

A digital strategy for Scotland 2017 and beyond: a view from the professions

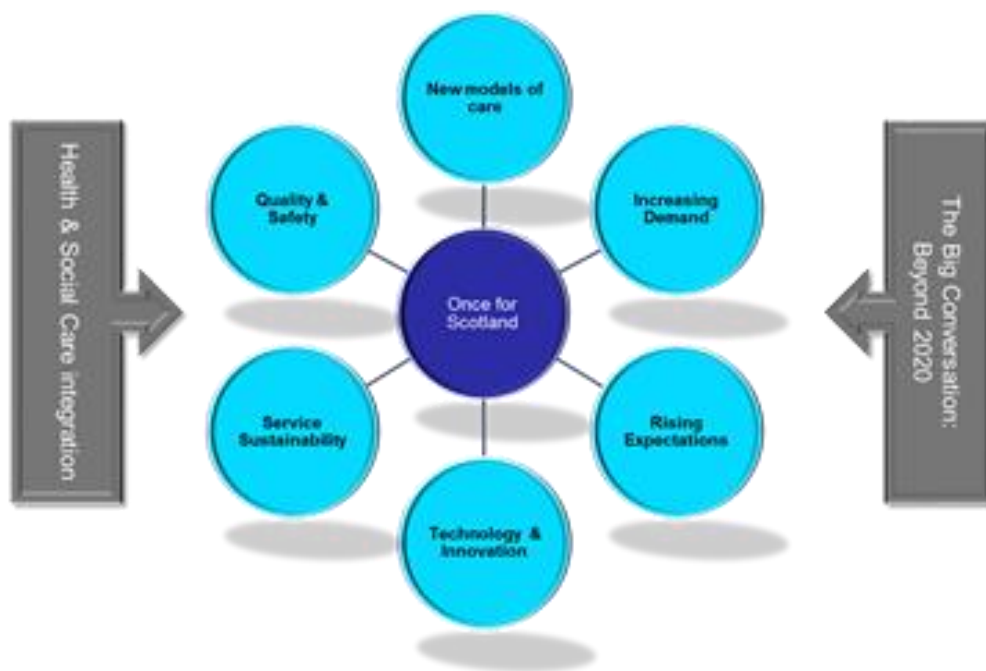


December 2016

Introduction

The new digital strategy must embrace the changes already taking place within our healthcare services which aspire to improve patient care and health and wellbeing outcomes across Scotland. It must seek to embed the building blocks required to provide a “once for Scotland” approach to increase efficiency in our public services, improve the patient journey through health and social care services and minimise avoidable waste and duplication.

Figure 1: Once for Scotland Drivers for Change¹



The health professions at the frontline of clinical care, representing over 60,000 clinicians working across the length and breadth of Scotland, recently came together agreeing 21 core principles for the future of primary care in Scotland² which support the transformation of primary care outlined in recent policy drivers.³

Several of our core principles for primary care directly align with the guiding principles of the [Digital public services](#) section which discusses development of a new digital strategy; putting citizens first, embracing shared approaches and technologies better use of data as shown below.

- The primary care workforce uses up-to-date digital technology that enables people to receive flexible, efficient and effective care, wherever it is provided.
- The primary care network has the necessary infrastructure to support safe, quality care, including suitable and sustainable staffing levels and skill mixes in all settings and appropriate access to all electronic patient records.
- Primary care professionals are able to refer directly to each other and to colleagues outside the core primary care network.

- The co-ordination of care and support services for an individual or family is led by the professional most appropriate to their needs and desired outcomes at any given time.
- How professionals in these networks work together effectively to support an individual or family achieve their desired outcomes is more important than focusing on the buildings in which they are located.

Scotland's Digital Future: Infrastructure Action Plan

We welcome delivery of this plan. Connectivity and participation are possibly the most crucial for the development of Primary Care in Scotland. The stated aims of improving mobile and broadband coverage to the whole of Scotland is very welcome as these are essential for the provision of modern streamlined services.

Ambulance services cannot provide an efficient service without full coverage across the whole country and community teams providing modern up to date care cannot function at their best without it. This very basic requirement has been identified for several years and a plan to complete the coverage in rural areas is long overdue. Broadband and ICT are crucial for flexible working practices or working remotely and mobile working is essential if we are to realise the vision of fully integrated electronic health records for every patient in Scotland.

