

The Welsh Experience

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The views expressed today are my own and do not
represent the views of my organization

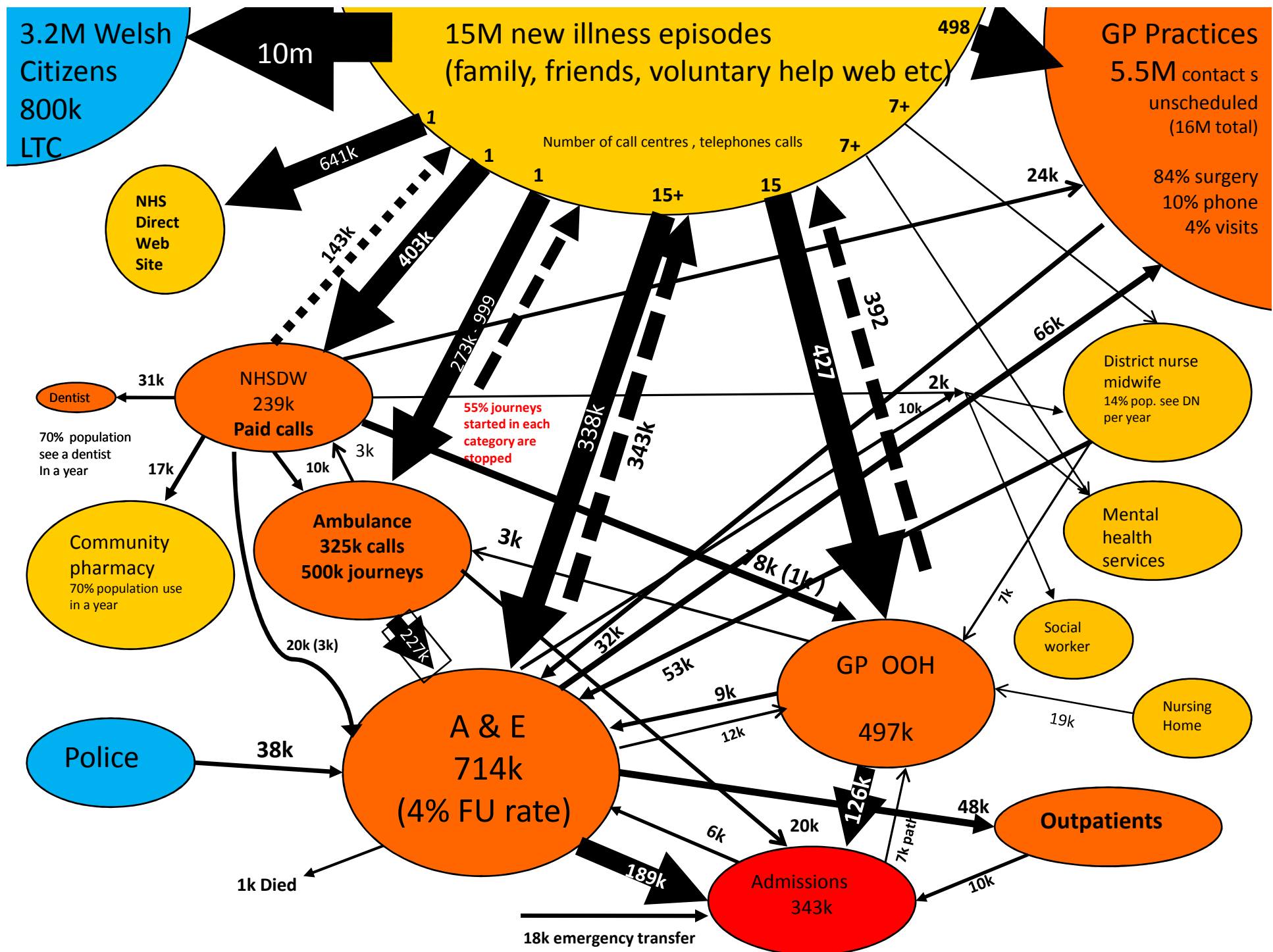
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The Celtic Fringe endures





