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 17
Ymateb gan: | Response from: Allied Health Professionals in Wales

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

Evidence on behalf of Royal College of Speech and Language Therapists, Royal College of Podiatry, Royal College of Occupational Therapists and Society of Radiographers and the Society and College of Radiographers.

1. Thank you for the opportunity to submit evidence to this scrutiny session of Digital Health and Care Wales (DHCW). Digital healthcare has rapidly advanced, particularly during the pandemic and we are proud of the way our members have embraced these changes. The AHP workforce has responded rapidly to changing circumstances which has included the adoption of new ways of working, including greater utilisation of technology and digital in-service delivery. However we would like to highlight our concerns that not enough is being done to include AHPs in digital developments. We welcome scrutiny of DHCW by the committees and would urge members to consider:

- AHPs comprise 25% of the clinical workforce in Wales yet the 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?
- 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?

2. Allied health professions
2.1 The 13 allied health professions are: art therapy; occupational therapy;dietetics; drama therapy; music therapy; paramedics; orthotics; orthoptics; physiotherapy; podiatry; prosthetics; psychology; speech and language therapy. AHPs represent 25% of the NHS workforce in Wales.

2.2 Recently, 9 of the professional bodies came together to write a joint letter 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

2.3 Our feedback on the performance of DHCW is informed by these three key themes, and should also be considered in parallel with individual responses from some of the professions.

3. Electronic health and care record systems that are fit for purpose
3.1 To date, there has been a proliferation of different systems, with limited inter-operability. This poses challenges for AHPs who work across the spectrum of health services in a variety of settings and across patient pathways. In addition many patients accessing AHP therapies will have co-morbidities and will be involved with a number of other clinical services. It poses a significant risk for the safe care of patients as information cannot be shared easily, and AHP time is wasted duplicating records, reducing their capacity for direct patient care.

3.2 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.

4. All AHP services are collecting, using and sharing quality AHP data

4.1 We note that there is a focus within the DHCW IMTP on the importance of data and information, and using it. 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. Feedback from our members suggest a willingness to explore how they can better collect and use the data about their services to identify opportunities for innovation and improvement that is hampered by a lack of informatics and data analysis expertise available to them from colleagues in informatics roles, and how they can access this.

5. AHP digital leadership at all levels to develop these foundations

5.1 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 are 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

5.2 We note that some sections of the workforce have visible leaders in digital delivery, such as Chief Nursing Information Officers. However we are not aware of any such role for AHPs, leaving them at risk of being excluded from new developments, or systems being designed that reflect the priorities of nurses and medics, rather than the wider workforce. 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.

5.3 Future AHP digital leadership requires a supply pipeline. Whilst AHPs in Wales are able to apply for initiatives such as the NHS Digital Academy, or Master's in digital skills, these are often quite advanced. We would encourage DCHW to examine what can be learned from Scotland in terms of the development of programmes/initiatives that support AHPs interested in digital at a more junior level.

6. Further information

We would be happy to provide further information. Please contact:

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