



NHS Scotland eHealth Strategy

The Nursing, Midwifery and Allied Health Professions contribution to realising benefits of the National eHealth Programme

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| Document | The NMAHP contribution to realising benefits of the National eHealth Programme | | |
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| Author | Heather Strachan, NMAHP eHealth Lead | Ext. | 42909 |
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Contact details

Heather Strachan
NMAHP eHealth Lead
eHealth Division
Scottish Executive Health Department
St Andrews House
Basement Rear
Edinburgh
EH13DG
Tel 0131 244 2909
Mobile 07920595452
email: Heather.Strachan@scotland.gsi.gov.uk

1. Introduction

NMAHPs, as the largest proportion of the clinical workforce, collect, record and communicate significant amounts of healthcare data. Therefore the move to the electronic health record will have a major impact on their working practices. In addition it will enable the NMAHP community to deliver new models of care as members of the wider multidisciplinary and multi-agency team. NMAHPs use of existing national eHealth applications is as yet not wide spread and as the National eHealth Programme advances NMAHPs will need to be involved to ensure benefits are realised. A number of NMAHP policies, frameworks, and projects, which support the implementation of “Delivering for Health”, recognise the importance of eHealth in their recommendations (3). This document brings these together, along with a few additions, to make explicit to the NMAHP community and key stakeholders the contribution required by NMAHPs as part of the National eHealth Programme and local eHealth programmes. This will ensure NMAHP eHealth activity is co-ordinated at both national and local level in partnership with fellow clinicians, social care and educational staff, eHealth professionals, managers, educationalists and researchers.

2. Summary

eHealth has been identified as a central requirement to improve healthcare. Scotland's eHealth Strategy is concerned with meeting "Delivering for Health's" commitment to a comprehensive health information system built around an Electronic Health Record (EHR). eHealth is the umbrella term for the use of information and communication technology (ICT) to support health care delivery. It encompasses a wide scope all of which are in use in Scotland but not widely available or ubiquitous.

Good information management is at the centre of clinical practice and eHealth can support information management, alongside the redesign of services. NMAHPs, as the largest proportion of the clinical workforce, are well placed to understand how services can be redesigned and where ICT can underpin good information management.

There are examples of where eHealth has supported NMAHPs to:

- **care** for patients better by supporting their education and continuous professional development and by improving patient centeredness, effectiveness, timeliness, and equity.
- **share** information across disciplines and agencies to improve patient safety, efficiency and timeliness of care within information governance requirements.
- **compare** information against standards and targets to advance clinical knowledge and practice, improve performance and the management of resources.

There are a number of challenges and opportunities facing NMAHPs utilisation of eHealth. Challenges include;

- managing the change required with the introduction of eHealth,
- managing associated risks,
- reflecting the dynamic nature of clinical knowledge and roles within eHealth,
- balancing standardisation with individualised care,
- sharing information without compromising patient confidentiality,
- ensuring data collecting is cost effective,
- eHealth supporting interagency working,
- enabling patient access to eHealth.

Opportunities have been recognised and NMAHP leadership has been established to influence the future eHealth agenda. There is evidence and recognition that ICT can;

- support good information management,
- enhance patient safety by providing access to and sharing information easily,
- reduce duplication of data entry,
- provide clinical decision support tools,
- develop NMAHP practice,
- provide information automatically for secondary uses.

Four aims will guide the NMAHP action plan that will address these challenges and opportunities.

1. Improve NMAHP ownership and engagement in eHealth.
2. Build NMAHP eHealth capabilities through education and development.
3. Utilise eHealth systems to advance knowledge management for NMAHPs.
4. Deliver a fit for purpose infrastructure and workable solutions for NMAHPs.

3. Health and eHealth Policy

Health services across the world all face the similar challenge of how best to use limited resources to improve health outcomes. The Institute of Medicine's (IOM) quality initiatives have become a priority around the world as key to addressing these challenges. The IOM quality initiatives focus on six aims; safety, effectiveness, patient centeredness, timeliness, efficiency and equity. IOM has recognised the role ICT as central to improve healthcare and noted how crucial ICT is to all aspects of clinical decision making, the delivery of population based care, consumer education, professional development, and research (1). IOM also recognises that "utilising informatics" may be a core competency that all health care professions will need (2).