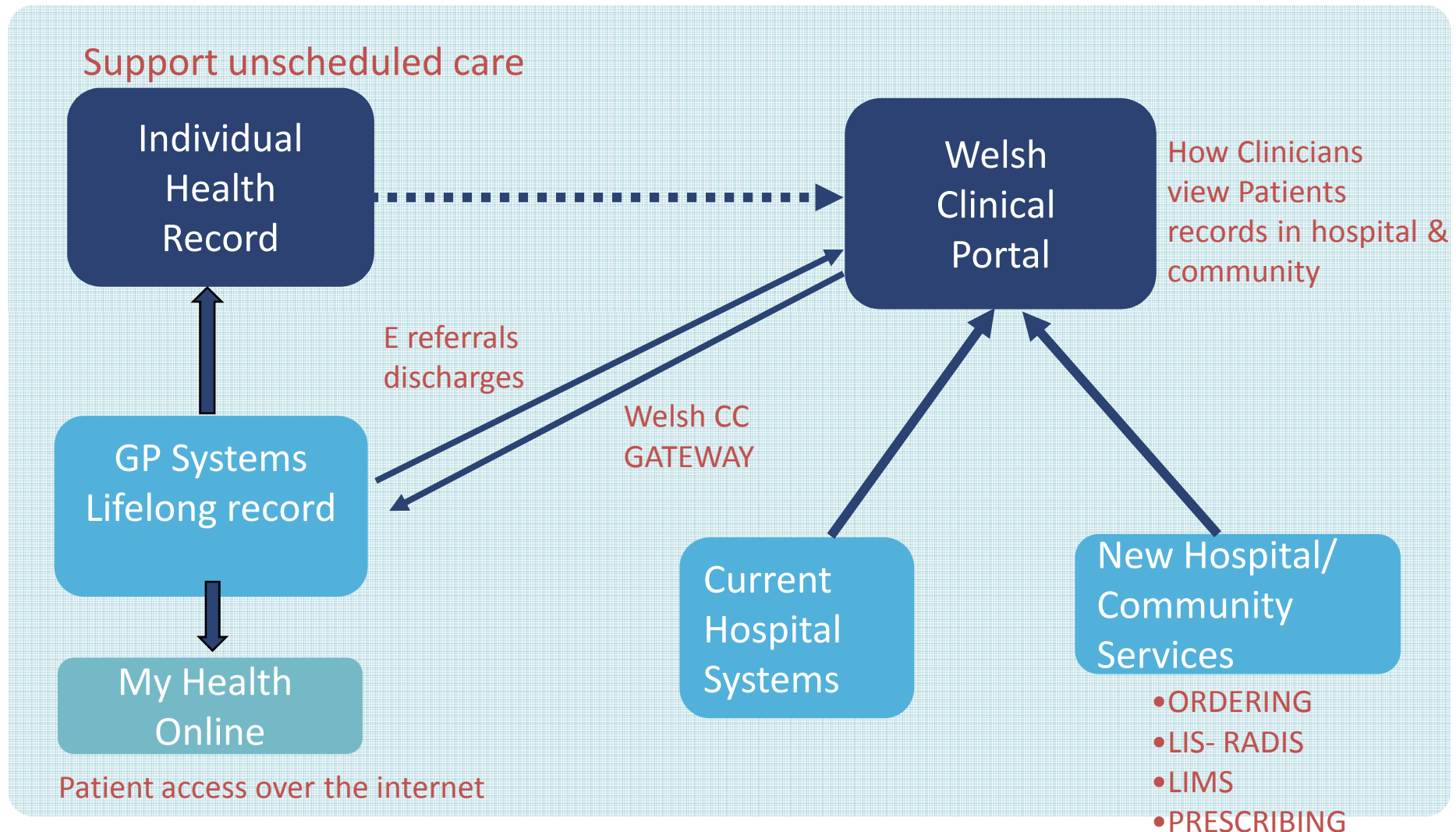
We are facing a perfect storm

- Declining resources -
- Aging population with increasing care needs – social, mental , physical
- Hospital emergency care has clogged up already with the frail elderly – age 88
- Little investment in primary care or community care compared to hospitals
- People die in the wrong place – in hospital

20-20 – vision of care

- Austerity issue – so what follows
- Patients and carers doing more for themselves
- Providing care closer to home
- Primary and community care
- Care means Social, psychological and physical
- Better care – safety, quality
- Hospital bed only when required
- Health economics element

Existing approach to information services Clinical Information Flow





GIG
CYMRU
NHS
WALES

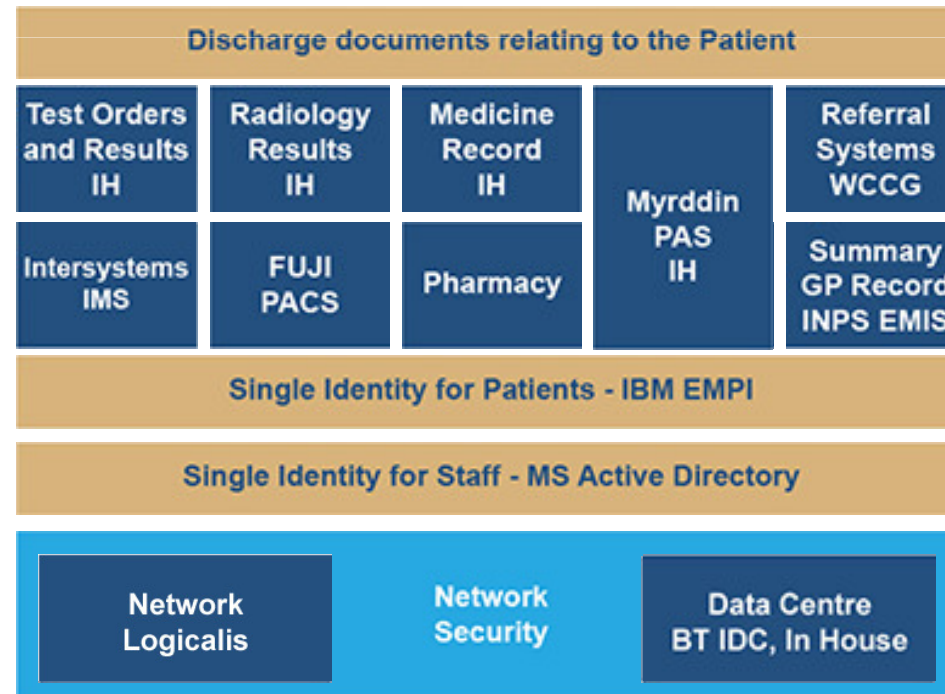
Gwasanaeth
Gwybodeg
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Building the Welsh Clinical Portal

This is what we have got to date
in the Welsh Clinical Portal

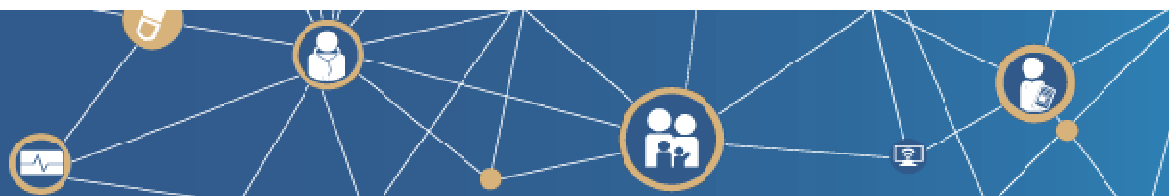
Structured Data





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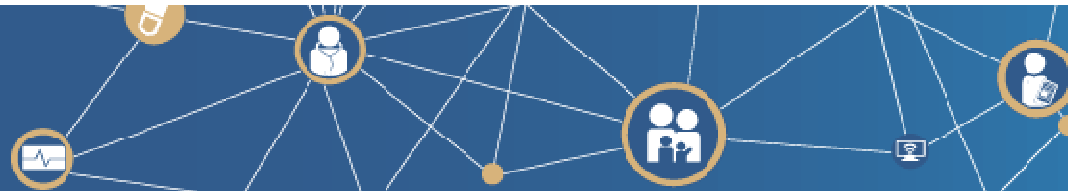


Where is the space to innovate ?

