Technology and Innovation in the NHS

Scottish Care

Scottish Care welcomes this opportunity to contribute to the Health and Sport Committee’s appraisal of Technology and Innovation in the NHS. The Committee is seeking views on the Scottish Government’s approach to eHealth.

Scottish Care is a membership organisation and the representative body for independent social care services in Scotland.

Scottish Care represents over 400 organisations, which totals almost 1000 individual services, delivering residential care, nursing care, day care, care at home and housing support services.

Our membership covers both private and voluntary sector provider organisations. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations.

Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

The independent sector in Scotland

- Employs of over 100,000 people
- Employs over 5,000 nurses
- Provides 85% of care home places in Scotland
- Delivers over 50% of home care hours for older people.

This paper will share Scottish Care’s views on the successes and failures of existing telecare telehealth strategies and on what it considers to be future opportunities and potential areas of development. The responses are based on the questions listed in the “call for views”.

Successes of Scottish Government’s eHealth and telecare/telehealth strategies

A key success of this strategy (2014-2017) is the focus being on the person receiving support, though high level this gives all stakeholders a purpose and goal when developing, commissioning, procuring and supporting telecare and telehealth services.

The ability to share data across sectors and services is a key strength – the potential to improve communication between clinical professionals and providers of health and social care is very much there.

Key failures of the existing strategies
Sharing of information is key to good communication and seamless care provision. Though information is shared across NHS services, the independent sector, the largest provider of social care in Scotland, is not always included in this. This can result in key information not being shared with all those involved in a person’s care and support. This is particularly being felt in palliative care and end of life contexts where individual frontline staff in the care at home sector in particular are not as ‘included’ as they might be. We need to address this as a priority not least with the roll out of Anticipatory Care Planning. Part of this unfortunately is down to lack of inter-professional awareness, knowledge and respect.

**Draft Digital Health and Social Care Vision 2017 – 2011**

This is clearly still at an early stage but the overall vision is ambitious and progressive. The statements are clear but very broad. It is hoped that the detail on how these statements will be achieved will be in the underpinning strategy.

Key to the success of the new strategy will be clear guidelines on access to information, data sharing, ownership of data and access to technology.

**Opportunities for the use of technology in health and social care over the next 10 years**

1. Develop the use of video conferencing / consultations with residents in care homes, therefore reducing the need for travel to hospital for outpatient appointments and reviews. This reduces pressure on care home staff to travel “on escort” to hospital and reduces stress and distress for the resident concerned.
2. Potential to develop digital care hub, similar to the Airedale model. This telehealth service provides immediate access to healthcare professionals for care home staff. Significant reductions in unnecessary admission to hospital, reduced demand on GP and District Nursing services have been evident. There has also been a reduction in care home residents presenting at Accident and Emergency departments.
3. Improvement in information sharing across sectors – primary care, secondary care, independent and third sectors. The limitations currently experienced, whether due to incompatibility of systems or regarding data governance regulations and confidentiality, can be detrimental to seamless care at times of transition.
4. Technology could play an enhanced role in the completion, updating and sharing or Anticipatory Care Plans.

**Accessibility and sharing of the electronic patient record**

Health and Social Care staff working in the independent sector play a major role in supporting many of Scotland’s most vulnerable and frail population. Access to the key information about those they are supporting is not always available. This can be down to the technology involved or information sharing governance protocols. There is therefore a need to review governance and have clear guidance on who is permitted to access patient information. Who has access and for what purposes needs to be clarified as does the need to impress on some, the vital role the independent sector plays in the care and support of so many people.
Key barriers to innovation in health and social care

1. Within the independent sector there is a willingness to explore innovative approaches to service delivery (including technology) but limited resources hinder this not least in the context of austerity and the fragile state of the care at home and care home sectors.

2. Current contracting arrangements, particularly in care at home provision, limit innovation and development. The “time and task” approach to procurement stifles creativity. There needs to be greater recognition to the resource impacts of using existing technology never mind the recognition of the requirement to invest in the future.

3. The use of some technologies are having a negative and detrimental effect within the independent care sector. Scottish Care is profoundly concerned that the use of electronic call monitoring systems which have become widespread across Scotland has served to diminish the autonomy, rights and respect of the frontline care workforce and as a consequence is profoundly affecting the dignity of care which an individual receives.

4. Cultural differences can hinder true cross sectoral working, as can a lack of knowledge and understanding of the skills and expertise of others. For instance, staff working in the acute sector can have very limited knowledge on the resources available in the community.

5. The independent sector is still not seen or considered to be a true and equal partner in the delivery of health and social care. This can hinder innovation as its resources are often not acknowledged or utilised. An environment where all sectors are seen as active equal partners, where ideas and approaches to service delivery and new models of care are jointly explored and tested could only be of benefit to all.

Scottish Care believes that technology offers and is already delivering real benefits to the care and support of individuals across Scotland. We would like work to be undertaken as we come to adopt the National Health and Care Standards on the development of a Human Rights Charter for Technology in Care so that those who procure, commission, deliver, work in and receive care and support have their rights and dignity upheld through and by the use of technology.