



Action Plan



Translation, Innovation and Technology Transfer in Ageing Network

Partner:

The Digital Health and Care Institute/ University of Strathclyde



September, 2018

Part I – General information

Project: TITTAN

Partner organisation: Digital Health and Care Institute/ University of Strathclyde

Other partner organisations involved (if relevant): Galicia, Basque Region, Lower Silesia, Almere, Saxony and Lombardy.

Country: Scotland

NUTS2 region: UKM34

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Part II – Policy context

The Action Plan aims to impact:

-  Investment for Growth and Jobs programme
-  European Territorial Cooperation programme
-  Other regional development policy instrument

Name of the policy instrument addressed: Scottish ERDF Operational Programme (OP) 20142020, Priority “Innovation in support of Growth & Jobs... Scottish Government, European Structural Funds and State Aid Division.

Part III – Details of the actions envisaged

ACTION 1

1. **The background** (please describe the lessons learnt from the project that constitute the basis for the development of the present Action Plan)

The TITTAN project has offered learnings in the successful management of digital transformation of health and care services. As is described in the recently published Scottish Digital Health and Care Strategy (2018), Scotland is pushing forward with the digital health agenda and will be changing the services offered to Scottish Citizens to ensure they are more person-centred than ever before. These services will be supporting the ageing population that Scotland currently has to try to predict and prevent ill-health. In particular, the two best practices that our region have found most useful from the TITTAN project within the context of this action plan are ‘public procurement of innovation in the health sector’ and ‘Esaude’.

These Galician best practices resonate with the work that Scotland is currently doing to innovate the health care sector. É-Saúde is an electronic platform, which was developed to improve the communication between citizens and the public healthcare system. The platform aims to be flexible and easy to use, but without compromising security. É-Saúde acts as a tool of personalization of services for the patient by providing citizens with easy access to personalized services and contents according to their personal needs. Since the very beginning a multidisciplinary team (Citizen attention services, Quality services, IT services, Innovation services, nurses, doctors as well as patents), has been working closely with the company in charge of developing the platform. The platform, which is oriented to both towards sick and healthy citizens, aims to be the meeting point in the virtual field between citizens and the Galician Public Healthcare Systems. This specific action aligns to the Scottish Government ERDF investment for growth and jobs 2014-2020 operational programme. The strategy discusses the need for Scotland to be a nation that demonstrates ‘digital exploitation’ and one of the ex-ante conditionalities discusses the importance of better ICT enabled services. “Digital growth: A strategic policy framework for digital growth to stimulate affordable, good quality and interoperable ICT enabled private and public services and increase uptake by citizens, including vulnerable groups, businesses and public administrations including cross border initiatives.”

One major project that is currently being scaled across Scottish health boards is the Patient Portal which is very similar to the Esaude best practice and thus, taking key learnings from the Galicians about how they scaled the service, how they overcame cultural barriers surrounding data sharing and privacy, how they ensured people could register easily and how they marketed the service to the people of the region will be very useful for Scotland. The action to take learnings from Galicia around the patient portal project aligns with Scotland’s ERDF operational programme for the investment of growth and jobs.

Public Procurement of Innovation (PPI) in Galicia is an instrument of innovation policy whose ultimate goal is to boost innovation and internationalisation through the establishment and reinforcement of technological demand. PPI has become a driver for healthcare innovation and the generation of new products and services that help the business sector compete at the international level. The successes that the Galician region have been able to showcase through this good practice implementation have been eye-opening for Scotland. In Scotland there is a drive within public services to make procurement practices more streamlined and easier to tackle so that small, innovative companies have a chance to compete in the public services market. In order for small SMEs to be able to ‘plug-in’ to the afore-mentioned patient portal (in order to deliver a suite of services within the one portal), procurement practices will need to be agile enough to allow for this and thus the learning that can be taken from the Galician health ministry, and ACIS will be instrumental in this regard. This specific action aligns to the Scottish Government ERDF investment for growth and jobs 2014-2020 operational programme. The Strategy talks about ‘Scotland’s economy is heavily SME dependent, and so supporting those SMEs to grow and create increasing employment remains a priority. The chosen investment priority reflects a proposed focus from within domestic policy on the drivers of business behavioural change – leadership development, digital exploitation, export and internationalisation support and a need for risk sharing through access to finance. This is strongly linked to the proposed investment priorities around RTDI,

which also deliberately focus on getting more SMEs to want to engage in investing in their own growth and competitiveness.' Therefore, having flexible procurement practices will be an enabler for SMEs to grow and create economic impact for Scotland as they will have a higher chance of being able to compete.