NHS Scotland is committed to delivering a comprehensive health information system built around an EHR. "Delivering for Health" recognises that a common information and communications technology system is essential if NHS Scotland is to move away from reactive, crisis-management, acute-orientated care towards anticipatory, preventative and continuous care which is integrated and supports faster, safer, more efficient, patient-centred services. Integrated electronic patient records will support groups of professionals deliver new models of care in terms of new roles and care locations (3). The high level eHealth Strategy, agreed by the eHealth Strategy Board, summarises what we want to achieved:

"All patients and staff who treat them with access to a personal Electronic Health Record, ultimately replacing paper records.

- ◆ All healthcare professionals connected to a secure health information network supporting integrated community, acute and inter-agency care services.
- ◆ Support for integrated healthcare services through sharing of patient information while maintaining the confidentiality of patient information.
- ◆ Data sharing between the health service and its partners, based on a framework of informed consent, supporting Community Health Partnership working
- ◆ Information systems able to support the three functions of assessment of need, care planning and co-ordination, and evaluation of quality of care.
- ◆ Healthcare professionals able to access best practice information and to participate in clinical networks.
- ◆ Clinical staff, record their interventions directly into Electronic Health Records, rather than transcribe to written records.
- ◆ Convergence over the next 5 years towards common and mandatory arrangement of ICT systems across NHS Scotland (4)."

Other policies, frameworks and projects also identify the role of eHealth in supporting the implementation of "Delivering for Health". Their various recommendations are reflected in the NMAHP eHealth action plan. These include: Delivering care, enabling health - Harnessing the nursing, midwifery and allied health professions contribution to implementing Delivering for Health in Scotland (5), Choices and Challenges, the strategy for research and development in nursing and midwifery in Scotland (6), Visible, Accessible and Integrated Care, A Report of the Review of Nursing in the Community in Scotland (7), Nursing and Midwifery Workload and Workforce Planning Project (8), AHP Workload Measurement and Management (9), Nursing Clinical Quality Indicators Project (10), AHPs Do Count (11), Relationships and Recovery. The Report of the National Review of Mental Health Nursing in Scotland (12), Delivering for Mental Health (13), Getting it right for every child (14), Developing Community Hospitals, A strategy for Scotland(15), Co-ordinated, integrated and fit for purpose, A Delivery Framework for Adult Rehabilitation in Scotland (16), From Knowing to Doing-Transforming knowledge into practice in NHSScotland (17).

4. Defining eHealth

eHealth is the application of information and communication technologies (ICT) to support healthcare provision. It is an umbrella term that refers to a number of concepts including telehealth, health informatics and medical informatics. eHealth has a wide scope and includes:

- internet or intranet to access health information by patients and healthcare professionals,
- eLibrary to support access to literature and information,
- teleconferencing, videoconferencing and computer based learning applications to support education and clinical networks,
- the use of mobile technology such as mobile phones and portable devices to record, view and communicate information,
- eMail or other messaging devices to support communication,
- telehealth to monitor, consult, diagnose, or treat remotely,
- the electronic health record,
- software applications that support the management of health service resources.

All these aspects of eHealth are in use now in Scotland but are not widely available or ubiquitous. Only their comprehensive and consistent use across Scotland will provide the necessary benefits to enable “Delivering for Health” to be achieved. eHealth is however not just about the technology. ICT is a tool that supports the collection, storage, analysis, retrieval, display and communication of information. Clinical knowledge is central to NMAHP clinical practice and requires good information management. ICT is therefore an essential tool to support information management, both for the primary purpose of delivering clinical care to patients, and secondary usage, which can advance clinical knowledge and practice as well as improved performance and resource management. While some information processes can be computerised fairly easily, most healthcare processes are complex, involve a range of people, roles, practices and therefore information requirements. Before ICT can be introduced these processes need to be defined. This often leads to the recognition that they can and should be simplified. eHealth is therefore much more about service redesign, good information management and people than it is about technology. NMAHPs are 72% of the clinical workforce in Scotland. It is recognised by the Minister for Health and Community Care that “NMAHPs extend their influence into all aspects of the design, delivery and evaluation of health care in Scotland” (5). They are well placed to influence the realisation of benefits from eHealth.

