

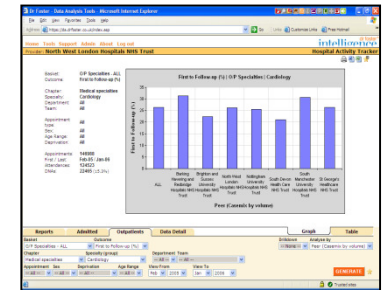
A People Powered Health & Care System



Good Data



Open Outcomes

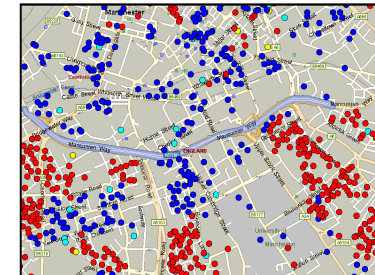


Transparency
Participation
Interoperability

Patient in control

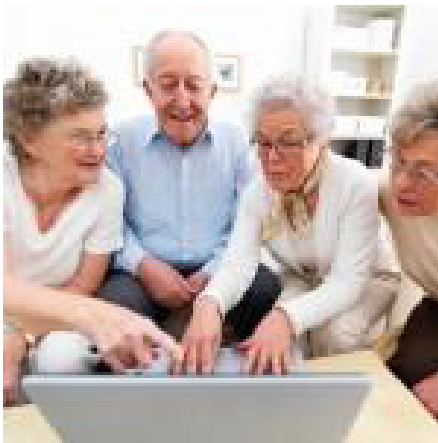


Active Citizenship



Future Vision

Empowered patients



Secure linking
of e-health &
care records
Individual-
centred

Open API

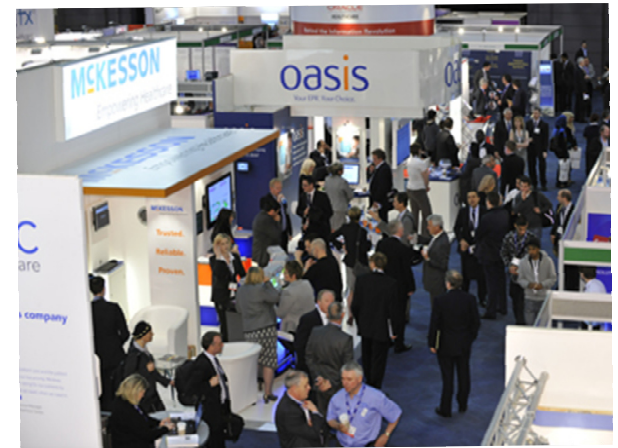
IT Suppliers



8,000 GP
Practices

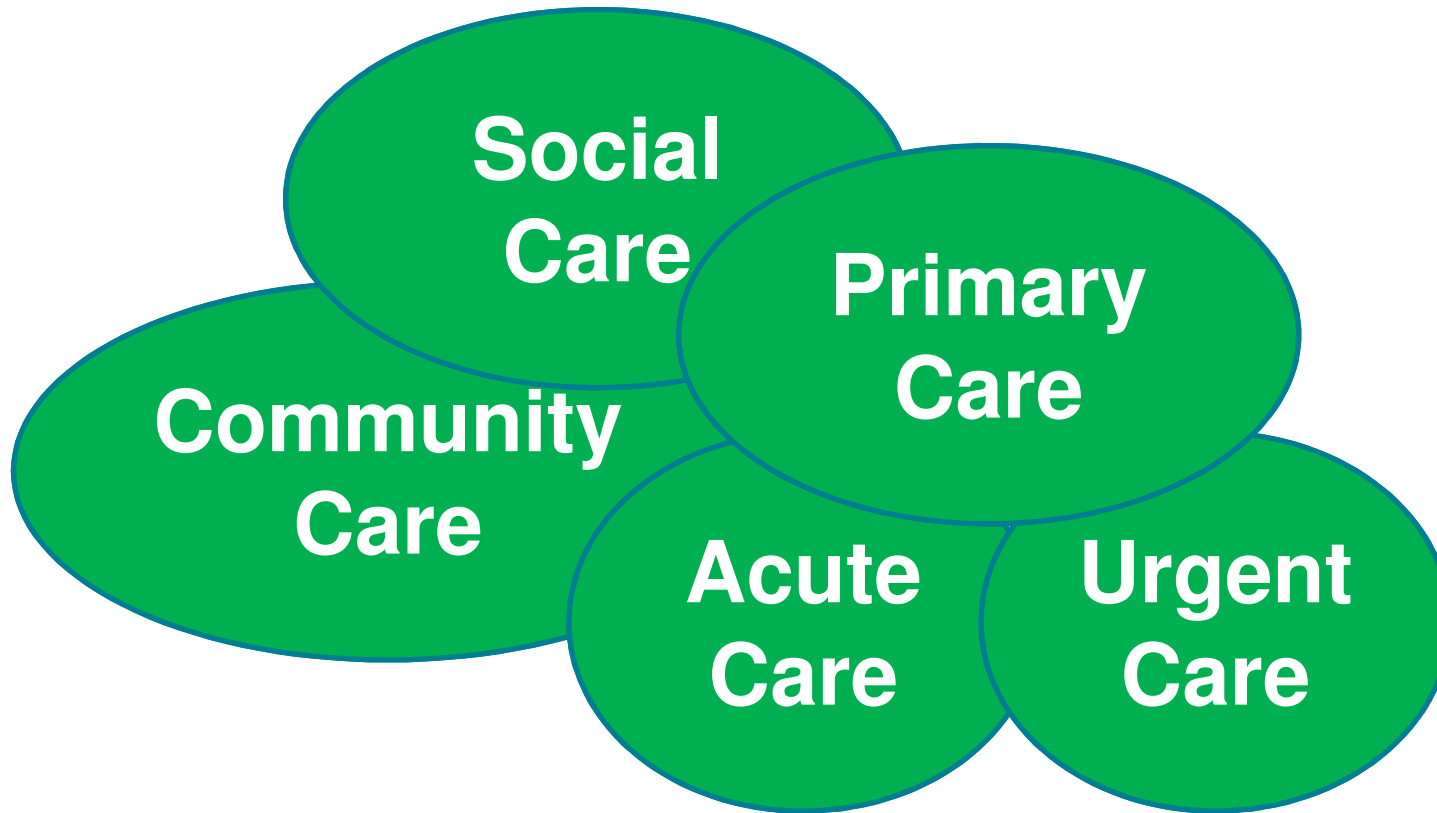
Apps
and
tools

Vibrant Supplier Market



- GPSoC extension
- Summary Care Record
- GP2GP
- Encourage innovation

Patient Pathway not care setting



Can't look at one care setting in isolation

What the benefits.....

Safety

Patient Experience

Clinical Effectiveness

The Integrated Digital Care Record - Vision



Safer Wards/Safer Hospitals outlines the vision for the Integrated Digital Care Record:

*“In order for the NHS to provide high quality and effective care for all, **information must flow both within health organisations and across boundaries into social care**, allowing vital data to follow patients through their care pathways. Patients and citizens must also be able to access and use this data – their data – whenever they wish.”*

