plan 2021-2023 at https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf

Yes. The survey complies with all data retention and protection laws including the General Data Protection Regulation (GDPR). A Data Protection Impact Assessment has also been carried out. Further details on data protection are available on www.hiqa.ie.

9. Where can I find the results of the survey?

The results of the survey will be available on www.hiqa.ie. You can also sign up to receive the results by emailing digitalsurvey@hiqa.ie

For survey participants

1. What does taking part involve?

The survey involves answering 28 questions over the telephone with a researcher who will note your answers in an online survey form. It takes approximately 20 minutes to complete.

2. Why should I complete the survey?

Completing this survey gives you the opportunity to have your opinion heard on the future of digital health and social care in Ireland. The survey results will have a meaningful impact on future plans for digital health and social care information and services in Ireland, including the use of digital technologies in health and social care.

3. What types of questions will I be asked?

You will be asked for your opinion on your wants, needs, and readiness for digital health and social care.

4. What will you do with my answers?

All survey responses will be anonymised. The findings will be published in a report setting out people's opinions on digital health and social care. Results will be made publicly available on www.hiqa.ie.

5. Will the phone call be recorded?

Telephone interviews will not be audio recorded. The interviewer will write your answers to the questions into a computer programme. A minimum of 10% of calls will be monitored by a supervisor for quality and control purposes to make sure the interviewer carried out the survey as expected.

6. Will my answers be treated confidentially?

Yes, your answers will be processed in strict confidence and kept separate from your personal contact details (first name and telephone number). Your answers will be analysed for the purposes of this survey. The answers will not be given to commercial entities or used for commercial purposes. All information gathered during this survey will be managed in line with HIQA's Information Governance and Data Protection policies. For information on how HIQA uses personal data, please see the HIQA Privacy Notice: https://www.hiqa.ie/reports-and-publications/corporate-publication/hiqa-privacy-notice

7. Who will have access to my personal information, where will it be stored, and for how long?

Your personal contact information (first name and telephone number) will be collected by the telephone interviewer and stored securely for quality control purposes for four weeks after the completion of the survey. Access to personal information is controlled and is in line with HIQA information governance policies. Once the data quality checks are completed, your personal contact details (first name and telephone number) will be deleted and responses will no longer be linked with your personal contact information. These non-identifiable responses will be kept by HIQA indefinitely. If you request to have additional information on the survey posted to you, your name and address will be collected for this purpose and deleted four weeks after the completion of the survey. For more information on how and where your personal information will be stored, please visit www.hiqa.ie.

8. Where can I find out more?

To find out more, you can contact us by:

Email: digitalsurvey@hiqa.ie
Postal address:
HIQA at National Engagement Survey
HIS Technical Standards
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Telephone:
01 8286770

Appendix 5. Public Survey — Participant Information Leaflet

National Engagement Survey on Digital Health and Social Care

Telephone Survey for the Public

Principal investigator's name: **Rachel Flynn**

Principal investigator's title: Director of Health Information and Standards, HIQA

Telephone number of principal investigator: +353 1 828 67 70

Consultant co-investigator's name (1): **Sarah Gibney**

Consultant co-investigator's title (1): Principal Officer and Head of Unit Health Information Policy (HIP) Unit, Department of Health

Consultant co-investigator's name (1): **Fran Thompson**

Consultant co-investigator's title (1): Chief Information Officer, HSE

Data Controller's/joint Controller's Identity: **Health Information and Quality Authority**

Data Controller's/joint Controller's Contact Details: +353 21 2409300

Data Protection Officer's Identity: **Lydia Buckley**

Data Protection Officer's Contact Details: dpo@hiqa.ie

This leaflet is intended for members of the public who are taking part in the telephone survey for the National Engagement on Digital Health and Social Care. The aim of this survey is to understand your opinions on the digitisation of health and social care including accessing and sharing health and social care information digitally and accessing care digitally.

Taking part in this survey is voluntary. Before you decide whether or not you wish to take part, you may wish to read the information provided below.

1. Why is this telephone survey being done?

The survey is being run by the Health Information and Quality Authority (HIQA) in partnership with the Department of Health and the Health Service Executive (HSE).

The scope of digital health and social care is wide. One example includes telehealth where GP consultations take place using a smart or mobile phone. Remote monitoring of blood pressure using a device that a person wears is another example. People having access to their health and social care information online via a website or portal is also an example.

The national engagement will look at what digital health and social care means to the Irish public and professionals working in health and social care.[****] It will gather evidence on the public's wants, needs, and readiness for digital health and social care, including potential impacts for the public. It will also gather evidence on professionals' wants, needs, and readiness for digital health and social care, including their attitudes to the public having digital access to their health and social care information, and potential impacts for professionals.

The engagement is being carried out in light of potential changes brought about by the COVID-19 pandemic and also changes in attitudes to digital health information technologies as a result of the cyber-attack in the HSE. In addition, it is being carried out in the context of recent European Commission targets where 100% of European Union citizens are expected to have electronic access to their medical records by 2030.[††††] Furthermore, under the initiatives of the Sláintecare reform programme, the Government has a goal to implement a citizen health portal among other digital health objectives.[‡‡‡‡] Digital improvements in this area will lead to greater availability of health information, improvements in decision-making, and ultimately safer care and better outcomes for patients.

The information from this survey will be used by HIQA to make recommendations on technical implementation in line with European Commission and Irish government goals. The Department of Health and the HSE will also use the research findings to inform legislation, national policy, and future developments in health and social care technology.

[****] The professional survey is specifically looking to registrants with CORU (Ireland's multi-profession health regulator); the Dental Council of Ireland; the Medical Council; the Nursing and Midwifery Board of Ireland; the Pharmaceutical Society of Ireland; the Pre-Hospital Emergency Care Council; and members of the Psychological Society of Ireland.

[††††] See Europe's Digital Decade at https://digital-strategy.ec.europa.eu/en/policies/europes-digital-decade

[‡‡‡‡] See Sláintecare Implementation Strategy and Action Plan 2021-2023 at https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf

2. Who is organising and funding this survey?

HIQA is conducting this survey in partnership with the Department of Health and the HSE.

The survey is being conducted by a market research company, IPSOS MRBI, on behalf of HIQA, the Department of Health, and the HSE.

3. Why am I being asked to take part?

The target sample size is 1,920 people who live in Ireland and who are aged 18 years and over. A survey recruitment method called random digit dialling will be used. This involves calling mobile phone numbers randomly. If you receive a phone call asking you to take part, this means that your phone number was generated at random. Random digit dialling allows us to ensure that the results of this survey are a true reflection of the Irish public's opinions on digital health and social care, including accessing and sharing information digitally and accessing services digitally.

You can change your mind about taking part any time you like, even if the survey has started, and you do not need to tell us why.

The study is not open to volunteers.

4. When will the survey be carried out?

The telephone survey will begin in June 2023 and will continue until 1,920 survey responses are received over a four week period. If you receive the call asking you to take part in this survey, you will be asked if you are happy to complete the survey. If you cannot complete the survey when you receive the call, you can request to be called back at a date and time that suits you, but during the period of time when the survey is taking place.

5. Is there another survey taking place?

We are also holding a national online survey with professionals who work in health and social care. Both surveys will help us to understand the opinions of the public and professionals on the digitisation of health and social care including accessing information and health and social care services digitally.

6. Can I complete both surveys?

You could possibly complete one survey in a private capacity as a member of the public and also complete the other survey in a professional capacity as a professional working in health and social care. Please see www.hiqa.ie for more information on the online survey for professionals.

7. What will happen to me if I agree to take part?

If you agree to take part in this survey, you will be asked to participate in a 20-minute telephone call. An interviewer will ask you a number of questions in relation to age, gender, and region. These questions help us to make sure that we collect responses from a variety of people with different backgrounds. It is important to collect responses from different backgrounds to ensure that the survey results are a true reflection of the opinions of all people living in Ireland. Other questions are designed to help us to understand your views on the use of digital technologies in health and social care in Ireland. The interviewer will ask questions on digital health-related topics and will then ask you questions about your wants, needs, and readiness for digital health and social care, including potential impacts.

This is a once-off survey. The interviewer will be fully trained in conducting telephone surveys and is employed by IPSOS MRBI, who are based in Ireland. All information collected will be kept in the strictest confidence and combined, anonymous results will be reported only. It will not be possible to identify any particular individual in the results and no information that could identify you will be provided to anyone.

8. Will the phone call be recorded?

Telephone interviews will not be audio recorded. The interviewer will write your answers to the questions into a computer programme. A minimum of 10% of calls will be monitored by a supervisor for quality and control purposes to make sure the interviewer carried out the survey as expected.

9. What are the benefits?

Completing this survey gives you the opportunity to have your opinion heard on the future of digital health and social care in Ireland. The survey results will have a meaningful impact on plans for digital information and services in Ireland, specifically the use of digital technologies in health and social care.

10. What are the risks?

We do not see any risks to taking part in this survey. The survey requires your commitment to a 20-minute survey. If we call you at a time that is not suitable to you, we can reschedule the call to a time that does suit you.

We have taken the necessary steps to ensure your personal information is protected. Further information can be found in the section 11. ‘Is this survey confidential?’.

11. Is the survey confidential?

Yes. All information collected will be kept in the strictest confidence. Your personal information — your phone number, which has been randomly generated, and your first name, which is asked at the end of the call — will be kept for four weeks after the survey closes for quality control purposes. This information will then be deleted permanently. Access to survey answers will be restricted to selected individuals. Survey answers will be stored by IPSOS MRBI and sent securely to HIQA. After HIQA receives the information, IPSOS MRBI will permanently delete the responses. The responses will not include any personally identifiable information. It will not be possible to identify any particular individual in the survey results and combined results will be reported only. In the event that a survey participant includes personal details in their answers, the interviewer will not record, collect, or store this information. HIQA will retain merged anonymous survey responses permanently.

If you request to have additional information on the survey posted to you, your name and address will be collected for this purpose and deleted within four weeks after the survey.

If you would like additional information on the survey, please go to www.hiqa.ie or contact us with your query at the email, address or phone number noted below.

12. Data Protection and Consent

You will be asked to give verbal consent before taking part in the survey. Participation is voluntary and you have the right to withdraw from the survey at any time. The information you provide will be used to ensure that the survey includes responses from a variety of people living in Ireland. This will allow us to ensure that the results accurately represent the Irish public's opinion on digital health and social care.

We will be processing your personal information under Section (8)(1)(j) of the Health Act 2007. Under Section (8)(1)(j), HIQA has responsibility to provide advice and make recommendations to the Minister for Health and the Health Service Executive about deficiencies identified by the Health Information and Quality Authority (HIQA).

Initially, you will be identified by your telephone number through a random digit dialling process. You will be asked for your first name at the end of the call. This personal information will be stored for four weeks after the survey is completed. A file containing non-identifiable survey answers will be stored permanently after the completion of the project by HIQA.

There will be a four-week period between the closing of the survey and the deletion of first names and telephone numbers. Within this four-week period, participants have the right to review, edit, or delete their survey responses if they so wish. After the four-week period, survey answers will no longer be linked to personal information (first name and phone number) and it will no longer be possible to make amendments or delete the survey responses. If you request to have additional information on the survey posted to you, your name and address will be collected for this purpose and deleted four weeks after the survey ends.