Action (please list and describe the actions to be implemented)

The Lead Partner of the TITTAN project, ACIS as well as the Galician health ministry have demonstrated their journey towards digital transformation within the health and care domain by providing services that are truly person-centred. This has obviously come at an opportune time because Scotland is currently at the initial stages of these changes. Therefore, the specific good practices that are of interest to our region are 'Public Procurement of Innovation in Health Sector' & 'E-Saude'. The actions that will be carried out are as follows:

- Our regional partners (National Services Scotland, Digital Health and Care Institute, Scottish Government) are keen to work with Galician partners in this domain to drive forward the digital transformation of health and care services in Scotland which are starting to take shape with the roll out of the patient portal. A strategic relationship will be built with the Galician health ministry to tease out key focus points where Scotland can scale the patient portal with minimal failures.
- This strategic partnership will also discuss innovative procurement practices. This will be specifically between NSS and the Galician health ministry to better understand how Scotland can change their procurement practices to allow innovative SMEs to compete in the health and car domain.

2. Players involved (please indicate the organisations in the region who are involved in the development and implementation of the action and explain their role)

- National Services Scotland: This is the country's national procurement body. They are also a regional steering group member of the TITTAN project. This organisation is keen to work directly with ACIS to investigate how the procurement practices in the Galician context have allowed for innovation in flourish and to ultimately allow different partners to work together to create a person-centred service.
- Digital Health and Care Institute/ University of Strathclyde: Our organisation will coordinate the relationship between ACIS, the Galician Health Ministry and NSS to ensure that learnings are specific and can be transferred to our region effectively.
- The Scottish Government eHealth team. This division of Scottish Government has a focus on digital health and is a key partner in the patient portal programme and thus will be a strategic partner in this action plan.

3. Timeframe

The national rollout of the patient portal is happening now and thus the action plan described here will support with the scale of this until the end of the TITTAN programme in September 2020.

4. Costs (if relevant)

The costs would be minimal due to the fact that this action plan includes building a formal relationship based on mutual learnings so that actions can take effect after the finalisation of this project.

5. Funding sources (if relevant):

The phase 2 budget for our region will cover the costs of this good practice (there is around £17K left available for the duration of phase 2).

Date: 26.09.2018

Signature: *Susan Tamborini*

Stamp of the organisation (if available): _____

ACTION 2

1. The background (please describe the lessons learnt from the project that constitute the basis for the development of the present Action Plan)

The Basque region is one of the partners of the TITTAN project. The INNOSASUN best practice that the Basque region showcased to the TITTAN network was of particular interest to the Digital Health and Care Institute for the way in which BIOEF interacts with the healthcare system and private entities. The INNOSASUN Programme is a support mechanism to articulate interactions among Basque Public Health System and the business sector, meeting the needs of both sides and providing ad hoc support. This activity is enabled by the Health System's capacities, know-how and its extensive and collaborative network, working as an innovation ecosystem and a living lab. The INNOSASUN Programme is coordinated by the Unit of Relationship with Third Parties within BIOEF, providing support and expertise from Health Research and Innovation network, which comprises Basque Health Department, Basque Public Health System (Osakidetza), Health Research Institutes, Osatek, Kronikgune and socio-sanitary space. Attending to outside-in innovation, INNOSASUN plays an important role because the interaction of companies and technological agents with the health system facilitates the search for technological partners which have innovative solutions to the needs arising from the Healthcare System. Therefore, INNOSASUN provides adapted support to those unmet needs and born ideas within the Healthcare System working in transferring these needs and ideas to the industries and research centre of the region to try to engage them in order to provide innovative solutions in a win-win scenario.

The DHI's main body of work is split into several different 'challenge areas' which the Scottish Government has set for the DHI to tackle. For example, next generation asthma care or digital diabetes management or citizen-centred data sharing or development of person-centred services. Each of the different challenge areas have partners from public and private sector which work together towards the end goal of each challenge. The way in which BIOEF has managed to coordinate these kinds of engagements through the INNOSASUN programme within the health and care domain is obviously very interesting to the DHI.

