



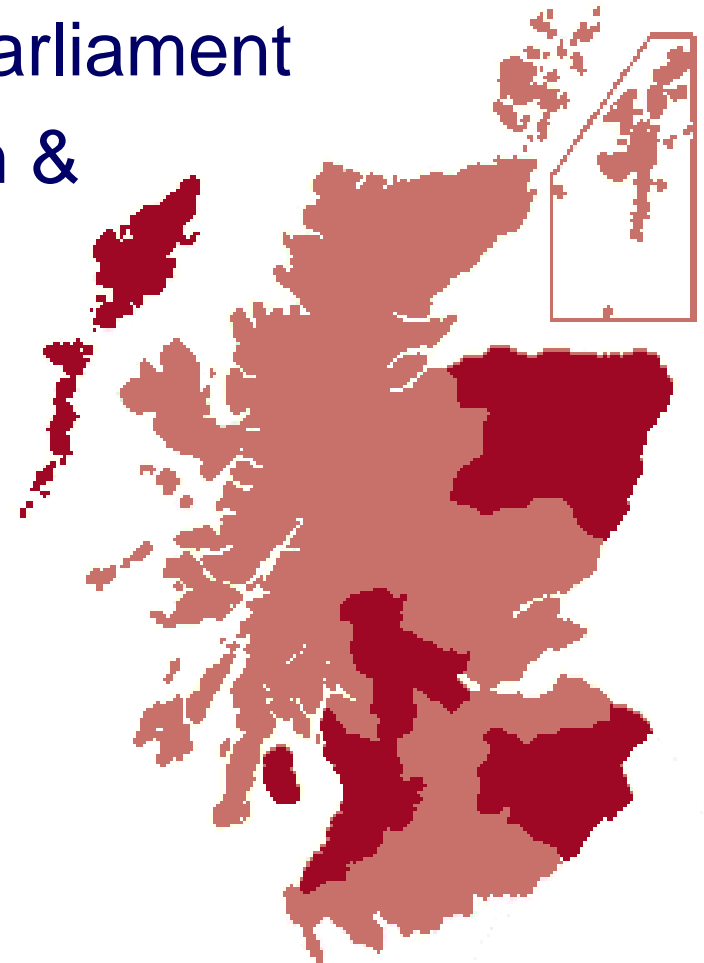
Implementing strategies & infrastructures
for eHealth...or

How we do eHealth in NHS Scotland

Julie Falconer

NHS for Scotland's 5.2m people

- NHS devolved to Scottish parliament
- Scottish Government Health & Social Care Directorate
- 14 'territorial' Health Boards
- 1030 GP practices
- 8 'special' Health Boards



eHealth Strategy 2011-17

- Published September 2011
- 5 (now 6) eHealth strategic aims
- A shift of focus to outcomes over inputs, benefits over technology
- Supported by a new eHealth Finance Strategy
- Commitment to new IT strategies for Health and Social Care and Person-centred eHealth

Those 6 aims

- Efficiency and value for money
- Person-centred eHealth
- Care integration with a focus on long term conditions
- Improved front-line access to the electronic health record
- Medicines safety
- Business intelligence – near/real-time

So how to make it happen?

- Changes to funding arrangements
- Changes around planning and performance
- Supporting sub-strategies – Information Assurance, Applications, Infrastructure
- More of what has worked well for us
- Less of what hasn't

Funding - eHealth Finance Strategy

- A shift from capital investment to exploiting that spend
- Pushes out most eHealth funding to Health Boards at start of financial year
- 3 funds: Strategic, Infrastructure, Applications
- Longer planning horizon and increased flexibility around spend
- Supports collaborative decision taking for national infrastructure and applications
- Provides transparency and incentivises cost control

