

## Health and Social Services Committee HSS-06-01(min)

### MINUTES

<b>Date:</b>	Wednesday, 28 March 2001	
<b>Time:</b>	2.00 to 4.40pm	
<b>Venue:</b>	British Telecom Video Conferencing Suite, 2 <sup>nd</sup> Floor, Cardiff International Arena Institute for Rural Health, Gregynog University of Wales, Swansea	
<b>Attendance:</b>	<b>Members of Health &amp; Social Services Committee</b>	
	Kirsty Williams (Chair)	Brecon & Radnorshire
	Brian Gibbons	Aberavon
	Brian Hancock	Islwyn
	Jane Hutt (Minister)	Vale of Glamorgan
	Ann Jones	Vale of Clwyd
	Dai Lloyd	South Wales West
	David Melding	South Wales Central
	Lynne Neagle	Torfaen
	<b>In Attendance</b>	
	Dr Hywel Lloyd	General Practitioner, Arwystli Medical Practice
	Jayne Morgan	Project Manager, SCIPiCT Project
	<b>Officials</b>	
	Dr Ruth Hall	Chief Medical Officer
	Ann Lloyd	Director, NHS in Wales
	John Morgan	Health Services Division
	<b>Secretariat:</b>	
	Jane Westlake	Committee Clerk
	Claire Morris	Deputy Committee Clerk

### **Item 1: Apologies and Substitutions**

1.1 An apology was received from Geraint Davies. There was no substitution.

1.2 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. The following declarations were made:

Brian Hancock, self-employed health, safety and environment consultant, Registered Safety Practitioner (RSP) and married to a community midwife;

Dai Lloyd, General Practitioner and member of the Council of the City and County of Swansea.

1.3 The Chair opened the meeting from Gregynog and welcomed members to the first Assembly Committee, meeting via a three-way videoconference link.

## **Item 2: Opening Address by Andrew Davies, Minister for Assembly Business**

2.1 Andrew Davies thanked the Chair for the opportunity to address the meeting. He said that his role as e-Minister for Wales was one of co-ordination, working with cabinet colleagues to gain an overview of how information technology (IT) was used to deliver services and to ensure that best use was made of the opportunities new technologies provided. The Assembly offered the opportunity to adopt a co-ordinated approach to IT, and it was important that Assembly policies reflected this. Sustained investment in information and communication technology (ICT) should be seen as a major priority.

2.2 An advisory group had been established to develop an Information Age Strategic Framework. A working party had also been created to look at public sector investment, and would be investigating the cost savings if the public sector in Wales acted as a single purchaser.

2.3 Access to personal computers in Wales was low relative to other parts of the UK. The group was looking at improving provision of access through community facilities, i.e. libraries and community centres. It could also be possible to increase access through the use of handheld mobile technology and digital television.

2.4 The NHS in Wales had a good track record in exploiting ICT and further opportunities would be available through the Internet Protocol - Virtual Private Network (IP/VPN) migration project, GP connectivity and the telemedicine development programme. The Minister was President of the European Teleregions Network, which would facilitate the sharing of knowledge and expertise with other European governments.

## **Item 3: Telemedicine**

### **Paper: HSS-06-01(p.1)**

3.1 The Minister for Health & Social Services said that it was possible to use technology in a wide range of settings and holding the committee meeting via a video link would help demonstrate the potential. Technology development would be key to the Assembly's plans for improving health and modernising the NHS in Wales. The NHS in Wales had been involved in the development of telemedicine since 1994 and had considerable expertise in this area. The key challenge now would be to develop links with the social care field.

3.2 A two year Telemedicine Development Programme had been launched and submissions were being sought from NHS organisations and their partners to apply for grant aid to support the development of operational scale pilots in dermatology and minor injuries services. Funding had also been provided to establish the health video conferencing network.

3.3 In conclusion, the Minister said that telemedicine and telecare was primarily about co-ordinating services to realise the full potential of technology.

3.4 John Morgan gave a presentation on the work of the Cornwall NHS Trust in using telemedicine to support a nurse-led minor injuries unit. A copy of his presentation is attached at Annex 1.

3.5 Jayne Morgan and Dr Hywel Lloyd gave a presentation on Sharing Clinical Information in the Primary Care Team (SCIPiCT). A copy of their presentation is attached at Annex 2.

