Technology and Innovation in the NHS
Greater Glasgow and Clyde

Question | Response from NHS Greater Glasgow and Clyde Health Board
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1. What do you consider have been the main successes of the existing Scottish Government's eHealth and telecare/telehealth strategies and why? | Providing focus to
- Digitally enabling our workforce by providing hardware and software solutions at point of patient care e.g. Implementation of patient management systems, electronic diagnostic requesting and result reporting as well as access to electronic clinical records across many NHS Boards. Much of this technology deployment has resulted in standardisation of clinical and administrative processes as well as removal of manual processes.
- Removal of multiple paper processes with the availability of information at the right time in the right place and relative impact on handling, transportation and storage costs.
- Delivery of integrated healthcare across geographic and board boundaries through Portal to Portal Integration through the sharing of agreed data sets.
- Data sharing agreements with General Practice to enable GP summary data to be shared in NHS Board clinical Portals supporting scheduled & unscheduled care e.g. Allergy & Prescribing data (to agreed security model).
- Enhanced functionality of “cornerstone applications” delivered in a collaborative way across NHS Scotland e.g. SCI Store clinical repository, Gateway electronic referral system.
- Collaborative procurement of systems encouraged ensuring value for money.
- Engagement of Clinical champions to lead and progress particular aspects of local and national eHealth strategy.
- Ensuring any new initiatives and investments at a local & national level align to common strategic aims
- Implementation of technical solutions to support Safer Use of Medicine e.g. Medicine Reconciliation leading to Immediate Discharge Letter production ensuring up to date information flows to General Practice following discharge from hospital.
- Further development of SCI-Gateway national referral system to support advice and clinical dialogue referrals, as well as enabling electronic referrals as the norm to acute hospitals.
- Encouraging NHS Boards to work together on various initiatives to support efficient working on Technology design and adoption.
- Increased use of virtual clinics.
- Enhanced use of telephonic systems to support appointment booking, reminders and confirmation of attendance thus reducing rates of “Do Not Attends” (DNAs).
Much of the deliverables to date have been recognised as a clear direction of travel has been articulated in previous strategies. The strategic intent alongside the emphasis on collaboration has fostered the required traction to enable delivery at scale.

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

- Further standardisation of processes and practice across the Health and Social Care environments needs to be advanced to further exploit the capability of existing & new technologies.
- Previous strategies were largely focused around Acute and Primary Care in the traditional sense, however the new strategy requires to underpin the aspirations contained within the National Clinical Strategy (Feb 2016) and the Health & Social Care National Delivery Plan (December 2016). The ability to deliver care in multiple appropriate settings with the patient being an active contributor should be key to future strategies.
- Previous strategies have not majored on the value that our existing healthcare data assets could offer. It is therefore appropriate that the revised strategy focuses on the need for NHS Scotland to look at the opportunities information could bring with regards to precision medicine and population focused health care delivery.
- Telehealth / Telecare initiatives have struggled to make significant traction at scale. A national survey of 4,000 plus clinicians across NHS Scotland was conducted in May 2014 and highlighted that while home monitoring as part of self and anticipatory care is seen as useful, a ‘tele’ element was much less valued. A ‘tele’ element coupled with staff monitoring may be appropriate for only a very small group of patients. This work should be refocused and prioritised accordingly to ensure maximum impact and benefit to clinical service redesign.

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 strategy development process has demonstrated engagement with the citizens of Scotland to identify what service users require.
- The broader strategy development is still to be fully understood as only vision statement is currently available. Broad consultation is important to ensuring that the strategy will underpin our wider Health & Social Care policy aspirations.

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

- N/A
5. What key opportunities exist for the use of technology in Health and Social care over the next 10 years?

- Development of patient portal and associated patient access services with a view to linking disparate systems to a single source and enabling new and improved ways of managing patient care and information flow across the primary, acute or social care setting linked to transformation programmes e.g. self-care, reduced admission rates, reduction of Out Patient appointments etc.
- Consideration of how our existing systems can be further expanded across a number of boundaries, both organisational and geographical, to allow healthcare professionals to contribute to a single patient’s care record.
- Increased ability for clinical consultations to be delivered remotely.
- Development of eObservation systems to support electronic capture on a 24/7 basis to support escalation and management for our sickest patients.
- Using technology and existing information assets to improve patient outcomes to inform patient-centred care.
- Improved collaboration with research organisations and precision medicine.
- Further engagement with higher educational establishments to support the introduction of digital health as part of the Curriculum.

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

- Simplified sharing protocols between all organisations including General Practice, Health Social Care Partnerships, Acute and third sector environments to fully support our National Health & Social Care delivery plan aspirations.
- Establishment of secure but user friendly sign on and verification process for patients to become contributors to their health & care plans.

7. What are the barriers to innovations in Health and Social Care?

- Continued improvement in the collaboration across the landscape of multiple system suppliers needs to continue.
- SMEs being supported to scale innovative solutions once developed.
- Information governance, particularly around data sharing, should support enablement if our policy aspirations are to be realised.