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HIE Highlands and Islands Enterprise Iomairt na Gàidhealtachd 's nan Eilean

NHS SCOTLAND

The Scottish Government

Technology to improve IBD care and management

SBRI Briefing Event 4th April 2017
Frequently Asked Questions

Q1: Could you please provide an overview of what services are provided within NHS Highland and Grampian, where these services are provided, and what services are provided on a more centralised basis?

Most Inflammatory Bowel Disease (IBD) care is centred around acute hospitals. In NHS Highland, the main centre for treatment is Raigmore Hospital.

While some patients are seen in rural hospitals, most of the clinical expertise is based in Aberdeen (Aberdeen Royal Infirmary), Inverness (Raigmore Hospital), Dundee (Ninewells Hospital) and other large hospitals. Most surgery is carried out at these large hospitals as well, with the exception of some emergency life-saving surgery which is sometimes carried out in more rural hospitals when required.

Some tests are carried out on a more centralised basis. For example, antibody testing is only carried out in the larger labs. Imaging and colonoscopies are done locally.

In terms of staffing, there is an expectation that an effective IBD clinical multi-disciplinary team will include a gastroenterologist, a surgeon, an X-ray doctor, an IBD nurse, dietetic staff, a pathologist and a radiologist. Psychological support for patients should also be available when required.

Q2: The competition makes a distinction between the two main types of IBD: Crohn's Disease and Ulcerative Colitis. What is the difference and is there any noticeable difference in the cost or type of treatment available?

It is not possible to provide an absolute answer to this question, as in practice the presentation of IBD can be very varied. While Crohn's Disease and Ulcerative Colitis are recognised as the two main types of IBD, there are several different types of behaviour within both of these. For example, some clinicians think that Crohn's Disease might actually be a collection of different diseases. In general, Crohn's Disease is the more complex and difficult of the two types as it is not curable. In contrast, Ulcerative Colitis can sometimes be cured, although it requires significant surgery to remove the colon.

Q3: The competition is open to companies who are not currently active in the sector. Can you please confirm if it is also open to companies who are already working in the sector?

The competition is open to all companies, whether or not they are currently working in this sector. Companies who already are active in the sector can have good knowledge they can bring to the competition, but one of the key aims of SBRI competitions is to attract new companies and new ideas into the sector so we actively encourage companies from other sectors to apply.

Q4: Andrew Fowlie's presentation noted that there are several thousand mobile apps that are already available for various conditions, but there is very low usage of the apps. Are patients willing to record and monitor their condition on a day-to-day basis, or are they only prepared to do this when their condition has flared and they are not feeling well.

Having a patient-held record can provide significant benefits for some patients. Given the complexity of Crohn's Disease and the complex mix of treatments that can work for different patients at different times, a detailed patient-held record could provide benefits in multiple scenarios. For example, it could help a patient to have a more informed discussion with their GP, or enable a patient to provide key information to clinicians when receiving treatment in a different Health Board area.

However, in order to be successful, there is a need to ensure the active involvement of all stakeholders. In order to be successful, an app requires a patient who is willing to collect the information, but it also requires GPs and other clinicians who can access the information and are willing and able to actively use that information.

There is also a need to consider how to ensure effective engagement with patients. Patients are likely to be willing to use an app or other technology when they are feeling unwell and require medical assistance. But it may require further work to ensure that patients use an app or similar technology as part of their standard care or daily routine.

Because IBD patients are usually diagnosed at a young age (usually 15-25), there will be a need to engage with a wide range of ages in order to achieve this. Applicants will need to consider that methods of ensuring effective engagement for younger people are likely to be different to those for older people.

Q5: What other factors would need to be considered when developing a mobile app for IBD patients?

It is important to note that this competition is not simply about developing a mobile app. A mobile app on its own will not solve the challenges outlined in the competition. Rather, applicants will need to consider the wider process of care, and how technology can be used to support patients and care teams.

There are some data sharing issues that would need to be considered, although in general most patients are likely to be willing to share their medical data if it will result in the delivery of better services.

In addition, where there is thousands of existing medical health apps, very few of them currently integrate with the existing NHS legacy systems such as SCI Store and Docman. It is unlikely that an app that does not integrate with existing systems would be able to deliver the requirements of this competition.

Q6: In Phase 2 and Phase 3, applicants will be required to test their prototypes in live NHS Scotland Sites. Have these sites already been identified, or will the applicants be required to identify suitable sites?

These sites will be arranged in advance, and will be compulsory for all applicants. The main test sites will be NHS Highland. Applicants will also be expected to work with neighbouring Health Boards (NHS Grampian, NHS Orkney and NHS Shetland) to test their product as required. We will also identify a larger urban Health Board as a final test site. This will be either NHS Lothian or NHS Greater Glasgow and Clyde.

Q7: Have key individuals within these test beds already been identified to provide support for the successful applicants, or will applicants need to nominate people themselves?

There are identified individuals within the test sites and the wider network who will support the applicants through the competition. Applicants will not be required to nominate or otherwise identify NHS staff to help support their project.

However, there is likely to be a need to ensure broad stakeholder engagement and acceptance as part of developing the product. See Question 4 for details.

Q8: How will the applicants be assessed? Will there be any patients on the assessment panel?

The assessment process is set out in the Invitation to Tender (page 3). The applications will be reviewed by a selected panel of experts. The panel includes a wide range of people, including clinicians, industry and the third sector.

The assessors will assess applications against the formal assessment criteria. This consists of seven questions which are set out in the ITT (page 3).

One the assessments have been completed, there will be a panel formed to moderate the assessments, and a second panel to formally agree the successful applications.

Please note that the patient representative (Claire Davidson) is not affiliated with the assessment process. As such, she is available as a resource if potential applicants wish to have further discussions with her in order to better understand the patient experience. She can be contacted at clairedavidsonIBD@gmail.com