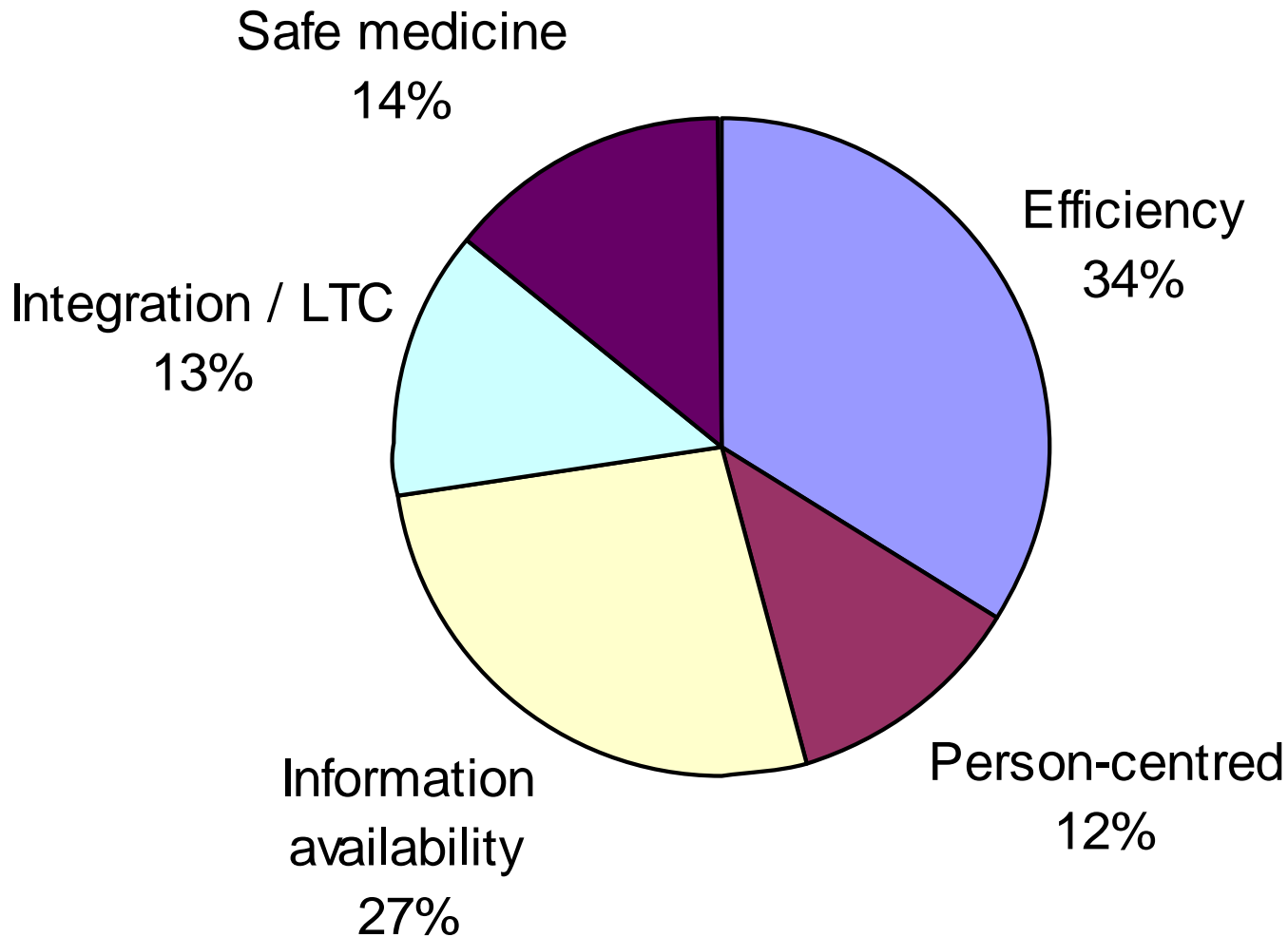
Planning and performance – eHealth Plans

- All Boards submit an eHealth Plan
- Emphasis on outcomes rather than activity
- Boards decide how to spend strategic fund, depending on starting point and local priorities
- Plan agreed at executive level within the Board and with SG eHealth
- Plans reviewed six monthly/annually

Initial analysis – March 2012

- 5 strategic aims (6th aim introduced summer 2012)
- 19 Health Board plans
- 600+ targets

Targets by strategic aim (*n=631*)



Types of target

Outcome



Usage



Enabler



Planning

Planning targets - examples

- ePrescribing business case ready by October 2012
- By 2013 patient kiosk evaluation complete and plan determined
- By December 2012 review options to increase Single Sign-On across priority systems
- By April 2014 a trial of remote patient monitoring will be in place for agreed conditions

Enabler targets - examples

- By March 2014 70% of GP practices will offer electronic appointment and repeat prescription requesting
- By March 2013 the 14 information types prioritised by clinicians are available to view in one place
- By December 2013 20% of desktop estate running in a thin environment

Usage targets - examples

- By March 2012 50% of all immediate discharge summaries will be generated and distributed electronically
- By 2013 20% patients signed up to DNA support service
- By 2013 90% of all Single Shared Assessments will be made electronically

Usage targets – a good proxy for effectiveness

Greater Glasgow & Clyde clinical portal

- in a recent week 6,830 users logged in and accessed more than 463,000 documents (test results, letters, etc)