3.6 In response to questions from members, Jayne Morgan and Dr Lloyd made the following points:

- The SCIPiCT project regarded patient confidentiality as the highest priority and their software was set up in such a way that unauthorised access to sensitive information was not available.
- Many patients felt that their confidentiality was enhanced by being able to access health professionals from their own home.
- The workflow software gave healthcare professionals the ability to organise and prioritise their work more efficiently, especially during busier times of the day.
- The first meeting of the patient liaison group had been held without any professional members in attendance. The group's grasp of the key issues was because patients were used to using technology in day-to-day life.

3.7 John Morgan made the following points:

- He believed that clinical responsibility for the minor injuries unit lay with the Accident & Emergency Consultant, but he would confirm the details with the Cornwall NHS Trust and provide a written response to members.
- Where it was possible to anticipate peaks in referrals, for example during the 1999 solar eclipse, Cornwall had arranged links to consultants in Hammersmith and Belfast to help relieve the pressure.
- The GP foundation project would roll out computers to all GPs in Wales, which would be standardised to enable the sharing of information. An electronic network would also be put in place which would ensure that information could be transferred between practices and between primary and secondary care.
- The SCIPiCT project had highlighted that there was no consensus amongst healthcare professionals on how to protect confidentiality.
- The technology was generic and should not be seen as exclusive to any one project or area of medicine.

3.8 Dr Ruth Hall said that clinical protocols were fundamental to the success of any operational programme, not only to ensure good quality care for patients but also to protect the professionals involved in delivering the service. She did not believe that projects like SCIPiCT promoted competition between professionals, as the essence of the approach was sharing. Unless that was understood through clinical protocols the project would not succeed. High quality technology and systems were fundamental and should be built into the project specification. Health and safety, i.e. workstation assessments, would also be linked to this. Dr Hall said that her knowledge of schemes initiated and piloted in Wales to date led her to believe that these aspects had been addressed and would be key components of any future developments.

3.9 The Minister for Health & Social Services agreed with members that it was very important when piloting new developments to take on board the issue of social inclusion. The diabetic retinopathy project had been piloted in Bro Taf Health Authority, where there were high levels of disadvantage, and technology had been used to enable people to benefit from that scheme.

#### **Item 4: Development of Telemedicine in Wales**

##### **Paper: HSS-06-01(p.1)**

4.1 In discussing the development of telemedicine in Wales and future options, Members made the following points:

- The use of videoconferencing by the Assembly should become more commonplace.
- Patient/doctor consultation was at the core of service provision. If the working process were to change considerably then consultation with all healthcare professionals and patients would be needed.
- Concern was expressed that some of the health economies were very large and clinicians would still need to move around in the locality.
- Concern was also expressed that the new technology had not been through risk assessments of its use in the diagnostic process and the implications of it being relied upon at an inappropriate stage of treatment.
- The Post Office network could be used to develop provision of e-health.
- Hospitals and GPs needed compatible software as well as hardware.
- Concern was expressed that disadvantaged people should not receive a second rate health service because they did not have access to the necessary technology.
- It was important that there was no duplication of work in developing the Welsh Video Network.
- The needs and opinions of young people should be considered in any future strategy.

4.2 The Minister also made the following points:

- NHS Trusts were expected to invest 2% of their budgets in ICT.
- The Assembly had approved the regulation for electronic patient records.
- Professions allied to medicine would have a role in future developments, as they would need to be championed through the community to make a real difference.

4.3 John Morgan said that:

- IP/VPN would not provide the solution to access from domestic premises but there were a number of changes to technology and tariffs which telecommunications companies were beginning to market.
- Members of the Health Information Management and Technology Division had been involved in a Home Office working party looking at developing wireless communication services for the emergency services and some community services.
- Software fixes addressed the standardisation issue in the short term but in the long term a move to common platforms and procurement of corporate systems was needed.

4.4 Subject to the addition of the following points, the Committee approved the outline content of the All Wales Telemedicine and Telecare Strategy:

- Consultation with all healthcare professionals and patients.
- How the Strategy would address standardisation.
- Look at the cross-cutting, social inclusion agenda and recognise that tackling social inequalities must be highest priority.
- Medical and health education and continuous professional development.

4.5 In conclusion, the Chair thanked everyone who had been involved in organising the meeting, particularly BT, Barcud Derwen, Jayne Morgan and Dr Hywel Lloyd of the SCIPiCT team, the Health Information Management and Technology Division, and the Clerk and Deputy Clerk.