5. What does eHealth mean for NMAHPs?

eHealth has the potential to have a significant impact on the way NMAHPs work as they spend a significant proportion of their time collecting, analysing, using and communicating information to support clinical decision-making in order to lead, co-ordinate, support and deliver safe, effective, patient centred care. This information differs according to each professions body of knowledge and the values or views that guide their practice. To support this they need health information systems that provide up to date, accurate, relevant information about the patient, the latest evidence or best practice and decision support tools, at the point of care delivery or even at a distance as with telehealth. Access to these systems by NMAHPs across Scotland is currently variable, as are NMAHP skills in the use of ICT and information management. There are, however, examples of how eHealth can support NMAHPs **care** for patients better by supporting NMAHP education and professional development and the delivery of health care that is patient centeredness, effective, timely, equitable and efficient.

The healthcare environment is a complex, communication environment involving a large number of people and unexpected events. This complexity is increased with the need for NMAHPs to work closely with local authorities and other agencies to deliver integrated services. The unpredictability and complexity of this environment means that staff must constantly communicate with each other to be aware of the current needs of patients and up and coming plans. Lack of access or not sharing information contributes to the significant duplication of data collection or time wasted looking for information. Apart from the obvious inefficiency this also reduces patients' confidence in the health services, may lead to repeated procedures being undertaken and raises patient safety concerns. eHealth can support NMAHPs **share** information across disciplines and agencies to improve patient safety, efficiency and timeliness of care within information governance requirements.

While the primary use of information in health care is to support clinical decision-making, the same information can be anonymised, aggregated and linked to advance clinical knowledge and improve the delivery of healthcare. Currently there is a significant gap in information to support local monitoring and national comparison of what NMAHPs do and the results of those actions. However the wealth of information in the patients' health record can be more efficiently extracted and analysed if it is derived from an EHR. eHealth can support NMAHPs **compare** information against standards and targets to advance clinical knowledge and practice, and improve performance and management of resources. It may also provide new information for research purposes.

Appendix one gives some examples of how eHealth in Scotland is supporting NMAHPs to:

1. enhance patient centeredness,
2. improve patient safety,
3. improve effectiveness,
4. improve timeliness,
5. improve efficiency,
6. improve equity,
7. support education and continuous professional development,
8. advance clinical knowledge,
9. support effective resource management,
10. improve information governance.

6. NMAHP eHealth challenges and opportunities

While there is a body of knowledge that recognises how eHealth can improve healthcare, there are still many challenges related to its development, implementation and use in the healthcare setting for NMAHPs. However progress has been made and opportunities exist that can address these challenges.

Challenges

- “Delivering for Health” means fundamental changes in the way NMAHPs work and the National eHealth Programme can support these changes.
- Implementation of eHealth, along side redesign, will only realise benefits if professional and people factors are addressed, for example, professional roles, relationships and responsibilities, and knowledge, skills and support for NMAHPs to use eHealth to enable good information management.
- While benefits of eHealth are recognised, there are also risks, which must be managed to ensure patient safety and confidentiality are not compromised.
- Clinical knowledge is at the centre of NMAHP practice and the dynamic nature of NMAHP knowledge and roles means that the development and review of NMAHP practice, information needs, data standards and information systems also needs to be dynamic.
- A delicate balance is required between standardising care processes to support clinical decision making with the help of ICT and not inappropriately constraining clinical judgement or patient centered care.
- Patients’ data can be easily accessed through ICT and needs to be treated with as much respect as the patient themselves through good information governance.
- Information only adds value if it is fit for purpose, used and the cost of collecting information is outweighed by benefits gained from its use.
- NMAHPs care for patients in a variety of settings and in partnership with different agencies and ICT must support this.
- For patients to be involved in their healthcare they also need to access and contribute to their electronic health record.