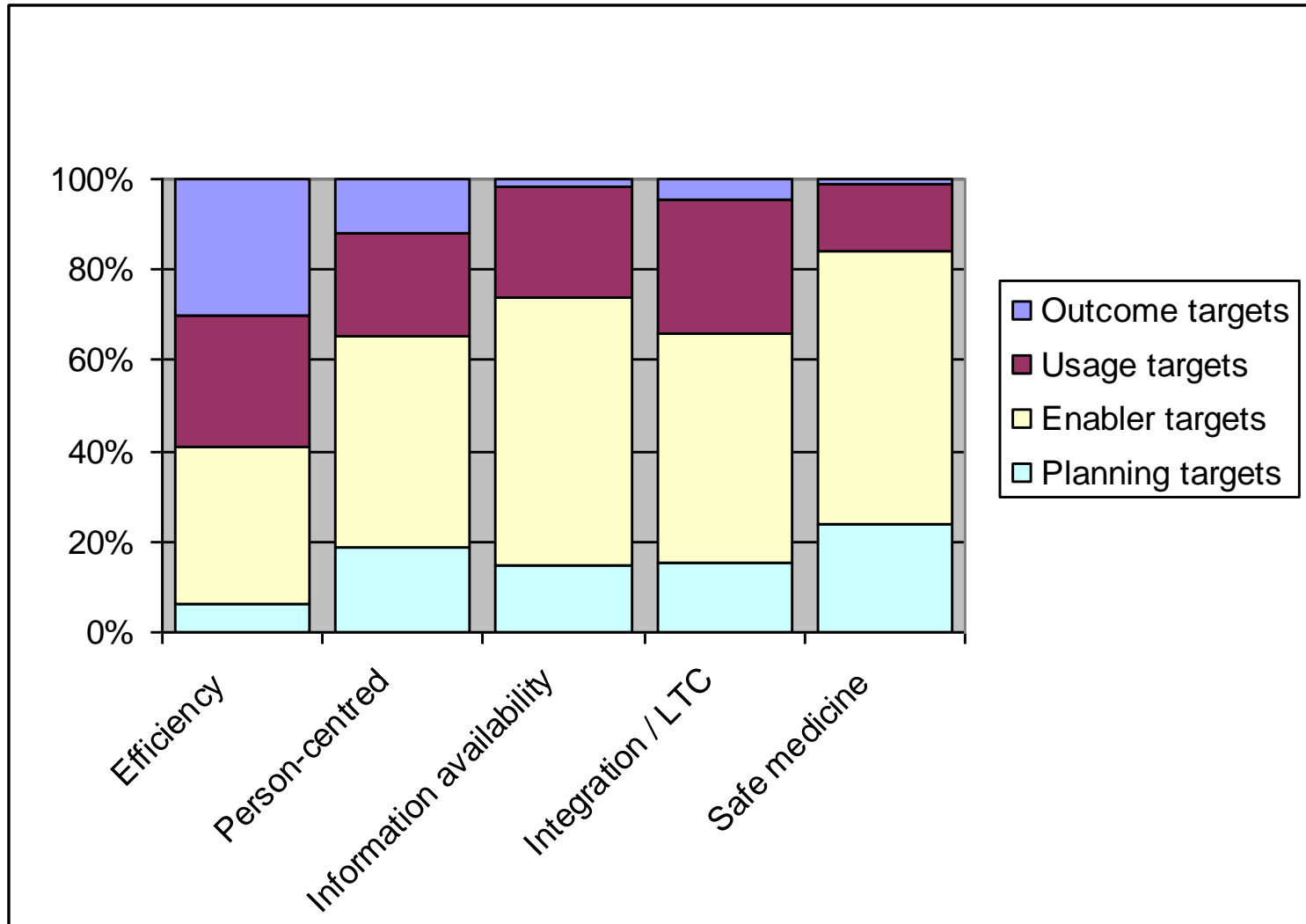
ECS

- 249,000+ accesses in October 2012

Outcome targets - examples

- By September 2013 reduce asthma admission from GP by 20%
- By April 2012 10% reduction in staff travel expenses
- By March 2013 10% reduction in desktop support resources
- By December 2012 20% reduction in DNA level

Target types by strategic aim



Analysis showed...

- A wealth of ongoing and planned eHealth activity
- Some common themes and targets, with scope for convergence
- Many more targets around implementation than benefits realisation at this stage
- A positive step forward in outcomes-based thinking

Supporting sub-strategies

Sitting below the business change outcomes a series of technical strategies aimed at:

- Supporting common cause
- Convergence
- Improving value for money and sustainability
- Improving flexibility of systems to meet new demands and a focus on information as a service

More of what has worked for us

- Incremental
- Pragmatic
- Partnerships
- Collaborative and consortia approaches
- Maturing governance arrangements
- Incentives to work together
- Freedom to innovate and pioneer

