

Cafodd yr ymateb hwn ei gyflwyno i'r ymgynghoriad ar y cyd a gynhelir gan y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) a'r [Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus](#) fel sail i'w [gwaith craffu ar Iechyd a Gofal Digidol Cymru](#)

This response was submitted to the joint consultation held by the [Health and Social Care Committee](#) and the [Public Accounts and Public Administration Committees](#) to inform their [scrutiny of Digital Health and Care Wales](#)

SDHCW 02

Ymateb gan: | Response from: Dr Simon Barry

Scrutiny of DHCW

I wish to make the following comments about DHCW:

1. There is consistent failure to deliver
2. There seems to be a lack of ownership and management of workstreams so that work is delivered in a timely fashion
3. There is poor prioritisation of key agendas
4. There is evidence of an inability to learn from industry about how to be more agile and efficient

I will address these with reference to my own area of expertise. I am the lead for the Respiratory Health Implementation group (RHIG).

- We have been trying for three years to get DHCW to provide the links with WCP so that we can utilise national databases for patients with sleep apnoea, those requiring non-invasive ventilation, severe asthma and tracheostomy care. This would mean that we have data on whole populations of patients, their management and their outcomes. £300,000 of RHIG (taxpayers) money has been spent with absolutely no outcomes, and I'm still trying to chase this down with DHCW. There is no accountability for this failure to deliver.
- On a similar vein, I managed to obtain £120k of end of year monies to enable digital integration of all lung function tests from secondary care to WCP. This is very important for making diagnoses in airways disease. It's also a strategic goal for DHCW. One of the reasons that different HBs still use their own digital systems is because WCP does not display results like lung function tests and echocardiograms. I have recently escalated this, but again it's not at all clear who will do the work, who is responsible for getting it over the line.
- I will make a comment about the evidence of inability to learn from industry and be more agile. I was involved with the development of the discharge advice letter (DAL) for patients discharged from hospital that goes onto WCP. This is a vital piece of work. What was instructive to me was how it was developed. There was an inordinate number of people involved in creating this system, with multiple changes which took a very long time. No-one in the tech business would have done it this way, it was hugely inefficient. These tools are developed by small teams of key people quickly and tested before rollout

- Prioritisation of key agendas. There is no doubt that WCP is incredibly powerful, and is strategically the right approach, but it is unbelievably slow to deliver. Where is electronic requesting for radiology, electronic prescribing, and indeed as mentioned why has it taken so long for results like cardiology and other tests to be available on WCP. DHCW has a huge workforce. My overall impression is that it is badly run and organised and doesn't seem to be held to account for failure to deliver. If this was industry and not part of the NHS, it would be very quickly dismantled and changed.

Dr Simon Barry

Consultant respiratory physician, Cardiff and lead Respiratory Health Implementation Group