Need to move from vision into the underpinning architecture to support this

Integrated Digital Care Record

Safe, digital
record keeping

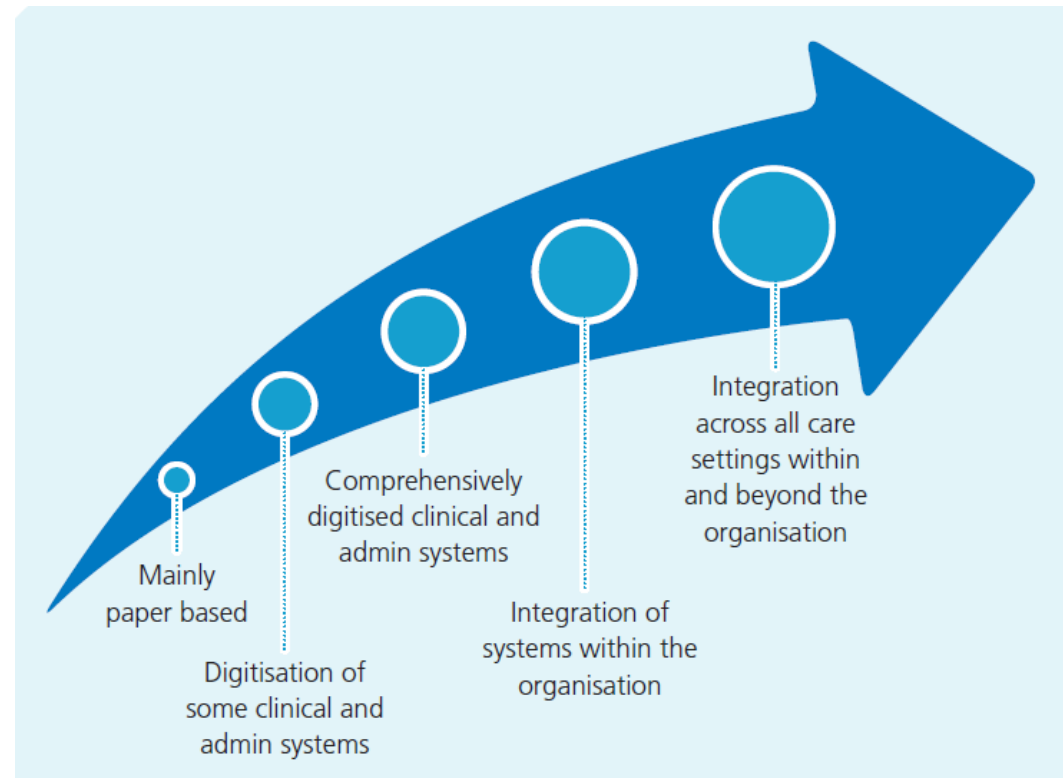
£500m Technology
Fund

NHS Number as
primary identifier

Use of Open APIs

Underpinned by
Interoperability
Standards

“Integrated Digital Care Records are a prerequisite for integrated care”



The Architecture for Interoperability

Use interfaces to be able to push information between system.

