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## Welcome

Welcome to the second issue of the Clinical eHealth Newsletter. Feedback from the first newsletter was very positive.

Your feedback and articles helps to shape the newsletter, so please do not hesitate to let us know what you think and to submit what is happening in your board! Contact [gillian.flett@nes.scot.nhs.uk](mailto:gillian.flett@nes.scot.nhs.uk)

### Liz Wilson, New eHealth NMAHP Lead, discusses her ambitions for 2011

As the new NMAHP Lead for eHealth at the Scottish Government I will be working in this role two days a week. I am very excited by this work and the potential for NMAHPs and look forward to meeting with many of you over the coming months. My background is in the NHS where I was a nurse for over forty years. Latterly I was the Board Nurse Director in Tayside and have always had an interest in how we enable NMAHPs to add value to patient care using technology. Patient centred care is what we do and the policy driver for this will be the Quality Strategy.



Over the next year I will be working closely with the other clinical leads but as I represent NMAHPs I can only be effective if our communication is good. In order to communicate with you I am keen to seek your views on how you would like me to do this. Would you, for example, like regular meetings and would you like them locally, regionally or nationally? Or would you prefer some form of e-communication? Please let me know if any of these options suit or if you have other suggestions.

One of the most exciting prospects this year is that we will be drafting a new eHealth Strategy and it is essential that I can incorporate your views. NMAHPs are at the heart of what we do in the NHS and it is vital that you are involved in shaping care for the future.

Finally, I have been very impressed by the progress made so far in eHealth and feel that together we can make further progress in 2011 and beyond. Please contact me and give me your views and best wishes to all of you in 2011. **Contact me at** [liz.wilson@scotland.gsi.gov.uk](mailto:liz.wilson@scotland.gsi.gov.uk)

### eEnabled Communication and Engagement -supporting the NMAHP contribution to the NHS Quality Strategy (Ros Moore)

The Healthcare Quality Strategy (QS) for NHSS Scotland (SG 2010) sets out our three quality ambitions for NHS Scotland. In the current economic and social climate meeting these quality ambitions calls for different ways of thinking and of doing.

That's why I have been working with the top nurses and AHP leaders from NHS Scotland to adopt an alternative approach to delivery based on the principles of shared leadership (sometimes called shared governance), a movement that over the last thirty years has influenced many major healthcare systems and is equally relevant to all clinicians.

The aim is to provide NHS staff with the opportunity to lead and participate in decision making processes around the QS that impact on their practice and their ultimate goal to deliver high quality healthcare. It empowers them to reflect their professional values in order to promote positive behaviours

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## eEnabled Communication and Engagement - supporting the NMAHP contribution to the NHS QS

and practices, for example, care that recognises the needs of the individual.

Why do it that way? The usual approach to this sort of work is to set up programme boards made up of key stakeholders responsible for setting and overseeing a programme of work delivered by a series of subgroups. This can lead to a lack of ownership by front line staff or problems of alignment with local work. It also means that peoples opportunities for national leadership is limited. We also know that education, professional standards, and judgment are not the only determinants of professional practice. Nurses, midwives and allied health professionals have not always been empowered to fully exercise their clinical judgment for patient care, which according to evidence is a factor in job satisfaction and ultimately quality of care. As employees, they must structure their practice within resources and rules, set by their employers, often in the form of policies and procedures, which can have a profound effect on how they deliver healthcare.

So what does it look like? There are three quality councils (one each for safe, effective and person centred care) and a number of intra-structure workstreams. Each council has a representative from all NHS Boards and a Chair who sits on a coordinating council, which ensures the councils are aligned, and who will liaise closely with the overarching quality strategy board and delivery groups. However, it is more than a set of new committees or councils. The number, titles, and arrangements of the councils are not as important as the people who contribute to their work. A major role of these councils will be to engage with the NMAHP community, both directly and through representatives from all NHS Boards, to gather their expertise and knowledge to create policy, guidance and shape professional behaviours in order to enhance the NMAHP contribution to quality of direct clinical care. As CNO I am aware that this is an ambitious approach but is clear that true partnerships with NMAHPs and other clinical staff are the key to meeting the many challenges ahead

Many people ask me how the shared leadership approach fits with the other forms of Governance exist in the health service, which have an impact on direct clinical care. Most are systems of assurance that through measurement, provide government, managers, professionals and the public with assurance that their health services are well managed and achieving its goals. For example; clinical governance relates to assurance of the effectiveness or standards of clinical care. These forms of governance do not seek to replace professional self-regulation and clinical judgement in practice but are intended to be complementary. Indeed staff governance promotes the principle of involving staff in decisions which affect them and their practice, as does the concept of a mutual NHS that works in partnership with all stakeholders.

