

Workshop Summary

The workshop strongly supported the overall direction of the project. Participants agreed that the topic is important and timely, especially as digital health is expanding in Ghana across different parts of the health system. A key message from the discussion was that the project should not treat digital health as a single tool or a single platform. Participants referred to a wide range of digital systems and channels, including health information systems, district and hospital data systems, electronic records, e-pharmacy, telemedicine, phone-based consultations, referral systems, and even social media or video-based communication platforms. This means the proposal should define “digital care platforms” broadly rather than focusing too narrowly on telehealth alone.

In Session 1, participants emphasized that the most important issue for healthcare professionals is not simply whether digital tools are used, but how they are used in everyday work. Good use was understood as use that supports coordination, referrals, follow-up, data capture, and service organisation, while also saving time for patients and staff. At the same time, participants highlighted that digital tools can also create extra burden. They mentioned documentation load, interruptions, parallel paper-and-digital systems, scheduling difficulties, and reduced face-to-face attention to patients. These discussions suggest that the project should keep “quality of use” and workflow integration at the centre of WP1. Participants also pointed to several workforce outcomes that matter for policy and service planning, including burnout, technostress, job satisfaction, presenteeism, work meaningfulness, and perceived quality of care. Another practical point was that healthcare professionals are very busy, so any repeated survey across six waves will need to be short, focused, and feasible.

In Session 2, participants confirmed that equity and exclusion should be a major part of the project. They identified several groups who may be at greater risk of being left out as digital care pathways expand, including older adults, poorer groups, less educated populations, people living in remote areas, persons with disabilities, and people with mental health needs. They also stressed that exclusion is not only about access to devices or internet. Lack of awareness, low confidence, uncertainty about where to seek help, trust concerns, privacy concerns, and fear of scams were all discussed as important barriers. Participants also noted that people may drop out at different points in the care pathway, such as when trying to identify the correct contact point, register, follow up, or move between digital and in-person services. A particularly important insight was that the project should make a real effort to include people who tried to use digital care and failed, or who avoided it altogether. Participants saw this group as essential for understanding the real mechanisms of exclusion. They also suggested that “safe digital care” should be understood broadly, including privacy, trustworthy professionals, legitimacy of platforms, clear communication, and confidence in the care received.

In Session 3, participants were generally supportive of using routine service indicators to understand hospital performance, but they also stressed that data quality and comparability will be major challenges. They suggested that useful indicators may include outpatient volume, total service volume, new and repeat clients, waiting time or waiting proxies, referrals, remote contacts where recorded, complaints, errors, and medication supply tracking. However, they also warned that some indicators, especially waiting time, may be difficult to measure consistently. Across the discussion, participants repeatedly raised concerns about missing data, inconsistent definitions,

changing reporting fields, and the transition from paper systems to digital systems. They also noted that hospitals may differ in digital maturity, governance structures, and levels of access to routine data. Because of this, participants appeared to support a cautious approach based on a minimum viable dataset and a strong metadata log. They also made it clear that decision-makers and managers would prefer practical outputs such as dashboards, short summaries, and traffic-light style briefs rather than only academic analyses.

Across all three sessions, several cross-cutting themes emerged. First, stakeholders consistently emphasized that “digital health” should be defined broadly and grounded in the realities of routine care. Second, they strongly supported the project’s focus on quality of use rather than simple adoption. Third, trust, legitimacy, and governance were seen as central issues, especially for patients and routine data use. Fourth, inequality was understood as multidimensional, involving not only technology access but also age, poverty, education, disability, awareness, confidence, and connectivity. Fifth, feasibility was a recurring concern: participants stressed that the project should avoid overburdening staff, should use practical recruitment and follow-up strategies, and should not assume that all hospitals or systems are equally ready for data collection.

Overall, the workshop feedback was highly valuable and broadly supportive of the proposed project. It suggests that the project is on the right track, but that it should sharpen several elements. In particular, the proposal should define digital platforms more broadly, strengthen its attention to workflow burden and technostress among healthcare professionals, deepen its treatment of trust and exclusion on the patient side, and take a cautious and governance-aware approach to routine hospital data. In short, participants supported a project that goes beyond telehealth adoption and instead examines how different digital platforms are used in practice, who benefits, who is excluded, how staff are affected, and how service performance changes over time.