Technology and innovation in the NHS

Carers Trust Scotland

1. What do you consider to have been the main successes of the existing Scottish Government eHealth and telecare/telehealth strategies, and why?

In general, the continued development of good quality and technologically advanced telecare and telehealth has been beneficial to unpaid carers. Although the equipment is provided to the cared-for person, telecare offers an effective means of supporting carers in their caring role, freeing them from unnecessary stress and providing them with greater personal freedom[1].

A specific example of success reported by young carers has been the online development of *aye mind*[2]. We are aware that around 40 young carers have used this resource and found it helpful, and some young carer workers have also found it useful as a way of accessing other e-learning modules and supporting young carers with their mental health.

The benefits of telehealth support for long-term physical conditions such as diabetes and cardiac problems are becoming more widely known and accessed, particularly for those who live in rural and remote areas or who find it difficult to access health and care services. This kind of support can also be beneficial for unpaid carers, particularly if their caring role had required them to accompany or transport the cared-for person to a healthcare facility.

2. What do you consider have been the main failures of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?

The sharing of patient information between services, even those in the same health board or local authority area, has not been particularly successful. If information is shared between agencies, then it reduces the stress for the carer of having to repeat their story to different people. It also means that movement between different areas should be more efficient as the information will be transferred with the carer and the person they look after. When this does not happen, it can cause delays, particularly for services with long waiting lists and appointments with consultants.

Additionally, there has not been much emphasis on promoting the use of everyday technology such as digital mental health resources in the eHealth strategy.

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[1] Supporting unpaid carers: the benefits of telecare (2010) IRISS
<https://www.iriss.org.uk/sites/default/files/iriss-insight-8.pdf>
[2] http://ayemind.com/

Promoting these can help self-management and may reduce the need for specialist mental health intervention.

Although more in-depth investigation needs to be done, there is anecdotal evidence that carers and their families in rural and remote areas are still being disadvantaged by lack of access to telecare and telehealth services. Carers in Oban and the surrounding area frequently must attend hospital consultations in Glasgow or Paisley, requiring a long car journey or potentially an overnight stay for an early appointment, if travelling by public transport. Increased access to telehealth equipment, Skype consultations or other technology can improve the experiences of this group and reduce the financial and practical impact of requiring healthcare. The benefits of health and care technology for rural and remote carers and their families are well known and there have been successful changes in practice – this must go further.

3. How well does the Scottish Government's draft Digital Health and Social Care Strategy 2017-2022 address the future requirements of the NHS and social care sector?

There continue to be concerns around cost of telecare or telehealth equipment to the patient or carer. It is mentioned in the draft strategy that *"Patients can also be provided with, or acquire themselves, measuring devices or sensors…".* The disparity of fees and charging for equipment and service provision has been well documented in recent years but has seen little positive change to improve equality of access[3] [4] The slow implementation of self-directed support may also contribute to lack of progress in this area. The lack of a satisfactory resolution to consistent and equitable charging and fees may result in a two-tier system, where those who cannot afford such devices miss out on this provision of healthcare.

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

Effective transition planning and implementation continues to be absent, especially between physical and mental health care sectors. It would be good to see a clear statement of intent in the strategy to ensure information sharing and medical records cross between these two sectors. Mental health patients are at higher risk of developing physical health problems, such as heart disease and some cancers, due to increased weight gain (often because of medication), lack of motivation to exercise, increased prevalence of smoking, being on a lower income or lack of motivation to eat healthily. As a result, this group can rely on physical health services and be in frequent contact. Carers in these situations often report frustration of having to explain about the mental illness and an apparent lack of understanding about mental illness and medications. If sharing information in a single electronic record is properly realised, this process can be made far easier for health and care professionals, the patient and their carer.

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[3] Ibid.
[4] "A weight off my mind" – exploring the impact and potential benefits of telecare for unapid carers in Scotland (2010) Carers Scotland/JIT

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

There are several opportunities that can continue to be explored: the Personal Health Record, electronic information sharing and e-pharmacy work all need a continued focus on effective implementation, and a wider roll-out where possible. Greater emphasis on the use of more modern assistive technology to keep people safe at home is also a key area for development, as whilst many carers and their families make use of telecare and assistive technology, there is still less general knowledge about what sort of equipment is available other than community alarms. This could also be a key development area for mental health service users, especially around self-management. Digital mental health resources can be very useful for some people and should be promoted more widely.

6. What actions are needed to improve the accessibility and sharing of the electronic patient record?

Well integrated IT systems are vital in ensuring proper sharing of patient information. The issues mentioned in section 2, where there have been failures of information-sharing between services in a single area, or when information has not followed a patient when moving local authority areas, must be addressed. There also needs to be consideration of how to share appropriate information in the Patient Record with unpaid carers, particularly with the forthcoming implementation of the Carers (Scotland) Act and its provisions for carer involvement in support planning.

Many mental health services are using *Triangle of Care: a best practice guide to supporting carers*[5]. There needs to be consideration of how services integrate Triangle of Care into systems which do not have
Another key consideration is how mental health services integrate Triangle of Care: A Best Practice Guide to Supporting Carers into systems and ensure that space is available for recording carer interactions and involvement.

As ever, there is a need to manage costs and ensure security of online systems. It is imperative that funding for front-line services and treatment is not reduced to allow for increased use and development of technology.

7. What are the barriers to innovation in health and social care?

The integration of health and social care is still at a comparatively early stage. A major barrier continues to be getting the health and social care systems to work together and use the same language and outcomes for individuals. Cultural shifts in how health care is provided could also be a barrier. Traditionally healthcare is a medical model of care, whereas social care has been a social model of care. A mid-way point will need to be agreed and a shared understanding of a change of culture to one where the patient has much more control over their records and treatment decisions, including self-management options and full involvement of the unpaid carer. This change of culture will include continued workforce development and training.

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[5] Available at <http://www.knowledge.scot.nhs.uk/media/7485138/toc(scottish)-12%2011%2013-1%20version%206%20final.pdf>

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About Carers Trust Scotland

Carers Trust Scotland is the largest provider of comprehensive carers support services in Scotland.

We reach around 30,000 adult carers and 2,400 young carers from all groups and communities, through a unique network of independent carers centres and young carers services throughout Scotland.

We work with these centres to improve support, services and recognition for carers in communities across Scotland.