

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 14

Ymateb gan: | Response from: All Wales NHS Directors of Therapies and Healthcare Sciences (DoTHS) Peer Group

Contact details:

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Over 18yrs of age.

Submission on behalf of :

All Wales NHS Directors of Therapies and Healthcare Sciences (DoTHS) Peer Group.

Consent to name being published with evidence

No confidentiality requests

There is no standardised approach to capture, share and collaborate on clinical information, outcomes or evaluations across Allied Health Professionals (AHPs) and Healthcare Sciences in Wales. DHCW has proposed this is achieved primarily via Welsh Community Care Information System (WCCIS) However, WCCIS is not listed as part of DHCW Digital priorities (attached). A single individual is allocated by DHCW to deliver the implementation and role out of WCCIS across Wales when compared to the resource allocated to the Welsh Nursing Care Record fails by comparison. Furthermore, WCCIS has been rejected by several health boards who have stated adoption would be a step backwards highlighting it is not as mature an electronic Patient record (EPR) than current systems. Health boards that have implemented WCCIS report the system continues to cause frustration, adding to workloads rather than ease it, reporting difficulties in using the system and limited functionality that results in duplication. A decision needs to be made whether to continue forcing a redundant system or strategize an alternative approach.

DoTHS peer group would urge the committees to consider whether DHCW are doing enough to support AHPs in achieving a standardised dataset that can be collected in a system agnostic way. A nationally agreed standardised dataset that feeds the National Data Repository (NDR) and supports the ambitions of predictive health algorithms offered by the value in health team. The lack of strategic planning and coordination has seen a proliferation of different systems which do not communicate with each other. AHPs and Healthcare Scientists work in different settings, across the breadth of health services and are involved in the care of patients across different settings and teams.

Standardised datasets and NDR interoperability would allow AHPs and healthcare Scientists to capture and utilise meaningful data. This would enable analysis to identify opportunities to scale up and share good practice, locally, regionally and nationally. It would also enable service transformation by allowing podiatrists to understand and respond to demand and unmet need.

We note that this is also likely to require additional support from those in informatics and data analysis roles, outside of allied health professions, and there needs to be dedicated staff for this.

Given that it is part of DHCW's remit to support the development of the NHS workforce, DoTHS peer group would ask what DHCW's plans are to support AHP senior leaders in digital delivery. Wales has 9 Chief Clinical informatics officers and 17 Chief Nursing Information Officers and senior nursing informatics roles (See attached SBAR for further details). However, there is no such role for AHPs; the 3rd largest workforce in the NHS, 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 ask the members of the committee to consider whether DCHW's priorities reflect the digital needs of allied health professionals and healthcare Sciences if there has been sufficient stakeholder engagement and allocation of resource with this group.

Kind regards

Mr. Mathew King
**Interim Assistant Director of Therapies and Health Science
and Head of Podiatry Services**