**Clinical Unmet Need 1**

***Briefly describe the clinical unmet need that you would like to overcome and the key issues?***

**Since the passing of the Welsh Language Act in 1997, there has been an onus on all public bodies to provide bi-lingual services. Whilst this has not necessarily been a challenge in a paper based NHS, the digital age is another situation completely when it comes to bi-lingual on-line patient booking and triage platforms in Sexual Health.**

**Sexual Health services across the UK have adopted on-line patient booking to be accessible and meet the demand on a young population (age 16 to 35 years) who are seeking advice and screening for sexually transmitted infections (STI) & HIV. Prompt access to diagnosis and treatment, combined with partner notification improves health outcomes and has a public health function in reducing onward transmission.**

**Approximately 5-10% of our service users are Welsh speakers (estimate)**

***What are key issues and/or criteria to which you would like to find innovative solutions for* We are aware that there are currently commercial on-line booking & triage packages that can be purchased but none which support the Welsh language. We believe that there is need for this service and as the stand alone patient management system which is provided by IDOX ( previously Lillie ) is the system used by 75% of clinics in Wales, there is a potential market for this platform.**

**our key issues are**

1. **Bi-lingual**
2. **Ease of use**
3. **Adaptability?**

***Describe what a successful outcome would look like? This would be desirable/realistic improvements against the challenge NOT possible solutions***

**Improved access for individuals to services**

**Re-deployment of appointment line staff to other less stressful duties**

**Clinical Unmet Need 2**

***Briefly describe the clinical unmet need that you would like to overcome and the key issues?***

**A new service is being provided in primary care, where physiotherapists are present in GP practices providing initial assessment, diagnosis and treatment/signposting with extended skills, without the need to see a GP. In South Wrexham Cluster, there is a pilot in the use of a new format of electronic patient record – EMIS, called Remote consultation whereby access to the patient records is only permitted if the patient is booked within that clinician.**

**On learning of the functionality, it became apparent that it would have significant impact on patient care if used in Physiotherapy in Secondary Care, and the unmet need is a lack of electronic patient record keeping in Secondary Care Physiotherapy in BCUHB East. BCUHB Centre are currently using Therapy Manager.**

**Lack of communication links between primary and secondary care is evident with difficulty contacting GP’s/other professionals in primary care and vice versa due to busy schedules/clinical commitments, and therefore the need to use time-consuming methods of communication eg. Hand-written letters.**

**Majority of referral forms are templates to be filled in hand written form, again time consuming.**

**There is a lack of administration time to complete**

***What are key issues and/or criteria to which you would like to find innovative solutions for***

**Ensuring functionality of EMIS remote consultation is appropriate for secondary care Physiotherapy, and having a clinician involved with discussions to ensure practicality.**

**Using the same system from primary care into secondary care would allow viewing of historical consultations linked to their current presentation, GP’s would be able to view consultations of physiotherapists to gauge progress, messages could be sent from physio FAO of GP’s if requesting review, imaging, blood tests, medication review – saving on time spent telephoning or writing to GP’s. Many forms/paperwork eg. Referrals can be embedded into EMIS which can pre-populate the form with the patients demographic details, can be filled electronically and then can be saved into the patient record.**

**These functionalities would bridge the gap between primary care and secondary care, which ultimately would provide a more seamless service for the patient and better communication links between primary care and physiotherapy in secondary care.**

***Describe what a successful outcome would look like? This would be desirable/realistic improvements against the challenge NOT possible solutions***

**Progressing from paper patient records in physiotherapy in secondary care to electronic**

**Improved management of patient and improved communication links between primary (GP) and secondary care (Physiotherapist) when GP assistance is required in relation to possible Co-morbidities, medication reviews etc.**

**Patient information eg. Demographics can all be embedded into any documents eg. Referral forms in EMIS, and therefore only clinical justification, history for referral need to be added, ensuring timely referral.**