Senedd Cymru Health and Social Care Committee consultation to inform scrutiny of Digital Health and Care Wales

Executive summary

Thank you for the opportunity to give written evidence ahead of the committee's scrutiny session with Digital Health and Care Wales (DHCW). Since the pandemic it has become increasingly clear that digital healthcare has a leading role to play in meeting the ongoing and additional demand for speech and language therapy and more broadly Allied Health Professional (AHP) services. In our short response, we discuss the following key areas;

- AHP digital leadership
- risks of the proliferation of electronic record systems across health care services in Wales
- quality data

We would welcome scrutiny by the committee on these areas and believe the following questions may be helpful to consider:

- Given the proliferation of electronic record systems across health care services in recent years and the risk this represents to the delivery of safe patient care, how is DHCW reviewing clinical e-record systems in patient pathways and the interoperability of systems to improve visibility for all clinical groups?

- AHPs comprise 25% of the clinical workforce in Wales yet the Integrated Medium-Term Plan (IMTP) includes no specific actions for AHPs and there are few AHP digital leadership roles within DHCW and Local Health Boards. How does DHCW ensure the priorities of AHPs are captured and acted upon as a key element of the health and care system?

About the Royal College of Speech and Language Therapists (RCSLT)

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has over 20,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs (SLCN) and/or swallowing difficulties.

3. Speech and Language Therapists (SLTs) are experts in supporting children, young people and adults with speech, language and communication needs and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

Background

4. Since the pandemic it has become increasingly clear that digital healthcare has a leading role to play in meeting the ongoing and additional demand for AHP services. The pace and scale of platform implementation to offer services remotely was unprecedented and we are proud that our members have been so willing to embrace new ways of working. However, we are concerned that these new ways of delivering services are not based on solid foundations. We often lack the access to systems, meaningful data or AHP digital leadership to support the service transformation needed.

5. The RCSLT and nine other professional bodies recently came together to call for better digital systems, better data and better digital leadership for allied health professionals (AHPs) in the UK. In their open letter to the Chief AHP Officers in England, Scotland and Northern Ireland, and the Chief Therapies (AHP) Adviser in Wales, the AHP professional bodies identified three priority areas for action:

- All AHPs have access to electronic health and care record systems that are fit for purpose
- All AHP services are collecting, using and sharing quality AHP data
- AHP digital leadership at all levels to develop these foundations

6. Our feedback on the performance of DHCW is considered in relation to these three key themes.

AHP Priority 1: "All AHPs have access to electronic health and care record systems that are fit for purpose"

7. We welcome the mission referenced within the DHCW Integrated Medium Term Plan (IMTP) to 'expand the content and functionality of the digital health record", which is positive and much needed. Feedback from our members indicates that the proliferation of electronic record systems across health care services in Wales represents a significant risk to the delivery of safe patient care for AHPs. This is both from the perspective of poor interoperability between systems and time wasted for AHPs in duplicating efforts which reduces capacity for direct patient care.

8. AHPs are unique in following patients through their entire healthcare journey. They may support patients in the community, within hospital settings be it A&E, elective admissions to wards or into critical care, through an inpatient and possible rehabilitation stay and back into the community for any further support needs. Often patients will be managed by a new team of AHPs at each step of their journey. If electronic systems do not permit full automatic

visibility of clinicians input, there are inherent risks in terms of patient care. Currently AHPs input information into many systems across Wales. The list below includes some of the most common:

- PARIS – multiple versions for community, paediatric and mental health services
- WISDM - Diabetes
- Vital Data - Renal
- WCCIS – Critical care
- WCCIS – Therapies, community care (district nursing), social care
- Clinical Work Station (Aneurin Bevan University Health Board) – acute and outpatient services
- WNCR – Wales wide nursing record for adult inpatients
- Therapy manager – (Betsi Cadwaladr University Health Board)
- WCP – Nationwide portal accessible to all health boards in Wales.
- Twinkle – Paeds DM
- Milcare

9. This substantial number of systems creates challenges to the delivery of streamlined patient care. Patients often present with several co-morbidities and will be engaged with a range of clinical services. However, the current arrangement of systems mean that often teams may have poor visibility of who else is involved in a patient's care and relevant care and treatment plans.

10. We believe that clinical e-record systems in patient pathways and the transfer of communication between systems to improve visibility for all clinical groups requires prioritisation and would welcome further detail from DHCW on what actions are being taken in this regard.

AHP Priority 2: All AHP services are collecting, using and sharing quality AHP data

11. We welcome the focus within the DHCW IMTP on the importance of data and information, and using it, in the sections on 'information availability and flow' and 'driving value and innovation' in particular. However, there is a lack of specificity about the planned work in this area. We would expect to see narrative around supporting the development of knowledge, skill, and expertise in the clinical workforce to support this ambition and would welcome further detail on this area.

12. Additionally we would be keen to see further detail on potential systems to support patient access to services and demand capacity modelling for planning and wider purposes, such as commissioning.

AHP Priority 3: "AHP digital leadership at all levels to develop these foundations"

13. We are disappointed that the IMTP appears to have a limited focus on improving digital literacy and digital leadership within the clinical workforce despite a recognition that people are key to enabling change. There is no reference to AHPs in the IMTP despite AHPs accounting for 25% of the clinical workforce in NHS Wales (Welsh Government, 2020). Whilst many of the themes within the plan are relevant across professions, we are

concerned that because AHPs do not feature in the plan in the same way as medics and nurses, AHP work streams may often not be prioritised.

14. We are also concerned about the very small number of AHP digital leadership roles within DHCW given the size of the organisation. To our knowledge, there are also no designated AHP roles in digital leadership within Local Health Boards. The impact of this leadership gap is that AHPs are often not well represented on working groups/boards and decisions are made for AHPs without AHPs (which can have negative impact on engagement with and suitability of digital projects). We would welcome the development of a chief AHP information role at DHCW and greater capacity to assist with AHP projects and represent AHPs on projects that impact on AHPs. We would also be keen to see dedicated digital AHP leads in each of the health boards who could support the work programme at DHCW.

15. In England, a specific digital framework has been created for AHPs and we are encouraged that discussions are beginning to take place with regards a similar model in Wales.

16. We fully appreciate that future AHP digital leadership will require a supply pipeline. Whilst AHPs in Wales can apply for initiatives such as the NHS Digital Academy, or Master's in digital skills, these are often quite advanced. We believe there is learning from Scotland in terms of the development of programmes/initiatives that support AHPs interested in digital at a more junior level.

Further information

17. We hope this paper will be helpful in supporting committee scrutiny of DHCW. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

    Pippa Cotterill, Head of Wales Office, Royal College of Speech and Language Therapists
    Philippa.cotterill@rcslt.org

    Dr. Caroline Walters, External Affairs Manager (Wales), Royal College of Speech and Language Therapists
    caroline.walters@rcslt.org

    Confirmation

18. This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.