As you are a data subject in this survey, under the law, you have the right to:

- request access to your personal data (first name and telephone number) and survey responses and request a copy of same (available for up to four weeks after completion of the survey, after which time the survey answers will no longer be linked to personal details [first name and telephone number] and therefore no longer individually retrievable)
- restrict or object to processing
- have any inaccurate information about you corrected or deleted
- lodge a complaint with the Data Protection Commission (DPC) if you are unhappy with how your personal data is being used.

Should you have any further queries or should you want to make a complaint, you can do so by emailing digitalsurvey@hiqa.ie

You may also contact HIQA’s Data Protection Officer: dpo@hiqa.ie

13. Where can I get further information?

If you need any further information, please contact:

Email: digitalsurvey@hiqa.ie

Postal address:
HIQA at National Engagement Survey
HIS Technical Standards
George’s Court
George’s Lane
Smithfield
Dublin 7
D07 E98Y

Phone number: 01 8286770

Website: www.hiqa.ie

Appendix 6. Public telephone survey tool

Section 1: Information Access and Sharing

Situation 1: readiness to access digital health information online

I will now go through some questions. If there are some you'd prefer not to answer, please say Pass.

1. **Thinking first about how comfortable you are using technology in general right now.**

   How comfortable or uncomfortable are you with each of the following? Please answer on a scale of 1 to 5, where 1 is very uncomfortable and 5 very comfortable. If you don't use a particular item or service please indicate how comfortable you would expect to be using it.

No	(Instruction to interviewer: read out and tick all that apply.)	Very uncomfortable				Very comfortable	Don't know	Pass
		1	2	3	4	5		
a.	Using websites like Google							
b.	Using social media like Facebook or TikTok							
c.	Using digital devices related to health such as smart watches like Fitbits (Interviewer prompt e.g. step counters, pedometers, fitness bracelets)							
d.	Using health apps on your mobile phone such as to monitor sleep or calorie intake (Interviewer prompt e.g. to support medication intake or							

	measure physical activity.)							
e.	Interacting with online services such as online banking, renewing your passport online, or Revenue Online Service							

2. **Every time you visit a GP or other health professional, or when you go to a hospital, details about that visit are added to your health record. If these records were to be made available to you online, what information would you want to be able to view?**

   (Instruction to interviewer: tick all that are mentioned. If not mentioned, probe the remaining responses: "Do you think it would be important or not important to view ...?)

No		Spontaneous Response	Prompted Important	Prompted Not Important	Pass
a.	Your personal details like name, address, date of birth				
b.	Details of the person who should be contacted in case of emergency				
c.	Your Medical Card or other medical schemes you are registered for (Interviewer prompt: e.g. Drug Payment Scheme, General Medical Scheme, Long-Term Illness Scheme)				
d.	Your private health insurance details				
e.	Your current health conditions or				

	diagnoses				
f.	Your current medications prescribed by healthcare practitioners				
g.	Your allergies				
h.	Details about blood tests, x-rays or other tests/scans				
i.	Your vaccinations				
j.	Medical alerts such as you don't like needles or you faint when you give blood				
k.	Surgeries you may have had				
l.	Implants or medical devices you may use like hip replacements or pacemakers				
m.	Notes GPs or other professionals have written about you				
n.	Referrals from a GP or health practitioner to another professional				
o.	Discharge information, such as when leaving hospital				
p.	A list of future medical or other healthcare appointments				
q.	Plans of care, for example information on services or supports you require				
r.	Your mental health records				
s.	Your sexual health records				

t.	Other (Interviewer instruction: record verbatim what the respondent says if not in the above list. These will be categorised as Spontaneous Responses.)				

Situation 2: what people would like to see and do with digital health and social care information

3. **There are some things you could do in an online health record that could help you manage your health.**

   Using a scale of 1-5, where 1 is not at all important, and 5 is very important, how important would it be if you could do the following in an online health record?

No	*(Instruction to interviewer: read out and tick all that apply.)*	Not at all important				Very important	Pass
		1	2	3	4	5	
a.	Book, reschedule, or cancel appointments						
b.	Renew prescriptions for regular medications						
c.	Update your contact details like your phone number or address						
d.	Track the progress of blood tests or other tests						
e.	Track the progress of referrals						
f.	Record your organ donation wishes						
g.	Contact healthcare professionals about information missing from or mistakes in your record						

h.	Communicate securely with a GP or other healthcare professional online						
i.	Can you think of any other things you'd like to be able to do in your online health record? *(Instruction to interviewer: The emphasis here is on being able* ***to do*** *things with the health information record. It is not about viewing information.)*	*(Record what they say verbatim)*					

4. **There are benefits to having online access to your health and social care information. We'd like to see if you think it would benefit you to have access in the future.**

   I'll read out a number of benefits and I'll ask you to rate them from 1-5, where 1 is where you strongly disagree, and 5 is you strongly agree.

No	*(Instruction to interviewer: read out and tick all that apply.)*	Strongly disagree				Strongly agree	Pass
		1	2	3	4	5	
a.	Having all your information in one place could help you understand your health.						
b.	An online record could help manage your health between visits by reminding you what you were told during appointments.						
c.	An online record could help you prepare questions or information you want to share during an appointment.						
d.	Knowing what's recorded about you may help you talk to a professional about your health.						

e.	You would feel more in control of your health because you would know what is in your record.						
f.	You would have greater trust in professionals because you would have access to the records they are creating about you and your care.						

5. **As well as being able to see what's written about you in a record, in some countries, people can add their own information to their online health record. Which of the following do you think would be beneficial or not beneficial for you to add to your online health record?**

No	*(Instruction to interviewer: read out and tick all that apply.)*	Beneficial	Not beneficial	Not relevant	Pass
		1	2	3	
a.	Over-the-counter medicines you regularly use like vitamins, cough medicine, pain killers				
b.	Lifestyle information like food diaries or the number of hours you sleep				
c.	Health information you know about yourself but hasn't been diagnosed by a medical professional; For instance food intolerances, allergies, that you dislike needles				
d.	Information from personal digital devices like step counters, pedometers, or smart watches				

e.	Information from health apps on your mobile phone such as physical activity trackers or apps that help people stop smoking or manage their weight				
f.	Can you think of other health information you know about yourself that you'd like to be able to record in an online health record *(Instruction to interviewer: Record what they say verbatim.)*				

Section Two: sharing online health information

Situation 3: sharing online health information with family and friends

Now, let us move on and we'll talk about potentially giving a trusted family member or friend access to your online health and social care information.

6. Can you think of the kinds of health and social care information you would be comfortable sharing with a trusted family member or friend in an online health record?

(Instruction to interviewer: tick all that are mentioned. Number the order of spontaneous responses. If not mentioned, probe the remaining responses: "Would you be comfortable or not comfortable sharing ...?

If they say option 1, they would not be comfortable sharing anything, move to the next question, question 8.)

No		Spontaneous Response	Prompted Comfortable	Prompted Not Comfortable	Pass
a.	I would not be comfortable sharing anything.				

	(Interviewer instruction, if they give this option, move to ***question 8*** *below.)*				
b.	Your personal details like name, address, date of birth				
c.	Details of the person who should be contacted in case of emergency				
d.	Your Medical Card or other medical schemes you are registered for *(Interviewer prompt: e.g. Drug Payment Scheme, General Medical Scheme, Long-Term Illness Scheme)*				
e.	Your private health insurance details				
f.	Your current health conditions or diagnoses				
g.	Your current medications prescribed by healthcare practitioner				
h.	Your allergies				
i.	Procedures like blood tests, x-rays, or other tests/scans				
j.	Your vaccinations				
k.	Medical alerts such as you don’t like needles or you faint when you give blood				
l.	Surgeries you may have had				

m.	Implants or medical devices you may use like hip replacements or pacemakers				
n.	Notes GPs or other professionals have written about you				
o.	Referrals from a GP or health practitioner to another professional				
p.	Discharge information, such as when leaving hospital				
q.	A list of future medical or other healthcare appointments				
r.	Plans of care, for example information on services or supports you require				
s.	Your mental health records				
t.	Your sexual health records				
u.	Other *(Interviewer instruction: record verbatim what the respondent says if not in the above list. These will be categorised as Spontaneous Responses.)*				

ASK Q.7 TO THOSE UNCOMFORTABLE ABOUT AT LEAST ONE ITEM AT Q.6

7. **Thinking of that trusted family member or friend, I'd next like to see what might make you more comfortable giving them access to your online health information. On a scale of 1 to 5, where 1 is would not increase my comfort and 5 is would increase my comfort a lot, how much would each of the following increase your comfort?**

No	*(Instruction to interviewer: read out and tick all that apply.)*	Would not increase my comfort				Would increase my comfort a lot	Pass
		1	2	3	4	5	
a.	You controlling who has access						
b.	You controlling what they see						
c.	You controlling how long they can see the information for						
d.	You being able to easily remove someone's access						
e.	You being able to easily give someone else access						
f.	Is there anything else that might help you feel more comfortable giving someone else access to your online health information? *(Instruction to interviewer: Record what they say verbatim.)* *(Instruction to the interviewer: respondent may spontaneously say that* ***nothing will make them comfortable****. If so, record this verbatim.)*						

Section Four: Digital Care

Situation 4: digital care, the types of digital care the public want or would be happy to use.

Now, we are going to move onto our last topic and talk about digital care. For example, traditionally you would have face-to-face appointments with a GP but digital care can mean having appointments by phone or online video. Digital care can also mean using devices and technology at home to help monitor or manage conditions.

We would first like to know how you feel about having telephone or video appointments.

8. Can I ask if you've ever had a telephone appointment with a GP or any other health or social care professional rather than seeing them in-person?

No	*(Instruction to interviewer: tick what applies.)*	
a.	Yes	
b.	No	
c.	Pass	

*(Instruction to interviewer: If **Yes**, ask question **a** below. If **No** or **Pass**, skip to question **10**.)*

a. Using a scale of 1-5, where 1 is very uncomfortable, 5 is very comfortable, how comfortable were you speaking to them by phone rather than seeing them in-person?

(Instruction to interviewer: tick what applies.)	Verv Uncomfortable	Uncomfortable	Neutral	Comfortable	Verv comfortable	Pass
	1	2	3	4	5	

9. Have you ever had an online video consultation with a GP or any other health or social care professional rather than seeing them in-person?

No	*(Instruction to interviewer: tick what applies.)*	
a.	Yes	
b.	No	
c.	Pass	

(Instruction to interviewer: If **Yes**, ask question **a** below. If **No** or **Pass**, skip to question **11**.)

a. **Using a scale of 1-5, where 1 is very uncomfortable, 5 is very comfortable, how comfortable were you speaking to them by video rather than seeing them in-person?**

(Instruction to interviewer: tick what applies.)	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Pass
	1	2	3	4	5	

10. I'm now going to call out a few other examples of digital care and I'd like you to rate how comfortable you would be with each. Using a scale of 1-5, 1 being very uncomfortable, 5 being very comfortable, how comfortable would you be with:

No	*(Instruction to interviewer: read out and tick all that apply.)*	Very uncomfortable				Very comfortable	Not relevant to me	Pass
		1	2	3	4	5		
a.	receiving reminder SMS text messages or emails about upcoming appointments?							
b.	Receiving SMS text messages or emails saying results of medical tests are available?							
c.	communicating using a chat feature on a website where you type your questions into a box and you get an automated response?							

d.	using personal monitoring devices, for example a personal alarm that you would wear? *(Interviewer prompt: e.g. some people wear personal alarms to keep them safe at home e.g. if they had a fall)*							
e.	using monitoring devices that a health professional would give you, like heart rate or blood pressure monitors?							
f.	tracking and recording symptoms in a system, for example if you had arthritis, you could record pain levels?							
g.	filling out a health questionnaire online before you have a medical appointment? *(Interviewer prompt: e.g. a hospital would set up a questionnaire online and you'd fill it in before an appointment.)*							

11. There are several ways that could be used to link your health information to you and correctly identify you when accessing health services. On a scale of 1-5, where 1 is very uncomfortable and 5 is very comfortable, how comfortable would you be in providing the following information to correctly identify you and your information?

