

Dimension	Score Puglia	Feature(s) of the Good Practice	Score Scot	Features of Scotland's healthcare system	Feasibility of the transfer and rationale
Readiness to Change	4	Leadership Good Practice implemented in line with general vision of policy-makers	3	Vision or plan embedded in policy Leaders and champions are emerging; Joint efforts towards change	<u>Yes; the transferability is feasible with no need for major adaptation.</u> Most of the features are already incorporated in Scotland's system. Some further work can be done around the engagement of clinical staff and ensure their stability, in most cases they move from project to project.
Structure & Governance	4	Roadmap for change programme Shared vision of stakeholders Organisational structure	4	Roadmap for a change programme defined and accepted by stakeholders involved; There is a structure and governance in place, governance is fully resourced at national level, but the messages do not go down in the same way and there are differences in local implementations.	<u>Yes; the transferability is feasible with no need for major adaptation.</u> Most of the features are already incorporated in Scotland's system. Some further work can be done around the improvement of implementation.
eHealth Services	3	Connection to national/regional platforms to allow information sharing; IT providers are central part of the service redesign and additional work such as maintenance of the service or training is part of the procurement.	2	There is a mandate and plan to deploy regional/national eHealth services across the healthcare system but not yet implemented. There are local solutions but there is no governance to upscale. The main barrier is the culture around the data sharing. Pilots are localised solutions in transition. However, there is continuing funding for initial pilots.	<u>No; the transferability is not feasible;</u> Scotland does not have an Electronic Health Record or national platform to connect all collected data. In addition, there is a difference in the procurement models.
Standardisation & Simplification	3	Connection to national/regional platforms to allow information sharing; no need for specific standards	1	Discussion of the necessity of ICT solutions to support integrated care and of any standards associated with that ICT is initiated; Existence of different standards for health and social care.	<u>Yes; the transferability is feasible with some efforts;</u> There are plans already in place regarding the creation of citizen portal and ensuring interoperability is a key standard in all new procurement. In addition, current Analogue to Digital agenda, development of national digital platform and Programme to put all NHS boards on Windows 10 and Microsoft 365 will further facilitate standardisation and simplification.
Funding	4	Maintenance of the services is part of the procurement to ensure sustainability	2	Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation. A national Integrated Care Fund, some EU funding supporting integration and TEC funding available. Lack of resources to access the funding. Funding for the business as usual remains a continuous challenge.	<u>No; the transferability is not feasible;</u> Some improvement can be done about the business cases on how to support business as usual rather than pilots. However, there is quite a difference in procurement model of Puglia. The engagement with local suppliers would not be possible due to rigorous procurement and financial politics and previous legacy with platforms unable to support large scale deployment. There is currently tendency towards "One for Scotland" which means that even local suppliers need to bid in the procurement processes.
Removal of inhibitors	2	Readiness of healthcare professionals – GPs led clinics, minimal changes to their routine practice and familiarisation of professionals with ICS solutions	3	Implementation Plan and process for removing inhibitors have started being implemented locally; Investments to provide support for local agencies to implement new ways of working; innovation centres were created as part of the plan; Lot of training for different professions to change towards integration.	<u>Yes; the transferability is feasible with lot of efforts;</u> Recruitment of GPs remains a big challenge; there are few exceptions e.g. NHS Lanarkshire where GP practices are greatly involved, there is an on-going dialogue and "selling the story" approach with incentives and support in place. The introduction of new services/routine need to feel as "normal" rather than add-on. There is some potential in learning about NHS Lanarkshire approach and replicate it across Scotland

Population Approach	3	Existence of risk stratification tools/approaches	2	Risk stratification approach is used in certain projects on experimental basis; SPARRA looks at responses through health and social care integration for patients who are at risk of re-admission.	<u>Yes; the transferability is feasible with some efforts;</u> Currently available risk stratification approaches and tools need to be adapted reflecting more home and mobile health monitoring aspect and prevention aspect.
Citizen Empowerment	3	Citizens driven service, there is a demand for the service; tools/incentives to support citizen empowerment	2	Lack of access of patients to health data; missing support for very frail patients; Lack of resources for coaching and training of citizens to embed the digital skills; Different level of implementation across health and social care partnerships	<u>Yes; the transferability is feasible with lot of efforts.</u> Some adaptation can be done around the following features: use of social media to increase citizen engagement (sometimes it requires the use of accessible technologies such as local TV and radio); increased resources for training/coaching of patients; improved access to health data and information.
Evaluation Methods	4	Systematic evaluation and data collection	2	Data collection remains an issue; there is a good degree of evaluation for the TEC programme, but results are not published; Lack of data that are connected hence resulting in poor quality of data; Resistance of healthcare professionals to share data; Unless there is a need for continuous investments, systematic evaluation is not performed.	<u>Yes; the transferability is feasible with lot of efforts;</u> Some improvement can be done around publishing of evaluation outcomes, even if data are published it is usually not on time which influences the development of future sustainability plans or business cases. There is also a need to improve connectivity and quality of data to be able to demonstrate the value and impact of the intervention and make people trust the data. The resistance of healthcare professionals to share data needs to be better addressed as well.
Breadth of Ambition	3	Integration across primary and hospital care	4	Improved coordination of social care services and healthcare needs; Ambition of the full integration of health and social care; Integrated budget and integrated governance.	<u>Yes; the transferability is feasible with no need for major adaptation.</u> The ambition of Scotland is full health and social care integration which is embedded in the legislation on integrated care.
Innovation Management	3	Change of approach embedded in policy	3	New Digital Healthcare Strategy provides the policy umbrella for innovation in Scotland; different level of innovation initiatives across Scotland but not joined-up; need to clarify and align the innovation priorities	<u>Yes; the transferability is feasible with no need for major adaptation.</u> Some improvement can be done around supporting the collaboration for innovation; e.g. through improved involvement of ICT providers in the system re-design, joining-up the innovation initiatives; New Digital Healthcare Strategy should provide the basis for improved coordination and alignment of innovation activities.
Capacity Building	3	Training of healthcare professionals	3	There is a recognised need for the training and capacity-building around the digital skills; open culture of learning and sharing via different mechanisms; e.g. Learning Network, Digital Healthcare Week and other.	<u>Yes; the transferability is feasible with no need for major adaptation.</u> Some improvement can be done in increasing the resources for capacity-building; we need to continue supporting the culture of open learning and sharing of experience both at national and European level.