Action (please list and describe the actions to be implemented)

The DHI will build a strategic relationship with BIOEF to take forward the learning from the first phase of the TITTAN project and implement this learning into the DHI working model going forward. This means that the way in which the DHI coordinates activities with public and private entities will be influenced by the learning

taken from the BIOEF.

2. **Players involved** (please indicate the organisations in the region who are involved in the development and implementation of the action and explain their role)

- The main players involved are the DHI and BIOEF.

3. **Timeframe**

The challenges that are currently being run within the DHI are continuing for the next 2-5 years and thus this action will feed into that work until the end of the project in September 2020.

4. **Costs** (if relevant)

The costs would be minimal due to the fact that this action plan includes building a formal relationship based on mutual learnings so that actions can take effect after the finalisation of this project.

5. **Funding sources** (if relevant):

The phase 2 budget for our region will cover the costs of this good practice (there is around £17K left available for the duration of phase 2).

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ACTION 3

6. **The background** (please describe the lessons learnt from the project that constitute the basis for the development of the present Action Plan)

One of the best practices that Scotland have found to be very interesting is the CCS Telehealth Ostsachsen from Saxony. The telemedicine platform "CCS Telehealth Ostsachsen" is a European pilot scheme which

offers a broad range of possibilities in networked medical care and is intended to help overcome former limitations in healthcare. To do this, the project makes an open and universally applicable IT platform available for the healthcare of an entire region - in Eastern Saxony and beyond.

Three applications demonstrate the potential of the developed infrastructure:

📺 Tele coaching:

1. Remote application for patient-centered care of patients with heart insufficiency
2. Specially trained Tele Nurses supervise health data of patients at home
3. Patient submits health data via provided tablet and secure mobile connection

📺 Telepathology:

1. Pathological tissue slices are scanned by high performance medical scanner
2. Approx. 2GB per picture, stored in special local data centre
3. Partner institution provides clinical counsel after examining picture via secure connection

📺 Tele stroke:

1. Case manager organizes outpatient care of stroke patients after initial hospitalization and treatment, uses e-health infrastructure and EMR for managing care pathways
2. In case of worsening health status, specialists contact GPs and imitate changes in medication or pathways, using information stored in the EMR on the e-health infrastructure

In Scotland, NHS24 is the responsible body for telehealth and care services. NHS24 is currently working with other regional partners such as Scottish centre for Telehealth and Telecare, the Scottish Government and National Services Scotland to develop a citizen-centred platform which is very similar to the CCS platform. Telehealth is a very important service especially when engaging with older adults and so this best practice will be very useful. Therefore, taking learnings from phase 1 of the TITTAN project into phase 2 about this good practice would be very beneficial for Scotland right now. This specific action aligns to the Scottish Government ERDF investment for growth and jobs 2014-2020 operational programme. The strategy discusses the need for Scotland to be a nation that demonstrates 'digital exploitation' and one of the ex-ante conditionalities discusses the importance of better ICT enabled services. "Digital growth: A strategic policy framework for digital growth to stimulate affordable, good quality and interoperable ICT enabled private and public services and increase uptake by citizens, including vulnerable groups, businesses and public administrations including cross border initiatives." Therefore, allowing citizens better access to telemedicine will support healthy and active ageing across Scotland in a very impactful way.

Action (please list and describe the actions to be implemented)

The Digital Health and Care Institute will build a strategic relationship between CCS and NHS24 to develop Scotland's platform. The key learning focus points that Scotland will be keen to extract from CCS will be around refined standards of interoperability such as the use of FHIR and how a single platform such as this could support older adults with multimorbidities to live independently for longer.

7. **Players involved** (please indicate the organisations in the region who are involved in the development and implementation of the action and explain their role)

- The main players involved are the DHI and NHS24 and Carus Consilium.

8. Timeframe

The challenges that are currently being run within the DHI are continuing for the next 2-5 years and thus this action will feed into that work until the end of the project in September 2020.

9. Costs (if relevant)

The costs would be minimal due to the fact that this action plan includes building a formal relationship based on mutual learnings so that actions can take effect after the finalisation of this project.

10. Funding sources (if relevant):

The phase 2 budget for our region will cover the costs of this good practice (there is around £17K left available for the duration of phase 2).

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