Implementing Open Platforms in Scotland

# A Framework of 4 levels

## Promotional features – to start discussions, aspirational

## **Issues** - but may need more local work before can be promotional

## *Strategy options* - outputs of discussions?

|  |  |
| --- | --- |
| Technical / Engineering | * much Open Platform product now defined, deployed, “battle-ready” * supports mobile tech including Personal Health Record (PHR) * supports cloud-based apps and storage * **integrate maturing technologies e.g. IHE XDS, SNOMED CT** |
| Informatics  “Post-Modern Informatics” | * clinical benefit of real time access to relevant clinical data * PHR integration raises data quality, new sources – but also volume * development by international collaboration with similar systems e.g. Europe, Australia, NZ, Canada, US e.g. Apple API. * PHR international interoperability * **clinical usability: data presentation to be tailored to context** * *set a future date for Open Platform compatibility* * *require new services to use Open Platform* |
| Roles & Responsibilities | * **clinical education on structured clinical data as infrastructure** * **engage other agencies for Education, Development, Training** * **leadership e.g. need for new CCIOs** * **co-ordinate procure/re-provision/upgrades of silo systems to include Open Platform functions as strategic services** |
| Socio-political  “Progressive Health Informatics” | * NHS savings by  - patient safety - operational efficiency e.g. staff EDT, R & R - vendor-neutral technologies for NHS security from supplier lock-in * support citizens’ rights to “fair processing” of their data * nationwide PHR use has public benefit eg PHI and service re-design * **citizens’ reclaim of own data from silos** * **simplify comms to media and leaders** * *alignment with international strategies esp. Scandic* * *option of legislation to drive supplier engagement* * *alternative funding for this infrastructural investment* |