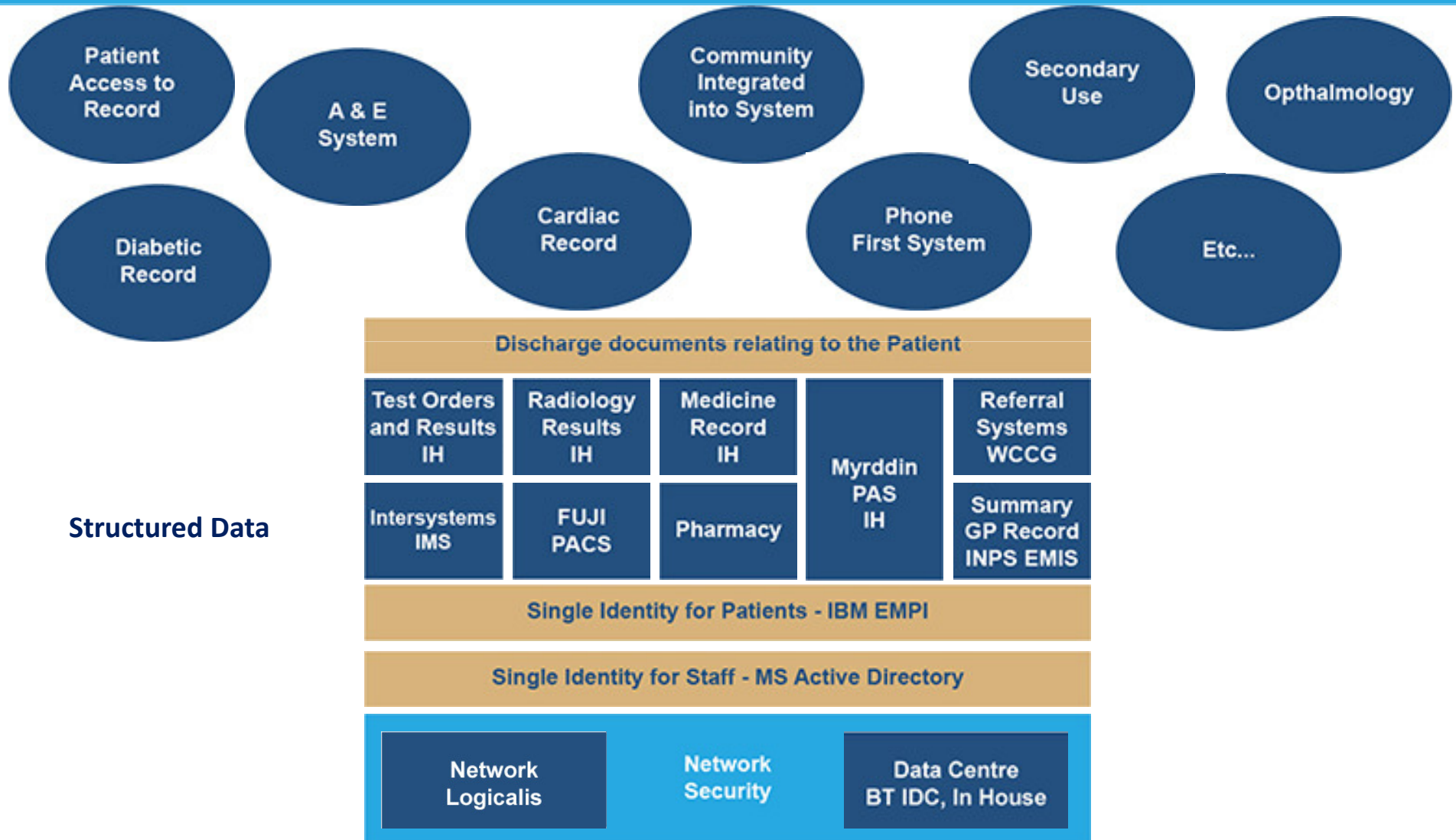


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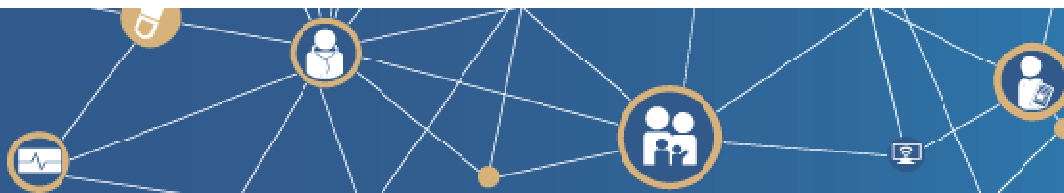
Gap – How to support Innovation



