

National Digital Platform

Geoff Huggins



DIGITAL SERVICE

NHS EDUCATION FOR SCOTLAND

“It is no longer acceptable in this age that our health service is still using multiple incompatible systems and various platforms. In all our work we have heard repeated concerns around data sharing and interoperability. **Nurses, pharmacists, allied health professionals, social care services, primary care services, prison health services and more all highlighting the fact they do not have timely access to relevant health records.**”

Scottish Parliament Health and Sport Committee, 1 February 2018

“Our engagement highlighted the need for easy access to information at the point of care in a timely fashion. The Expert Panel highlighted the importance of being able to **access and use information at the point of care**, and went further in emphasising the need for this also to help drive and develop learning and knowledge.”

Scottish Government, 25 April 2018



SCOTLAND'S DIGITAL HEALTH & CARE STRATEGY

ENABLING, CONNECTING & EMPOWERING



1. Clinical data at the point of care
2. Common architecture to allow for innovation
3. Data at scale for research and quality

Established as a Directorate within NES, 1 June 2018

Digital Sub-Committee chaired by Professor Andrew Morris

Budgets agreed with Scottish Government (2018/19 and 2019/20)

Recruitment arrangements and plan in place

Communications arrangements and plan

Risk Register and Risk Management in place

Security – work with NCSC, Scottish Government and others

Compliance – Information Governance, Safety, Digital First, etc.

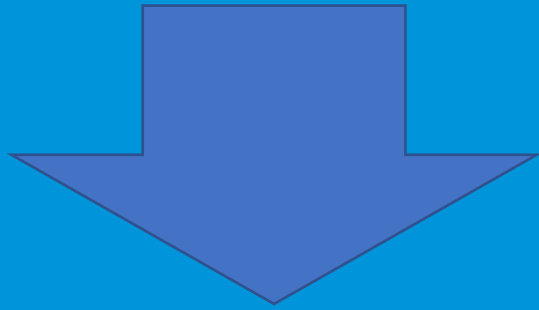
Partnerships – academic; NHS; etc. – developing

Service Level Agreement between NES and Scottish Government

Delivery

Platform

Clinical Data
Repository
Cloud Hosting
OpenEHR

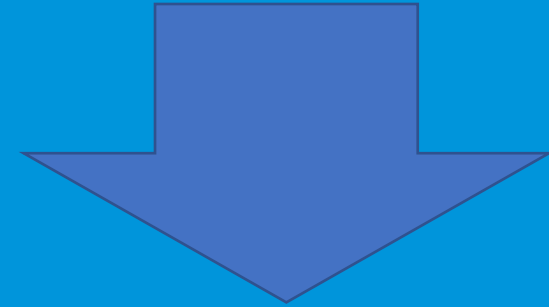


'Single Version of Truth'

Read/Write Access

Authentication
through AAD

Indexing through
CHI analogues



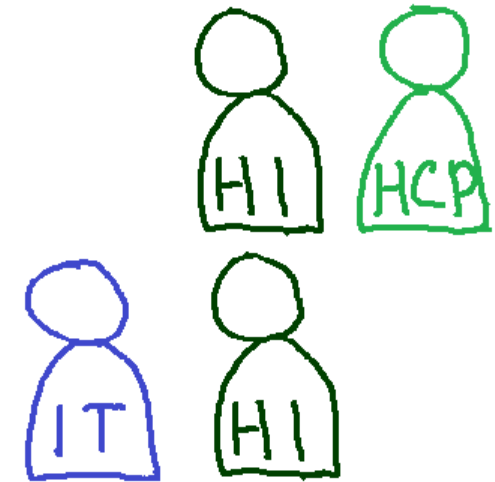
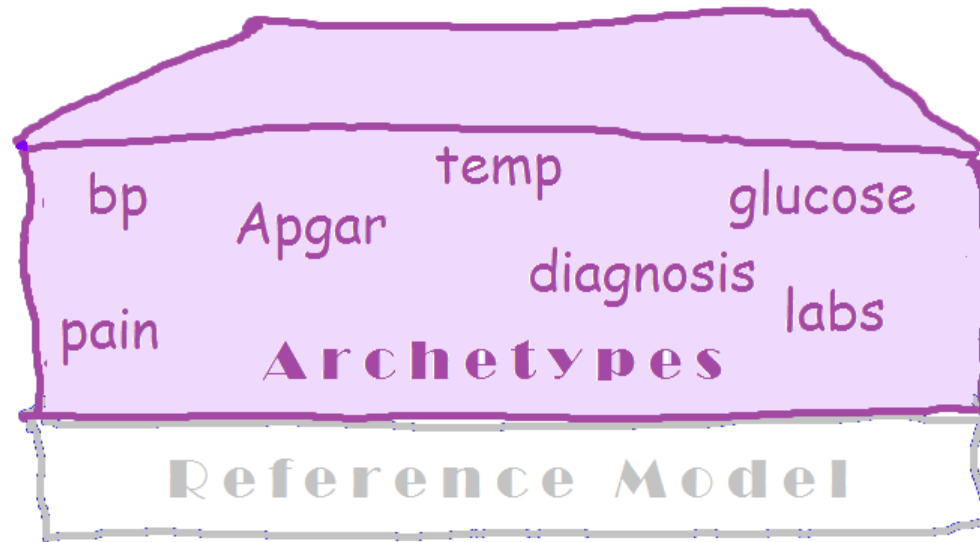
Future CHI