Opportunities

- An NMAHP eHealth Programme Board and NMAHP eHealth Leads Group have been established to ensure NMAHP leadership and engagement in the National eHealth Programme.
- NMAHPs have been using eHealth to support patient care, lessons have been learnt and good practice demonstrated, which can be shared.
- eHealth can support good information management.
- eHealth can support patient safety and experience by ensuring NMAHPs have access to, and share the right information, at the right time with those who need it, with improved information governance.
- eHealth can provide decision support tools, which range from enabling access to clinical guidelines to providing alerts that prompt action.
- eHealth can support once only data collection.
- NMAHP clinical knowledge is implemented with the support of clinical tools such as referral protocols, assessment tools, and integrated care pathways. These structured tools lend themselves well to computerisation.
- eHealth will become integral to the professional practice of all NMAHPs as well as supporting the development of NMAHP practice.
- Better information for secondary uses to advance clinical knowledge and improve resource management can be more easily extracted from an EHR than a paper based record.

7. The NMAHP contribution to eHealth

In order to address the challenges and opportunities that exist for NMAHPs and ensure the National eHealth Programme underpins “Delivering for Health”, NMAHP leadership requires to focus on the four aims outlined below. Actions to meet these aims are identified in the NMAHP eHealth action plan in appendix two. This action plan brings together eHealth related activities identified in various NMAHP policies, frameworks, or projects; some of which have commenced and others which are still to be initiated. Some new ^{in italics} eHealth actions are also identified. This action plan will ensure NMAHP engagement in eHealth activity is co-ordinated at both a national and local level as part of the National eHealth Programme and local eHealth plans.

Funding for these activities needs to be considered on a case by case basis. The NMAHP eHealth Programme Board will aim to influence spend on eHealth at a national and local level. Primary care development funding and eHealth funding has already been used to initiate projects that have already commenced. Governance arrangements for eHealth will follow the National eHealth Programme and NMAHP involvement is outlined in appendix three.

Aim one

Improve NMAHP ownership and engagement in eHealth.

The National eHealth Strategy requires a partnership approach between; the Scottish Executive and Boards; between the NHS, Royal Colleges, professional and academic bodies: across the multidisciplinary team; and between health care organisations, their partner agencies, patients and their carers. NMAHPs are the largest group of clinicians in the NHS and their engagement in the eHealth Programme is essential to ensure that their professional requirements are identified and software applications are designed and utilised to provide benefits for patients.

Aim two

Build NMAHP eHealth capabilities through education and development.

ICT underpins good information management. NMAHPs require knowledge and skills in information collection and analysis, information processing, knowledge and information resources, as they relate to NMAHP clinical knowledge and practice, as part of their pre registration and post registration education. Training and support to use national and local eHealth systems is also necessary.

Aim Three

Utilise eHealth systems to advance knowledge management for NMAHPs.

Clinical knowledge is at the centre of NMAHP practice. eHealth can help to bridge the gap between “knowing” and “doing” and enable NMAHPs to utilise clinical knowledge for decision making and, as a by product of clinical processes, the secondary uses of that information can advance clinical knowledge, support clinical governance activities and provide information to manage and improve performance.

Aim Four

Deliver a fit for purpose infrastructure and workable solutions for NMAHPs.

eHealth Systems can support NMAHPs, as part of the multidisciplinary team, deliver care, share information and compare information for the benefit of patients. NMAHPs should utilise existing national eHealth software applications and services wherever practicable, and be involved in both service redesign and the procurement process for future national mandatory eHealth software applications and services to enable benefits for patients to be realised.

Appendix One

Examples of NMAHP eHealth benefits

Enhance patient centeredness (1). A practice nurse in Renfrewshire uses a recall management system to support case management of patients with complex health issues particularly those with high levels of disease co-prevalence. The patient becomes a partner in agreeing their own care and with the support of a scheduling system, linked to their primary care information, the patient's journey and clinical care follow up plan can be tracked. The results are improved patient satisfaction and concordance with treatment, a reduction in the need for patients to visit the practice which has resulted in less failed recall appointments. It has also made better use of the primary care team's skills and reduced routine appointments to the GP by 40%.