No		Very uncomfortable				Very comfortable	Not relevant to me	Pass
		1	2	3	4	5		
a.	Your name and date of birth							
b.	Your mobile phone number							
c.	Your Eircode							
d.	Your email address							
e.	A MyGovID *(Interviewer prompt: MyGovID is an online account that lets you access different government services like social welfare payments, apply for a driving licence, or pay property tax.)*							
f.	Your Personal Public Service Number (PPSN)							

12. If your health and social care information is made available online and digital care is made more available, on a scale of 1-5, where 1 is very unlikely and 5 is very likely, how likely are you to:

	Very unlikely	Unlikely	Neutral	Likely	Very likely	Pass
	1	2	3	4	5	

a.	access your online health record?						
b.	use digital health services such as video consultations with healthcare professionals?						

13. Can you tell me any challenges you think you may have with accessing your health information online or with digital health and social care?

Free text field

14. Overall, do you have any additional comments in relation to accessing health records online or to digital care?

Free text field

Demographic questions

And finally, I would like to ask you a few more questions for classification purposes. It will not be possible for the answers to be linked back to you in any way.

If there are any questions you would rather not answer, please say "Pass".

15. What county do you live in?

- Note the county
  (Or record if they pass on this question.)

16. Do you reside in a…

- City (interviewer prompt if necessary: like Dublin, Cork, Limerick, Waterford, Galway)
  or
- A large town (interviewer prompt: with a population of 5000+)
  or
- A small town (interviewer prompt: with a population of 1500 to 4999)
  or
- A rural area
  (Or record if they have pass on this question.)

17. How old were you on your last birthday?

Note person’s age:

Note to interviewer: If they are reluctant to give their exact age, ask “Are you between:

- 18 and 24
- 25 and 34
- 35 and 49
- 50 and 64
- 65 or older?
- (Or record if they pass on this question.)

18. Are you?

- Male
- Female
- Other
- Pass (Do not read out)

19. What is the highest level of education/training which you have completed?

Interviewer prompt

- No formal education/training
- Primary
- Lower secondary (Group; Inter; Junior Certificate)
- Upper secondary (Leaving Certificate)
- Technical or vocational
- Advanced certificate/completed apprenticeship
- Higher certificate
- Ordinary Bachelor Degree or National Diploma
- Honours Bachelor Degree or Professional Qualification or both
- Postgraduate Diploma or Master’s Degree
- Doctorate (Ph.D.) or Higher
- (Or record if they pass on this question.)

20. The next question I will ask is about ethnicity. It is asked solely so that we can properly describe the general characteristics of the people who responded to the survey. May I ask what your ethnic or cultural background is? Is it…

White

- Irish
- Irish Traveller
- Roma
- Any other White background (Please specify.)

Black or Black Irish:

- African
- Any other Black background (Please specify.)

Asian or Asian Irish:

- Chinese
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (Please specify.)

Other, including mixed group/background:

- Arabic
- Mixed, please specify
- Other, please specify.
- Pass (Do not read out)

21. Do you have a long-term or chronic health condition that has been confirmed by a medical diagnosis?

- Yes
- No
- Pass

22. In the last 12 months, how many times, if at all, have you been to:

No	Type	Number of times	Pass
1.	a GP, consultant, dentist, or other health or social care professional? (Interviewer prompt, if necessary: optician, physiotherapist, speech and language therapist, psychologist, dietician, occupational therapist,		

	podiatrist, social worker, etc.)		
2.	hospital as a day patient or inpatient? (Interviewer prompt: as a day patient, you were admitted to hospital for diagnosis, treatment, or other types of healthcare, but you didn't stay overnight; As an inpatient, you stayed at least one night.)		

23. For the past 12 months or more, have you been limited in everyday activities due to health problems, i.e. an on-going physical or mental health problem, illness, or disability?

- Yes
- No
- Don't know
- Pass

24. Do you have a full medical card?

- Yes
- No
- Pass

Instruction to interviewer: if **No or Pass**, ask:

a. Do you have a GP visit card?

- Yes
- No
- Pass (Do not read out)

25. Do you have private health insurance?

- Yes
- No

- Pass (Do not read out)

26. Do you have a formal qualification such as a diploma or degree in a medical, nursing, or health or social care profession?

- Yes
- No
- Pass (Do not read out)

27. Do you have a formal qualification such as a diploma or a degree in information technology or computer science?

- Yes
- No
- Pass (Do not read out)

Appendix 7. Professional Survey — Frequently Asked Questions

National Engagement on Digital Health and Social Care

Professionals in Health and Social Care Online Survey **About the survey**

1. What is this survey about?

This survey is about the thoughts and opinions of professionals working in health and social care in Ireland on digital health and social care. Digital health and social care in this survey means how the public access their own health and social care information digitally, how it is shared with the public, and what the public may share with the professionals. This can include details about medical conditions, lists of medications, and also personal details such as date of birth. Digital health and social care also refers to how professionals who work in health and social care may communicate digitally with the public or provide services digitally. We want to understand professionals' wants, needs, and readiness for digital health and social care, including their attitudes to the public having digital access to their health and social care information, and potential impacts for professionals.

2. Who is running the survey?

The survey is being run by the Health Information and Quality Authority (HIQA) in partnership with the Department of Health and the Health Service Executive (HSE). HIQA will also be using a data processor, IPSOS MRBI, to assist with carrying out this survey.

3. Why is it important?

The partnership organisations involved in this survey want to understand the expectations of people living in Ireland and professionals working in health and social care in Ireland in relation to digital health services and accessing and sharing health information digitally. This survey will enable professionals to voice their opinion on this topic and in doing so, provide a rich source of information that will inform national policy and future developments and recommendations in the area in line with Irish government and EU goals.

4. Why now?

The national engagement will look at what digital health and social care means to the Irish public and professionals working in health and social care. It will gather evidence on the public's wants, needs, and readiness for digital health and social care, including potential impacts for the public. It will also gather evidence on professionals' wants, needs, and readiness for digital health and social care, including their attitudes to the public having digital access to their own health and social care information, and potential impacts for professionals. This is especially in light of potential changes brought about by the COVID-19 pandemic and attitudes to digital health technologies as a result of the cyber-attack in the HSE.

The European Commission recently set a target that 100% of European Union citizens will have electronic access to their medical records by 2030.[§§§§] In addition, under the initiatives of the Sláintecare reform programme, the Government has a goal to implement a citizen health portal among other digital health objectives.[*****] Improvements in this area will lead to greater availability of health information, improvements in decision-making, and ultimately safer care and better outcomes for patients.

5. Who will be asked to complete the online survey?

The survey will be completed by 672 professionals working in health and social care in Ireland. The survey is specifically looking to professionals who are registrants with or members of:

- CORU (Ireland's multi-profession health regulator)
- the Dental Council of Ireland
- the Medical Council
- the Nursing and Midwifery Board of Ireland
- the Pharmaceutical Society of Ireland
- the Pre-Hospital Emergency Care Council
- the Psychological Society of Ireland.

6. Is there another survey taking place?

We are also holding a national telephone survey with the public. Both surveys will help us to understand the opinions of professionals and the public on digital health and social care.

7. Can I complete both surveys?

You could possibly complete one survey in a professional capacity if you are registered with or a member of one of the organisations listed in section 5 above. You could also complete the other survey in a private capacity as a member of the public.

8. Does the survey comply with data protection laws?

[§§§§] See Europe's Digital Decade at https://digital-strategy.ec.europa.eu/en/policies/europes-digital-decade

[*****] See Sláintecare Implementation Strategy and Action Plan 2021-2023 at https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf

Yes. The survey complies with all data retention and protection laws including the General Data Protection Regulation (GDPR). A Data Protection Impact Assessment has also been carried out. Further details on data protection are available on www.hiqa.ie.

9. Where can I find the results of the survey?

The results of the survey will be available on www.hiqa.ie. You can also sign up to receive the results by emailing digitalsurvey@hiqa.ie

For survey participants

1. What does taking part involve?

The survey involves answering 26 questions online, through a link sent to your email, or directly on the HIQA website. It takes approximately 15 minutes to complete online.

2. Why should I complete the survey?

Completing this survey gives you the opportunity to have your opinion heard on the future of digital health and social care in Ireland. The survey results will have a meaningful impact on plans for digital health and social care information and services in Ireland, including the use of digital technologies in health and social care.

3. What types of questions will I be asked?

You will be asked for your opinion on your wants, needs, and readiness for digital health and social care, including your attitudes to the public having digital access to their health and social care information, and potential impacts for professionals.

4. What will you do with my answers?

All survey responses will be anonymised. The findings will be published in a report setting out people's opinions on digital health and social care. Results will be made publicly available on www.hiqa.ie.

5. Will my answers be treated confidentially?

Yes, your answers will be processed in strict confidence. Your answers will be analysed for the purposes of this survey. The answers will not be given to commercial entities or used for commercial purposes. All information gathered during this survey will be managed in line with HIQA's Information Governance and Data Protection policies. For information on how HIQA uses personal data please see the HIQA Privacy Notice: https://www.hiqa.ie/reports-and-publications/corporate-publication/hiqa-privacy-notice

6. Who will have access to my data, where will it be stored and for how long?

All information collected will be kept in the strictest confidence. The survey will be answered on HIQA's survey tool procured from Qualtrics. This is an online survey tool which has been approved for use by HIQA. You will not be asked to include any information in your responses that could identify you. It will not be possible to identify any particular individual in the survey results, and combined responses of participants will be reported on only. In the event that a survey participant includes identifying information in their answers, this will be permanently deleted as soon as it is identified. Survey answers will be stored by HIQA's survey tool while the survey is open to respondents. All data on the survey tool will be stored and processed in the EU. It will be subject to the GDPR. HIQA will be the data controller and own and control the data. Qualtrics and IPSOS MRBI will be the data processors and only process data to the extent necessary to provide software and services. No data will be disclosed to third parties. Once the survey is closed, HIQA will download the responses from the survey tool to HIQA's own server and permanently delete the information from the survey tool. Access to survey answers will be restricted to selected individuals in HIQA. HIQA will retain the anonymous responses permanently. Anonymous survey data will also be published on the HIQA website when the report on the national engagement is finalised.

If you request to have additional information on the survey posted to you, your name and address will be collected for this purpose and deleted four weeks after the completion of the survey. For additional information on the survey, please visit www.hiqa.ie or contact us with your query at the email or phone number noted below.