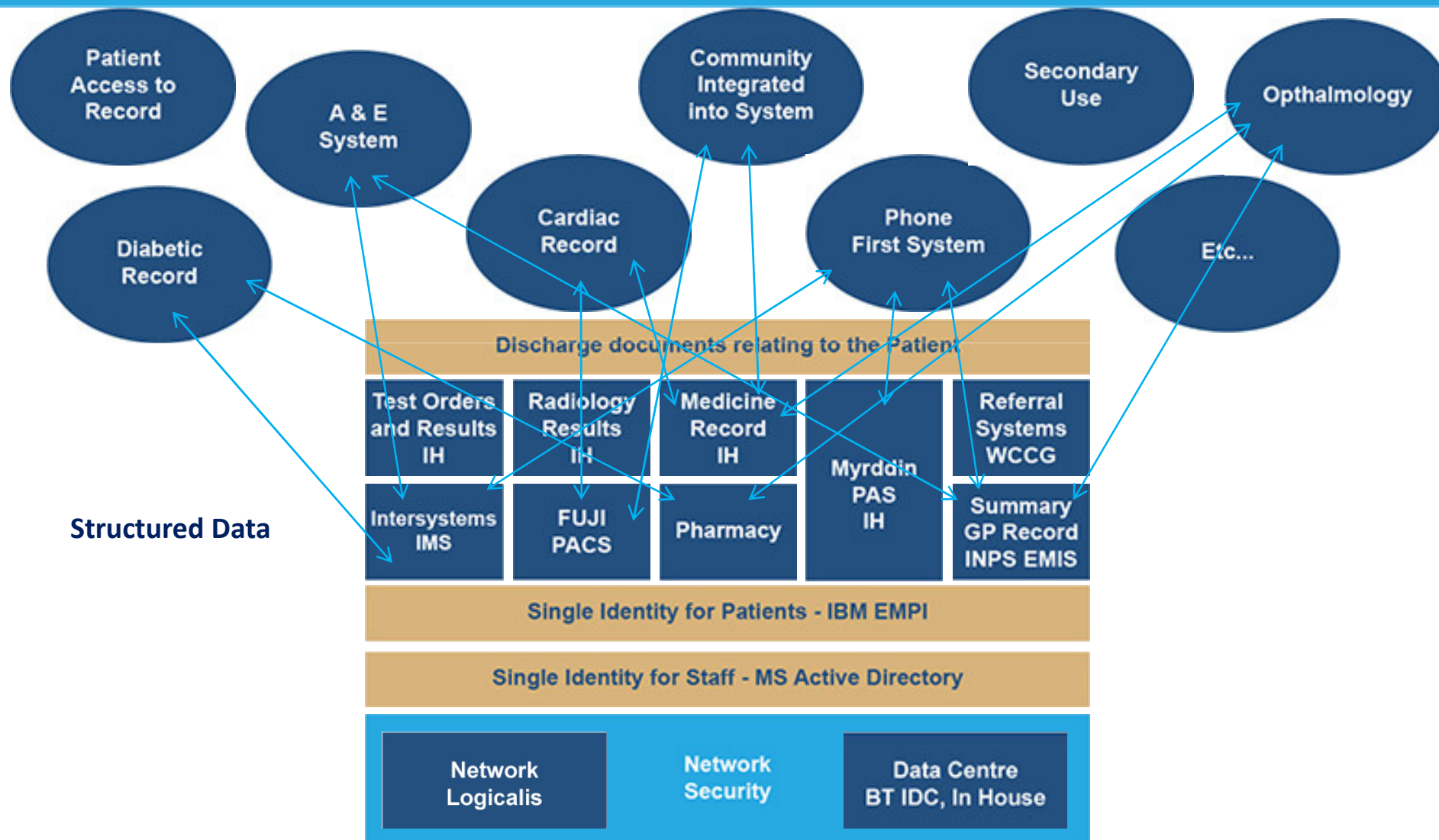


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Gap – How to support Innovation

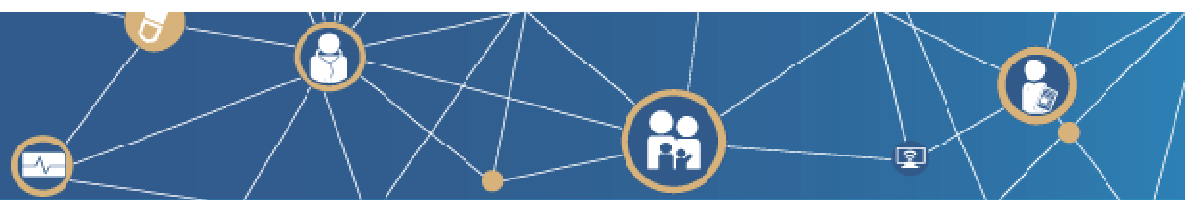






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Support Innovation on the Welsh Platform

Structured Data

Scheduling - Contacts, bookings planning, staff and patient calendars

Secondary Use Services - SAIL

Structured Data

A & E

CISS with SC

Diabetes

Ophthalmology

Phone First

Innovation
Space

Etc.