Enhance patient centeredness (2) Telecare has been used to help shift the balance of care away from institutional setting to care at home, as part of service redesign in West Lothian. Telecare devices and services have been installed in peoples' homes and can trigger a pre-determined, escalating chain of responses from a call centre. It has avoided unnecessary admissions to hospital or care homes, reduced length of stay in hospital and care homes by enabling more people to return home. It has reduced waiting times for occupational therapy services. Above all it has contributed to a better quality of life for this client group and reduces anxiety for their carers.

Improve patient safety. General Practitioners share information on patients' allergies, adverse reactions and current medication with nurses in Out of Hours Services, NHS 24 and A&Es. This information is accessed via the Emergency Care Summary National Store, with the consent of the patient. Having access to this information has improved patient safety and clinical decision making.

Improving effectiveness. Western Infirmary Glasgow ICU has implemented a system that interfaces with other critical care systems, blood gas machine, hospital labs and all the equipment within the unit. The system saves time charting and supports prompt clinical decisions making and action in urgent situations because all data are in the one place, at one time.

Improve timeliness. General Practitioners in NHS Greater Glasgow and Clyde are using SCI Gateway referral protocols to refer patients to AHP services, which have helped to reduce patients' waiting times and saves therapists looking for further information about the patient.

Improve efficiency. A comprehensive clinical record for community mental health clients in North Ayrshire provides those caring for the client, with appropriate permission, access to the client's clinical information to support clinical decision making and care delivery. It has had particular benefits when care is required out of hours as staff now have access to clinical data such as risk assessments and crisis care plans. Reducing duplicate recording of demographic details and past history on numerous forms and reducing the need to search for data and case notes has saved staff time.

Improve equity (1). Physiotherapists in Lothian have developed a website to provide another choice for patients in how they wish to access physiotherapy advice for knee problems. It aims to improve access by providing early screening advice and high quality physiotherapy advice and healthcare information in a timely manner at the patient's convenience www.physiotherapyadvice.scot.nhs.uk

Improve equity (2). Clients requiring specialist advice for eating disorders no longer need to make the long journey from their homes in the highlands to the city. Clients can visit their local health centre for a virtual counselling session, using a video link with a clinical psychologist based in Aberdeen. As well as not having to make the journey, clients often prefer remote therapy to face-to-face interviews as they feel less embarrassed. The clinical psychologist also uses the network to involve GPs, community psychiatric nurses and dieticians in a multiprofessional care model.

Supporting education and professional development. The eLibrary provides online access to over 5000 full text journals, 5000 electronic books and 1000s of evaluated health and social care websites. It provides interactive knowledge services including alerts, newsfeeds, and expert searches. The eLibrary knowledge exchange and shared space services enable users to establish their own virtual communities and collaborative workspaces where they can share resources, communicate and work together. It also provides specialist eLibraries providing focused, tailored access to support defined conditions, subject areas and staff groups.

Supporting education and professional development. Flying Start NHS is the national development programme for all newly qualified nurses, midwives and allied health professionals in NHS Scotland. It has been designed as a learner directed development programme to support the transition from student to newly qualified health professional. It supports learning in everyday practice through a range of learning activities available online with additional support from work based mentors. The learning activities cover communication, clinical skills, teamwork, safe practice, research, equity and diversity, policy, reflective practice, professional development and careers.

Support clinical knowledge development. The standardised data of the AHP Census 2005 allows comparison across all AHPs in Scotland, within a single profession or the range of professions involved in specific health problems e.g. fractures or pain. Clinical practice was compared using 'objective of care', performance measured using "waiting times statistics" and management of resources considered using "patient contact location". Information has been used:

a) by NHS QIS to review the range of AHPs contributions to the care of stroke patients.

b) by Physiotherapists to review back pain issues.

c) to examine the range and scope of AHP involvement in Mental Health.

http://www.isdscotland.org/allied_health_professionals

Support effective resource management. Health visitors in one locality in Kirklees use ICT to support services for children and young people who attend Children's Centres. The eHV system enables the recording of outcomes of health needs assessments taking into account the families needs and aspirations. The system sits alongside the local authorities systems and links needs with interventions. As a by product, information can be extracted to examine caseloads and ensure resources are targeted to those most in need.

