

The Royal College of Podiatry's written evidence to the Public Accounts Committee and Health and Social Care Committee scrutiny of Digital Health Care Wales

1.0 Introduction

1.1 Thank you for the opportunity to give written evidence ahead of the committee's scrutiny session with Digital Health and Care Wales (DHCW). Since the pandemic it has become increasingly clear that digital healthcare has a leading role to play in meeting the population's health care needs, and requires a workforce with the systems, skills and support to deliver this.

1.2 The Royal College of Podiatry is the professional body and trade union which represents podiatrists across the UK and supports them to deliver high-quality foot and lower limb care.

1.3 Podiatrists are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate, and prevent complications of the foot and lower limb. They enable people to manage foot and ankle complications, skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. Podiatrists are unique in working across conditions rather than a disease specific area.

1.4 A podiatrist's training and expertise extends across population groups to those who have multiple chronic long-term conditions, which place a high burden upon NHS resources (specifically diabetes, arthritis, obesity, and peripheral arterial disease). In addition to delivering wider public health messages in order to minimise isolation, promote physical activity, support weight loss strategies and healthy lifestyle choices, podiatrists keep people mobile, in work and active throughout their life course.

2. Overall views

2.1 During the pandemic podiatrists, quickly adapted to new digital ways of working to deliver the highest quality of care and improve health outcomes. However, they cannot continue to do so without support to make these changes. There is a rapid pace of change in digital healthcare that comes in addition to existing professional development and clinical practice.

2.2 The Royal College of Podiatry and nine other professional bodies recently came together 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

3. Access to electronic health and care record systems that are fit for the future

3.1 Podiatrists need access to the right knowledge, equipment, training for staff and involvement in the design of systems to ensure they meet the needs of those providing podiatric care (rather than being designed by medics or NHS managers and being found not fit for purpose). This needs to be provided in a standardised national way to avoid local variations in service delivery that does not provide equitable access for patients.

3.2 To date, the lack of strategic planning and coordination by DHCW has seen a proliferation of different systems which do not communicate with each other (for example, WISDM, WCCIS, WCP, PARIS, WNCR, Therapy Manager). Podiatrists work in different settings, across the breadth of health services and are involved in the care of patients across different settings and teams. The multiplicity of systems that do not always communicate with each other is posing risks to patient care as information cannot be easily shared with those it needs to be; this requires urgent attention from the Welsh Government.

3.3 The Welsh Community Care Information System (WCCIS) was proposed as a way of achieving this and we note that a review of WCCIS is listed in DHCW's IMTP. WCCIS has been rejected by several health boards, who have stated adoption would be a step backwards, highlighting that it is not as mature an electronic patient record (EPR) as current systems. Health boards that have implemented WCCIS report the system continues to cause frustration, and add to workloads rather than ease it, with reports of difficulties in using the system and limited functionality that results in duplication.

3.4 We 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. Such a nationally agreed standardised dataset could feed the national data repository and support the ambitions of predictive health algorithms offered by the value in health team.

3.5 Standardised datasets and NDR interoperability would allow podiatrists 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, and there needs to be dedicated staff for this.

4. AHP digital leadership

4.1 We note that some sections of the workforce have visible leaders in digital delivery, such as Chief Nursing Information Officers -Wales has circa 9 Chief Clinical informatics officers and 17 Chief Nursing Information Officers and senior nursing informatics roles. However, there are no similar roles for AHPs; which risks them being excluded from new developments, or systems being designed that reflect the priorities of nurses and medics, rather than the wider healthcare workforce. A Healthier Wales (2020) identifies building a digitally ready workforce as one of its seven themes, and that “By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people”. Achieving this will require that attention is given to the needs of all groups within the workforce.

5. Developing the digital skills of AHPs

5.1 Given that it is part of DHCW’s remit to support frontline staff with modern systems we would also like to know what joint planning there has been between DHCW and HEIW to ensure that the digital training needs of AHPs can be met as well as ongoing professional development in this area. We are aware that HEIW have a Digital Capability Framework for Healthcare in Wales, but believe that DHCW had little involvement in it’s development. We would like to draw the Committee’s attention to the [UK Digital Competency Framework for AHPs](#), which AHPs in Wales contributed to, and to consider whether this is reflected in DHCW’s work.

5.2 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 is no reference to AHPs in the IMTP despite AHPs accounting for 25% of the clinical workforce in NHS Wales ([Welsh Government, 2020](#)).

6. Engagement with AHPs

6.1 We would ask the members of the committee to consider whether DCHW’s priorities reflect the digital needs of allied health professionals and if there has been sufficient stakeholder engagement with this group. We note that:

- DHCW do not engage with the Directors of Therapies and Healthcare Sciences peer group
- DHCW do not have a strategy for AHP digital transformation
- DHCW does not have sufficient AHP representation on the Clinical Informatics Council

6.2 It appears that as a result of this lack of engagement, AHP services are under-represented in published strategic documentation. This risks excluding the third largest

group of the NHS workforce from developing digital skills and systems that meet the needs of their service areas and could result in inefficient systems that waste resources and risk patient safety.

7. For further information, please contact:

Tess Saunders, Policy and Public Affairs Officer (Wales), Royal College of Podiatry

tess.saunders@rcpod.org.uk

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