

RCGP Scotland's relationship with IT, eHealth and digital

RCGP Scotland recognises the importance of being involved in the IT and digital landscape within general practice and has taken steps to ensure that senior clinical input specifically representing the College is available to a number of influential national groups and committees.

In 2017, a member of Scottish Council with an interest in Informatics began to deputise for the Chair at project board and steering group meetings for SPIRE. In August 2018 RCGP Scotland advertised for a Clinical Lead for IT and appointed to this position later that year. That month also saw the first meeting of the Scottish Joint General Practitioners Information Technology Group that had been jointly convened by RCGP and BMA. There was Scottish input to the [technology roadmap](#) published by RCGP in August 2019. In 2021 Scottish Council approved the creating of Clinician Representative positions and one was used to fund another GP for IT and Data.

This paper provides an update for Scottish Council on this workstream and sets out the direction of travel over the coming months / years.

RCGP Scotland has several aims that we would wish to achieve:

- For RCGP Scotland's policy team, Officers and Clinician Representatives to be connected to up-to-date expert knowledge on GP IT issues.
- For the team to be able to represent current issues and direction of travel and lobby for improvements with the Scottish Government and other stakeholders.
- For connections to be maintained with other GPIT organisations in Scotland.
- For material produced by central RCGP to be consistent with the Scottish GP IT landscape.

Scottish Council is asked if they agree with these strategic aims and if there are any additional areas that we should focus on.

IT and Data Updates

Data

Scotland's first data strategy for health and social care was published in February 2023. This followed a consultation, to which RCGP Scotland submitted a comprehensive response, highlighting the important role GPs play in managing patient data, and how critical this strategy will be in an evolving health and social care service.

We were able to welcome the strategy's recognition of the historic challenges to storing and accessing GP data and the need for both new infrastructures and technologies. The strategy also notes the wider benefits of improving access to primary care data, such as better monitoring the health of the population, using data in research, and supporting the planning and delivery of primary care both nationally and locally.

E-prescribing

This was one of the key asks from RCGP Scotland in our manifesto document launched in February 2021, ahead of the Scottish Parliament elections. We continue to call for the introduction of full electronic prescribing across the NHS in Scotland. Although there is an electronic messaging infrastructure in place in Scotland where GP clinical systems send prescription information electronically, the dispensing process has remained paper-based.

An end-to-end paperless, e-prescribing system that spans across GPs, pharmacy and secondary care teams would be a major improvement in terms of patient safety, also improving patient experiences. Removing a reliance upon bits of paper will change some processes at the GP end but will also reduce and remove some unnecessary tasks, such as dealing with lost scripts. It will also reduce the environmental impact of prescribing. We recognise that IT systems in out-of-hours GP services and prison environments lag far behind in-hours IT and are convinced of the importance of improving IT across primary care.

The Digital Prescribing and Dispensing Pathway (DPDP) in Scotland is intended to be transformative. The programme scope is “the end-to-end pathway across in-hours fixed general practice prescribers into community pharmacy dispensing”.

Scotland will need to pass legislation and adopt a different identity and access management solution to that used in England, where there is some pre-existing smart card infrastructure used for authentication.ⁱ Despite this being a high priority digital improvement, the programme is still at the design and development stage and the implementation of DPDP is not expected to occur before mid-2024 and may take a couple of years to complete.

GP IT Reprovisioning

GP IT reprovisioning refers to the repurchase and modernisation of the GP clinical systems in Scotland to secure, centrally hosted systems. This will be a significant upgrade on the ageing Vision3 and EMIS PCS systems.

In 2019 three suppliers Vision (now known as Cegedim), EMIS and Microtest were awarded the Framework Contract Agreement. Unfortunately, only one of these suppliers has developed a system that can be tested and validated against the Scottish specification.

This serves as a reminder that the procurement of our dedicated healthcare IT systems is ultimately dependent on suppliers and their interest in the Scottish marketplace, and that we are vulnerable to changes that occur in the larger neighbouring English market.

While there have been significant delays and frustrations in this transition, four cohorts have completed direct award and Vision-to-Vision migrations have begun. All health boards will need to have selected a direct award by February 2024, which is ahead of Cegedim's delivery of Vision Anywhere (VA) - expected to be July 2024. Some practices, such as those using EMIS PCS, had wanted to wait for VA to arrive before migrating.

One important learning point from the migration work that has been done so far, is that resource should be found to ensure that staff have been able to be trained on the systems used in our clinical practice. We intend to speak to the incoming Postgraduate GP Dean about

both what training on IT systems that GPSTs in Scotland receive and also whether the infrastructure in practices has any negative impacts on training.