Improve information governance. By checking with the patient prior to accessing the Emergency Care Summary, health professionals involved in the delivery of out of hours care provide patients with some control over how the personal health information is used, and provide assurance to patients that their information is being treated with care.

Appendix Two NMAHP eHealth Action Plan

Aim One - Improve NMAHP ownership and engagement in eHealth.

| Action | Responsibility | By when |
|--|--|--|
| <p>1. 1 NMAHP involvement in the eHealth agenda must be encouraged (5).</p> <ul style="list-style-type: none"> • Establish an NMAHP eHealth Programme Board to provide strategic leadership to enable the NMAHP community to contribution to the eHeath Strategy and National Programme. • Identify and support NMAHP eHealth Leads at Board level and ensure the engagement of the local NMAHP community in service redesign, local eHealth plans and the National eHealth Programme. • Invite representatives from key stakeholders organisations to shape and participate in NMAHP eHealth activity both locally and nationally. | <p>SEHD/ DNS and AHP Leads</p> <p>SEHD/ DNS and AHP Leads</p> <p>SEHD/ DNS and AHP Leads</p> | <p>Complete</p> <p>Complete</p> <p>National eHealth Programme/ Local eHealth Plans</p> |
| <p>1.2 Review the current <i>NMAHP</i> position in relation to ICT use including access, skills and utilisation of technology to support future developments in record keeping, sharing information and delivery of care (7).</p> | <p>SEHD/ DNS and AHP Leads</p> | <p>National eHealth Programme/ Local eHealth Plans</p> |
| <p><i>1.3 Develop and implement a communicate strategy to inform the NMAHP community and key stakeholders across NHS Scotland about national eHealth initiatives.</i></p> | <p>SEHD</p> | <p>September 2007</p> |
| <p>1.4 Good practice and innovation in using information from a national and international perspective should be shared to support local work (5).</p> | <p>SEHD</p> | <p>July 2007</p> |
| <p><i>1.5 Incorporate NMAHP eHealth benefit realisation plans into local eHealth plans and conduct evaluation as part of implementation of eHealth Systems.</i></p> | <p>SEHD/ DNS and AHP Leads</p> | <p>National eHealth programme and Local eHealth Plans</p> |

Aim Two - Build NMAHP eHealth capabilities through education and development.

| Action | Responsibility | By when |
|---|-------------------------|---------------|
| 2.1 Develop an NMAHP eHealth Specialist eLibrary and Managed Knowledge Network in partnership with the NHS Education Scotland. | SEHD/NES | August 2007 |
| 2.2 Pre registration nursing, midwifery and AHP curricula should reflect the eHealth agenda (5). | SEHD and Academic Heads | December 2007 |
| 2.3 Post registration education development opportunities in ICT for nursing, midwifery and AHPs should be reviewed (5). | SEHD and Academic Heads | December 2008 |
| 2.4 NMAHPs should be appropriately trained and equipped to use electronic health information systems for recording and using information to improve the patient experience and health outcomes (5). | DNS and AHP Leads | December 2007 |