Documents
and Clinical
Communication

Unstructured Data

Software Development Toolkit

All documents relating to the Patient - WCRS

Structured Data

Test Orders
and Results
IH

Radiology
Results
IH

Medicine
Record
IH

Myrddin
PAS
IH

Referral
Systems
WCCG

Intersystems
IMS

FUJI
PACS

Pharmacy

Summary
GP Record
INPS EMIS

Welsh
Clinical
Portal

Single Identity for Patients - IBM EMPI

Single Identity for Staff - MS Active Directory

Network
Logicalis

Network
Security

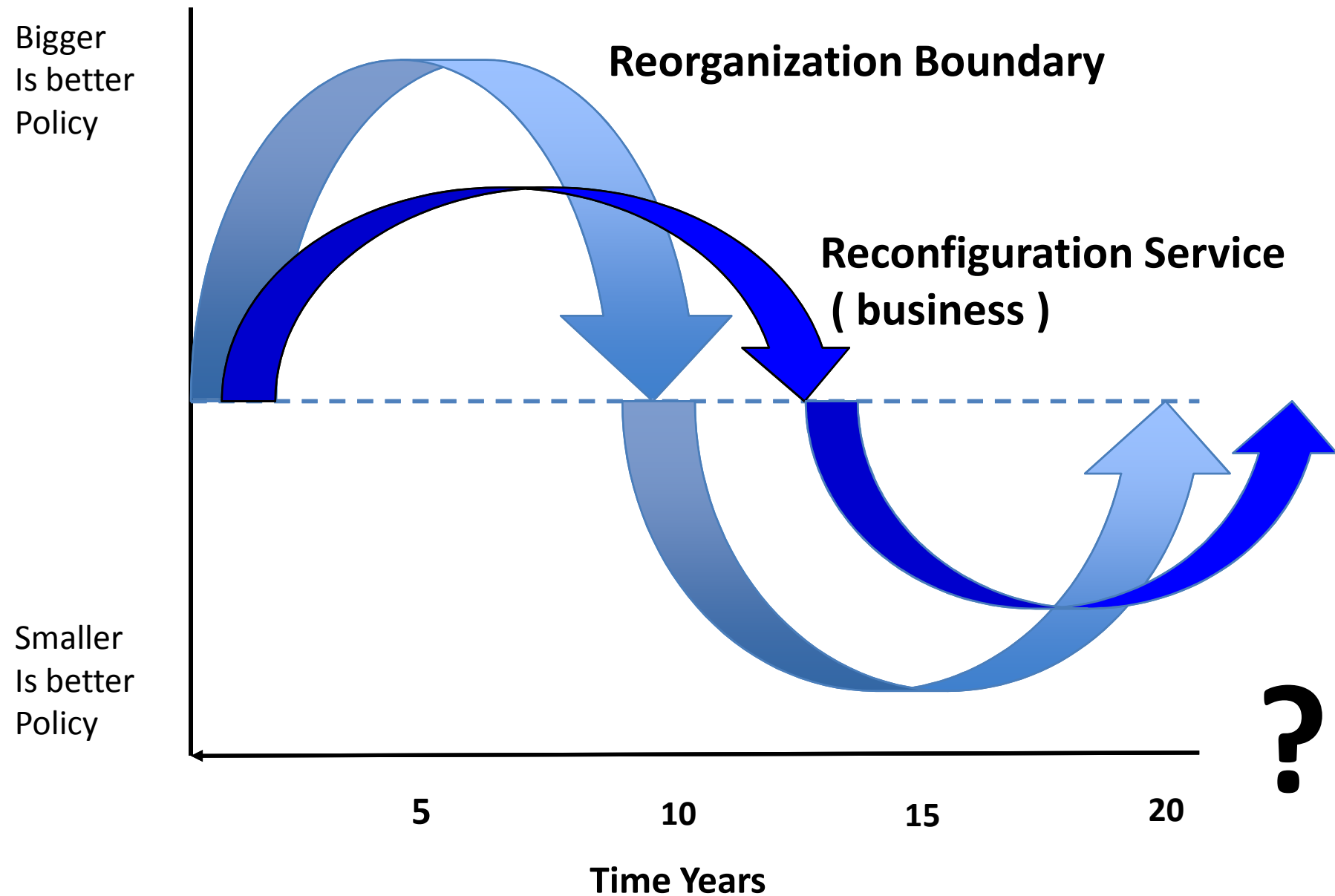
Data Centre
BT IDC, In House

So how far have we got

- More modern infrastructure
- Overcome 20 years of technical lock in
- Service orientated architecture – clinical and applications layers
- Business focused, independent or organizational boundary
- Standardized the 4 things we need to
- Created a platform (SDK) for innovation
- Part way through a painful implementation

But its all a bit slow.....

Periodic Re Organizations & Reconfiguration



So What ?

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The Great Firewall of Wales (PSBA)



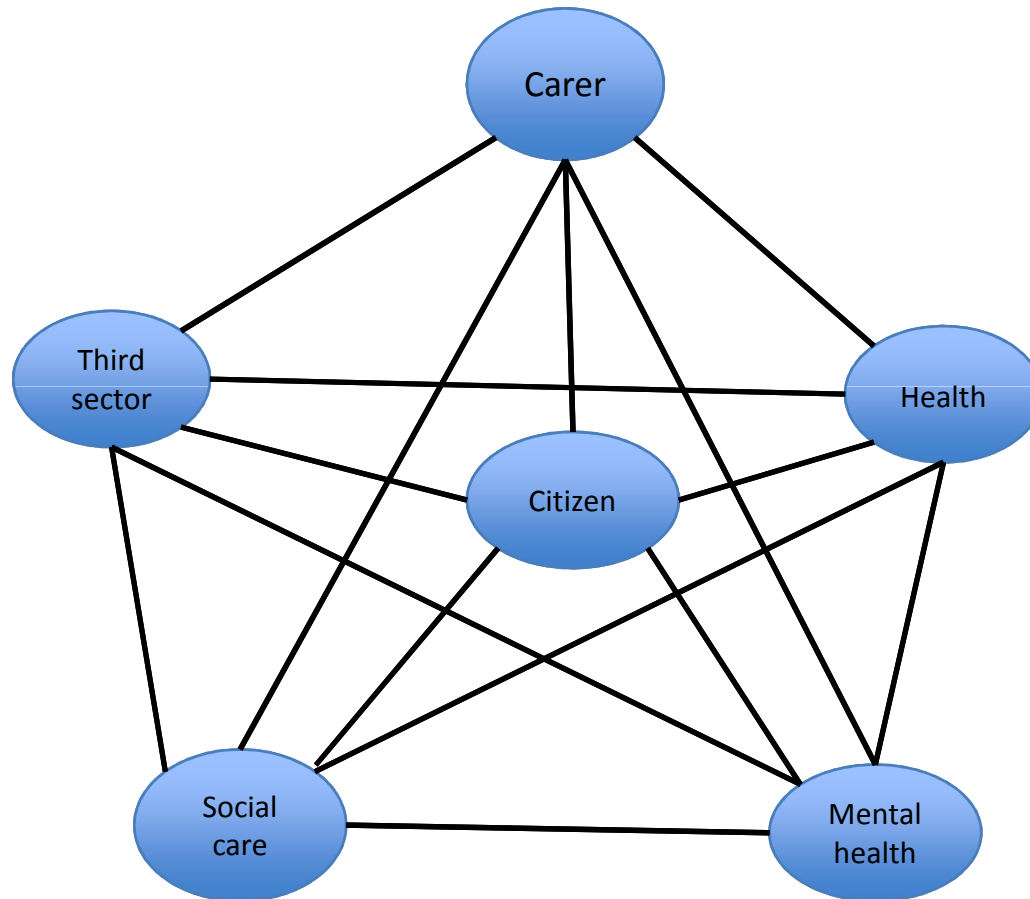
The Public
The Citizen
The carer
The third sector