7. Where can I find out more?

To find out more, you can contact us by:

Email: digitalsurvey@hiqa.ie

Postal address:

HIQA at National Engagement Survey
HIS Technical Standards
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone number: 01 8286770

Website: www.hiqa.ie

Appendix 8. Professional Survey — Participant Information Leaflet

National Engagement Survey on Digital Health and Social Care

Online Survey for Professionals in Health and Social Care

Principal investigator's name:	**Rachel Flynn**
Principal investigator's title:	Director of Health Information and Standards, HIQA
Telephone number of principal investigator:	+353 1 828 67 70
Consultant co-investigator's name (1):	**Sarah Gibney**
Consultant co-investigator's title (1):	Principal Officer and Head of Unit Health Information Policy (HIP) Unit, Department of Health
Consultant co-investigator's name (1):	**Fran Thompson**
Consultant co-investigator's title (1):	Chief Information Officer, HSE
Data Controller's/joint Controller's Identity:	**Health Information and Quality Authority**
Data Controller's/joint Controller's Contact Details:	+353 21 2409300
Data Protection Officer's Identity:	**Lydia Buckley**
Data Protection Officer's Contact Details:	dpo@hiqa.ie

This leaflet is intended for professionals working in health and social care[†††††] who are taking part in the online survey for the National Engagement on Digital Health

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[†††††] The professional survey is specifically looking to registrants with CORU (Ireland's multi-profession health regulator); the Dental Council of Ireland; the Medical Council; the Nursing and Midwifery Board of Ireland; the

and Social Care. The aim of this survey is to understand your opinions on the digitisation of health and social care including the public accessing and sharing health and social care information digitally and professionals providing care digitally.

Taking part in this online survey is voluntary. Before you decide whether or not you wish to take part, you may wish to read the information provided below.

1. Why is this online survey being done?

The survey is being run by the Health Information and Quality Authority (HIQA) in partnership with the Department of Health and Health Service Executive (HSE).

The scope of digital health and social care is wide. One example includes telehealth, where GP consultations take place by video using a smart or mobile phone. Remote monitoring of blood pressure using a device that a person wears is another example. People having access to their health and social care information online via a website or portal is also an example.

The national engagement will look at what digital health and social care means to the Irish public and professionals in health and social care. It will gather evidence on professionals wants, needs, and readiness for digital health and social care, including their attitudes to the public having digital access to their health and social care information, and potential impacts for professionals. It will also gather evidence on the public’s wants, needs, and readiness for digital health and social care, including potential impacts for the public.

The engagement is being carried out in light of potential changes brought about by the COVID-19 pandemic and also changes in attitudes to health information technologies as a result of the cyber-attack in the HSE. In addition, it is being carried out in the context of recent European Commission targets where 100% of European Union citizens are expected to have electronic access to their medical records by 2030.[‡‡‡‡‡] Furthermore, under the initiatives of the Sláintecare reform programme, the Government has a goal to implement a citizen health portal among other digital health objectives.[§§§§§] Digital improvements in this area will lead to greater availability of health information, improvements in decision-making, and ultimately safer care and better outcomes for patients.

The information from this survey will be used by HIQA to make recommendations on technical implementation in line with European Commission and Irish government

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Pharmaceutical Society of Ireland; the Pre-Hospital Emergency Care Council; and members of the Psychological Society of Ireland.

[‡‡‡‡‡] See Europe's Digital Decade at https://digital-strategy.ec.europa.eu/en/policies/europes-digital-decade

[§§§§§] See Sláintecare Implementation Strategy and Action Plan 2021-2023 at https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf goals. The Department of Health and the HSE will also use the research findings to inform legislation, national policy, and future developments in health and social care technology.

2. Who is organising and funding this survey?

HIQA is conducting this survey in partnership with the Department of Health and the HSE.

The survey is being conducted by a market research company, IPSOS MRBI, on behalf of HIQA, the Department of Health, and the HSE.

3. Why am I being asked to take part?

The survey will be completed by 672 professionals who are in paid employment in health and social care in Ireland. Specifically, the survey is looking to the following seven groups of professionals who are registered with or are members of:

- CORU (Ireland's multi-profession health regulator)
- the Dental Council of Ireland
- the Medical Council
- the Nursing and Midwifery Board of Ireland
- the Pharmaceutical Society of Ireland
- the Pre-Hospital Emergency Care Council
- the Psychological Society of Ireland.

You can change your mind about taking part in the online survey any time you like, even if you have started the survey, and you do not need to tell us why.

4. When will the survey be carried out?

The online survey will be live in September 2023 and will continue until 672 survey responses are received. You will receive a link to the survey via email, or you can go directly to the HIQA website, once you are happy to complete the survey.

5. Is there another survey taking place?

We are also holding a national telephone survey with members of the public. Both surveys will help us to understand the opinions of professionals and the public on the digitisation of health and social care including access to information and health and social care services digitally.

6. Can I complete both surveys?

You could possibly complete one survey in a professional capacity and also complete the other survey in a private capacity as a member of the public.

7. What will happen to me if I agree to take part?

If you agree to take part in this survey, you will be asked to participate in a 15-minute online survey. The survey will have a number of questions in relation to your current role, your age category, and the sector you are employed in. These questions help us to make sure that we collect responses from a variety of people with different backgrounds. It is important to collect responses from different backgrounds to ensure that the survey results are a true reflection of the opinions of professionals in Ireland. Other questions are designed to help us to understand your views on the use of digital technologies in health and social care in Ireland. You will be asked questions on health-related topics based on the Irish healthcare system, around your wants, needs, and readiness for digital health and social care, including your attitudes to the public having digital access to their own health and social care information, and potential impacts for professionals.

This is a once-off survey. All information collected will be kept in the strictest confidence and combined, anonymous results will be reported only. It will not be possible to identify any particular individual in the results and no information that could identify you will be provided to anyone.

8. What are the benefits?

Completing this survey gives you the opportunity to have your opinion heard on the future of digital health and social care in Ireland. The survey results will have a meaningful impact on plans for digital information and services in Ireland, specifically the use of digital technologies in health and social care.

9. What are the risks?

We do not see any risks to taking part in this survey. The survey requires your commitment to a 15-minute online survey at a time that suits you.

We have taken the necessary steps to ensure your personal information is protected. Further information can be found in the section 10. 'Is this survey confidential?'

10. Is the survey confidential?

Yes. All information collected will be kept in the strictest confidence. The survey will be answered on HIQA's survey tool procured from Qualtrics. This is an online survey tool which has been approved for use by HIQA. You will not be asked to include any information in your responses that could identify you. It will not be possible to identify any particular individual in the survey results, and combined responses of participants will be reported on only. In the event that a survey participant includes identifying information in their answers, this will be permanently deleted as soon as it is identified. Survey answers will be stored in HIQA's survey tool while the survey is open to respondents. All data in the survey tool will be stored and processed in the EU. It will be subject to the GDPR. HIQA will be the data controller and own and control the data. Qualtrics and IPSOS MRBI, as noted earlier, will be data processors and only process data to the extent necessary to provide software and services. No data will be disclosed to third parties. Once the survey is closed, HIQA will download the responses from the survey tool to HIQA's own server and permanently delete the information from the survey tool. Access to survey answers will be restricted to selected individuals in HIQA. HIQA will retain the anonymous responses permanently.

Anonymous survey data will also be published on the HIQA website when the report on the national engagement is finalised.

If you would like additional information on the survey, please go to www.hiqa.ie or contact us with your query at the email or phone number noted below.

11. Data Protection and Consent

You will be asked to give consent before taking part in the survey. Participation is voluntary and you have the right to withdraw from the survey at any time. The information you provide will be used to ensure that the survey includes responses from a variety of professionals working in health and social care in Ireland. This will allow us to ensure that the results accurately represent Irish professionals' opinions on digital health and social care.

We will be processing your personal information under Section (8)(1)(j) of the Health Act 2007. Under Section (8)(1)(j), HIQA has responsibility to provide advice and make recommendations to the Minister for Health and the Health Service Executive about deficiencies identified by the Health Information and Quality Authority (HIQA).

After you submit your survey, you will be unable to review, edit, or delete the survey responses as your answers are anonymised and we cannot link your responses back to you.

As you are a data subject in this survey, under the law, you have the right to:

- lodge a complaint with the Data Protection Commission (DPC) if you are unhappy with how your personal data is being used if any such data has been provided.

Should you have any further queries or should you want to make a complaint, you can do so by emailing digitalsurvey@hiqa.ie.

You may also contact HIQA's Data Protection Officer: dpo@hiqa.ie

12. Where can I get further information?

If you need any further information, please contact:

Email: digitalsurvey@hiqa.ie

Postal address:

HIQA at National Engagement Survey
HIS Technical Standards
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone number: 01 8286770

Website: www.hiqa.ie

Appendix 9. Professional online survey tool

National Engagement on Digital Health and Social Care

A. Do you consent to taking part?

Yes ☐ (*Survey continues.*)

No ☐ (*Survey ends. A page appears telling the participant that the survey has ended.**)

B. Are you currently in paid employment in health and social care in the Republic of Ireland?

Yes ☐ *(Survey continues.)*

No ☐ *(Survey ends. A page appears telling the participant that the survey has ended.*)*

C. Are you registered with or a member of:

- CORU ☐
- The Dental Council of Ireland ☐
- The Medical Council ☐
- The Nursing and Midwifery Board of Ireland ☐
- The Pharmaceutical Society of Ireland ☐
- The Pre-Hospital Emergency Care Council ☐
- The Psychological Society of Ireland? ☐

(If the respondent selects any of these, the survey continues.)

No ☐ *(Survey ends. A page appears telling the participant that the survey has ended.*)*

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

How comfortable you are using technology

Q.1 Please rate how comfortable you are using technology in general, where 1 is very uncomfortable and 5 is very comfortable.

		Very uncomfortable				Very comfortable
		1	2	3	4	5
a.	Using websites like Google					
b.	Using social media like Facebook or TikTok					
c.	Using personal digital devices related to health, for example, step counters, pedometers, smart watches, fitness bracelets					
d.	Using personal health apps on your mobile phone, for example, to monitor sleep or calorie intake or to support medication intake					
e.	Interacting with online services, for example, online banking, renewing your passport online, or Revenue Online Service					

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

The public having digital access to their own health information

Q.2 The EU has targets for the public to have digital access to their medical records by 2030. Please rate each of the following, where 1 is you would be very uncomfortable and 5 is you would be very comfortable with the people you treat or care for having digital access to the following types of information recorded about them.

		Very uncomfortable				Very comfortable	Not relevant to my role
		1	2	3	4	5	
a.	Health conditions or diagnoses						

b.	Medications prescribed by healthcare practitioners						
c.	Allergies						
d.	Vaccinations						
e.	Details of surgeries						
f.	Results of blood or screening tests						
g.	Reports on x-rays and other scans						
h.	Referrals you have made (for example, from you to another professional or service)						
i.	Discharge information						
j.	A list of future medical or other health or social care appointments						
k.	Plans of care (for example, information on services or supports required)						
l.	Notes (for example, notes you write during or after an appointment)						

Q.2m Please specify other types of information you would be comfortable or uncomfortable with the people you treat or care for having digital access to. (Optional question)

I would be comfortable with:

I would be uncomfortable with:

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

Access to backdated information/records or new information/records from a given date

Q.3 Please select the option that best describes your opinion.

The people you treat or care for should:

have digital access to backdated information/records and new information/records about them.
have digital access to new information/records about them only.
not have digital access to information/records about them.
Not relevant to my role

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

Radiology Reports and Laboratory Tests

Q.4 There can be different approaches around the timeframe when radiology reports and results of laboratory tests are made available online to the people you treat or care for. Which of the following best describes your opinion as to when they should be made available? Select the one which best applies to you.

People should have access to their radiology reports and results of laboratory tests as soon as they are available, which could be before they are reviewed by a health or social care professional.
People should be able to view their radiology reports and results of laboratory tests after they are reviewed and made available on the system by a professional. The professional has to release them on the system to the person.
People should have access to their radiology reports and results of laboratory tests only after consultation (either in-person or by telephone or video) with a professional. The professional then makes them available on the system.
The timeframe I would prefer would depend on the reports or results.
The reports or results should not be made available digitally.