The shared leadership approach will be fundamental in enabling the introduction of Care Governance, which is a new form of governance that allows for measurement of professionalism in the workplace and its impact on the quality of direct clinical care. It reflects the impact of professional leadership, supportive infrastructures and individual accountability on patient experience. Its introduction is intended to address gaps in current forms of governance particularly around person centred care and in strengthening the connection between 'point of care delivery' and the requirement to report on quality to the Board. Clinicians will be encouraged to have as much influence as possible about decisions related to clinical practice, the environment in which that takes place, and their professional development.

### Quality Council Web Resource:

[www.knowledge.scot.nhs.uk/qualitycouncils](http://www.knowledge.scot.nhs.uk/qualitycouncils)

Communication and engagement of the NMAHP community is essential to the success of the shared leadership approach and given the range of input is a major challenge. However I have developed a Joint Declaration on NMAHP leadership with Nurse and AHP Directors which states clearly that that we want to develop an e-enabled profession willing and able to use eEnabled communications. Professor Liz Wilson who is the new eHealth lead for NMAHP's at the Scottish Government is keen to seek your views and offer advice and support. She can be contacted at [liz.wilson@scotland.gsi.gov.uk](mailto:liz.wilson@scotland.gsi.gov.uk). The knowledge network "Evidence in Practice" site now has a community space for NMAHPs and their clinical colleagues, to influence the quality of direct care through care governance. It uses web 2.0 tools such as wikis, blogs, podcasts and discussion forums to get messages in and out of the councils.

These tools will enable many to many communication, provide a convenient way of interacting and collaborating 24/7 from any location where there is a computer and internet access.

It will provide easy access to information, some of which will be in an exciting format such as audio podcasts and videos. The work of the councils is just beginning and so is the content of the site, but it will grow with your help. So join this space in order to have your say, share your experiences, learn from others and enhance your professional practice by sharing in the development and implementation of care governance. <http://www.knowledge.scot.nhs.uk/qualitycouncils.aspx>

**Ros Moore**—Directorate for the Chief Nursing Officer, Patients, Public and Health Professions, Scottish Government

## Explaining eHealth to Patients

As eHealth continues to delivery better, safer care to patients it becomes equally important to ensure that the public understand how eHealth impacts on the service they receive and the benefits it brings.

The Scottish Government has commissioned Health Rights Information Scotland (HRIS) to produce a public information leaflet and an animated film clip which looks at eHealth in simple images and plain language from a patient's perspective, explaining complex information quickly and clearly. The information will be available in different formats and languages to reach across the whole of Scottish society.

Health Rights  
Information  
Scotland:

[http://  
www.hris.org.uk/](http://www.hris.org.uk/)

The information explains what eHealth is, how it benefits patients, how it benefits NHSS, the importance of safety and confidentiality of patient information and what rights patients have about their own information. Draft storyboards for the film clip, leaflet and info-graphics were user-tested among public focus groups and professional stakeholders with positive results.

The leaflet and animated clip will be available shortly from the HRIS website at : <http://www.hris.org.uk/> We will notify you of this when it is available

The information is being supplied to boards on CD. Boards are expected to display the information on their websites alongside the other HRIS public information leaflets and supply to GP practices.



Scottish Centre  
for Telehealth

**Scottish Centre for  
Telehealth:**

[www.sct.scot.nhs.uk](http://www.sct.scot.nhs.uk)



**Telecare Development  
Programme:**

[www.itscotland.org.uk/  
/ action-areas/  
telecare-in-scotland/](http://www.itscotland.org.uk/action-areas/telecare-in-scotland/)

## Telehealthcare Education and Training Strategy

In the current financial and demographic climate, the need for bold transformational change has never been greater. The role that telehealthcare can play in support of such change in the delivery of person centred, safe and effective care, is significant and positive. In order to integrate telehealthcare into social and health care service delivery, a comprehensive approach to training and education is required.

A Telehealthcare Education and Training Strategy (March 2010, Telecare Development Programme (TDP) & Scottish Centre for Telehealth (SCT) is now in its delivery phase and is proving a fruitful area of joint working for SCT and the TDP. This article gives a brief update on activities.