Public services
NHS, LA
Social care
Mental health

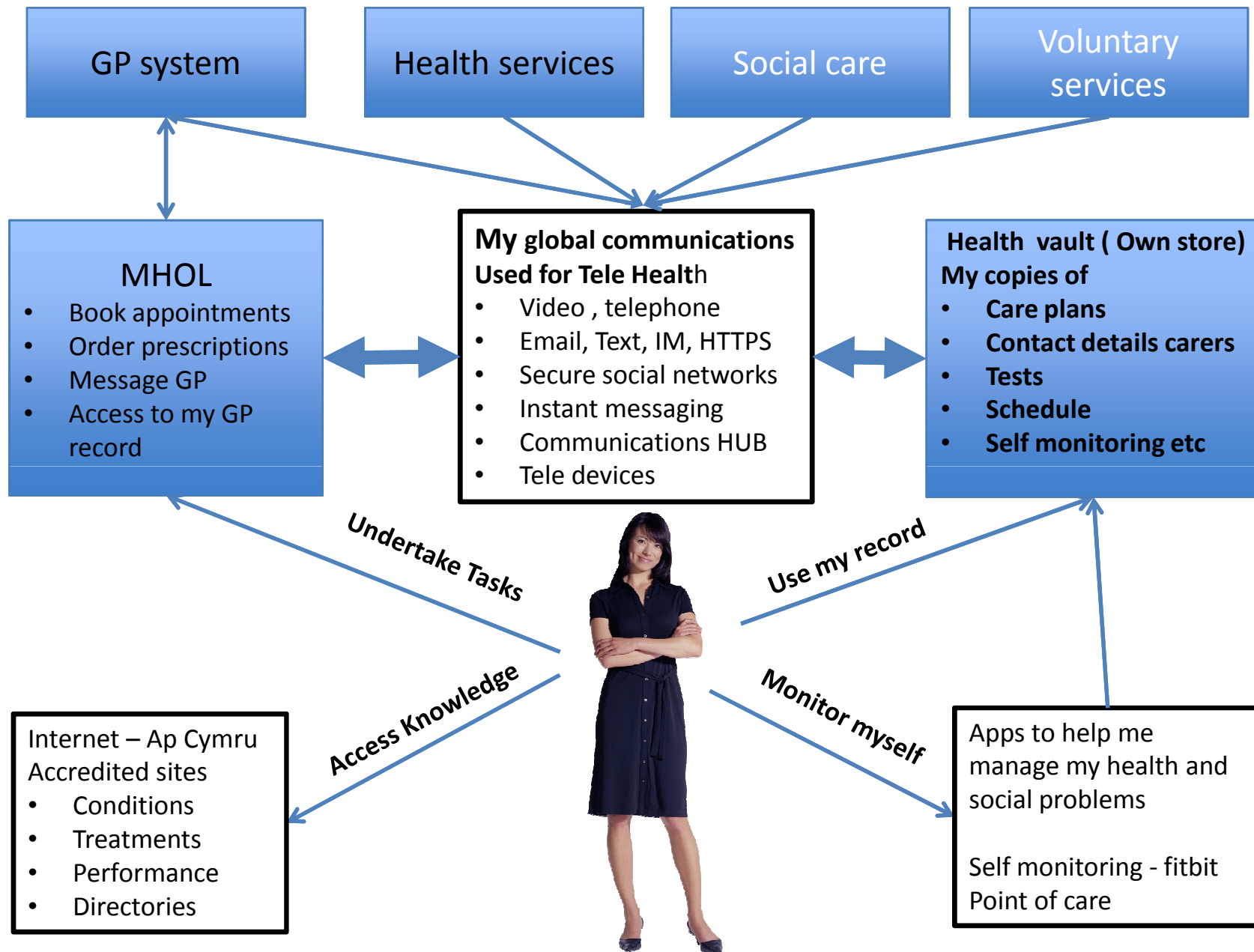
The Worlds changed

- Consumer communications devices
- Free-mium model of cloud service provision
- Low cost Apps
- Ubiquitous broadband to the home
- Always on connectivity (S&W, NI)
- Internet of things – monitoring
- Big data – predictive analytics

Can put the citizen at the Center in our networked world
Paradigm shift - we use the technology they have to communicate



- One global network, global services – no outside, no inside
- Mobile Always on – anytime, any place, anywhere
- Each of the 15 links can carry voice, video & data
- The security of each link can change depending on type of communication and citizens requirement for confidentiality



What is stopping us ?

- New ICT is not under NHS control – clinical or IT
- Lack of understanding and trust in the technology
- Early use has been technically driven – solutions looking for problems – small scale
- Misunderstanding of risk management – holistic
- New ways into the service – just mean more work GPs, not shifted the work to patients
- Lack of investment in primary and community care to support scaled roll out
- Resources – headroom , crises , morale

