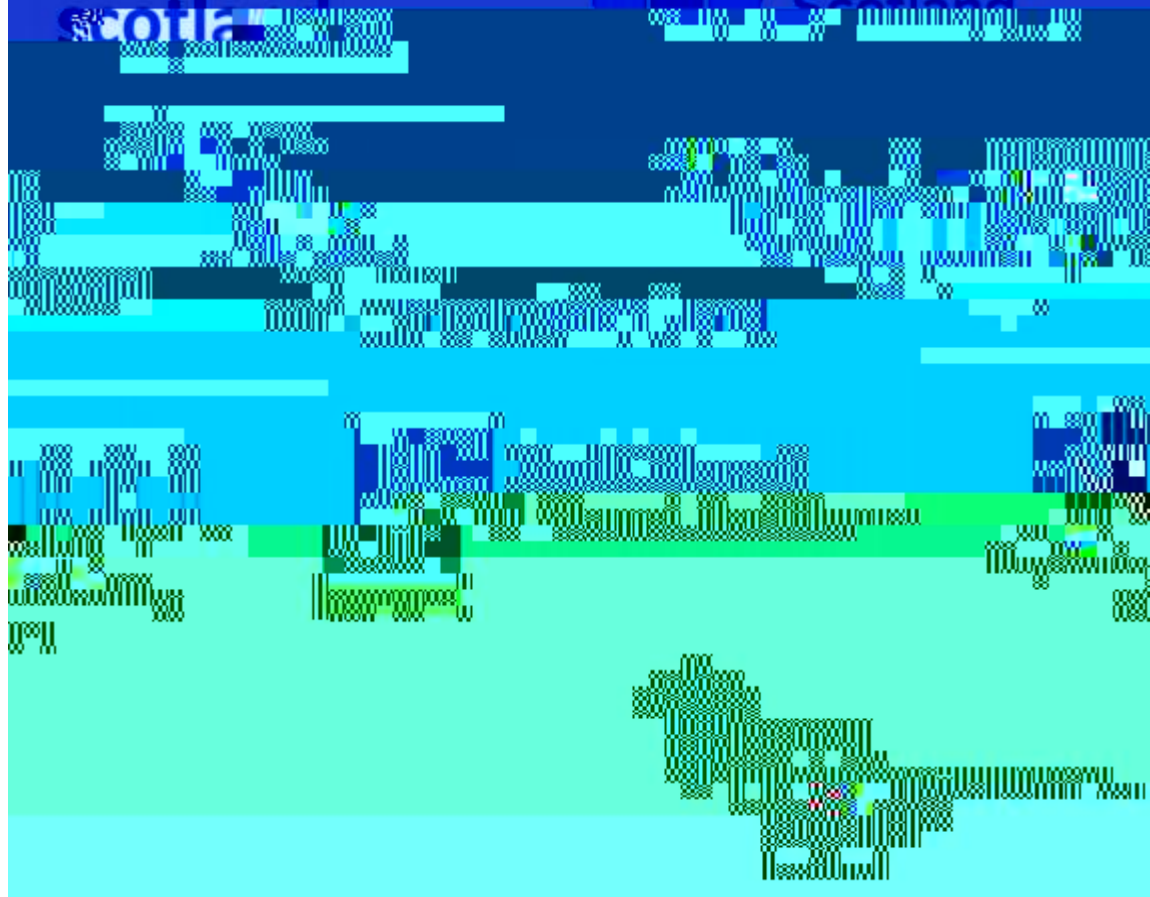


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## Introduction

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 support 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 Change<sup>1</sup>

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 Scotland<sup>2</sup> which support the transformation of primary care outlined in recent policy drivers.<sup>3</sup>

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.



## 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 evidence. All healthcare professionals should be able to access information that is 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.



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 care<sup>5</sup> 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 Programme<sup>6</sup>, (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 access a single 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.

<sup>1</sup> NHS Scotland, Health Improvement Scotland, Summary Report October 2016.

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

<sup>3</sup> 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

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

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

<sup>6</sup> Scotland's Active and Independent Living Improvement Programme (AILIP): <http://www.knowledge.scot.nhs>.