

ELEANOR MCCOLL SIZE 7

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The first computer I ever used was back in the 80s, and I was working for the Director of Finance and he gave me a blank cheque and said "Off you go and buy this new computer that's come into one of the electrical stores in Glasgow." And it was an Amstrad PC - I was the first person in his department and possibly in NHS Greater Glasgow and Clyde to be using a PC and that was my first step into the world of IT.

My name is Elena McColl. I am the e-Health strategic development programs manager within NHS Great Glasgow and Clyde. I work in the IT or e-health department based in Glasgow. We're currently in the Queen Elizabeth University Hospital and the Royal Hospital for Sick Children - these hospitals opened this time last year, they're two of our largest hospitals in NHS Greater Glasgow in Clyde. I try and come here at least two- three times a month. It's a great place just to meet with clinicians, either medical staff or nursing staff, just to talk around any of the challenges they're having or any opportunities they see with some of our main clinical systems. I've worked in e-health care now for 31 years. I started off as a medical secretary, and within the first six months I was bored, and I knew that I needed to move somewhere else within health care. I think from the early stages of working with computers I don't think we really understood, at that point in time, how things would change. We had all of our documents stored on floppy discs, we didn't have any servers, we weren't using e-mail. It was like 80 PCs across a fairly large health board area. We were implementing the first computers, we were doing it to help the business rather than thinking about, ultimately, what was going to improve the experience of the patient. Before we implemented these IT systems, much of the communication was on paper, or it would be a telephone call between acute and community services. There was often information not written down, so there would be gaps in the patient's medical history. Information was missing when the patient was admitted to hospital or discharged back into the community.

So, from one computer to a myriad of IT systems and applications, we're in a fantastic modern building, it's got wireless access everywhere, every inch of a desk has got a PC. We've got consultants walking around with tablet technology, we have no paper case notes, we don't have any storage facilities for storing case notes. The patient flow is controlled by self-service check-in kiosks, so we have no nursing staff coming out and shouting for the patients. So that whole electronic communication really drives everything we do, within most of our hospitals and all of our hospitals. When I came in today to meet with some of the clinicians in the hospital, it's great to hear of their experiences, that things are working, but also they've got ideas of things that we could be changing. I'm responsible for three of the large systems that we use within the health board. The first being TrakCare, so that basically allows us to manage the patient's pathway from registration, out-patient appointments, waiting list, inpatient and discharge. We also have our clinical portal, which allows all of your patient information to be gathered and seen through one application, and we have EMIS WEB, which is our community children and mental health application, which allows the frontline clinicians and admin staff in those particular areas to have a single record.

The size of the area that we're working can be quite daunting of a day. We don't just work within the hospitals, we're working, you know, across the three hundred GP surgeries that we have. 270 dental locations, the 300 community pharmacies, the health centres, the six local health authorities. There's a lot of plates to be spun. Then meet with Paul Campbell, wherever 3 e-Health clinical leads are, speak to him once a week, they are clinicians, so Paul is an anaesthetist. We have other medical clinicians who are also working with us. So, much of his role is to reflect on what's happening in the front line with the clinicians, and then bring that back to us within e-Health,

to translate into a possible technology solution. For some clinicians, who have perhaps developed an application that they see fit for purpose within their specialty, and they want to roll that out, but we can see opportunities for getting the best and making the best use of our current application, rather than going out and spending money buying another application. I would say one of the main areas of tension between e-Health and the clinical community is the pace and the resources of which they're expecting change to some of the systems.

One of the challenges I have, certainly in this role, is balancing up the clinicians' expectation in terms of what they want to happen now versus what's possible with the finances that we have and the resources that we have in the department. I think there's often the case that clinicians think that, you know, we're sitting in a back office, but I think, for us, engaging more with the clinical community, with the frontline clinical staff, is really, really important. We have staff engaging on a daily basis with our clinicians at ward-level, so walking the floor to ensure that any challenges that they have in their lane are actually dealt with in a timeliest way. And one of the new things that we're looking to do is actually part of our staff induction, is for them to spend a day with a clinician also with an interaction with the patient, because I do feel that within e-health, we forget why we're here, we forget it's for the patient and for our front line clinical staff. Personally, there's quite a bit of stress involved in my role in terms of making sure that we get it right, but it's also, I find it sometimes quite stressful for when we're implementing new systems, because, you know, I was concerned that if the system doesn't come up in time, or if it doesn't come up at all, what's the impact on the clinical community? And, ultimately, the patients.

When I joined in 1985, I didn't think I would be where I am today, supporting the frontline clinicians and making a difference to patient care in Scotland, and something I'm very passionate about. The job satisfaction, for me, comes when we're talking to our frontline clinicians and they're saying that, you know, the technology or the work that we've done has helped them to spend more time with the patients. It does make the job hugely satisfying. The landscape has completely changed in technology and it's absolutely astonishing when you think, you know, where we've come from and it's been so fast and you just wonder, you know, in the next five years, what that landscape's going to look like - we know it's going to be really different and I guess that's, you know, my role is to look into the future in terms of what other health boards are doing across the globe, is that anything that we should be doing within NHS Greater Glasgow and Clyde, that's ultimately going to improve patients' experience of health in Scotland.