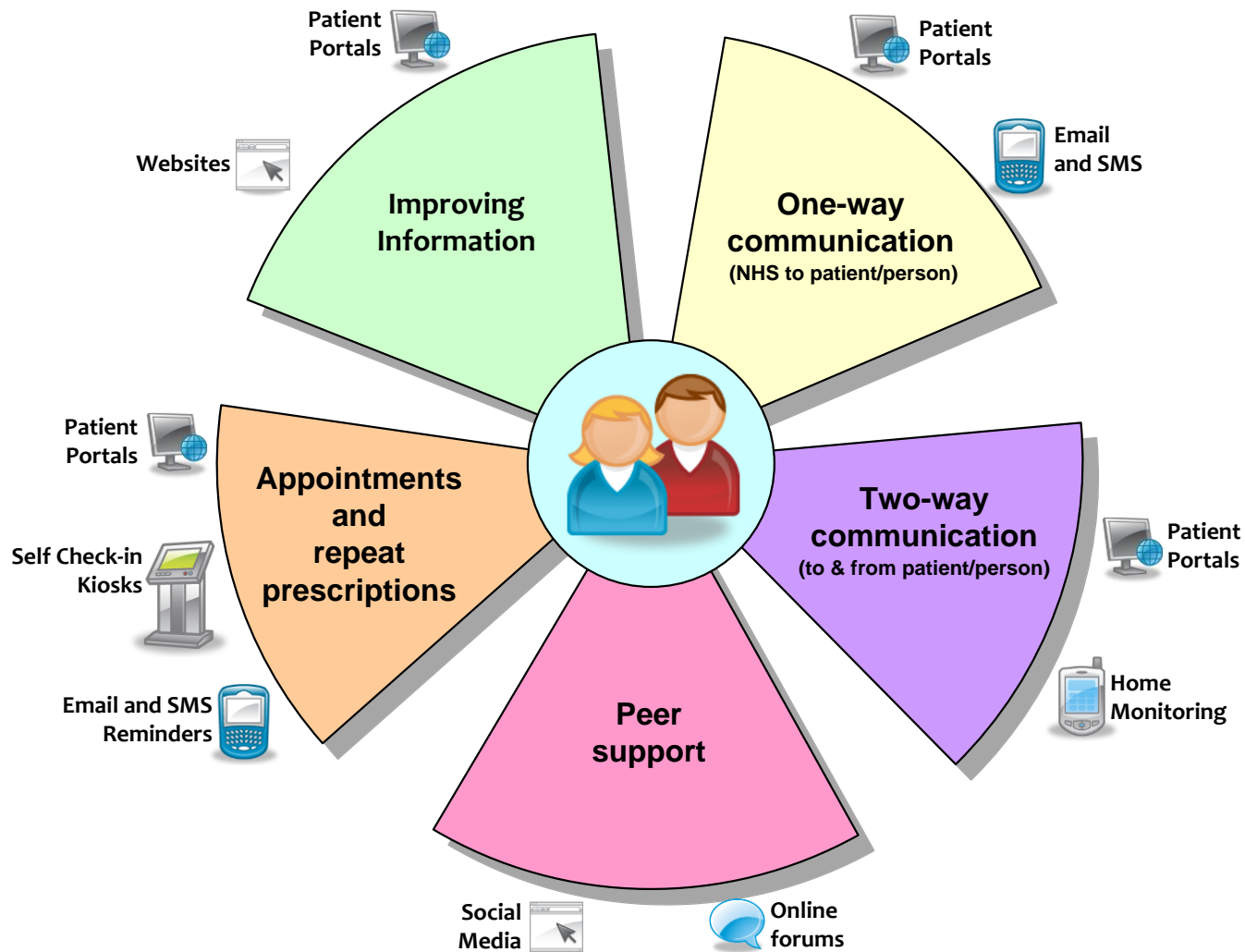
Less of what hasn't

- Top down
- Big bang
- Command and control
- Over-engineered and bureaucratic
- Setting the bar too high

So what next...

- Refresh plans – including 6th aim and “common outcomes”
- Continued focus on benefits and governance, not technology
- Concentrate on those new strategies, and areas where plans are less well-developed – person-centred, health & social care, safe medicines...

Person-centred eHealth



Health & Social Care IT strategy

Government Legislative Programme 2012-13

Adult Health and Social Care Integration Bill

- Nationally agreed outcomes across adult health and social care - Health Boards and Local Authorities jointly accountable
- A requirement on HBs and LAs to integrate adult health and social care budgets and form Health and Social Care Partnerships.
- Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

Health & Social Care IT strategy

- First draft under development
- Will form a bridge between existing eHealth and Local Authority Strategies
- Sponsored by Data Sharing Technologies Board and Sectoral Boards
- Wide consultation in 2013
- Published in 2014

Safer medicines

- Hospital electronic prescribing and medicines administration (HEPMA)
- Medicines reconciliation
- 'Closing the loop' – the vision: medicines never re-keyed

Our vision for eHealth in Scotland

- Ambition is to use eHealth to transform services while retaining an incremental and pragmatic approach
- Has the citizen at the centre
- eHealth is central to improvements in quality and can bring about efficiencies
- Embraces collaboration and convergence
- Looks outward to care partners in other sectors

