Technology and Innovation in the NHS

South Lanarkshire Health & Social Care Partnership

Includes comments from Maria Reid, Helen Alexander, Heather Quail (T Cat) & collated by Morag Hearty.

1. Government’s eHealth and telecare/telehealth strategies and why?

The setting out of 6 strategic aims in the refreshed e Health strategy (2012-17) enabled a shift to an outcome based approach including many national and collaborative programmes. TRAK, CHI, e referrals, Emergency care summary (ECS) to name a few are now firmly embedded in day to day care. They contributed to 6 of the national quality outcomes.

Telehealth and Telecare were recognised as key partners in the wider eHealth development and the importance of integrated working to the delivery of care.

The establishment of a single Scottish Centre for Telehealth and Telecare paved the way for integrated working using Technology.

“They have started the conversation and accelerated the learning in some staff groups and with some patients and clients”

The National action plan for Technology Enabled Care (TEC) in 2016 brings some welcome recognition of a changing culture within health and social care placing a greater emphasis on self management and enablement for our citizens.

This firmly places the citizen and their carers at the centre and links to all 9 of the current National health and wellbeing outcomes.

This programme has provided a catalyst to local boards and partnerships in developing digital health and care strategies and a greater collaboration with key stakeholders. There has been a noticeable culture shift for both staff and citizens recognising the benefits of using technology in care pathways.

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

Delays to the planned National Digital health and Social Care strategy has resulted in too many disjointed interim or separate documents which have not helped the development of local integrated Digital health and Social Care strategies.

“Not exactly a failure but I observe and think that we have failed so far to get people to understand that embracing TH/TC can be both supportive and help with better outcomes but can also transform care and support and self management “

The lack of progress in investment/completion of some actions e.g. “single sign on”, patient facing portals, the development and roll out of MiDIS which is now requiring replacement.
Programmes demonstrating best practice and outcomes have not been advanced/adopted widely.

A central information “highway” to meet the advancing technological future for our citizens is lacking.

Linking and access to information systems remains a key issue for most front line staff.

Lack of large scale public awareness raising and engagement with 3rd sector to support shifts in culture.

Sufficient funding to support the investment in a digitally enabled and confident workforce.

Short term contracts and lack of appropriate IT skills remain an issue.

Little reference to cyber resilience until recent 2017 National digital strategy.

Too many geographical areas still have insufficient broadband/mobile access. (not only in rural areas)

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?

“I think it acknowledges them but probably does not yet have enough directive and enforcement and timescales to get the pace of change and transformation needed”

The vision of this strategy remains unclear as yet. As above, requires long term investment to bring equipment and systems up to date, fit for at least a reasonable future use and digital access across our rural and hard to reach communities accelerated.

To have digitally enabled care may require a mandated approach to be considered where possible. With other government agencies moving to almost completely digital systems citizens are increasingly expecting our health and care to follow suit.

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

The scale up the use within preventative measures, 3rd sector as integrated partners, academic partners, clear actions for delivery.

The increasing adoption of citizen’s own devices, apps and accepting these can support clinical or care options.

Move care pathways to include digital options as standard.

Support national staffing initiatives/ recruitment challenges, change management/HR, career options and include within vocational/academic courses as standard.

Enable data sharing/governance with respect to the Integration programme. This should include all partners – escalate the provision of a single patient portal to enable this faster.
National procurement frameworks: requirement to enhance current procurement using agreed frameworks linking Telehealth, e Health and Telecare technology systems and associated peripherals.

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

*see also 4 above*

The use of technology in health and social care ensures efficient data sharing of information between professionals ensuring seamless provision of care.

Through the provision of self management information it empowers the patient to self manage their condition. This can reduce GP appointments and possibly A&E attendance. Where appointments are required virtual consultations can be used.

Remote monitoring of health conditions or symptoms can lead to early intervention and management leading to reduced hospital admissions, better patient outcomes and better use of resources. The data collected can also lead to a better understanding of the issues and needs of people living with long term conditions and inform practice development to meet these needs.

