EHTEL - 4/12/24





Digital Health & Care Innovation Centre

Digital Health and Care Innovation in Scotland Paradigm to prevention, case studies and the future

Janette Hughes – Director of Planning and Performance

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DHI strategic objectives – our 10-year strategy on a page

Strategic vision	Research and Innovation (R&I) in digital health and care will help the people of Scotland live longer, healthier lives, create sustainable services and future skills which will allow the economy to flourish to meet global needs								
National	Health & Care Transformation								
Strategic priorities	Digital Connected Skills Economic Net Zero International & Data Ecosystem Pipeline Growth Engagement								
Strategic Success Factors	 ▲ SCALE ▲ GROWTH ▲ RESEARCH ▲ DATA USE ▲ SKILLS ▲ INTERNATIONAL 								
Strategic objectives (our goals)	 Support readiness for adoption at scale through an innovation pipeline Influence the reimagining of health and social care Gather insights and gain traction through collaborative environments Develop technical assets and future skills 								

Our focus is to shift the balance of care and increase readiness levels



SHIFTING THE BALANCE OF CARE

Health is Wealth – we need to make the person the focus





DHI blends three strands of innovation to improve partners readiness



Digital Health and Care acceleration

DHI help partners get READY for SCALING Digital Health and Care Innovation



Technical readiness levels		Service readiness levels	Business readiness levels
TR9 – Live implementation proven		SR9 – Service change implemented	BR9 – Commercial sale
TR8 – system complete/qualified		SR8 – Develop Case for scale	BR8 – Reference site, real world test - business model accepted
TR7 - working model demonstrated	G LABS	SR7 – Evaluation and Evidence concluded	BR7 – procurement route/framework – clarified
TR6 - fully functional prototype	LIVING	SR6 – Change pilot test - RWE/LL	BR6 – Regulation and Standard check (CE/FDA/MDR/IG/SSP)- interoperable
TR5 - rigorous testing undertaken		SR5 – Future state accepted in principle - Simulated to de-risk	BR5 – Business model review
TR4 – technical validation	ATIONS	SR4 - Future state options co- designed	BR4 – Product fit, tested and adapted and made interoperable etc
TR3 - proof-of-concept constructed	MUL/	SR3 – Current state understood/accepted	BR3 – Business plan for industry - developed
TR2 - basic principles studied	SI	SR2 – Market/Gap analysis; best practice (hypothesis dev)	BR2 – Market size and strategy reviewed
TR1 - scientific research (defined)		SR1 – Demand – needs analysis	BR1 –Business idea (defined)

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All priorities are demand led and agile to flex with any new pressures and opportunities

Co-design – creating the right conditions for Whole system and whole of Life approach









Common Unmet Needs - across the system





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#1 Personal Data Store infrastructure tested in 5 Rural Living Labs

A Personal Data Store (PDS) enables cloud-based, citizen-controlled storage and exchange of personal data across people, organisations and sectors.



Context :- Diabetes Key Facts



Diabetes is a significant health condition and continues to be a leading cause of ill health, and health complications across NHS Scotland.



Impact

- Increased pressure on Health and community services
- Increase burden on PLWD to manage their condition
- Increased risk of complications and hospital admissions
- Lack of resource to support early intervention

Source, Public Health Scotland, 2024

2024)* estimated by 2044, 40% increase living with T2 Diabetes in Scotland

Policy Shift towards Diabetes Prevention **Priority for Government**

Digital Health is a key enabler underpinning transformation

Transforming Diabetes Care through Innovation Project – 2022/23

Landscape review -mapped current projects across Diabetes Innovation Landscape used design research approaches to validate and identify key priorities for Innovation



DIABETES INNOVATION LANDSCAPE - FUTURE STATE

https://www.dhi-scotland.com/projects/transforming-diabetes-care-through-innovation

Example 1 DigiBete App Scale Up Project

Project Aims : to improve access to remote supported self-management and educational support for CYP and their families. For HCP's generate efficiencies from use of "once for Scotland" educational content and reduce variation

- Implementation & Scale up Project, Funded by Scottish Government, Sponsored by Scottish Diabetes Group
- Evaluation Phase 1 High levels of satisfaction and both clinical and cost effective
- In 2024 Business Case secured two-year Contract to provide Universal Access to Children and Young people and families living with Diabetes across Scotland ,



Implementation Status :

- ✓ Overwhelming Positive Response from Clinical Community and3rd Sector
- ✓ Phase 2 commenced July 2024 1700 users (46% of < 17 and under Children) Registered so far
- ✓ Scaled up and in use across 10 Health Boards
- Access to T2 Diabetes Platform and Educational Training Platform for Schools



READY for **SCALING** Digital Health and Care Innovation



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TR7 - working model demonstrated TR6 - fully functional prototype	G LABS	SR7 – Evaluation and Evidence concluded SR6 – Change pilot test - RWE/LL	BR7 – procurement route/framework – clarified BR6 – Regulation and Standard	RED = present stage	
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Preventing Diabetes Project – DHI, Right Decision Service and NHS Grampian



Aim Evaluate the potential for a widely accessible low cost digitally-enabled app (RDS) and service approach to help reduce type 2 diabetes-related risk for pre diabetes **Method** : Rapid Evidence Review, Co Design Workshops to inform App content, 8 week pilot with 1x GP practice in Moray and pre and post evaluation led by HIS.

