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?

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| 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**
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| 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*
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| 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**
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| 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*
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