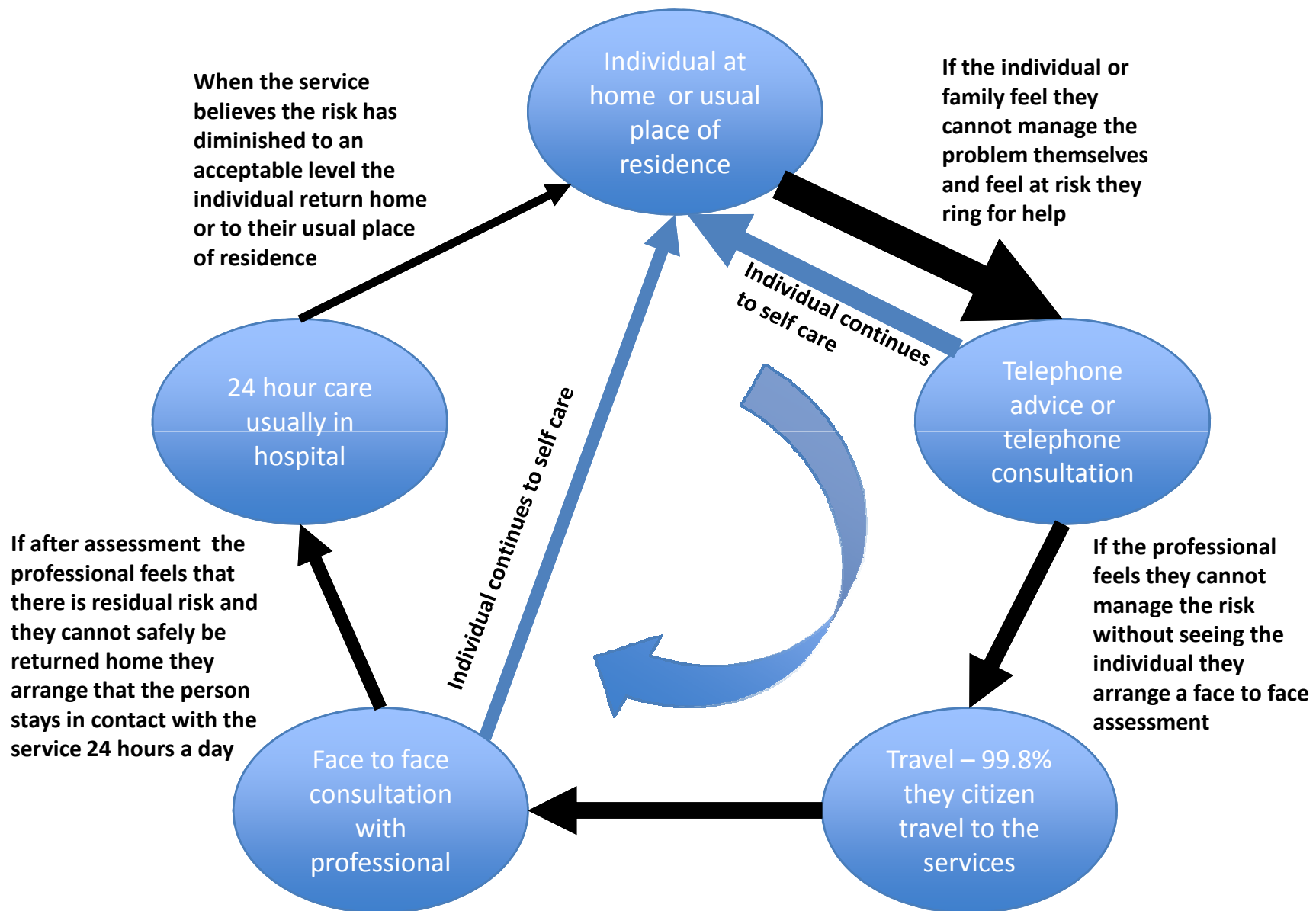
Dealing with risk

- Uncertainty = anxiety = risk = cost
- Its about human contact – not being alone
- We deal with risk – by keeping a closer eye on the patient i.e. by staying in contact
 - This is true during a single episode
 - But it is also true over your lifetime and the reason that 70% of the cost of care is incurred during the last year of life – morbidity compression
 - At the present time the lack of alternatives means we admit put people in hospital beds

Opportunity to use technology to stay in touch – in terms of distance and time

The Visual Care Cycle

The basic risk management process in all care services



What do we need ?

1. Enable patients to use the technology they have to communicate with the service
2. Enable staff to use the technology the patient has to communicate with patients and with each other

But there is a problem with current way , security & Data centers are configured that will get in the way of delivering this change.

4 Strategic implications for ICT

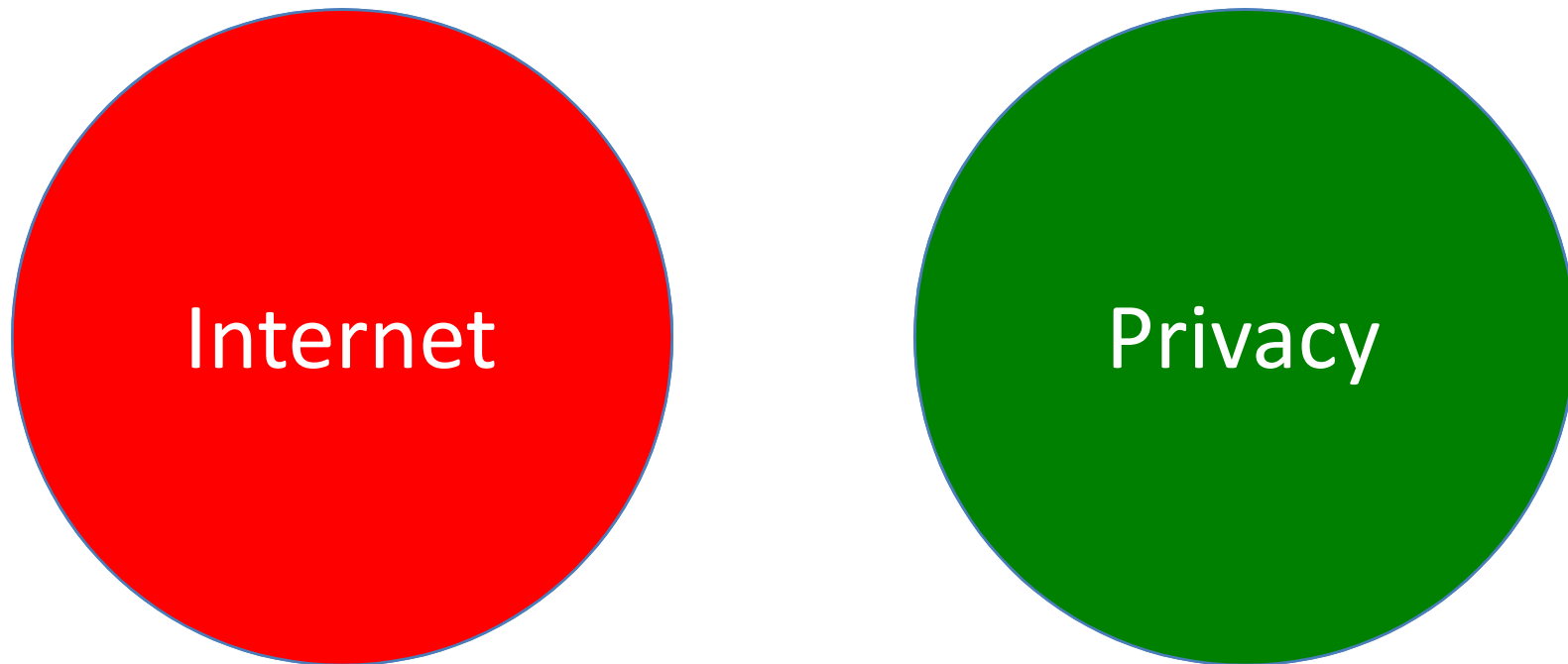
1. Separate the care record services from the communications services – they require different approaches to privacy, confidentiality & security
2. Shrink the great firewall back to securing the care record data - the way other information services are delivered
3. Provision of the record data over secured link to mobile devices any where – including hospitals, estate & most importantly all homes in Wales
4. Shift the whole of human communications onto global cloud services available to the citizens