Not relevant to my role

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

Changes to your recording behaviour

Q.5 When a system is in place where the public have digital access to their health and social care information, do you think this will affect how and what you record about the interactions you have with people you treat or care for? Please choose the answers that best apply to you.

Q.5a Amount of Information

I will record less information.
I will record the same amount of information.
I will record more information.
Not relevant to my role

Q.5b Language Used

I will change the language I use.
I will not change the language I use.
Not relevant to my role

Q.5c Content of Records

I will change the type of content I record.
I will not change type of content I record.
Not relevant to my role

Q.5d When a system is in place where the public have digital access to their health and social care information, please specify any other ways you

think this may affect how and what information you record about the people you treat or care for. (Optional question)

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

Q.6 There are potential benefits for the people you treat or care for having access to their health and social care information in an online health record. Please rate each of the following, where 1 is you strongly disagree, and 5 is you strongly agree. People will:

	Benefits	Strongly disagree				Strongly agree	Not relevant to my role
		1	2	3	4	5	
a.	Be better informed about their health.						
b.	Have a better understanding of their health.						
c.	Have a greater ability to manage their health.						
d.	Have a greater ability to prepare questions to ask during appointments.						
e.	Have a greater ability to prepare information to share during appointments.						
f.	Have greater confidence to talk to you about their health.						
g.	Have greater ownership of their health.						
h.	Have greater trust in you because they would have access to the records being written about them and their care.						

i.	Have the ability to identify errors or omissions in their information.						
j.	Experience no benefits.						

Q.6k Please specify other benefits or challenges the people you treat or care for will experience by having access to their health and social care information in an online health record. (Optional question)

Benefits

Challenges:

SECTION ONE (1/4) – SHARING HEALTH AND SOCIAL CARE INFORMATION WITH THE PUBLIC

Q.7 When a system is in place where the public have digital access to their health records, what do you think will be the benefits for you, if any? (Optional question)

SECTION TWO (2/4) – THE PUBLIC PROVIDING INFORMATION

The public adding information to their own online health record

Q.8 Would it be useful to you if the people you treat or care for could add their own information to their online health record? Please rate each of the following where 1 is not very useful and 5 is very useful.

		Not very useful				Very useful	Not relevant to my role
		1	2	3	4	5	
a.	Personal details (name, address, phone number, etc.)						

b.	Details of the person to contact in case of emergency						
c.	Details of Medical Cards or other medical schemes						
d.	Details of over-the-counter medicines and supplements regularly used like cough medicine, pain killers, vitamins						
e.	Lifestyle information like food diaries or number of hours sleep						
f.	Information on conditions which have not been formally diagnosed by a health professional, for example, food intolerances, allergies, a fear of needles						
g.	Data from personal health devices or apps on smart phones that track physical activity, promote smoking cessation, help with weight management, support mental health, and so on						

Q.8h Please specify any other types of information recorded by the people you treat or care for which you may find useful. (Optional question)

SECTION TWO (2/4) – THE PUBLIC PROVIDING INFORMATION

The public identifying errors or omissions

Q.9 If the people you treat or care for had a way of identifying errors or omissions in their online health records, would you find this:

helpful
not helpful
not relevant to your role

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Public readiness to interact digitally

Q.10 Generally speaking, do you think the people you treat or care for are ready to interact digitally with you, for example through telehealth, email, text message etc.? Please rate how ready you think they are where 1 is they are not at all ready and 5 is they are very ready.

Not at all ready				Very ready
1	2	3	4	5

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

We are now going to ask you some questions about telephone and video consultations. Initially, only think about telephone consultations.

Q.11 Have you ever had telephone consultations with the people you treat or care for rather than seeing them in-person?

Yes
No

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Telephone consultations

Q.11a Did you start carrying out these telephone consultations:

Pre the onset of the COVID-19 pandemic	
Post the onset of the pandemic	

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Telephone consultations

Q.11b Please rate how comfortable you are as a professional having telephone consultations rather than in-person consultations, where 1 is very uncomfortable and 5 is very comfortable.

Very uncomfortable				Very comfortable
1	2	3	4	5

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Telephone consultations

11.c Since the easing of COVID-19 restrictions, has the frequency of telephone consultations:

increased
decreased
remained the same

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

We are now going to ask you some questions about video consultations.

Q.12 Have you ever had video consultations with the people you treat or care for rather than seeing them in-person?

Yes
No

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Video consultations

Q.12a Did you start carrying out these video consultations:

Pre the onset of the COVID-19 pandemic?	
Post the onset of the pandemic?	

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Video consultations

Q.12b Please rate how comfortable you are as a professional having video consultations rather than in-person consultations, where 1 is very uncomfortable and 5 is very comfortable.

Very uncomfortable				Very comfortable
1	2	3	4	5

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Video consultations

Q.12c Since the easing of COVID-19 restrictions, has the frequency of video consultations:

increased
decreased
remained the same?

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Digital interactions with the public

Q.13 What digital interactions enable you to provide clinically effective care to the people you treat or care for? Please rate each option where 1 is very ineffective and 5 is very effective.

		Very ineffective				Very effective	Not relevant to my role
		1	2	3	4	5	
a.	Text messages for administration tasks (for example appointment management)						
b.	Emails for administration tasks (for example appointment management)						
c.	Telephone consultations						
d.	Video consultations						
e.	Remote monitoring (for example of vital signs using pulse oximeters or heart rate monitors; activity sensors; security alarms)						
f.	Virtual wards[******]						
g.	Chatbots[††††††]						

[******] Virtual wards allow patients to be safely and conveniently cared for at home rather than in hospital. Support can include remote monitoring using apps and wearable and medical devices such as heart rate monitors and pulse oximeters. Multi-disciplinary teams based in the community may also provide face-to-face care of patients. See https://www.england.nhs.uk/virtual-wards/what-is-a-virtual-ward/

[††††††] A chatbot is a computer programme that understands questions and creates automatic responses to them, simulating human conversation. Chatbots respond to written or spoken questions, or a combination, without the need for human intervention. See https://www.ibm.com/topics/chatbots. They can be used to provide information to patients, service users, and care givers. They can help with health related tasks for example appointment booking. In a health context, chatbots are sometimes referred to as healthbots.

Q.13h What other digital interactions enable you to provide clinically effective care to the people you treat or care for? (Optional question)

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Attitudes to digital technologies

Q.14 We would next like to see if professionals' attitudes to digital technologies in health and social care have changed since the onset of the COVID-19 pandemic and after the cyber-attack in the HSE. Please select the option which best describes your attitude.

		I have a more positive attitude to digital technologies.	I have a less positive attitude to digital technologies.	My attitude hasn't changed.
a.	Since the onset of the COVID-19 pandemic			
b.	Since the cyber-attack in the HSE			

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Increase comfort levels

Q.15 What would make you more comfortable providing services or information digitally? Please rate each option where 1 is would not increase my comfort and 5 is would increase my comfort a lot.

		Would not increase my comfort				Would increase my comfort a lot	Not relevant to my role
		1	2	3	4	5	
a.	Having protocols in place which identify when, as part of a care						

	pathway, it is appropriate or inappropriate to provide services or information digitally						
b.	Training in digital tools provided to you						
c.	Knowing what measures are in place to keep services and information secure from cyber-attacks						
d.	Knowing what measures are in place to keep services and information private						
e.	Being clear on who to contact for technical support						

Q.15f What else would make you feel more comfortable providing services digitally or sharing information digitally with people you treat or care for? (Optional question)

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Q.16 There can be challenges to providing services and communicating digitally with the people you treat or care for. Please select what you think might be the three main potential challenges.

a.	IT challenges for professionals, for example, broadband speeds, computer access problems etc.
b.	Working location challenges for professionals, for example, access to appropriate locations for online consultations
c.	Governance challenges for professionals, for example, codes of practice, guidance on use in care pathways

d.	IT skills of professionals
e.	IT skills of the people you treat and care for
f.	Increase in workload for professionals
g.	The potential of creating or widening a digital divide among the people you treat or care for
h.	IT challenges among the people you treat or care for, for example, broadband speeds, computer access etc.
i.	Lack of suitable locations for the people you treat or care for to attend virtual appointments
j.	Changes to reimbursements for professionals
k.	Lack of standardised ways of capturing and sharing information
l.	Other (Please specify any other potential barriers to implementing digital health and social care.)

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Your relationship with the public

Q.17 We would next like to see if you think your relationship with the people you treat or care for will change when information is shared digitally and care is provided digitally. Please select the option which best describes your opinion.

		Improve	Disimprove	Remain the same
a.	When information is shared digitally, relationships will			
b.	When care is provided digitally, relationships will			

Q.17c Please comment on your answer. (Optional question)

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

The public knowing who had accessed their record

Q.18 How comfortable or uncomfortable would you be with the public knowing which professionals had accessed their digital records? Please rate where 1 is you would be very uncomfortable and 5 is you would be very comfortable.

Very uncomfortable				Very comfortable
1	2	3	4	5

SECTION THREE (3/4) – PROVIDING SERVICES AND COMMUNICATING DIGITALLY WITH THE PUBLIC

Additional comments

Q.19 Do you have any additional comments in relation to sharing information digitally and providing care digitally to the people you treat or care for? (Optional question)

SECTION FOUR (4/4) – ABOUT YOU

Q.20 Which of these best describes your speciality in your current role?

Nursing and Midwifery Board of Ireland	**CORU**	**Pharmaceutical Society of Ireland**
Nurse ☐	Dietitian ☐	Community Pharmacist ☐
Midwife ☐	Dispensing Optician ☐	Hospital Pharmacist ☐
Medical Council	Medical Scientist ☐	Pharmaceutical Assistant ☐
General practitioner ☐	Occupational Therapist ☐	**Psychological Society of Ireland**
Non-consultant hospital doctor (NCHD) ☐	Optometrist ☐	Psychologist ☐
Consultant or Specialist (with drop-down to choose from) 1. Anaesthesia ☐ 2. Emergency Medicine ☐ 3. Medicine ☐ 4. Obstetrics and Gynaecology ☐	Physical Therapist ☐	Psychotherapist ☐
	Physiotherapist ☐	**Dental Council of Ireland**
	Podiatrist ☐	Clinical Dental Technician ☐
	Radiographer ☐	Dental Hygienist ☐
	Radiation Therapist ☐	Dental Nurse ☐
	Social Worker ☐	Dental Specialist ☐

5. Occupational Medicine ☐ 6. Ophthalmology ☐ 7. Paediatrics ☐ 8. Pathology ☐ 9. Psychiatry ☐ 10. Public Health Medicine ☐ 11. Radiology ☐ 12. Sports and Exercise Medicine ☐ 13. Surgery ☐	Speech and Language Therapist ☐	Dentist ☐
	Pre-Hospital Emergency Care Council	
	Advanced Paramedic ☐	
	Emergency Medical Technician ☐	
	Paramedic ☐	

Q.21 Which of the following best describes the area you primarily work in?

Please select one from:

- Acute ☐
- Community ☐
- Primary Care ☐
- Not relevant to my role ☐

Q.22 Which of the following best describes the sector you primarily work in?

Please select one from:

- Public sector ☐
- Private sector ☐
- Voluntary sector ☐

Q.23 Which of the following best describes your current employment status?