Improve the links with other national and strategic documents e.g. Modern Outpatients, Digital strategy, Realistic Medicine, Clinical Strategy.

An opportunity to develop and use advanced technology “ahead of the curve”.

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

*See also above comments*

“A national portal would be useful. At present we care for patients who have received treatment at the Beatson Oncology Centre. As this is out with NHSL health board we can’t access a real time patient record with details about diagnosis, treatment plan and conversations about the patient. We rely on letters being sent and uploaded onto the NHSL portal and there is often a significant delay in this information reaching us.”

It would also be useful if the same portal was used across primary and secondary care to ensure real time access to patient’s records by relevant health and social care professionals.

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

Long term funding and investment and the shifting of priorities to enable the changes to happen have not been consistent.

Mandated actions may be required to move the digital agenda forward at pace.

“Attitudes and prejudice and challenging a culture of doing to rather than supporting”

Lack of momentum – quickly build on successes and establish stability.
Negative assumptions re citizen engagement with technology remain an issue with some staff and public groups.

De motivated staff due to perceived lack of momentum.

Staff groups are not sufficiently encouraged to consider up skilling areas of practical technology. This may include transferable skills across agencies.

**Current evidence of good practice in South Lanarkshire H&SCP**

Lanarkshire is a key participant in the national evaluation of Home & Mobile Health Monitoring and has submitted robust evidence of how it is contributing to the achievement of the agreed outcomes. Conversations with other partnerships across Scotland has clearly identified that Lanarkshire is leading the way in implementing HMHM and many people learn from the expertise that has been developed here. The national evaluation is due to publish its first report at the end of July 2017, in which Lanarkshire is likely to be lauded for the many examples of good practice that will be included.

The current total of over 3,000 includes over 1,000 GP patients using simple technology to monitor their blood pressure at home. Improved clinical decisions, optimum medication and treatment, reduced face to face contacts (4-5,000 appointments saved) and reduction for patients in travel, lost work time and greater self management etc. A further 1000+ patients use the system to support their use of an on line CBT programme with a significant improvement in numbers activating their Beating the Blues account.

The TEC video conferencing (VC) programme is progressing quickly in Lanarkshire: all 8 South Lanarkshire care homes and several independent homes now have VC established with links to a number of health teams being implemented. Our approach has been to encourage staff to use the VC links both planned and opportunistically. This is resulting in an enthusiastic adoption of VC and has involved residents experiencing the excitement of interacting with other care homes in social events. This growing confidence will make any clinical interactions much less difficult in future.

I pads with translation software have been obtained for use by the community teams working with Syrian refugees and other ethnic groups.

The NHS Lanarkshire Lung Cancer Project is part of the Transforming Care after Treatment programme, a partnership between NHS Scotland, the Scottish Government, Local Authorities and Macmillan Cancer Support. It aims to test new ways of working to identify unmet need and support the patient’s transition from acute care back to their local communities after treatment. The project aimed to influence changes in the follow up of lung cancer patients through the testing of digital health technology.

Lung cancer patients living in Lanarkshire were invited to complete an electronic Sheffield Profile of Assessment and Referral of Care (eSPARC) questionnaire, monthly for six months, provided by telehealth company Docobo. The assessment was available online on the patients chosen day between 6am – 11pm, allowing the patient to complete the eSPARC in their own home at a time that was convenient for them. Once completed their concerns were reviewed by the lung cancer clinical nurse specialist. Patients were offered either a face to face or telephone consultation to discuss their concerns. A care plan was agreed with the patient which included information to help them self manage their concerns and signposting or onward referral to local services who could support them.

The completed care plan was uploaded to the clinical portal and electronically transferred to the GP using WinPro Voice technologies. A full evaluation of the project will be
available in August 2017. The early findings suggest that the majority (89%) of patients preferred telephone consultation allowing their needs to be identified and met without returning to a hospital clinic. It also appears that this model of care reduces the burden of symptoms and care needs while improving quality of life outcomes. It is planned that this project will evolve into the NHS Lanarkshire electronic cancer nursing (eCaN) model of supportive care with aim of offering all cancer patients an eSPARC at diagnosis and after treatment.