DACS

Digital Asynchronous Consultation Systems (DACs) are the range of online digital tools that support clinical triage and remote consultations, where the healthcare provider and patient are not necessarily present at the same time. Several systems are available – for example, eConsult, askmyGP, and EMIS online Consult.

On request by the Scottish Joint GP IT Group, the Scottish Government endorsed proposals for a national approach to the provision of DACs for GPs. A working group was convened in December 2020, and a Public Information Notice (PIN) was used in August 2021 to assess the maturity of the marketplace.

Due to pressures on public finances, funding has not been allocated to the DACs programme and so progress has been paused. Implementation guidance has been provided for GP practice teams interested in exploring DACs for their individual practice.ⁱⁱ

RCGP Scotland continues to press the Scottish Government that developing these systems for Scotland is important and could be a project with a low cost to high output ratio. In our recent work on the Scottish Government's GP Access Short Life Working Group, we requested a letter of comfort on the provision of DACs as part of our feedback.

GP workforce data

Reliable workforce data is a critical piece of the puzzle to enabling strategic policy on GP recruitment and retention in Scotland. In 2017, Scottish Government committed to increasing the number of GPs in Scotland by at least 800 by 2027. While the Scottish Government maintains it is making progress to meet that target, a recent Audit Scotland report stated that this key target is not on track.ⁱⁱⁱ

Public Health Scotland data shows that in headcount terms, the GP workforce has increased by just 113 since 2017 when excluding GP trainees. In whole time equivalent (WTE), estimates in fact show a decrease of 26.4 WTE GPs since 2017.^{iv}

With increasing numbers of GPs opting to work less than full time, measuring GPs by headcount masks the true state of the general practice workforce. Up to date data on WTE GPs would enable a better understanding of the current workforce and its pressures, underpin workforce planning, and allow us to monitor progress against commitments.

RCGP Scotland's position is that it is no longer credible to say the Scottish Government will meet the target of an additional 800 GPs by 2027. For meaningful workforce planning, the Scottish Government must re-evaluate a target based on whole time equivalent GPs.

In Scotland, a survey tool has been used to gather national-level data on the GP workforce. There are a number of issues with this approach, both in the method and logistics. The survey double counts GPs that work in more than one board area, and places a burden on practice managers, asking them to input information about the whole practice team, each time from

scratch, often asking for information they don't routinely collect. RCGP Scotland has lobbied the Scottish Government to invest in a system that will securely store details to reduce the duplicate entry of data, allowing information to be updated when changes occur - for example when a GP changes the number of sessions they do.

Workforce and workload data must be improved across both in-hours and out of hours. Compared to other parts of the health service, the absence of reliable data limits our ability to articulate all the work GPs and their teams do.

GP In Hours Activity

The in hours general practice activity data from Public Health Scotland, NHS National Services Scotland and the Scottish Government is an experimental statistics publication for Scotland. It attempts to illustrate the type of activity information captured within GP clinical systems.

The data is extracted from participating practices and is / has been set out by NHS board and Health and Social Care Partnership (HSCP) from January 2018 to present.

Crucially, the data gathering does not record all activity, only the number of 'encounters' as recorded on the clinical systems and the corresponding 'healthcare professional role' responsible. It does not capture information on the complexity or duration of the activity. There have been methodological challenges, such as test results being captured as face-to-face activity, and discrepancies across Health Boards.

Public Health Scotland continues to experiment with the methodology to make this data more meaningful, which we support.

Appointments Book

A new Appointments module is now available for Cegedim's Vision3. This provides some additional functionality but requires a small amount of housekeeping tasks during installation, such as tidying up different types of users. Practices that use Vision might want to consider doing so before migration to the new hosted solutions.

Emergency Care Summary / Key Information Summary

RCGP Scotland has called for major improvements to digital data sharing in various Scottish Government consultations. The Key Information Summary (KIS) isn't visible to social care and has functionality limitations. Currently there are significant challenges within the NHS with the transfer of patient details when people move addresses, e.g. students or cross border transfers.

IT systems must be developed which enable information to be shared which is relevant to a person's care, to reduce duplication, repetition and the risk of gaps and lack of access to relevant data. This optimisation of digital opportunities aids communication, develops relationships and enhances collaborative interface working.

The consent model has been discussed, particularly in relation to two influences. The introduction of GDPR meant that for delivery of healthcare as a public service, consent was no longer relied upon for data collection and legitimate reasons were recognised for this being

shared. The Covid-19 pandemic also saw some emergency measures introduced around the sharing and use of data for public benefit.

Information Governance

We have fed back comments to Scottish Government about the next iteration of their health and social care records management code of practice. We have also spoken with them about an information governance competency framework, mapping information assets and looking at levels of maturity around information governance.