## **Action**

- John Morgan would provide a written response on clinical responsibility.
- Further information to be provided on evaluation of the SCIPiCT project.

## **Item 5: Minutes of Meeting 14 March 2001**

### **Paper: HSS-05-01(min)**

5.1 The minutes of the meeting were agreed.

**Item 6: Matters Arising**

6.1 The Minister confirmed that a meeting of the Adult Mental Health Strategy Advisory Group had been arranged for 12 April. It had not been possible to get the group together before that date.

6.2 Information on the effect of local purchasing arrangements on the PPRS, and generic and therapeutic substitution would be provided to members as a matter of urgency.

**Annex 1**









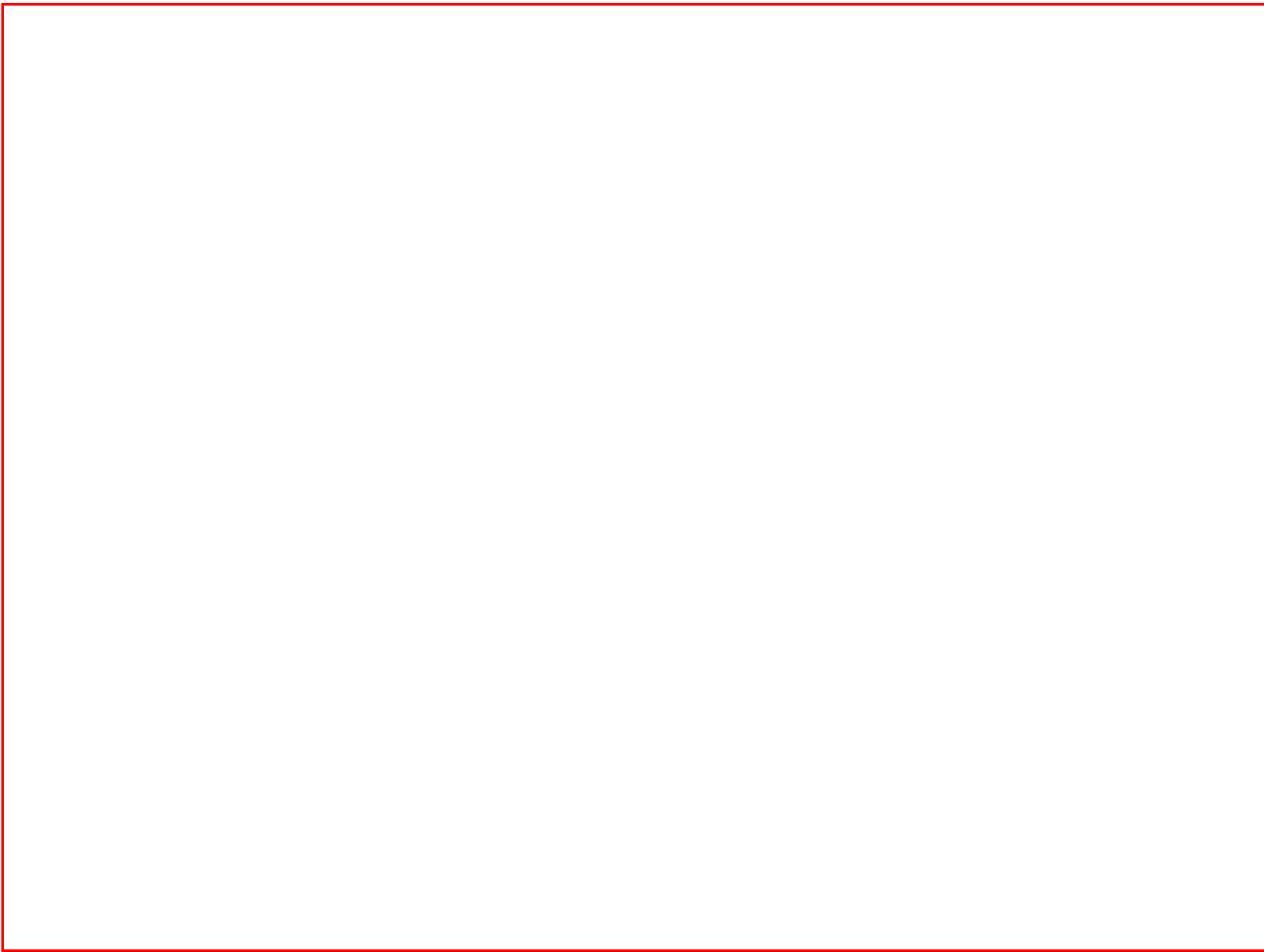
















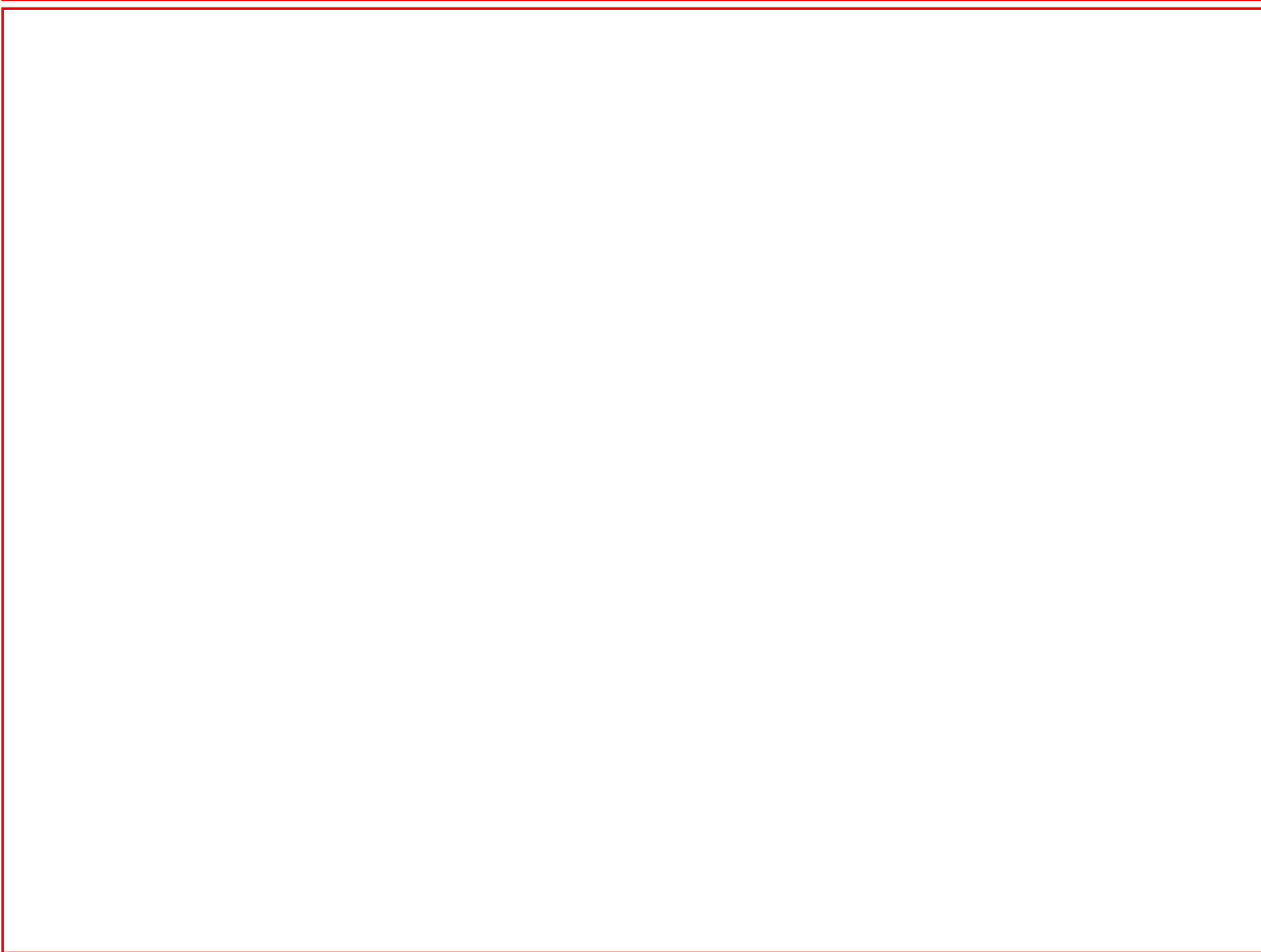


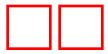






**Annex 2**





-----19378152809551 Content-Disposition: form-data; name=

-----19378152809551 Content-Disposition: form-data; name=

