Technology and Innovation in the NHS
NHS Dumfries & Galloway

1. What do you consider have been the main successes of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?

   eHealth

   The eHealth Strategy has provided guidance and direction to aid Health Boards plan and deliver improved service provision, provided direction of travel on a number of key clinical improvement agenda and helped consolidation and standardisation across the Scotland ICT community.

   Key benefits delivered through eHealth strategy have included:

   - ***support people to manage their own health and wellbeing***, *to interact with NHSScotland and improve decision making*
   - ***contribute to shifting the balance of care*** *to improved community based care and support for people with long term conditions and mental health problems*
   - ***improve the availability of appropriate information*** *for healthcare workers and the tools to use and communicate that information effectively to improve quality*
   - ***improve medication management*** *as an essential part of peoples' care*
   - ***maximise efficient working practices***, *minimise wasteful variation, bring about savings and value for money*

   Telehealth/Telecare

   As a rural Health Board we are embrace tele-communication technologies to support service delivery and improvement for our staff and patients. We have benefited from significant investment in centralised Video Conferencing technologies and local deployed voice and video solutions (Skype for Business) Key benefits realised with this strategy include:

   a) *Reduction of staff travel to deliver service provision,*
   b) *Reduction of patient travel through delivering clinics in local facilities through remote clinical consultations.*
   c) *Improved supervision/support for remote and isolated clinicians.*

2. What do you consider have been the main failures of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?

   a) *Clinical engagement is always a tricky challenge to overcome when introducing new ways of working into traditionally manually supported processes.*
   b) *Lack of more National systems "once for Scotland" and do it well.*
   c) *Investment in ICT has been variable across NHS Scotland Boards. Some level of maturity measure would help.*
   d) *Clear evidence of positive outcomes and benefits realisation could have been made more mandatory when IOCT systems are deployed in Health Boards.*

3. How well does the Scottish Government's [draft Digital Health and Social Care Strategy 2017-2022](#) address the future requirements of the NHS and social care sector?

   The above Strategy vision as outlined and is appropriate given the levels of maturity of NHS Scotland ICT. The key area requiring to be addressed is the Information Governance challenges in sharing information about clients across traditionally separate Organisations as well as the engagement of the people of Scotland to encourage monitoring and managing their own health.

4. Do you think there are any significant omissions in the Scottish Government's [draft Digital Health and Social Care Strategy 2017-2022](#).

   There is no detail presented yet to comment on this section.

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

   a) *ICT is key to delivering affordable/safer services.*

   b) *ICT is key to improving the provision of services, in a safer more effective outcome measurable way.*

   c) *ICT can engage patients / clients to take ownership of managing their own wellbeing.*

   d) *ICT offers a major opportunity to deliver services in a measurable fair way independent of social status.*

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

   a. *Centralised Information Governance Guidance.*
   b. *Improved GDPR governance ensuring compliance across all public sector organisations.*

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

   c. *Funding*
   d. *Variation in approach across different Public sector Organisations.*
   e. *Decentralised decision making with significant local variation.*