The rollout of 4G ultra-fast mobile networks has begun and yet many rural areas of Scotland have no mobile signal at all. Rural areas, which have the most to gain from telehealth, have the poorest connections. Rural G.P. practices which, like many other health and social care professions, often operate from a number of branch surgeries or bases, are often limited in services provided by having inadequate or unreliable connectivity. In addition, the combination of poor connectivity and limited ICT skills can lead to digital exclusion for many people. It can increase the digital divide and reduce the opportunities for access to health services, online information and patient choice for the people who arguably need it most.

The strategy states that "across the UK, broadband use by people with visual impairments (42%) a hearing impairment (42%) or a mobility impairment (36%) was significantly below the UK average of 70%" yet these are the very people who would have much to gain from on line access to health services, information and self-care.

It will be important to ensure that online services meet the communication support needs of these groups as standard. Any online content must be compatible with communication access tools and applications. Website design can often act as an unintended barrier to communication access for people with communication support needs, which may in part at least explain lower use by these groups.

The paper also states that "the level of coverage expected in Scotland is not yet fully understood, however, parts of the central belt are benefitting from BT's Superfast Broadband service". We would like to see a fully funded plan for all parts of rural Scotland to be brought up to speed with the central belt.

Information sharing between health professionals.

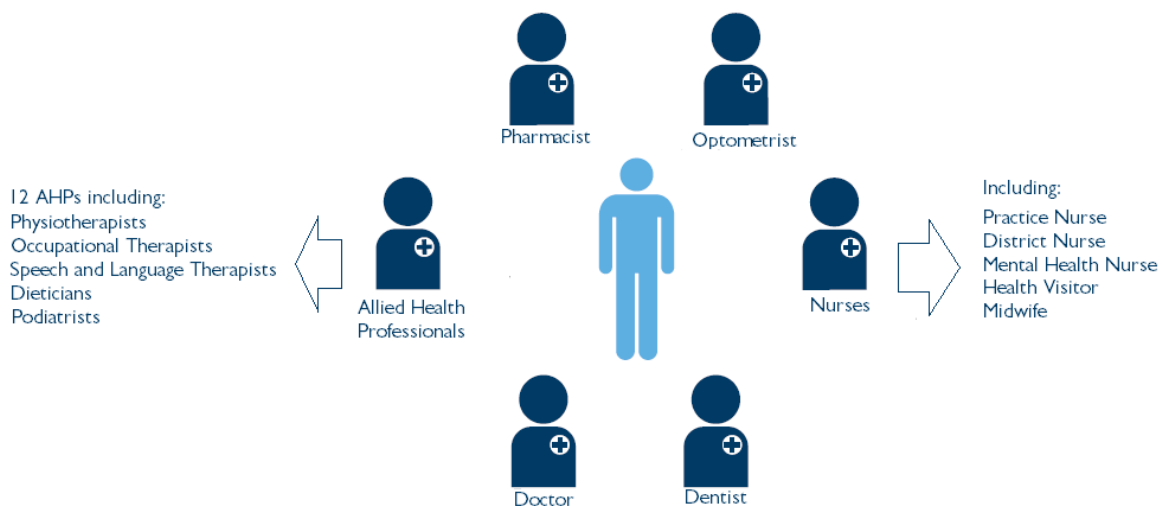
As the professional organisations at the frontline we see the requirement for appropriate sharing of information across the primary care team is now more important than ever. It is vital that health professionals provide interventions on the basis of the best available information about their patient's care. All healthcare professionals routinely record important information about their patients' care which could often be useful or crucial to other health and social care professionals involved in their care but often the information held within these separate systems cannot be shared.

- Information on when a person is admitted to or leaving hospital is not always shared or available in timely manner which can lead to changes in care not being recorded, potentially resulting in errors. This has implications particularly for frail elderly, or people with complex care needs who are at high risk of re-admission to hospital.
- Out of hours GPs do not have access to the complete patient record in the same way as their "in hours" colleagues and are only able to view very limited information.
- New health and social care services such as hospital at home mean that GP held records may not contain all the relevant information on a person's care.
- Non – medical prescribing has been increasing with a wider range of health professionals now qualifying as independent prescribers.
- Pharmacists working in community pharmacies have no direct access to information on patient allergies, medication history or an accurate diagnosis. Some medicines have more than one indication and dosages will differ for the different disease states.
- Speech and language therapists record essential information on personal needs and preferences such as the requirement for communication support or eating, drinking and swallowing capacity.
- Physiotherapists prescribe antibiotics and other medicines in the community of which other prescribers are unaware and can lead to overuse of inappropriate antibiotics, limiting response to further treatments and possible complications requiring hospitalisation
- Health visitor records of visits to new babies and families are not included in GP records to give an overview of progress or emerging health and social care problems.
- While some district nursing teams can access GP records when back at base, this is highly variable.
- Occupational therapists are frequently assessing people leaving hospital for care packages with no overview of other health or social care issues.
- Secondary care records do not interlink with primary care or even with other hospital records when patients receive treatment in different areas across the country.
- Dentists have no access to patient medication or health records and now frequently see people taking several medications, some of which cause complications for dental treatments including delayed healing, severe bleeding and infections requiring antibiotic treatment.