Please select one from:

- Permanent employee ☐
- Contract employee ☐
- Agency contract employee ☐
- Self-employed ☐

Q.24 Is your role primarily in management/administration or in direct care?

Select the option that best applies.

- Management/administration ☐
- Direct care ☐
- Other ☐

Q.25 Please indicate the age group to which you belong:

- Between 18 and 24 ☐
- Between 25 and 34 ☐
- Between 35 and 49 ☐
- Between 50 and 64 ☐
- 65 or older ☐

Q26: Are you?

Please select one.

- Male ☐
- Female ☐
- Other ☐

Appendix 10. Public Focus Groups — Participant Information Leaflet

National Engagement on Digital Health and Social Care

Data Controller's/Joint Controller's Identity:	HIQA. C/O Rachel Flynn
Data Controller's/Joint Controller's Contact Details:	HIQA, George's Court, George's Lane, Smithfield, Dublin 7. D07 E98Y
Data Protection Officer's Identity:	Lydia Buckley
Data Protection Officer's Contact Details:	dpo@hiqa.ie

The Health Information and Quality Authority (HIQA) in partnership with the Health Service Executive (HSE) and the Department of Health has recently conducted a nationwide survey asking people living in Ireland about their wants, needs, and readiness for digital health and social care including potential impacts it may have on the public.

You are being invited to take part in a focus group (a small group that meets to discuss a topic) to further explore this subject. The focus group will take place online using a video conferencing tool and will be run by HIQA staff.

Before you decide whether or not you wish to take part, you should carefully read the information provided below. Take time to ask questions. Do not feel rushed and do not feel under pressure to make a quick decision.

You should clearly understand the risks and benefits of taking part in this focus group so that you can make a decision that is right for you. This process is known as Informed Consent.

You do not have to take part in this focus group. You can change your mind about taking part in the focus group any time you like. Even if the focus group has started, you can still opt out. You do not have to give us a reason.

1. Why is this focus group being conducted?

We will be holding focus groups with:

- members of the public
- patient representatives
- representatives of special interest groups.

These focus groups will aim to get a deeper understanding of the results from the recent

National Engagement on Digital Health and Social Care. The survey was conducted to gather the views of the public on their wants, needs, and readiness for digital health and social care and any potential impacts it may have for the public.

By conducting focus groups with these important stakeholders, HIQA, the Department of Health, and the HSE will be assured that the results of the survey are an accurate representation of Irish people's opinions. These focus groups will explore and support the survey results and add to the overall findings of this engagement.

2. Who is organising and funding this focus group?

HIQA is conducting and funding this focus group.

3. Why am I being asked to take part?

We want to gain a deeper understanding of the survey results and to do this, we need to fully understand the views of the public, patients, and special interest groups.

4. How will the study be carried out?

The focus groups will be carried out in line with HIQA approved methods. Focus groups will take place in September and October 2023 and will last for approximately 90 minutes. There will be four to eight participants and there will be two to three focus group facilitators present.

The focus groups will take place online using a video conferencing tool.

5. What will happen to me if I agree to take part?

You will be asked to attend a focus group with four to eight of your peers for approximately 90 minutes. The focus groups will take place online. You will be expected to take part in a discussion in relation to your wants, needs, and readiness for digital health and social care including potential impacts it may have.

You will need to fill in a consent form before taking part.

6. Will the focus groups be video or audio recorded?

The audio from the focus groups will be recorded. Video will not be recorded. The audio recording will be used for the specific purpose of writing up detailed, anonymised notes from the focus group. Recordings will be deleted as soon as the written notes have been completed. This will be completed within four weeks of the focus group.

7. What are the benefits?

Taking part in this focus group gives you the opportunity to have your opinion heard on this topic. It also allows you to have a meaningful impact on future plans for digital health and social care in Ireland.

8. What are the risks?

We do not foresee any risks in taking part in these focus groups. The focus groups will run for approximately 90 minutes. We will try to make sure that focus group times are suitable to you.

No personal information about you will appear in the focus group notes or the study findings.

9. Is the study confidential?

All information that we collect will be kept in the strictest confidence and results will be reported at a merged level only. Focus group notes will be stored securely on HIQA servers. There will be restricted access to these files. It will not be possible to identify any particular individual in the focus group notes and no information will be provided to anyone that could identify you. Personal contact details (name, email address, and telephone number) will be kept separate from focus group notes and will be deleted once the focus group has been completed. Focus group notes will be deleted five years after the completion of the project. Focus groups notes will not include any personally identifiable information.

If you would like to find out more, please email digitalsurvey@hiqa.ie.

10. Data Protection

We will be using your personal information to make contact with you regarding dates and times of the focus groups. Personal contact details (name, email address, and telephone number) will be deleted once the focus group has taken place. Your personal opinion on digital health and social care will be audio recorded and transcribed into detailed, anonymised notes. These notes will not contain your personal contact details (name, phone number etc.). Access to these notes will be restricted. Notes will be deleted five years after publication of results.

You will be asked to give consent before taking part in this focus group. Participation is voluntary and you have the right to withdraw from the focus group at any time.

We will be processing your personal information under Section (8)(1)(j) of the Health Act 2007. Under Section (8)(1)(j) the Health Information and Quality Authority has responsibility to provide advice and make recommendations to the Minister for Health and the Health Service Executive about deficiencies identified by the Health Information and Quality Authority (HIQA).

As the data subject you have the right to:

- request access to your personal data and a copy of it (available for up to four weeks after completion of the focus group, after which time the focus group notes will no longer be linked to personal details and therefore no longer individually retrievable)
- restrict or object to processing
- have any inaccurate information about you corrected or deleted
- lodge a complaint with the Data Protection Commission (DPC).

Personal information will be processed in line with HIQA information governance policies. For more information on our data protection policy, please see https://www.hiqa.ie/gettouch/data-protection. Should you have any further queries or should you want to make a complaint, you can do so by emailing digitalsurvey@hiqa.ie. You may also contact HIQA's Data Protection Officer if you wish to do so at dpo@hiqa.ie.

11. Where can I get further information?

If you need any further information, please contact:

Email: digitalsurvey@hiqa.ie

Postal address:

HIQA at National Engagement Survey
HIS Technical Standards
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone number: 01 8286770

Website: www.hiqa.ie

Appendix 11. Public Focus Group — Consent Form

National Engagement on Digital Health and Social Care

I have read and understood the Participant Information Leaflet for this meeting.	**Yes** ☐	**No** ☐
The information has been explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	**Yes** ☐	**No** ☐
I understand that I do not have to take part in this meeting and that I can opt out at any time.	**Yes** ☐	**No** ☐
I understand that I do not have to give a reason for opting out.	**Yes** ☐	**No** ☐
I have been given a copy of the Participant Information Leaflet and this completed consent form for my records.	**Yes** ☐	**No** ☐
I consent to taking part in this meeting having been informed of the risks and benefits, as well as the opportunity to opt out.	**Yes** ☐	**No** ☐

Participant Name (Block Capitals)	Participant Signature (No need to manually sign the form if returning from your own email account, simply type your name)	Date

Appendix 12. Public Focus Groups — Easy Read Participant Information Leaflet

National Engagement on Digital Health and Social Care

Data Controller's/Joint Controller's Identity:	HIQA. C/O Rachel Flynn
Contact Details:	HIQA, George's Court, George's Lane, Smithfield, Dublin 7. D07 E98Y
Data Protection Officer's Identity:	Lydia Buckley
Data Protection Officer's Contact Details:	dpo@hiqa.ie

The Health Information and Quality Authority (HIQA) are working with the Health Service Executive (HSE) and the Department of Health.

They did a survey asking people living in Ireland about their wants, needs, and readiness for computer based health and social care.

You are being invited to take part in a focus group which is a small group that will meet to talk about how you feel about using computers or phone apps for your health information.

The focus group will take place in person at the [redacted] office and HIQA staff will be there too.

Before you decide whether or not you want to come to the focus group, you should carefully read the information provided below. Take time to ask questions. Do not feel rushed and do not feel under pressure to make a quick decision.

You should clearly understand the risks and benefits of taking part in this focus group so that you can make a decision that is right for you, this is informed consent.

You do not have to take part in this focus group. You can change your mind about taking part in the focus group any time you like. Even if the focus group has started, you can still decide to leave. You do not have to give us a reason.

1. Why is this focus group happening?

We will be holding focus groups with lots of different groups.

We did a survey to ask the public what they wanted and needed for online health and social care system. We also asked if people were ready to use a computer based system which means you would not have to always meet professionals like your GP in person, you could meet them online or over the phone.

What you say at the focus group will help us to check if you feel the same way the people who filled out the survey do.

2. Who is organising and funding this focus group?

HIQA is running and funding this focus group and [redacted] are helping them.

3. Why am I being asked to take part?

We want to learn more about the survey results and to do this, we need to fully understand what the public, patients, and special interest groups think.

4. How will the study be carried out?

The focus groups will be run in the same way other HIQA work is done. Lots of focus groups will take place in September and October 2023 and will last for about 2 hours. There will be 4 to 8 people invited to be in the group and there will be 2 or 3 HIQA staff there with [redacted] staff at the group too.

This focus group will be held at the [redacted] in Dublin.

5. What will happen to me if I agree to take part?

If you come to the focus group you will be asked to tell us what your wants, needs, and readiness for digital health and social care. We also want you tell to tell us how you think this might change our health system.

You will need to fill in a consent form before taking part.

6. Will the focus groups be video or audio recorded?

What you say at the focus groups will be voice recorded but we will not video you so nobody will see who you are.

The audio recording will only be used to write up notes from the focus group but we will not write the name of the person who made each comment.

Recordings will be deleted as soon as the written notes are finished. This will be done by 4 weeks after the focus group.

7. What are the benefits?

Taking part in this focus group gives you the chance to tell us what you think about this topic. It also gives you a chance to tell us how you think we should make future plans for digital health and social care in Ireland.

8. What are the risks?

We do not see any risks in taking part in these focus groups. The focus groups will run for about 2 hours. We will try to make sure that focus group times are suitable to you.

No personal information about you will appear in the focus group notes or the study findings.

9. Is the study confidential?

All information that we get will be kept in the strictest confidence and results will be put together in a report with information from other peoples feedback.

Focus group notes will be stored securely on HIQA servers. Only agreed people will be allowed to see this information.

Our notes from the focus group will not say which person said what in the group.

Personal contact details (name, email address, and telephone number) will be kept separate from focus group notes and will be deleted once the focus group has been completed. Focus group notes will be deleted 5 years after the project ends. Focus groups notes will not include any personally identifiable information.

If you would like to find out more, please email digitalsurvey@hiqa.ie.

10. Data Protection

We will be using your personal information to make contact with you about dates and times of the focus groups. Personal contact details (name, email address, and telephone number) will be deleted once the focus group is over. Your opinions on digital health and social care will be audio recorded and written into notes. These notes will not contain your personal contact details (name, phone number etc.). Nobody will see these notes unless they have permission. Notes will be deleted 5 years after we share our report.

You will be asked to give consent before taking part in this focus group. It is your choice if you want to come to the focus group and you have the right to leave the focus group at any time.

There are laws that say how we have to manage your personal information this is Section (8)(1)(j) of the Health Act 2007. Another law Section (8)(1)(j) of the Health Information and Quality Authority says HIQA have to give advice and make recommendations to the Minister for Health and the Health Service Executive about any issues found by HIQA.