Service Model Approach

- Case Finding from GP records
- Send link to Prevent the Progress of Diabetes web and mobile app via RDS
- **Optionally** A 10-minute call by phone or Near Me with a dietitian to support sign posting and health advice.
- Pre and Post intervention Questionnaire.

Evaluation

- 60 respondents to both pre- and postintervention questionnaires (19.4% response rate) * 130 used the App
- Usage : 62.7% used the app at least once /Ease of use 92.3%
- Behaviour Change: 88% of those who had used the app had made or planned to make a change at week 8:
- **Readiness to Change** : 94% noted improved Knowledge after accessing the App

Conclusion and Learning

- Expansion and further Scale up use of App across NHS Grampian
- Service Model Self Efficacy Levels High, Medium, Low & tailored support for different subgroups
- Further development and evaluation of Service Bundle Approach with GP sites

READY for **SCALING** Digital Health and Care Innovation



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Example 3 Living Lab 1/2 – Rural Centre of Excellence





Aim : To develop and test a novel Weight Management digitally enabled service model which will support population health approaches and remote, personalised supported self management
Beneficiaries : High BMI ; T2 Diabetes and Pre-Diabetes
Project Status – ongoing until 2026

Value Proposition

- Generate efficiencies for NHS expand reach of service
- Enhanced vetting & population management
- Access to PDS data health capture
- Enabling Self-assessment co managed care
- Access to Trusted Apps (ORCHA)
- Integrated data from wearables
- Self-referral optimising 3rd sector and wellbeing sector (leisure)

Living Lab 1 – Self management Obesity





Obesity impact expected





1 Costs of obesity in Scotland Frontier Economics.pdf (nesta.org.uk)

READY for **SCALING** Digital Health and Care Innovation



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Community support and connections to other services

Digital Tools

older people and unpaid carers looking for support:



User Requirements

Recognising carers: Create a digital carer identity and share associated information

Citizen's timeline: An auto-populated timeline of recent health and care interactions

Training and tools:

Those informal carers that had the capability, would benefit from the provision of training and tools

Digital Communication:

A modern digital

communication channel

between Moray H&SC and

people being cared for and

between Quarriers and carers.

Earlier access:

Moving the first point of

contact with Moray H&SC

or Quarriers to earlier in a

person's life i.e to the point of

first or mounting concern.

Empower Carers:

Carers would like more say

to determine what care the

person receives and to consider

the impact their caring role has

on their own wellbeing.

There is a lack of clarity or information when people require care services

Clearer Information:



Unpaid carers asked for the ability to ask a care professional questions.

Proactive approaches: encourage early engagement

and education for those people who will be informal carers in

Support for Carers:

The carers spoke of times when they feel exhausted, worried and their quality of life is compromised to ensure the cared for persons needs are met.

the future.

Community Connections Moray helps a person to find community support early and can introduce them to services they choose through sharing their details and asking for contact. Moray has a rich and diverse range of supports which can be overwhelming to search through. Community Connections will help to find the support that suits the person and their personal circumstances more easily.

Two digital tools have been developed and tested in collaboration with staff

from Moray Health and Social Care Partnership, Quarriers and citizens in the

Moray area with the hope they will make a difference to the experience of

Personal Data Store is a secure platform which aims to help a person to tell their story once and in their own words, identify their need for support and share their story with services. Over time it is anticipated that the Personal Data Store will reduce repetition of information and support services to work together better, with the person at the centre sharing their own expert knowledge of their health conditions and the support they need.

The data store is provided by a company called Mydex a social enterprise company. They have considerable experience is this area and are working with several partnerships across Scotland to improve how citizens share their data with services. your Personal Data Store belongs to you not the health service or social care and you can delete it when you choose.





LOOK AND FEEL

need."

LANGUAGE AND **UNDERSTANDING**

"I liked how some of the langauge was more casual, how it would be spoken like 'relationship to you' "



"Everything seem to be relevant to my life."

"For me - the reminiscence [wasn't useful], but I can understand how it would be helpful to others."



EXPERIENCE AND USABILITY

Overall navigation experience:



OTHER COMMENTS

READY for **SCALING** Digital Health and Care Innovation



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Road to better prevention and prediction – Social Determinants of Health Data







Health and social care services contribute only 20% of the modifiable determinants of health, with the social, economic and environmental factors (50% collectively) being the primary drivers of our health and wellbeing.

Image from - Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023 [1]

Creation of a trusted research environment



Health is Wealth – A Global Opportunity worth \$700bn by 2030



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Many thanks

Contact us

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