Following the launch of the Education and Training Strategy in March 2010, the Strategy Action Plan sets out the actions associated with the Strategy. The Strategy Action Plan has now been revised, as part of a progress review. An overview of the 7 workstreams is provided below. Useful links are also provided

## Telehealthcare Education and Training Strategy - contd.

If you would like further information about any aspects of the work outlined, or, if you would like to discuss education and training in telehealthcare, please contact: Nessa Barry, SCT, [Nessa.Barry@nhs.net](mailto:Nessa.Barry@nhs.net) or, Donna Henderson, JIT Action Team, [donna@antaraconsulting.co.uk](mailto:donna@antaraconsulting.co.uk)

### Workstream 1 – Ethical Framework

A recent report by the Social Care Institute for Excellence (SCIE) on Ethical Issues in Telecare which outlined key principles for telecare service provision has been used as the basis for development of an ethical framework for telehealthcare delivery in Scotland. The final document will soon be available via the JIT, SCT and new Telehealthcare Portal. Useful links on this topic:

<http://www.scie.org.uk/publications/ataglance/ataglance24.asp>

<http://www.zurinstitute.com/ethicsoftelehealth.html>

<http://www.nuffieldbioethics.org/personalised-healthcare/personalised-healthcare-ethics>

### Workstream 2 – Knowledge and Skills Framework

Two Competency Frameworks for telehealthcare have been developed – one for unqualified support staff and one for professionals working with telecare and telehealth. The Competency Framework for telehealthcare support staff is now available on the Joint Improvement Team website. <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>

A first draft of the Competency Framework for professionals is currently out for consultation. The next iteration will be circulated more widely to NES and other educational, health and social care stakeholders at the end of March 2011.

### Workstream 3 – Core Curriculum and CPD

The objective of this workstream is to work with Higher Education Institutions (HIEs) to embed telehealthcare within core curriculum for pre-registration courses (e.g. health and social care professions) and to work with partners to develop a wider range of Continuing Professional Development (CPD) opportunities in telehealthcare for qualified staff for delivery in a variety of formats.

### Workstream 4 – Induction and Accredited Training

The JIT is working with the Scottish Qualifications Authority (SQA), on the development of an accredited award for telehealthcare support staff. A National Professional Development Award (PDA) in Telehealthcare will be ready for delivery by Autumn 2011.

### Workstream 5 – Carer Awareness and Training

Carers Scotland has been working with carer organisations to improve awareness of the benefits of telehealthcare for carers. A Carers and Telehealthcare Training Toolkit was launched in November 2010, focussing on the benefits of telecare for unpaid carers. New resources specific to telehealth and carers will be developed during 2011. Access the Toolkit here: <http://www.carersscotland.org/Policyandpractice/CarersandTelehealthcaretrainingtoolkit>

### Workstream 6 – Innovation in Education and Training

Our intention is to investigate potential sources of funding to support the ongoing delivery of accredited training for the telehealthcare workforce. A significant element of this workstream involves exploring new and innovative ways to deliver training in telehealthcare, including the development of games based learning tools.

Telehealthcare Education and Training Strategy: <http://www.jitscotland.org.uk/downloads/1270121217-Education%20and%20Training%20Strategy.pdf>

Please contact: Nessa Barry, [Nessa.Barry@nhs.net](mailto:Nessa.Barry@nhs.net) or, Donna Henderson, JIT Action Team, [donna@antaraconsulting.co.uk](mailto:donna@antaraconsulting.co.uk) to find out more about education and training in telehealthcare.

## Telehealthcare Education and Training Strategy - contd

A new Telehealthcare Community web portal which sits on NHS Education for Scotland's Knowledge Network – [www.knowledge.scot.nhs.uk/telehealthcare](http://www.knowledge.scot.nhs.uk/telehealthcare). The portal provides another information resource for health and social care professionals working in telehealthcare and directs them to established sites for additional resources.

### Workstream 7 – Phase 2 Training Strategy – for health and social care professionals

The strategy was devised initially to address the needs of telehealthcare support staff working in primary care/ community settings; it was the intention to develop a second phase strategy to focus specifically on the requirements of health professionals using telehealthcare in acute settings. The SCT and JIT have since reviewed the original workstream actions, amended them to reflect additional work specific to the education and training needs of acute sector staff and agreed that a full second phase strategy is no longer required.