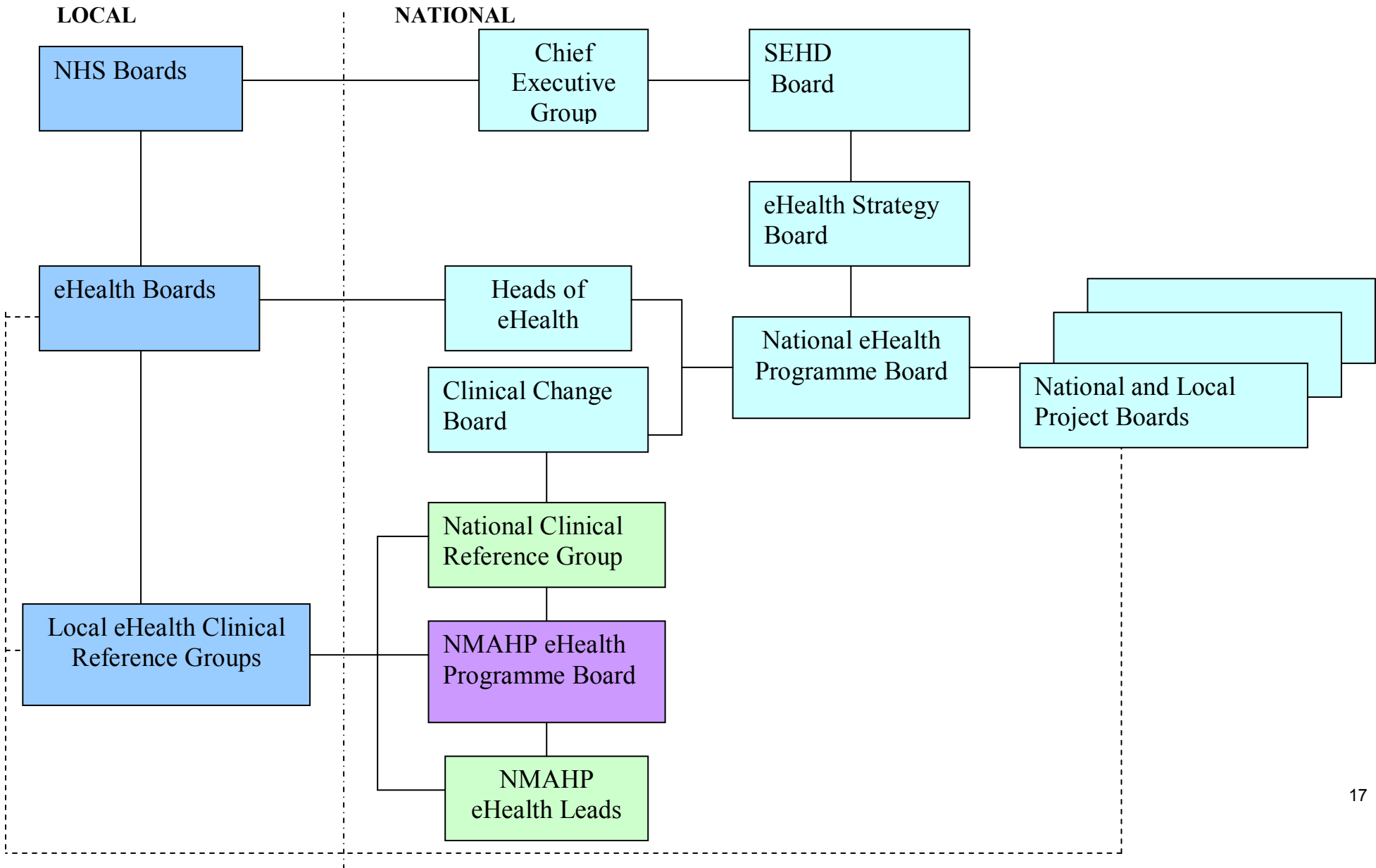
Aim Three - Utilise eHealth systems to advance knowledge management for NMAHPs.

| Actions | Responsibility | By When |
|---|--------------------------------|---------------|
| <p>3.1 Support National eHealth initiatives aimed at developing a consistent approach to planning care and record keeping (5)</p> <ul style="list-style-type: none"> • Identify the NMAHP content of the EHR to ensure it supports multidisciplinary, and where appropriate multiagency, decision making and care delivery and the advancement of clinical knowledge through audit, research and development. • Contribute to the development of professional standards for record keeping in relation to the EHR and support their implementation. • Develop a methodology to support the creation, updating and sharing NMAHP clinical templates and decision support tools e.g. assessment tools, referral protocols, and care pathways, to facilitate NMAHP decision making, communication and recording of care processes within eHealth systems and clinical governance. | SEHD/NHS QIS/DNS and AHP Leads | December 2007 |
| <p>3.2 Identify information requirements to support clinical governance activity and performance management, including clinical quality indicators, workload and workforce planning tools, and incorporate them into clinical information systems where appropriate (8, 9, 10, 11, 13).</p> | SEHD/DNS and AHP Leads | April 2008 |
| <p>3.3 Direct a programme of data standards development and support implementation, as part of the National Clinical Dataset Development Programme, including the identification of appropriate classification systems, to support the recording, communication and sharing of clinical data within eHealth systems and its retrieval for secondary uses.</p> | SEHD/DNS and AHP Leads | April 2008 |
| <p><i>3.4 Collaborate with NMAHP researchers to enable the advancement of NMAHP clinical knowledge through the secondary uses of information derived from clinical information systems (6).</i></p> | SEHD/Academic Heads | December 2010 |