SNOMED-CT

SNOMED-CT is a clinical terminology that is actively maintained. It is more modern and capable than the Read code system and has been introduced in parts of England's healthcare system, including their GP clinical systems. NHS Scotland will use it in Electronic Medical Records- the case has been made to have this on GP clinical systems and those systems that interface with them. A Scottish Government SNOMED-CT implementation programme exists, but it will likely take several years to make progress. Public Health Scotland Terminology Services are helping with training aspects.

Safe Havens

In terms of NHS data, a safe haven is a secure physical location and set of administrative arrangements in an organisation, to ensure confidential personal information is communicated safely and securely. In Scotland there are four Safe Havens, established as safeguards for confidential, high quality health data which is being used for research purposes.

There has been no momentum on this issue since the establishment of the Data and Intelligence Oversight Network in May 2020. There is some tension in deciding what level this data should sit at. In areas that share the same services and service users, reasons for combining primary care, secondary care, social care, prescribing data is more explicit, but on a national scale this becomes more difficult to defend.

The Scottish Primary Care Information Resource tool (SPIRE) had been developed for data extraction and local reporting and had been deployed to some practices from 2016. NHS NSS later made use of Albasoft's "data pump" technology and eventually purchased this infrastructure. In May 2023 Public Health Scotland announced that SPIRE would be decommissioned with effect from 31 August 2023.

The introduction in 2019 of a template Joint Controller and Information Sharing Agreement allowed a better framework between health boards and practices. This hasn't fully streamlined the process of receiving and approving new requests. There are plans for the creation of a national GP Editorial Board, at which each Local Medical Committee would supply a clinician trained in information governance to help make decisions on data sharing requests.

Standards

RCGP and the Scottish Academy both have seats on the Professional Records Standards Body (PRSB). This body produces standards that should be applicable UK-wide, but given that the commissioning of work and the accompanying funding is mainly coming from England. There are few (if any) examples of these standards being implemented in Scotland.

Docman 7 replacement

We are aware that Docman 7 is coming to the end of its life and we continue to monitor plans to replace it, which are relatively advanced. There are frustrations with the current GP2GP - the process that allows a patients' full electronic patient record to be transferred between clinical systems in different practices when a patient moves practice. We expect the Docman 7 replacement to improve this.

GP2GP

Over a period of several years there has been progress made in Scotland, so that most people moving GP practice within Scotland will have electronic documents moving from their previous GP practice system to the new one. Unfortunately, there is not compatibility between England and Scotland for electronic transfer of documents and codes. A new architectural approach is needed to move away from the process relying upon Docman7 and there are hopes that this can potentially lay the way open to proper cross border structured record transfer. There is a GP2GP working group in Scotland currently looking at this.

Practice Websites

NHS24 has run an initiative over the past few years to increase the number of GP practices that have websites by making them easy to set up. This assists practices with presenting patient-facing information in a consistent manner, which can bring benefits to local patient access as well as increased awareness of national health campaigns, self-help guides, and service information.

The content management system (CMS) used for this is designed to be consistent with the General Medical Services contract, and the Scottish Government has produced requirements around GP websites that came into force in October 2022. There is more information about the GP.scot project here: <https://www.nhsinform.scot/gpscot>

Order Comms

There are still boards which do not have Order Communications systems deployed. RCGP has lobbied for some consistency across boards, as well as solutions that span primary and secondary care.

Appendix 1

RCGP Scotland's IT and Data Group Representation

Scottish Joint GP IT group			
Rep:	Dr Chris Williams, Dr Peter Cairns, Dr Colin Brown	Organisation:	RCGP and SGPC
Purpose of meetings: The Scottish Joint GP IT group (SJGPITG) was formed to allow the Scottish General Practitioners Committee (SGPC) and RCGP Scotland to bring together various organisations involved in GP IT and to help provide some strategic direction. Since the normalisation of remote meetings that occurred during the pandemic, this group is likely to continue meeting virtually. RCGP Scotland has three places on this group (including co-chair). Minutes that are currently taken contain lots of detail and are received by all members of SGPC as part of their meeting papers. We would like to know from RCGP Scottish Council members how they might like to be updated about the issues and developments discussed at SJGPITG. There are GPs working across Scotland that might regard themselves as clinical informaticians. NHS NSS has recruited several GPs to salaried positions with Primary Care Informatics (PCI) – the group that was previously called Scottish Clinical Information Management in Practice (SCIMP). Scottish Government has a GP working as their Primary Care Clinical Lead in the Digital Health and Care Directorate.			

