

Principles for a technology-enabled health and social care service

A view from the health professions
working in primary care



Introduction

This view from the professions is a collaborative approach from organisations representing over 60,000 clinicians working in primary care across the length and breadth of Scotland. It builds on the principles agreed and published last year “The future of primary care in Scotland: a view from the professions”.¹ Principles 19 and 20 specifically refer to the requirement for appropriate access to all electronic patient records and the use of up to date digital technology that enables people to receive flexible, efficient and effective care, wherever it is provided.

In addition to agreeing our future principles for primary care, we responded to the Scottish Government’s consultation “A digital strategy for Scotland 2017 and beyond”.² Our response highlighted the requirement for any new strategy 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.

It is clear to us that the transformation of primary care with a wider primary care team cannot be achieved without the sharing of information amongst health and social care professionals and their teams.

Together we are committed to working with the Scottish Government, The Health and Sport Committee of the Scottish Parliament, with colleagues across health and social care, the independent and third sectors and the public to turn this shared vision for the future of primary care into present-day reality and to ensure it is fully enabled by technological advances and the appropriate, safe and timely sharing of information.

We have identified several key areas which must be met in order to achieve an aspirational, modern health service that fully meets the needs of individuals, health professionals and the NHS. These areas are:

Collaborative Approach

1. The public, patients, carers and health professionals are directly involved in the development, design and the decision making involved in new technology-enabled health and social care services and in the setting up of information governance and processes underpinning these services.

¹ [“The future of primary care in Scotland: a view from the professions”](#). Accessed 26 June 2017.

² [“A digital strategy for Scotland 2017 and beyond”](#). Accessed 26 June 2017.

Confidentiality and Consent

2. Health records and technology-enabled care are underpinned by robust information governance, keeping all personal data safe and confidential.
3. Patients are confident that their health records are safe, appropriately shared and that confidentiality is assured.
4. Health records belong to an individual and as such, that individual gives consent to sharing of information within their level of capacity or in line with guidelines set out in The Adults with Incapacity (Scotland) Act 2000.³

Improving Patient Outcomes – care and safety⁴

5. The primary care workforce uses up-to-date digital technology that enables people to receive flexible, efficient and effective care, wherever it is provided.
6. 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.
7. Primary care professionals are able to refer directly to each other and to colleagues outside the core primary care network.
8. 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.
9. How professionals in these networks and their teams 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.

A “once for Scotland” approach

10. The 24/7 digital offering supports high quality health and social care, regardless of setting.
11. All registered health and social care professionals directly involved in patient care have appropriate read and write access to health records in order to improve the patient journey and minimise duplication of resources.

³ [“Adults with Incapacity \(Scotland\) Act 2000: A Short Guide to the Act”](#). Accessed 27 June 2017.

⁴ Examples from the professions of where access to appropriate patient information would have improved care and outcomes are listed in Appendix 1.

12. Relevant information should also be shared with other members of the team involved in direct care – for example health care support workers and assistant practitioners.
13. All tools, services and systems which will be accessed either publicly or professionally must be thoroughly tested to ensure they are fully functional and user friendly.

Information Governance

14. Sharing of information is enabled as stated in the Caldicott 2 review⁵ principles where the addition of Principle 7 “The duty to share information can be as important as the duty to protect patient confidentiality” builds on the existing 6 principles and underpins the transformation of primary care.
15. Sharing of information is simplified and streamlined. Users are able to access patients’ health records when they have a valid reason to do so at the time it is required for patient care.

Appendix 1

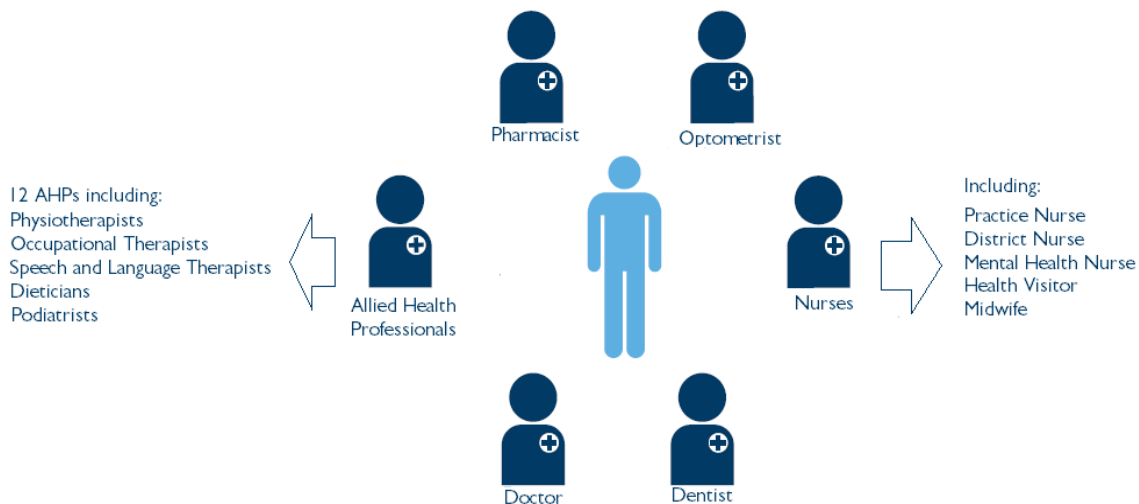
Information sharing between health professionals.

At any point in time there can now be many health and social care professionals across primary and secondary care who are involved in a person’s care. As the professional organisations at the frontline, we see the requirement for appropriate sharing of information across the primary care team as more important than ever. It is vital that health professionals provide interventions on the basis of the best available information about their patients’ care. All healthcare professionals routinely record important information about their patients’ care which may be useful or crucial to other health and social care staff involved in their care but often the information held within these separate systems cannot be shared.

Read and write access to relevant information in patient health records where all essential information is stored would enable more informed and therefore safer decisions to be made by practitioners and patients. It would minimise duplication along the patient journey, and support system improvements in patient care and outcomes, including assessment, care and treatment.

⁵ [Caldicott 2 review](#). Accessed 26 June 2017.

Figure 1: Some of the professionals who could be prescribing and/or providing patient care at any one time.



- Information on when a person is admitted to or leaving hospital is not always shared or available in a 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, blood results 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.
- Paramedics and Specialist Paramedics attend people in a wide variety of crisis situations. In many cases hospital attendance is not appropriate and there is currently no way to electronically share any treatments given or the nature of the crisis with others in primary care.
- An Anticipatory Care Plan (ACP) is an essential part of end of life care. The ACP details an individual's wishes in order that supporting health and social care professionals and family or carers are able to take into consideration that individual's wishes in the last days of their life. The ACP is currently not shared electronically amongst all supporting health and social care professionals. Scotland's National Clinical Strategy calls for high quality ACPs and integrated technology solutions that allow all primary care professionals access to this vital information.

Our collaborative response is formulated in line with our core principles and in the understanding that the draft vision informs a strategy which will provide an opportunity to simplify services and transform user experience as well as provide much needed efficiencies for health professionals