Ability to “push”
information between care
settings through Open
APIs



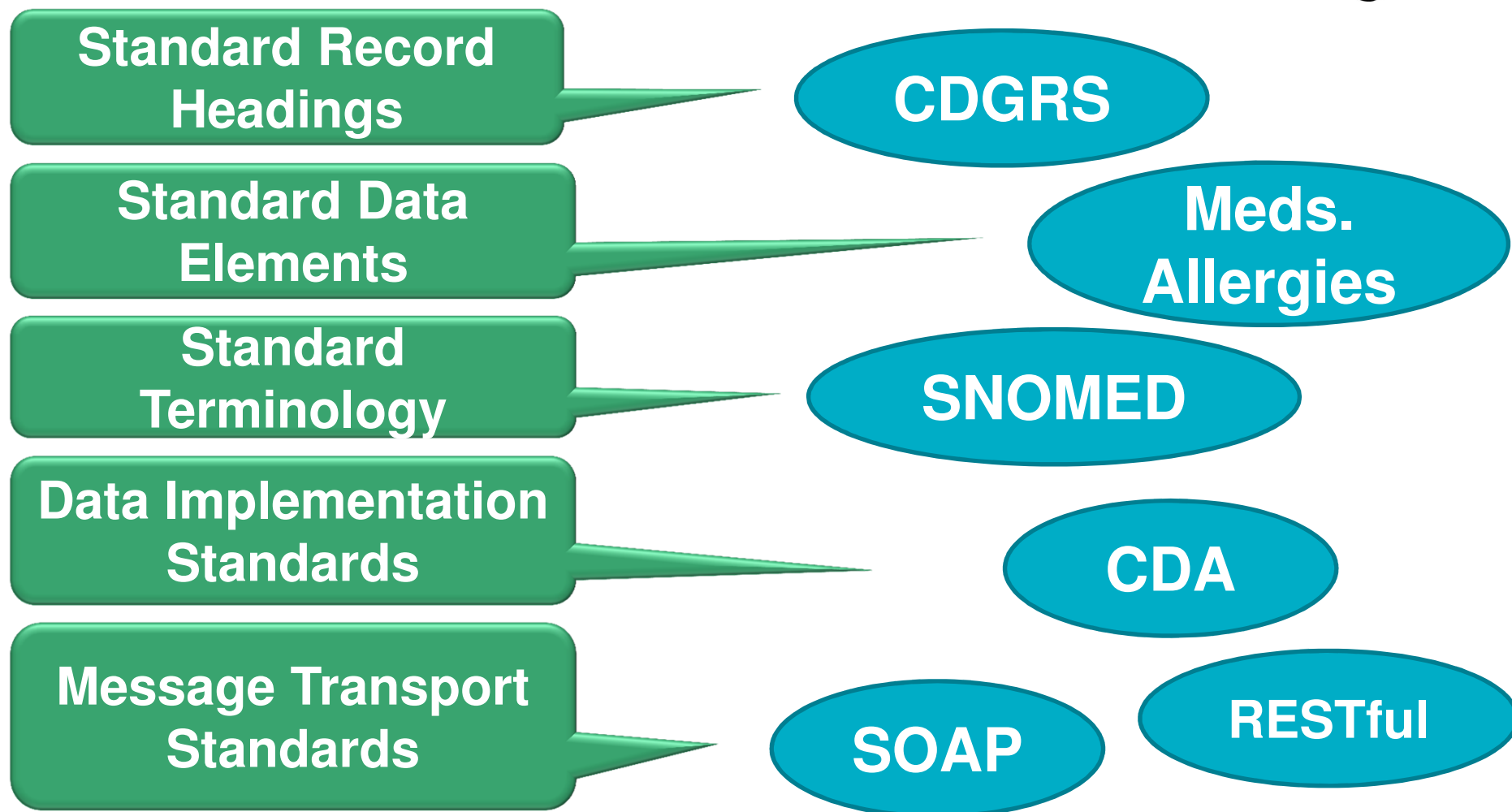
But in addition, use of local information exchanges and portals to locate and retrieve as needed (and if needed potentially how these are linked on a national basis)

The ability to locate
and retrieve
information from
across care settings



The ability to locate
and retrieve
information across
organisations

Interoperability – not just a technical concept



Need to look at interoperability as a whole: Enterprise Architecture – Business, Information & Technical Architecture