In law you are called the data subject and as the data subject you have the right to:

- Ask to see your personal data and get a copy of it (available for up to 4 weeks after the end of focus group).
- After 4 weeks the focus group notes will no longer be linked to personal details and so we will not be able to find your name to give you this information.
- control or say no to the handling of the information.
- have any information about you that is wrong corrected or deleted
- put in a complaint with the Data Protection Commission (DPC).

Personal information will be handled in line with HIQA information governance policies. For more information on our data protection policy, please see https://www.hiqa.ie/gettouch/data-protection.

If you have any further queries or if you want to make a complaint, you can do so by emailing digitalsurvey@hiqa.ie. You can also contact HIQA's Data Protection Officer if you want to at dpo@hiqa.ie.

11. Where can I get further information?

If you need any further information, please contact:

Email: digitalsurvey@hiqa.ie

Postal address:

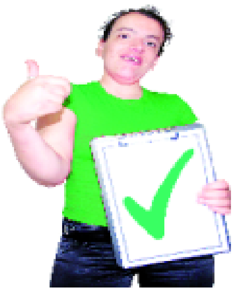
HIQA at National Engagement Survey
HIS Technical Standards
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone number: 01 8286770

Website: www.hiqa.ie

Appendix 13. Public Focus Groups — Easy Read Consent Form

HIQA Digital Health and Social Care Focus Group 2023



Please tick each box if you agree

I have read the public participant information leaflet. ☐

My questions have been answered. ☐

I understand that what is said in the focus group will be recorded. ☐

I understand that what I say will be part of a report but [redacted] or HIQA will not use my name in the report ☐

I understand that I can decide the leave the focus group at any time if I want to. ☐

Signed ________________________

Name ________________________

Date ________________________

Appendix 14. Introductory Script for Focus Groups

Good afternoon everyone. My name is [insert name] and I work for the Health Information and Quality Authority. We are working in partnership with the Department of Health and the HSE to gather information on people's opinions and attitudes towards digital health and social care. The purpose of this focus group is to listen to your views on the topic. The focus group will take less than 90 minutes.

Now, I would ask everyone here to briefly introduce themselves. We'll start with X. (*Thank everyone and repeat their name so it is clear for the tape who has spoken. Start with HIQA staff so they set the tone with brief introductions. Note each name.*)

Moving on to some more organisation of the group….

Thank you for completing and returning the consent forms. You also received a copy of the Participant Information Leaflet.

The focus group will be conducted in line with HIQA's Focus Group protocol. This means that all information collected will be kept in the strictest confidence. It will not be possible to identify any individual in the findings and no information will be provided to anyone that could identify you. Personally identifiable data will be deleted once this focus group is over. Participation in the group is voluntary and you have the right to withdraw at any time.

Participants are asked not to discuss what has been said by others once the focus group has finished.

This focus group will be audio recorded using Dictaphones. *(Hold up a device.)* The recordings will be only be available to the project team. They will be transcribed and again, those notes will not contain any identifiable information. The recordings will be fully deleted once they have been transcribed.

During the group, please feel free to ask any questions.

If you have any further queries or if you want to make a complaint, we can give you the appropriate contact details.

Do you have any questions about the participant information leaflet before we get started? *(Brief pause to give the group time. Have a copy of the PIL to hand.)*

I will give a short presentation and then we'll have the discussion. We have three main questions to ask the group. And please don't be surprised if I direct questions at individuals.

(Have the presentation open on the screen, with the first slide displayed.)

Appendix 15. Public Focus Groups — Schedule of Questions

Question One

Managing health by viewing and interacting with online health records

Every time you go to a GP or if you go to hospital, details about your appointment are recorded in your medical record. We know from the public survey that generally speaking, people would like to read this information about themselves and also manage their health by interacting with their record. For example, they'd like to be able to view details of blood tests or X-rays. They'd like to be able to renew prescriptions or contact professionals about information that's missing or incorrect in a record. What does the group think about this, about managing your health in an online health record?

Prompts (if necessary)

- What kinds of information would you like to be able to read?
- What would you like to do in an online record to help manage your health?
- Do you think it would be beneficial for you to use an online health record to manage your health?
    - Why? Why not?
- Do you think it would be beneficial to be able to read your own health and social care information? Why/Why not?
- Why would you not want to have online access to your health and social care information?

Question Two

Sharing your online record with trusted family member or friend

Another thing you could do with an online health record is share your information with someone else, for example a trusted family member. This could be in a situation where you have to go to hospital. How would people feel about that?

Prompts (if necessary)

- Would you be comfortable with all your information being shared?
- What would you share/not share?
- How would you feel about sharing more sensitive information about yourself?

- What would make you feel more in control or comfortable about sharing your information?
- Do you think being older or younger would make you feel more or less comfortable sharing information?

Question Three

Digital care

Next, we'll look at aspects of digital care. Traditionally, you would have face-to-face appointments with a GP but digital care can mean having appointments by phone or online video. Digital care can also mean things like doctors giving you devices and technology to use at home to help monitor or manage conditions. We know from the public survey that generally speaking people would be comfortable with different types of digital care such as receiving text messages about upcoming appointments or saying test results are available; using devices at home that a professional would give you e.g. to monitor blood pressure; or tracking or recording symptoms in an online system. If these types of digital care were offered to you, how would you feel about using them?

Prompts (if necessary)

- If you were offered a telephone or video consultation, how do you think you would feel about it? Would you be comfortable with it? Why/why not?
- Do you think you would be comfortable using devices a doctor would give you to use at home?

Final thoughts

Looking at the survey, we can see that people are, generally speaking, very engaged and enthusiastic about the idea of digital health and social care. What do members of the group think about this?

Prompts (if necessary)

- When we think of other aspects of our lives like banking, leisure, or government services like renewing passports or applying for driving licences, a lot of those are digital for example on our phones. Or they are becoming more digital. What do people think of health and social care becoming more digital?

Appendix 16. Professional Focus Groups — Participant Information Leaflet

National Engagement on Digital Health and Social Care

Data Controller's/Joint Controller's Identity:	HIQA. C/O Rachel Flynn
Data Controller's/Joint Controller's Contact Details:	HIQA, George's Court, George's Lane, Smithfield, Dublin 7. D07 E98Y
Data Protection Officer's Identity:	Lydia Buckley
Data Protection Officer's Contact Details:	dpo@hiqa.ie

The Health Information and Quality Authority (HIQA), in partnership with the Health Service Executive (HSE) and the Department of Health, has recently conducted a nationwide survey asking professionals working in health and social care in Ireland about their wants, needs, and readiness for digital health and social care including potential impacts it may have on professionals.

You are being invited to take part in a focus group (a small group that meets to discuss a topic) to further explore this subject. The focus group will take place online using a video conferencing tool and will be run by HIQA staff.

Before you decide whether or not you wish to take part, you should carefully read the information provided below. Take time to ask questions. Do not feel rushed and do not feel under pressure to make a quick decision.

You should clearly understand the risks and benefits of taking part in this focus group so that you can make a decision that is right for you. This process is known as Informed Consent.

You do not have to take part in this focus group. You can change your mind about taking part in the focus group any time you like. Even if the focus group has started, you can still opt out. You do not have to give us a reason.

1. Why is this focus group being conducted?

We will be holding focus groups with professionals registered with or members of:

- CORU (Ireland's multi-profession health regulator)
- the Dental Council of Ireland

- the Medical Council
- the Nursing and Midwifery Board of Ireland
- the Pharmaceutical Society of Ireland
- the Pre-Hospital Emergency Care Council
- the Psychological Society of Ireland.

These focus groups will aim to get a deeper understanding of the results from the recent survey carried out as part of the National Engagement on Digital Health and Social Care. The survey was conducted to gather the views of professionals' wants, needs, and readiness for digital health and social care, including their attitudes to the public having digital access to their own health and social care information, and potential impacts for professionals.

By conducting focus groups, HIQA, the Department of Health, and the HSE will be assured that the results of the survey are an accurate representation of professionals working in health and social care in Ireland. These focus groups will explore and support the survey results and add to the overall findings of the engagement.

2. Who is organising and funding this focus group?

HIQA is conducting and funding this focus group.

3. Why am I being asked to take part?

We want to gain a deeper understanding of the survey results and to do this, we need to fully understand the views of the professionals working in health and social care in Ireland.

4. How will the study be carried out?

The focus groups will be carried out in line with HIQA approved methods. Focus groups will take place in January and February 2024 and will last for approximately 90 minutes. There will be four to eight participants and there will be two to three focus group facilitators present.

The focus groups will take place online using a video conferencing tool.

5. What will happen to me if I agree to take part?

You will be asked to attend a focus group with four to eight of your peers for approximately 90 minutes. The focus groups will take place online. You will be expected to take part in a discussion in relation to your wants, needs, and readiness for digital health and social care including your attitudes to the public having digital access to their health and social care information, and potential impacts for professionals.

You will need to fill in a consent form before taking part.

6. Will the focus groups be video or audio recorded?

The audio from the focus groups will be recorded. Video will not be recorded. The audio recording will be used for the specific purpose of writing up detailed, anonymised notes from the focus group. Recordings will be deleted as soon as the written notes have been completed. This will be completed within four weeks of the focus group.

7. What are the benefits?

Taking part in this focus group gives you the opportunity to have your opinion heard on this topic. It also allows you to have a meaningful impact on future plans for digital health and social care in Ireland.

8. What are the risks?

We do not foresee any risks in taking part in these focus groups. The focus groups will run for approximately 90 minutes. We will try to make sure that focus group times are suitable to you.

No personal information about you will appear in the focus group notes or the study findings.

9. Is the study confidential?

All information that we collect will be kept in the strictest confidence and results will be reported at a merged level only. Focus group notes will be stored securely on HIQA servers. There will be restricted access to these files. It will not be possible to identify any particular individual in the focus group notes and no information will be provided to anyone that could identify you. Personal contact details (name, email address, and telephone number) will be kept separate from focus group notes and will be deleted once the focus group has been completed. Focus group notes will be deleted five years after the completion of the project. Focus groups notes will not include any personally identifiable information.

If you would like to find out more, please email digitalsurvey@hiqa.ie.

10. Data Protection

We will be using your personal information to make contact with you regarding dates and times of the focus groups. Personal contact details (name, email address, and telephone number) will be deleted once the focus group has taken place. Your personal opinion on digital health and social care will be audio recorded and transcribed into detailed, anonymised notes. These notes will not contain your personal contact details (name, phone number etc.). Access to these notes will be restricted. Notes will be deleted five years after publication of results.

You will be asked to give consent before taking part in this focus group. Participation is voluntary and you have the right to withdraw from the focus group at any time.

We will be processing your personal information under Section (8)(1)(j) of the Health Act 2007. Under Section (8)(1)(j), HIQA has responsibility to provide advice and make recommendations to the Minister for Health and the Health Service Executive about deficiencies identified by HIQA.

As the data subject you have the right to:

- request access to your personal data and a copy of it (available for up to four weeks after completion of the focus group, after which time the focus group notes will no longer be linked to personal details and therefore no longer individually retrievable)
- restrict or object to processing
- have any inaccurate information about you corrected or deleted
- lodge a complaint with the Data Protection Commission (DPC).

Personal information will be processed in line with HIQA information governance policies. For more information on our data protection policy, please see https://www.hiqa.ie/gettouch/data-protection. Should you have any further queries or should you want to make a complaint, you can do so by emailing digitalsurvey@hiqa.ie. You may also contact HIQA's Data Protection Officer if you wish to do so at dpo@hiqa.ie.

