

College of Occupational Therapists

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re. Response to the draft ehealth Strategy

9th May 2008

Dear Alan

The College welcomes the NHS Scotland draft ehealth Strategy published in April 2008. The College was given ample notice about this consultation and consequently has been prepared, which makes it significantly easier to respond on behalf of OTs working in Scotland.

The opportunity to comment on all aspects of the consultation, without the restriction imposed by pre-determined consultation questions, is also very welcome.

We acknowledge the high quality of the draft strategy and wish to make the following succinct response.

There are many points in the strategy that we agree with. Here are a few examples:

- Supporting the goals set out in the Better Health, Better Care: Action Plan
- The incremental and pragmatic approach
- The national coordinated approach with scope for local flexibility and innovation
- The five long term aims for eHealth's contribution, set out on page 4
- The six strategic principles, set out on pages 6 to 8, particularly the focus on improving the outcomes of care for patients.
- The concept of levels of eHealth maturity will help NHS organisations to recognise their level of development and the scale of the changes they face.
- IT enabled services (Para 7.3.1.1 A) refers to '... provision of networked PCs and staff trained in their use...and central funds will be made available...'
- Use of the specification for NMAHPs developed as part of the IPACC and PMS projects
- Supporting sustainable remote and rural health services (Para 7.3.2)

The following points need to be considered and addressed.

1. There needs to be adequate funding for effective clinical leadership and representation of all the health professions at both national and Health Board levels. Clinical leadership responsibilities need to be built into the workplans of identified individuals. Effective representation and leadership is particularly important for the AHPs that encompass a very broad range of clinical approaches and skills across the diversity of the NHS, both in hospitals and in the community.
2. There is no stated intention to engage with the healthcare professional bodies, such as the College of Occupational Therapists. The college can support the eHealth strategy through promoting to OTs the importance of engaging with eHealth developments, by commenting on plans for new initiatives, projects and developments, and by commenting on the implications for clinical practice of eHealth developments.
3. The strategy does not refer to the lessons learned in other countries that are developing eHealth. For example, Informing Healthcare in Wales has benefited from assessments completed by an independent international advisory group. Collaboration with other countries to share learning about developing eHealth could be mutually beneficial.
4. Child Health (Para 7.2.3) could include reference to multi-agency Child Protection Messaging (CPM) in relation to the eCare Framework.
5. There could be a clearer link between telehealth and telecare, e.g. in para 7.3.2
6. The eHealth strategy, or subsequent detailed plans, should describe how the Community Health Partnerships will further contribute to the integration of health and social care.
7. How does this strategy address information sharing with other public sector organisations, home care agencies, etc.?
8. Staff training needs will be diverse and changing over time. The strategy could be clearer about HR responsibilities for assessing and meeting training needs and reviewing them over time.
9. One of the seven priorities listed on pages 3 and 4 is to implement a programme to support community-based Nurses, Midwives, and Allied Health Professionals services. Will the detail of the 'support' be given in the subsequent papers (Technical plan, Programme plan, and Finance strategy)?

Chris Austin
Research and development officer