Implementing Open Platform for Scotland v2

# A Framework of Things to Do at 4 Levels

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| Technical / Engineering | 1. catalogue all Open Platform components now deployed or ‘battle-ready’ 2. support mobile tech including Personal Health Record (PHR), so    1. enable user content and permissions for sharing 3. support cloud-based apps and storage 4. integrate maturing technologies e.g. IHE XDS, Snomed CT 5. upgrade Social Care data sources to new standards |
| Informatics  “Post-Modern Informatics” | 1. structure clinical/care data for clinical benefit of real time access 2. customise data presentation to context for clinical usability 3. integrate PHRs as new data sources, improve quality and volume 4. collaborate with similar international systems e.g. Europe esp. Scandic, Australia, NZ, China, Canada, US e.g. Apple API 5. PHR interoperability is also international – Google Play, iStore, Baidu |
| Management | 1. educate clinicians on structuring clinical data to international models    1. engage other agencies for this Education, Development, Training    2. leadership e.g. more CCIOs 2. co-ordinate procure/re-provision/upgrades of silo systems to include Open Platform functions as strategic services:    1. require new services to use Open Platform    2. set future dates per silo product for Open Platform compatibility |
| Socio-political  “Progressive Health Informatics” | 1. promote NHS savings using    1. patient safety    2. operational efficiency e.g. staff EDT, R & R    3. end supplier lock-in for NHS by vendor-neutral technologies 2. support citizens’ rights to “fair processing” of their data 3. nationwide PHR use has public benefit e.g. PHI and service re-design 4. infrastructure as a national investment:    1. alternative funding for this as infrastructural investment    2. NHS2 5. simplify comms to media and leaders    1. citizens’ reclaim of own data from silos 6. alignment with international strategies esp. Scandic 7. consider legislation to direct suppliers |

V2 1/10/2018