- Although Optometrists have electronic access to secondary care to directly refer patients or ask for specialist advice, this is only a one way process; they have no access to patients' general health records and secondary care cannot electronically reply to the optometrist to give advice or advise whether or not a hospital referral is indeed required.

At any point in time there can now be many health and care professionals across primary and secondary care who are involved in person's care (see figure 2 below). Read and write access to relevant information in patient health records where all essential information is stored would enable more informed and safer decisions to be made by practitioners and patients. It would minimise duplication along the patient journey, support system improvements in patient care and outcomes, including assessment, care and treatment.

Figure 2: Some of the professionals who could be prescribing and/or providing patient care at any one time.



Patients need to be confident that their health records are safe and that confidentiality is assured. However, there is broad public support for sharing of records to enable better care. According to research from YouGov⁴, an overwhelming majority of the British public, 85%, said they want any healthcare professional treating them to have secure electronic access to key data from the GP record.

For future development we support the principles under which current systems operate in that a patient's health record must only be accessed when the user has a valid reason to do so at that time in the interest of patient care; that they must also always have the patient's permission to access their record and that there is a robust audit trail in place to verify when and why access has taken place.

Access to key patient information becomes particularly crucial in the out of hours period, when people transfer between different care settings such as between hospitals and care homes or when people lack capacity to express their needs directly to the healthcare professional.

The recent independent review of the out of hours service in primary care⁵ acknowledged the need for future models of care to be intelligence led and that the huge potential of shared electronic records has yet to be fully realised, with care currently being provided across many different databases and with different recording systems which are not joined up.

Our position also aligns with - Scotland's Active and Independent Living Improvement Programme⁶, (AILIP) - the three year national ambition which aims to:

- Utilise technology to support access and care allocation.
- Ensure visible routes for people to access AHP services.
- Simplify processes for inter AHP referrals across services.
- Ensure timely access into services to promote early intervention.
- Provide flexible services to meet demands.

We believe that to enable more effective continuity of care, improve the patient journey and minimise duplication of resources all registered health professionals directly involved in patient care should have appropriate read and write access to a patient's health record and any new digital strategy must enable appropriate information sharing to support improvements in health and social care public services.

If Scotland is to benefit from improvements to the digital economy, there are many basic essentials which need to be in place to improve services for citizens and improve patient choice. For example, secure authentication to allow patients to access services and view medical records has been promised for years but is way behind what is available in England. 'On line services' to allow patients to access basic services such as ordering prescriptions and making and cancelling appointments are only available sporadically for patients in Scotland. Extra functionality to allow more patient choice such as access to more detailed records is not being prioritised, funded or promoted.

The new strategy is an opportunity to simplify services for the public and transform user experience as well as provide much needed efficiencies for healthcare professionals.

Telehealth care is beginning to change ways of supporting frail elderly at home but much more could be done to link up nursing homes and third sector facilities such as hospices, charity run homes and rehabilitation centres which provide essential services but are not connected electronically to the rest of the NHS. This leads to delays in transfer of information, inefficiencies in working practices and has implications for patient safety.

We hope you find this response to the digital strategy consultation useful and are happy to discuss any aspect in more detail.

¹ NHS Scotland, Health Improvement Scotland, Summary Report October 2016.

² [The future of primary care in Scotland: a view from the professions](#)

³ The Chief Medical Officers report, [Realistic Medicine](#), aspires to change primary care practice. [The National clinical strategy for Scotland](#) puts primary care at the heart of heart of the necessary reform. [Pulling together: transforming urgent care for the people of Scotland](#) proposes a new approach to delivering urgent care through multidisciplinary teams

⁴ <https://www.emishealth.com/news-and-events/news/public-support-wider-access-to-gp-record/>, accessed 19 December 2016.

⁵ [Pulling together: Transforming urgent care for the people of Scotland](#), accessed 19 December 2016.

⁶ Scotland's Active and Independent Living Improvement Programme (AILIP): <http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4079850/f4a38e37-6617-4ff9-bc2e-325ac6fdf840.pdf>, accessed 19 December 2016.