Aim Four - Deliver a fit for purpose infrastructure and workable solutions for NMAHPs

| Action | Responsibility | |
|---|--|----------------------------|
| 4.1 Ensure NMAHPs have access to current national eHealth systems including SCI Gateway, and NHS Mail to support clinical communication, as part of the local eHealth plan (3). | DNS and AHP Leads | Local eHealth Plans |
| 4.2 Promote and support the development of the Generic Clinical System to address gaps in NMAHP eHealth Systems (3). | SEHD/ DNS and AHP Leads | Local eHealth Plans |
| 4.4 Ensure an NMAHP perspective in the procurement of eHealth national category A & B (mandatory and as required) software applications and services (4). | SEHD/ DNS and AHP Leads | National eHealth Programme |
| 4.3 NMAHPs must have appropriate and adequate access to ICT to support clinical decision making and communication at the point of care (5). | DNS and AHP Leads | December 2007 |
| 4.4 Explore how communication and information sharing can be improved to enhance individuals and carers' rehabilitation journey, <i>and partnership working across agencies for care groups including children, young people, older people and people with mental health needs</i> , within appropriate information governance arrangements (12, 13, 14, 16). | NHS Boards, Local Authorities and DNS and AHP Leads | Local eHealth Plans |
| 4.5 NHS Boards and Local Authorities should maximise developments in eHealth, Telehealth and new technologies to ensure equitable access and service provision, especially for those in remote and rural areas (16). | Scottish Centre for Telehealth, NHS Boards, Local Authorities, DNS and AHP Leads | Local eHealth Plans |

**Appendix Three
NMAHP position within eHealth Governance Structure**



Appendix Four Glossary

| Term | Description |
|---------------------------|--|
| A&E | Accident and Emergency. |
| AHP | Allied Health Professionals. |
| Delivering for Health | Delivering for Health - the vision for health in Scotland. Delivering for Health promised a comprehensive health information system built around an Electronic Health Record. |
| DNS | Directors of Nursing Service within NHS Boards |
| eHealth | Used to describe the application of information and communications technology (ICT) built around an Electronic Health Record, to underpin the delivery of integrated care services. |
| EHR | Electronic Health Record. Patient centric electronic repository of patient information. |
| GCS | Generic Clinical System - a tool kit for the development of specialist clinical applications. |
| GPs | General Practitioners |
| Health Informatics | The knowledge, skills and tools that enable information to be collected, managed, used and shared to support the delivery of healthcare and to promote health and wellbeing |
| ICT | Information and Communications Technology |
| ICU | Intensive Care Unit |
| IOM | Institute of Medicine |
| Information Governance | Information Governance is a means of handling information in confidential and secure manner to appropriate ethical, legal and quality standards |
| Knowledge Management | The explicit and systematic management of vital knowledge within an organisation – and its associated processes of creation, organisation, diffusion, use and exploitation. |
| Managed Knowledge Network | An umbrella network encompassing multiple communities of practice who are engaged in managing knowledge effectively across boundaries for disciplines, organisation and sectors to support patient care in a defined disease, condition area or topic. |
| Medical informatics | Medical informatics is the study of how information is used and disseminated in health care settings. Medical informatics includes the study of health information systems, computer networks in clinical settings, and clinical decision systems. |
| NES | NHS Education for Scotland |
| NHS 24 | The telephone and internet health advice service for Scotland |
| NHS Mail | The secure email service used by NHS staff |
| NMAHP | Nurses, Midwives and Allied Health Professions |
| QIS | NHS Quality Improvement Scotland |
| SCI | Scottish Care Information – A major NHSScotland eHealth initiative supporting improvement of Scottish Patients care. |
| SCI Gateway | The national communications gateway supporting electronic referral, booking and discharge, and secure transmission of clinical information. |
| SEHD | Scottish Executive Health Department |

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