Who benefits

Patient

Clinicians

Industry

Multiple beneficiaries of taking an interoperability approach

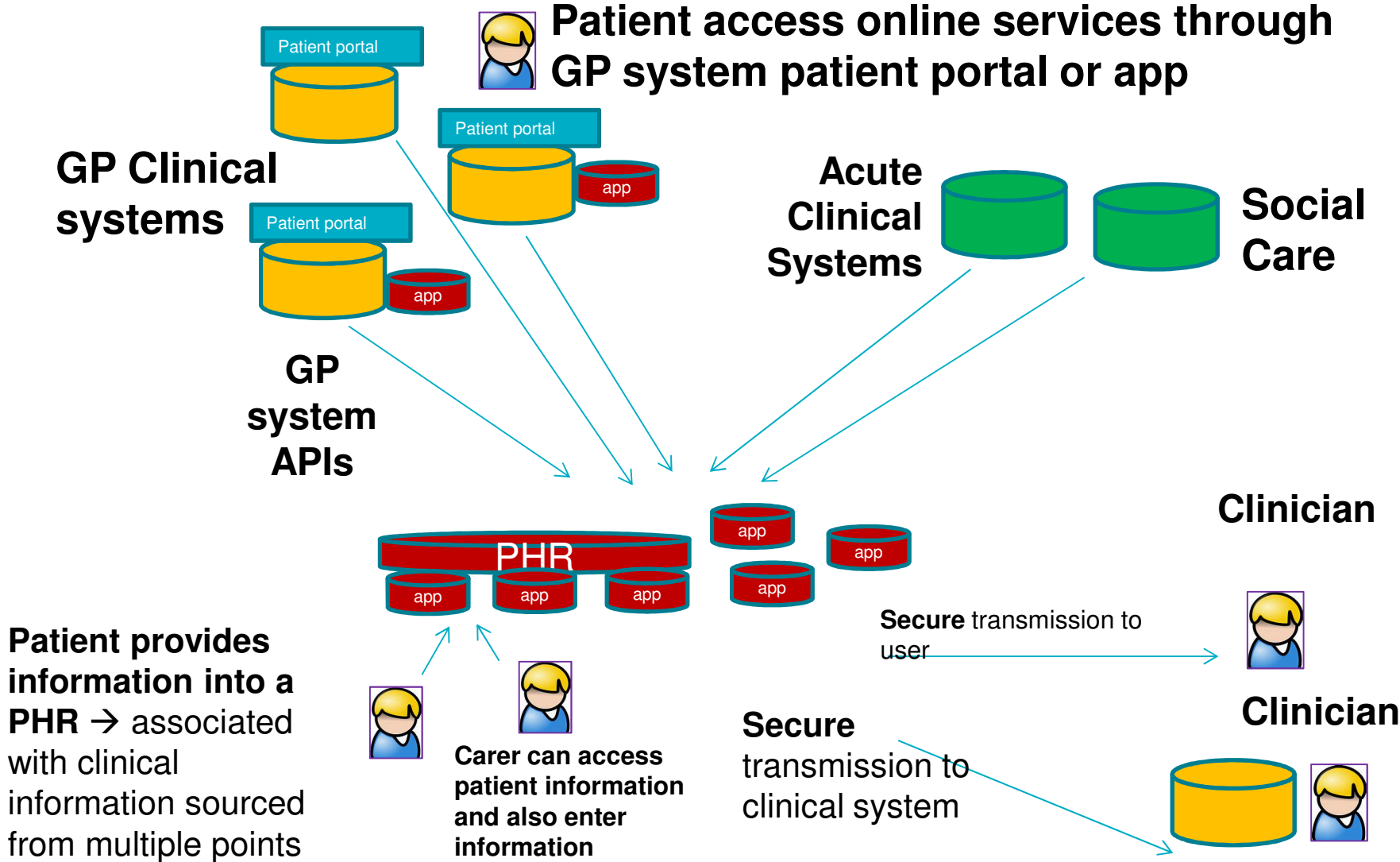
**“Interoperability” is
underpinning building block**

NHS Number

Open APIs

Interoperability
Standards

Logical Architecture - PHR



Next Waves of Technological Revolution...

Big Data
and
Pharma

Stratified
Medicine

Genomics

Nano-
technology

mHealth

**But to realise this potential...
need data to flow across information systems**

**“Interoperability” is
underpinning building block**

Focus on use of standards but.....

APPROPRIATE STANDARDS

e.g. use of FHIR for PHR

e.g. use of CDA for Document Exchange

Need BOTH BUT FOR DIFFERENT THINGS!

WHAT PRIORITY FOR NOW?

Clinical headings...

Less on the transport?

→ **What is already out there!**

- CDA, FHIR, IHE XDS

But most importantly - EA

What are the business drivers?

What are the Information flows?

BEFORE jumping to technology answers!

Summary.....



Benefit now and in the future with focus on interoperability

Benefit to patients, clinicians and industry

Don't re-invent but re-use

Start with the business need and determine what's relevant (as opposed to just interesting!)

Inderjitsingh@nhs.net
[@mr_indisingh](#)

Open Source:

england.opensource@nhs.net
[@NHSOpenSource](#) [#NHSOpenSource](#)