### Governance

The Telehealthcare Education and Training Steering Group will oversee the workstreams outlined above. As the workstreams will now include activities which are specific to NHS 24, to reflect this alignment, Mr Iain Hunter, SCT General Manager, acts as sponsor for programme activities for SCT/ NHS 24 side. Future amendments to the tasks or timescales will be discussed and agreed by the Steering Group, the Telecare Programme Manager and the SCT /NHS 24 Telehealthcare Education and Training sponsor.

## Clinical Incident Reporting

Liz Mitchell, AHP Advisor and NMAHP eHealth Lead in National Services Scotland, is currently investigating how Clinical Incidents resulting from the use of software is reported, resolved and how actions learned are communicated. These incidents may be direct result of software failure e.g. Information being sent to the wrong place: or human error e.g. recording in the wrong patient record. The investigation, initially within NSS, will consider the feasibility of a standardised reporting and management of clinical incidents to maintain patient safety.

Liz would be interested to know what measures, if any, NMAHPs have in place within their health board to address this issue or hear any relevant thoughts or experiences you have on the subject of Clinical Incident Management. Please contact Liz Mitchell [elizabethmitchell2@nhs.net](mailto:elizabethmitchell2@nhs.net)

## SLT Interventions

Speech and Language Therapists across Scotland used the SLT eHealth space to assemble a preliminary list of intervention categories for the TRAK system in Lothian community. The set of SLT interventions that ensued is by no means perfect but it is a start - more work is needed on the categories themselves and on definitions to eliminate ambiguity and/or overlap. However, we hit a deadline so the list of interventions is now being implemented in Lothian who will provide feedback for other areas. The list has been disseminated within Scotland and also to the Royal College of SLTs for wider consideration.

For more information, contact:

**Tricia Mitchell, NHS Borders** [tricia.mitchell@borders.scot.nhs.uk](mailto:tricia.mitchell@borders.scot.nhs.uk)  
**Moira Little, NHS Lothian** - [moira.little@luht.scot.nhs.uk](mailto:moira.little@luht.scot.nhs.uk)  
**Jen Reid, NHS Fife** - [jenniferreid@nhs.net](mailto:jenniferreid@nhs.net)

Click on the link to view the list of SLT Interventions:

<http://www.knowledge.scot.nhs.uk/ehealth/topic-room/sltinterventions>

## Information Overload

### Clinical eHealth



Information overload is a huge problem, quicker access and push technology are making the situation worse. New technologies provide more ways to keep up to date, but this can just cause an overwhelming sinking feeling under the weight of all that information.

Information gathering has changed and new skills and rules are being created. There is not a perfect answer to this issue, but there are ways to reduce the overload and resources to help!

Firstly, improve your searching skills by completing the IL modules and if you have a specific database that you use, complete their training, to get the most out of the functionality they provide. The [Key Resources](#) section within Help and Training on The Knowledge Network provides access and information to database specific training.

Secondly, use technology to help manage and filter the flow of information and identify key resources. e.g. RSS Feeds, Email alerts, Current Awareness Services, map of medicine, Evidence in Practice, CLEAR etc.

Thirdly, contact your local librarian and join SHELCHAT ([shelcat.org](http://shelcat.org)), which is the Scottish Health Libraries Catalogue. NHS Librarians are there to help clinicians, so make sure you are using this resource



#### [Strategies for coping with Information Overload](#)

### CLEAR: Clinical Enquiry and Response Service



The CLEAR service is delivered by a team of information professionals based at NHS Quality Improvement Scotland and Greater Glasgow and Clyde. The service uses the expertise of the team to identify and signpost best quality evidence in response to questions arising from patient care and related to delivery of care from clinicians.

CLEAR aims to provide clinicians with summarised evidence relating to aetiology, diagnosis, prognosis and treatment queries about patient care.

To find out more or to submit a clinical enquiry, go to [www.knowledge.scot.nhs.uk/clear](http://www.knowledge.scot.nhs.uk/clear)

Please get in touch if you would like to submit an article or share some information with the Clinical eHealth community in the next newsletter.

Contacts for submissions or queries:

[gillian.flett@nes.scot.nhs.uk](mailto:gillian.flett@nes.scot.nhs.uk)

or

[Julia.Lasseter@scotland.gsi.gov.uk](mailto:Julia.Lasseter@scotland.gsi.gov.uk)

To find out more about what is happening in eHealth, go to

[www.knowledge.scot.nhs.uk/ehealth](http://www.knowledge.scot.nhs.uk/ehealth)