Scottish Parliament Health and Sport Committee
Inquiry into Technology and Innovation in the NHS
July 2017

Background

In the health care sector having the right technology in the right place has enormous potential for both staff and patients. It can make it easier to share knowledge and information with patients and peers. When used appropriately technology can help to deliver better, safer care.

In its manifesto ahead of the 2016 Scottish Parliament elections, Nursing Scotland's Future: professional voices, practical solutions ,

It is essential that any digital technologies and innovative ways to deliver services take into consideration digital inclusion and the needs of hard to reach and marginalised communities. As such they should not be seen as a means by which to simply replace existing services.

Digital technology can enable care which is more effective, efficient and sustainable, and RCN members can see its potential in releasing time for staff to deliver care. But technology and innovation must not be seen as a quick fix to cut costs, and free up staff time.

Services should work for staff and service users and should complement existing ways of working and modes of service delivery. Technological solutions must work across systems, be connected, agile, and secure. The Digital Health and Social Care Strategy must take into consideration the fact that some staff do not, as yet, have the basic kit in terms of technology which they require. Some RCN members working in the community have, for example, reported that they do not have access to a work phone with a camera. This poses a problem where they need to take pictures of a wound for records, or for a more senior nursing team colleague to offer advice.

The RCN does not doubt that there is significant potential in innovation and digital technology to enhance the service which healthcare professionals are able to offer, and which service users receive. This potential must, however, be viewed within the context of budget constraints.

Do you think there are any significant omissions in the Scottish Government's *draft Digital Health and Social Care Strategy 2017-2022*?

As stated in response to question three, it is difficult to comment on omissions when the draft strategy has not yet been published.

Whilst the RCN agrees with the section which sets out the Scottish Government's vision for citizens, it is also important that health professionals know what they can expect from the Scottish Government in terms of the vision which they will be expected to work under and deliver to.

The new strategy must also align with delivery of relevant aspects of the wider Scottish Government Digital Strategy. For example, the Digital Strategy includes an action to ensure that community health workers have remote access to up to date information. To support this, the Digital Health and Social Care Strategy must therefore prioritise and allocate funding for mobile technologies for district nursing teams. This includes mobile devices, ongoing training and development and mobile access to clinical decision making applications providing tools and information to support evidence-based and timely decision making.

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

Digital technology can enable care which is more effective, efficient and sustainable, and the RCN and its members can see its potential in releasing time for staff to deliver care.

In order for digital technologies to aid healthcare professionals and service users, technological solutions must work across systems, be connected, agile, and secure. Without shared electronic records, for example, staff cannot access timely information about what care has been provided to patients through other services or in different care settings.

Timely access to the right information can improve care quality and safety, reduce error and help patients and professionals make better informed decisions. The Independent Review of Primary Care Out of Hours Services includes helpful recommendations to secure best use of electronic records and consistent data sharing.

Work is already underway to develop solutions to join the dots between what is already in place. For example, NHS boards are continuing to develop portals that provide health professionals with a single point of access to key health information such as patient records and medication management systems. Despite this work to develop integrated solutions, at the point of care our members still experience large gaps in access to appropriate and connected equipment and systems.

There is a need to equip our community services with the smart technology, connectivity and technologically-capable workforce to deliver more effective and person-centred care in people's own homes. Mobile technologies can enable district nursing teams, a core community workforce, to deliver more effective and person-centred care, however use of mobile technologies by Scotland's district nursing teams is still low. In the latest evidence from Queens Nursing Institute (2020 Vision: Five years on published 2014), only 26% of UK district nurses reported using mobile technology to record patient care whilst in their home. The 2015 NMAHP Survey also reported limited access to WiFi within community based environments in six territorial NHS boards.

The RCN Scotland report Enhanced Care in the Palm of their Hand, to be published at the end of July 2017, explores and makes recommendations on how the Digital Health and Social Care Strategy can support an increase in appropriate mobile technologies for district nursing teams.

As Scotland moves towards the Scottish Government's 2020 Vision, self-management and community organisation will become key organising principles for care. As described in the Alliance's 2015 report 'Realising the Benefits of Digital Technology', and community members and groups in Scotland are already developing innovative, technology-driven health tools.

It must be recognised that some members of the community, particularly older(e)1.5( )ilsr4.3(n)10.7(ity)51(.).2(re)d - 3b9(Fi