Trust

- Creation and maintenance on line

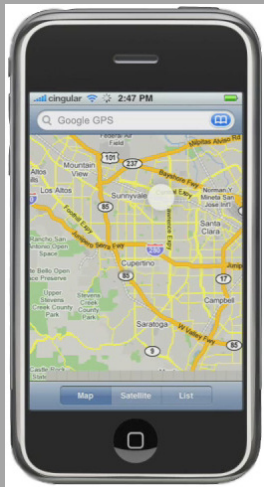


A useful Venn Diagram

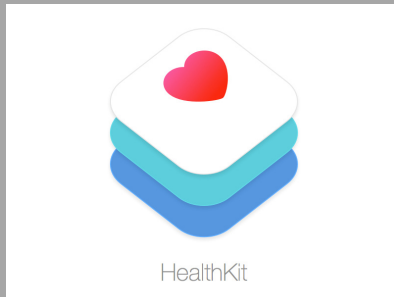
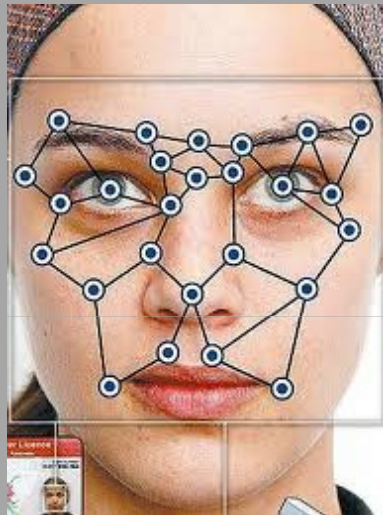




Do you or you patients want to share ?



- Ethnicity
- Religion, morals
- Sexuality and your partner(s)
- Hobbies and Interests
- Political views
- Way you vote
- Police record
- Tax
- Travel history
- Education CV
- Multiple IDs
- Genetics
- Medical record – including STDs, MH etc





Call Logs





●●○○○ EE  11:16 100% 


 Health Data All 


 Biotin >


 Blood Alcohol Content >


 Blood Glucose >


 Blood Pressure >


 Blood Type >


 Body Fat Percentage >


 Body Mass Index >


 Body Temperature >


 Caffeine >

 Calcium >

 Dashboard

 Health Data

 Sources

 Medical ID

You don't have to have done anything wrong, you simply have to eventually fall under suspicion from somebody, even by a wrong call, and then they can use the system to go back in time and scrutinise every decision you've ever made, every friend you've ever discussed something with, and attack you on that basis. To sort of derive suspicion from an innocent life and paint anyone in the context of a wrongdoer.



The Internet

WE WILL IDENTIFY YOU

WE WILL TRACK EVERYTHING YOU DO

WE WILL COLLECT INFORMATION ON ALL THE PEOPLE YOU COMMUNICATE WITH

WE WILL KEEP ALL YOUR DATA INDEFINITELY AND MAKE MULTIPLE COPIES OF IT

WE WILL CORRELATE YOUR DATA FROM ALL THE SOURCES AVAILABLE TO US

WE WILL SELL YOUR DATA TO WHOEVER WANTS TO PAY FOR IT

WE WILL PROVIDE YOU WITH SERVICES OF THE TYPE WE WISH TO AND FOR AS LONG AS WE WISH TO DO SO

WE WILL PROVIDE YOU WITH A FILTERED , SELECTIVE VIEW OF THE INFORMATION ON THE NET THAT WE BELIEVE WILL MAXIMISE OUR PROFIT AND MAY INTEREST YOU.

THE COPYRIGHT OF CONTENT YOU YOU CREATE ON OUR SERVICES WILL BE OWNED BY US

YOU WILL PAY US TO RENT ONLY, BUT WILL NOT BE OWN COPIES OF THE CONTENT WE DECIDE TO MAKE AVAILABLE (WE ARE NOT RESPONSIBLE FOR BACKWARD COMPATIBILITY)

WE WILL CHANGE THESE TERMS UNILATERALLY WITHOUT WARNING WHEN WE WANT TO

WE WOULD LIKE TO EMPHASISE THAT WE TAKE OUR PRIVACY AND SECURITY VERY SERIOUSLY

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☐ I confirm I am over the age of 2 years

