The Committee is seeking views on the Scottish Government’s approach to eHealth. We want to hear about the successes and failures of existing telecare and telehealth strategies and the opportunities future developments might present. The committee will also explore barriers to innovation in the NHS.

The call for evidence also asks whether the Scottish Government’s draft vision on digital health and social care adequately addresses the future requirements of the NHS and social care sector in Scotland. Will it empower and enable innovation and the transformations that will be needed to keep pace with technological developments?

The Committee are keen to hear responses to the following questions:

1. **What do you consider have been the main successes of the existing Scottish Government’s eHealth and telecare/telehealth strategies and why?**
   
   a. The development and implementation of SCIStore across all health boards and third parties has demonstrated the vision and direction that the Scottish Government’s eHealth has and is capable of. To have the vision, foresight and investment to create the one system to share key clinical information across the country demonstrates what is the beginning of the journey. It is encouraging to see a national development of eHealth but it is also somewhat concerning to see the large number of policies/strategies occurring at the same time e.g. Transforming Outpatients, NHS24, National Patient Portal, etc.

2. **What do you consider have been the main failures of the existing Scottish Government’s eHealth and telecare/telehealth strategies and why?**
   
   a. The strategy does seem to have been to identify multiple, different solutions in individual organisations, which appears to move away from the direction set out by the delivery of SCIStore. As most innovation is developed where a need is identified and support is garnered, but as ever this is so often limited to a single organisation and/or geography and therefore, usually not developed with the capability to expand. This usually brings significant delays through technical and local/national politics, in many cases resulting in the termination of the innovation. This is not isolated to Scotland or the UK, it a global problem. Scotland needs to identify innovation that has the ability to scale, not through existing systems that may not be innovative enough or capable of delivering, but through the proven ability within a modern innovative geography and/or environment.

3. **How well does the Scottish Government’s draft Digital Health and Social Care Vision 2017-2022 address the future requirements of the NHS and social care sector?**
a. The vision is articulated in key 21st century principles of providing; 1) access to the patient, 2) sharing securely with the appropriate clinicians, service staff and carers and 3) the data to be used to improve services and for research and economic development.

4. Do you think there are any significant omissions in the Scottish Government’s draft Digital Health and Social Care vision 2017-2022.

a. The principles of the strategy, whilst sound, can be further developed through

i. Progression from the patient simply accessing their information to the point of the patient being an active member of the care network and fully participating in their healthcare planning, prevention and treatment. Only through effective integration of the patient into its IT systems will the care system fully realise the value of the patient and ensure their engagement and most importantly empowerment in their own responsibility for their own care.

ii. Ensuring a system is capable of securely sharing the patient's information. The system should provide the ability for the patient to actively provide explicit consent to any sharing and thus revoke any permission the patient does not feel appropriate. Providing this level of control to the patient truly engages and empowers the patient and, therefore, increases their opportunity to improve their own health outcomes and confidence in the provider.

iii. Data to improve services for research and economic development is essential but the eHealth strategy should provide the patient with oversight and the ability to consent or reject sharing, again reinforcing the engagement and empowerment of the patient.

5. What key opportunities exist for the use of technology in health and social care over the next 10 years?

a. If we look at how in the last 10 years digital technology has transformed other service industries such as banking, we have seen the majority of the UK population have moved to online banking, to using their phone to check balances, to the significant growth in contactless payment through to Apple Pay and many other financial transactions occurring through technologies such as PayPal. We are at the same point with digital healthcare, with a significant amount of demand being driven not by the healthcare system but the consumer, through apps and devices, so we can assume that the healthcare consumer will be well informed and therefore not reluctant to engage. Private providers are already offering services that are growing as
consumers are keen to operate in the digital space. This has started to stretch the traditional boundaries and workflows of healthcare and, we can safely assume, will grow rapidly. Therefore, it is paramount that the government don’t try to simply catch up, but instead deliver ahead of the curve by providing patient centric systems that align to the digital environment in which more and more citizens operate.

6. What actions are needed to improve the accessibility and sharing of the electronic patient record?

   a. Deliver a system that can be accessed by the patient wherever they are, whenever they need it - therefore it is critical that this system is not restricted to a particular organisation or geography. This system should be built to scale beyond buildings and boundaries; it should be centred around the patient and provide the patient with control over their own health, as it is the patient that has the greatest vested interest in their health. Ensure all activity occurs within the system so that all consented stakeholders can be informed and contribute to ensure safe, timely, appropriate care.

   b. Deliver a system that has a transparent and explicit consent model so that the patient's preferences can be adhered to, but to also provide assurance and confidence in the use of the data. Don't repeat the past. Don't assume the incumbent systems have the capability to deliver the digital future.

7. What are the barriers to innovation in health and social care?

   a. The innovation space is busy, we have seen so many apps, devices and technologies developed that no one knows what has value, so many new entrants all fighting for the share of voice. Their voice is often heard when it meets an individual's or organisation's agenda, but this does not and will not gain traction across many organisations because the reason for its development, the problem it solves, is specific to its originator. These many new entrants compound the problem by creating more silos of information, which nullify the potential of technology and create barriers to change for the providers of healthcare. We need to identify what needs to be delivered to meet the patient's needs, then provide a solution fit for them to ensure engagement, uptake and success. Any project that doesn't have the patient agenda at the centre will not work in the long run. The politics between organisations needs to be managed to ensure that a successful programme is delivered now and in the future.