11. Where can I get further information?

If you need any further information, please contact:

Email: digitalsurvey@hiqa.ie

Postal address:

HIQA at National Engagement Survey, HIS Technical Standards
George's Court, George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone number: 01 8286770
Website: www.hiqa.ie

Appendix 17. Professional Focus Groups — Consent Form

National Engagement on Digital Health and Social Care

I have read and understood the Participant Information Leaflet for this meeting.	**Yes** ☐	**No** ☐
The information has been explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	**Yes** ☐	**No** ☐
I understand that I do not have to take part in this meeting and that I can opt out at any time.	**Yes** ☐	**No** ☐
I understand that I do not have to give a reason for opting out.	**Yes** ☐	**No** ☐
I have been given a copy of the Participant Information Leaflet and this completed consent form for my records.	**Yes** ☐	**No** ☐
I consent to taking part in this meeting having been informed of the risks and benefits, as well as the opportunity to opt out.	**Yes** ☐	**No** ☐

Participant Name	Participant Signature	Date
(Block Capitals)	(No need to manually sign the form if returning from your own work email account, simply type your name)	

Appendix 18. Professional Focus Groups — Schedule of Questions

Question One

Professionals sharing information with the public

A note at the beginning that I'm using the term the public meaning anyone you may treat or care for or provide services to, be it a patient, service user, resident etc.

Every time you see a member of the public, you record information about that interaction. We know from the survey results that generally speaking professionals are (very) comfortable sharing most types of health and social care information with the public in a digital record. Most items are in the 80% or 70% comfortable/very comfortable range (allergies, lists of appointments, vaccinations, plans of care, medications, referrals, diagnoses/health conditions etc). However, one area that was lower was sharing notes written during or after an appointment (66% (very) comfortable). Overall, what does the group think of sharing information digitally with the public?

Prompts (if necessary)

- What challenges, if any, would you see in sharing information?
    - For yourself? For the public?
- What benefits, if any, would you see?
    - For yourself? For the public?
- We also asked about sharing radiology and lab test results and if a consultation needs to take place before results are shared digitally. What does the group think of this?
- At what point should results be made available, if they should be?
- Is there any information you would not make available digitally?
- If a system was in place where historical information was made available to the public, how would you feel about sharing that?

Question Two

The public providing information

In the survey, we found that 86% of professionals felt it would be helpful if the public had a way of identifying errors or omissions in their online health records. What does the group think of this?

Prompts (if necessary)

- What benefits, if any, would you see to people identifying errors/omissions? For yourself? For the public?
- What challenges would you see? For yourself? For the public?
- If we compare this to the public survey, the 86% rating tallies with the public where 90% thought it would be (very) important to be able to use their digital record to contact professionals about errors or omissions. What do you think of this?
- Would it be useful if the public could add other information to their online health record? If so, what information?

Question 3

Digital care and changing relationships

Next, we'll look at digital care and the effects it may have on relationships between professionals and the public. We know from the survey that nearly half of respondents think that sharing information digitally will mean improved relationships. However, there is some concern over the impact of care being provided digitally, e.g. through telemedicine, with 36% thinking relationships will disimprove.

What does the group think of this? The impact of digital information and services on your relationship with the public?

Prompts (if necessary)

- While there is some concern that digital care will negatively affect relationships (36%), a small majority of professionals feel that telephone consultations are an effective way to provide clinical care (53%). 37% think video consultations are effective. What do you think of this?
- Concerns over potential loss of in-person services came up a lot in our public focus groups. What do you think of this?
- Would you be concerned about the loss of face-to-face interactions?
- Would you be concerned about equity and exclusion from services?
- Do you think digital will mean you will have more interactions with the public? E.g. dealing with more queries or clarifications?

Final thoughts

Looking at the survey, we can see that professionals are, generally speaking, positive about digital technologies in health and social care and that COVID had a positive impact on opinions (60% more positive since COVID). Only 29% of respondents said the cyber-attack had negatively affected their opinions. What do members of the group think about this?

Appendix 19. Anonymisation Criteria

The collection of personal identification will be minimised during the survey and focus groups by not recording the following personal information.

If a participant says:	Please record the following:
Names and titles Dr. James Murphy Mr. James Murphy	Remove specific names and record as follows: [Dr. Name] [Mr Name]
Dates and Days & times 28th November 2023 Monday, Tues etc. 09:30	[Date] No redaction No redaction
Religions, Nationality Muslim doctor, Indian etc	[Rel] [Nat] [Eth]
Hospital Names Cork University hospital	Remove specific hospital name and record as follows: [hospital name]
Location identifiers The consultant from Donegal	The consultant from [County]

Appendix 20. Public Focus Group Code Book

Name	Description
Access to results	When the public should have access to results of tests – pros and cons. Benefits of having access to the results of tests.
Age – Older	When older people are spoken about/references to older people; including benefits/concerns and supports needed
Age -Younger	When young people are spoken about/references to young people; including benefits/concerns
Being left behind	Worry of being left behind when health records go online, or appointments are online and not face to face. Or even to make appointment need to use an app and not through telephone or face to face at GPs.
Benefits for seldom heard groups	The benefits for seldom heard groups, disadvantaged groups, and vulnerable groups. Benefits compared to the general public
Benefits of digital care for professionals	Benefits for professionals using digital care, online records, less paper work, reduce waiting times, less admin.
Benefits with digital care-public	Public view on benefits for digital care, e.g. quicker access to GP, reduce waiting times, technology in the home e.g. blood monitors. Convenience – e.g. phone calls reduce need to attend hospitals for appointments Emission reduction; save time; save money
Benefits with online records	Benefits with online records, e.g. updating the health information, access, viewing own records/health information Identify errors or issues with records, gives patient more control. Transparency.

Name	Description
	Improve patient safety- professional can access record in case of emergency. Having all information in one place, including healthcare costs (costs mentioned 1 time) Environment - less paper
Concerns for seldom heard groups	The concerns for seldom heard groups, disadvantaged groups, vulnerable groups. Concerns compared to the general public, e.g. providing records in different languages, or easy to read, plain English; language skills/English as a second language skills;
Concerns with digital care	Public concerns about digital care, concerns about using technology at home e.g. blood monitors; privacy at home for online consultations (e.g. overcrowded halting sites; younger people within earshot of family) Concerns about lack of access to technology; lack of good broadband; inaccessible systems Only using remote and other monitors that are medical grade and approved by HSE; using monitors correctly Trust in systems e.g. remote apps
Concerns & benefits for online v's face to face using apps or emails	Worrying about digital care and video/telephone consultations and not been seen face-to-face by a professional, or having to use an app or email to make appointments etc. Also the benefits of online or using apps, email reminders. (Also linked to codes concerns and benefits to digital care) Online consultations good for certain situations, but not all; e.g. good news is fine, not bad news; not if doctor has to physically assess you
COVID-19	Benefits or concerns brought on by COVID-19 or HSE cyber-attack on digital care/ care in general.

Name	Description
Digital education-public	Being left behind, lack of digital literacy. Worries for others for example older persons/grandparents. Providing education/training.
Errors, omissions, edits, notes	Recognising errors in your own health records. Reporting or making edits updating own data, adding notes, additional information e.g., Fitbit data. Role of professional in verifying the information.
Health literacy	Understanding of your own health, ability to use health information to make decisions. Access to own records may help with health literacy and improve outcomes
Implementation of online records	Implementation, or the rolling out of digital health including health records and digital care – want centralised up to date record. What the public want to see in an online health record e.g. organ donation, wishes. How results of tests are managed on record- and if they should be received before or after consultation with professional.
Linking between systems	Issues with current system and the need for a centralised record
Managing health by viewing online records	Practical benefits of online health record- Managing prescriptions, or being prepared for appointments, family history, vaccinations, features on the system such as prompts, reminders, and notes section.
Privacy, confidentiality and security	Issues raised about the privacy, confidentiality and security of online records. Including concerns around HSE cyber-attack. Logging on and passwords. People being properly attributed to the correct records. Transparency in how information is used e.g. people wanting to know who professionals share info with

Name	**Description**
Rights to accessing your own data	The public having accessing to their own data and transparency; GDPR; data protection;
Sharing records with trusted family	Publics comfort with sharing information with trusted family member or friend. Person should have control to specifying who can have access, removing access, limits on their access, choice what to share.
Support	Technical support e.g. correct way to use remove monitors (This might be combined into a digital literacy/education type code.) MH note

Appendix 21. Professional Focus Group Code Book

Name	Description
Age - Young or older people	Any reference to use of online health record/digital services by younger/older people or about younger or older people including benefits/concerns i.e. young people will be better online than older
Back dated information	The public having access to all their records, including back dated information.
Communication between systems	Linking between systems to ensure information sharing. Need for shared platform across all services and national directive on this.
Concerns around clinical note taking	Will the information recorded be changed, for example language, format, and style. Concerns around how the professional is presenting the information- are they presenting the information in a way that will not cause upset to the patient. How do they record information they may not want to share

Name	Description
COVID-19	Benefits or concerns brought on by COVID-19 or HSE cyber-attack on digital care/ care in general.
Cyber-attack - future risks	HSE cyber-attack, awareness, worries, change in personal habits, positives. Hacking in the future, risks. (see also COVID-19 code)
Digital care	The format for digital care. Benefits or challenges with digital care. Examples of telehealth etc. The choice for the public if they do or don't want to access digital care, online v's face to face. Not to digitalise too quickly.
Digital education-public	Being left behind, lack of digital literacy, lack of access to mobile, laptop, lack of internet broad band, rural areas, and lack of privacy. Worries for the public for example older persons, seldom heard groups. Providing education/training.
Empowering people	Giving people more choices around their health. Giving people the information that they need to be informed
Examples of using online records or app sharing	Professionals already using a service, or apps, or sharing online records with their patients.
Format of sharing information digitally (with public)	Format of sharing information digitally with public, standards, what will this look like, time frame on sharing the information, designed with the public in mind
Government led	Government led, with standards, and strategic plans in place for all professionals and organisations. Need for a National Strategy to enable greater sharing information.
Privacy, confidentiality and security	Issues raised about the privacy, confidentiality and security of online records. Including concerns

Name	Description
	around HSE cyber-attack. Logging on and passwords.
Resources	The professionals raising issues about resources, who will manage the online records/backdating information, or training for professionals.
Seldom heard groups	The concerns or benefits for seldom heard groups, disadvantaged groups, vulnerable groups, rural areas. Concerns compared to the general public, i.e. providing records in different languages, or easy to read, plain English
Sharing information digitally (with public negative)	Concerns professionals have in relation to sharing information with the public including poor health literacy, difficulties capturing all information, resource implications
Sharing information digitally (with public positive)	What professionals see are the benefits of the public having access to their information, including empowers patients, greater transparency in relationship, should be open and accessible, people more informed
Sharing information with professionals	Benefits for the professionals of public having access to their health information and sharing this with professionals
Sharing records with family	Sharing online record with trusted family member or friend. Professionals were mostly positive but had concerns about level of information family should be able to see/potential risks associated.
The public identifying errors, adding notes	The public identifying errors or omissions in their online health record or adding notes, additional information. Need to be clear who is responsible for rectifying the incorrect information. Level of nuance in clinical terminology used. Needs to be

Name	Description
	caution in extent to which person can edit clinical information.
Transparency	All interactions transparent- clear lines of communications between clinician and the patient, one set of information shared between clinician and patient. Public need to be clear what is happening with their information, no sharing with third parties

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