Digital Citizen Delivery Board			
Rep:	Dr Chris Williams	Organisation:	Scottish Government
Purpose of meetings: This cross-sector board provided strategic direction, governance and oversight of activity funded through the Technology Enabled Care programme. It was one of two subgroups of Scotland's Digital Health and Care Strategic Portfolio Board.			
Summary of meetings: In August 2022 the board approved several areas of budget reduction, that were proposed in response to a Scottish Government challenge to achieve savings. This is likely to slow down the pathfinder approach to DACS. Remote health pathways and the "Digital front door" are areas of work that are very relevant to general practice. The board also oversees programmes of work around Telecare, addressing inequalities and promoting digital inclusion, engaging citizens and staff.			

GP Asynchronous Consulting in Primary Care Steering Group			
Rep:	Dr Peter Cairns	Organisation:	NSS
Purpose of meetings: To identify what national support can be given around new digital systems.			
Summary of meetings: Considerable interest in DACS on offering <i>potential</i> involvement in a pilot – nearly 20% practices responded positively to national invitation; wide geographic spread; most were not currently using DACS; eConsult seems to be most common DACS in usage (although not formally surveyed). Next steps – unclear – there are evolving budgetary constraints; 5 suppliers were under consideration for procurement. My personal preference would be for a smaller more coherent study to maximise information regarding DACS itself, ideally in a relatively stable practice context; often practices/HSCPs can turn to DACs and similar concepts to address instabilities – e.g. lack of clinicians – which can make it tricky to tease out the exact benefits/challenges of introducing something like DACS.			

Primary Care Data and Intelligence Oversight Group			
Rep:	Dr Chris Williams	Organisation:	Scottish Government
Purpose of meetings: Main group with sub-groups. CW is a member of a sub-group on Data Quality, chaired by Frank Sullivan. CW is a member of a sub-groups on Technical solutions, chaired by Ian Thompson. CW chairs a sub-group on Communication and Governance.			
Summary of meetings: This group has considered the health and care data strategy for Scotland (now expected early 2023). Data requirements for various purposes have also been looked at. Information governance has also been a theme. There is currently work between Scottish Government, NSS and PHS that might result in restructuring of this group.			

GP IT Service Management Board			
Rep:	Dr Chris Williams	Organisation:	Scottish Government
Purpose of meetings: Previously known as the GP IT Reprovisioning Project board, it gives scrutiny and oversight to the process to procure and deploy a new generation of hosted systems with more extensive and better functionality, aligned with the National Digital Health and Care Strategy.			
Summary of meetings: No update to be shared due to commercial confidentiality.			

Digital Prescribing and Dispensing Pathways (DPDP) Programme Board			
Rep:	Dr Peter Cairns	Organisation:	Scottish Government
Purpose of meetings: The aim of the DPDP programme is to replace the paper prescription with a digital solution in all community settings. This will need to fulfil the legislative requirements for the Advanced Electronic Signature and replace the wet signature. The programme board is co-chaired by Dr			

Lorna Ramsay (Medical Director, NSS) and Christopher Wroath (Director of Digital, NES). The programme board will meet every 8 weeks.

Summary of meetings:

This is a highly technical and complex programme. As an observation, rather than a criticism, I would reflect that a lot of the good progress has been around governance and engagement with stakeholders etc, rather than developing the technical solutions (which do require a lot of groundwork to get right); timescales will not be easy for frontline services to digest – likely to be in the timeframe 2024-26.

Clinical Advisory Group to the Digital Prescribing and Dispensing Pathways (DPDP) Programme Board

Rep:	Dr Peter Cairns	Organisation:	Scottish Government
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Purpose of meetings:

The purpose of this group is to provide clinical advice to the DPDP Programme Board on all aspects of the programme and promote and champion the project amongst your colleagues and networks.

The aim of the DPDP programme is to replace the paper prescription with a digital solution in all community settings. This will need to fulfil the legislative requirements for the Advanced Electronic Signature and replace the wet signature as well as adapt the community pharmacy payment process. We are delighted to invite a representative of Royal College of GPs to join a programme that could revolutionise the prescribing process within Scotland.

The CAG will be Co-Chaired by Dr Sian Tucker, Deputy Medical Director, NSS and Ewan Morrison, Director of Pharmacy, NSS.

Summary of meetings:

Part of a complex suite of work; My involvement to date has principally been with the DPDP programme board (see separate update) but I will also now attend the CAG. As the programme matures there is renewed focus on engaging with stakeholders including GPs. I have offered to be part of this outreach.

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- i <https://www.england.nhs.uk/2013/04/eps-auth-pres/#:~:text=From%201%20April%202013%20NHS,use%20the%20Electronic%20Prescription%20Service.>
- ii <https://www.sehd.scot.nhs.uk/publications/GP-DACS-Implementation-Guide-002.pdf>
- iii https://www.audit-scotland.gov.uk/uploads/docs/report/2023/nr_230223_nhs_overview.pdf
- iv <https://www.publichealthscotland.scot/publications/general-practice-workforce-survey/general-practice-workforce-survey-2022/>