openEHR is an open standard specification in health informatics that describes the management and storage, retrieval and exchange of health data in electronic health records (EHRs).

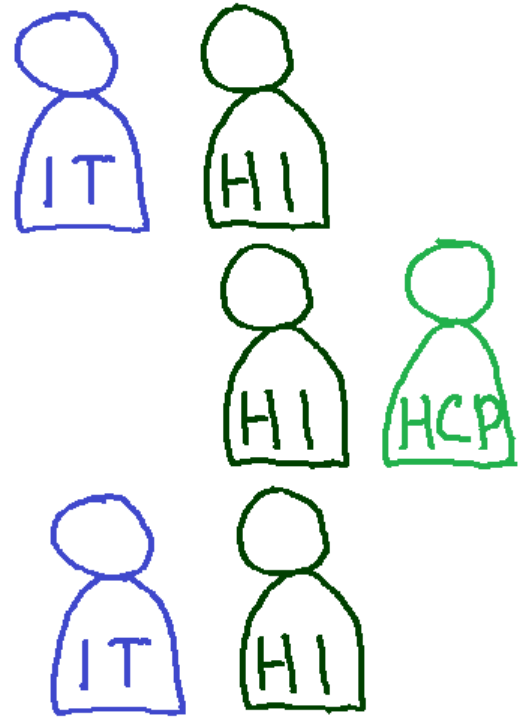
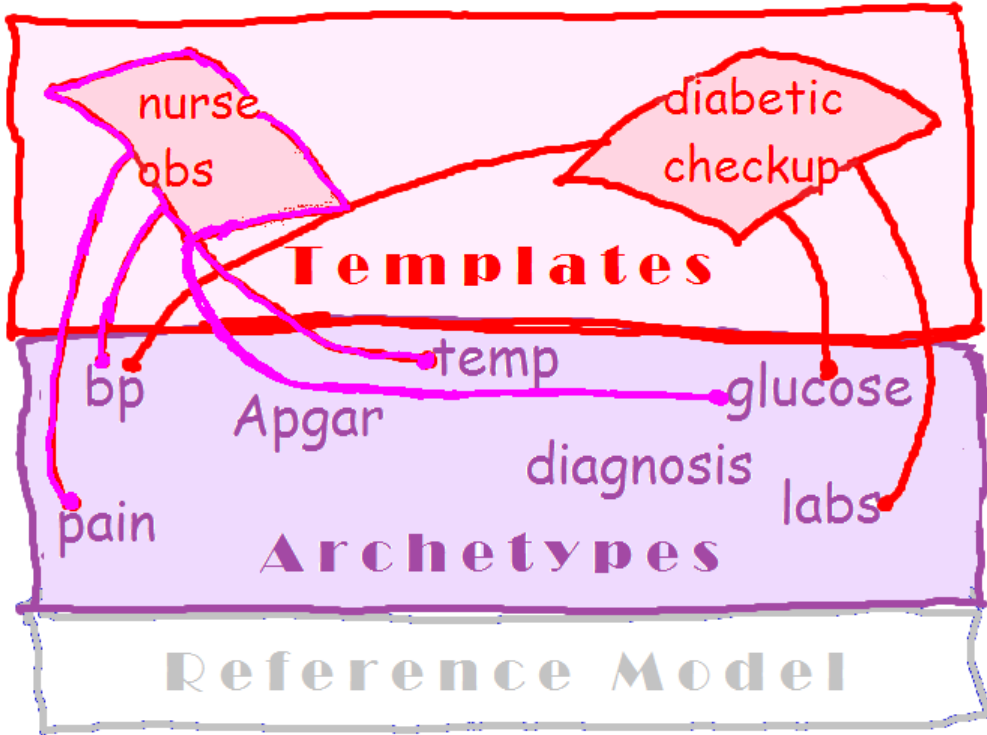
In openEHR, all health data for a person is stored in a "one lifetime", vendor-independent, person-centred EHR.



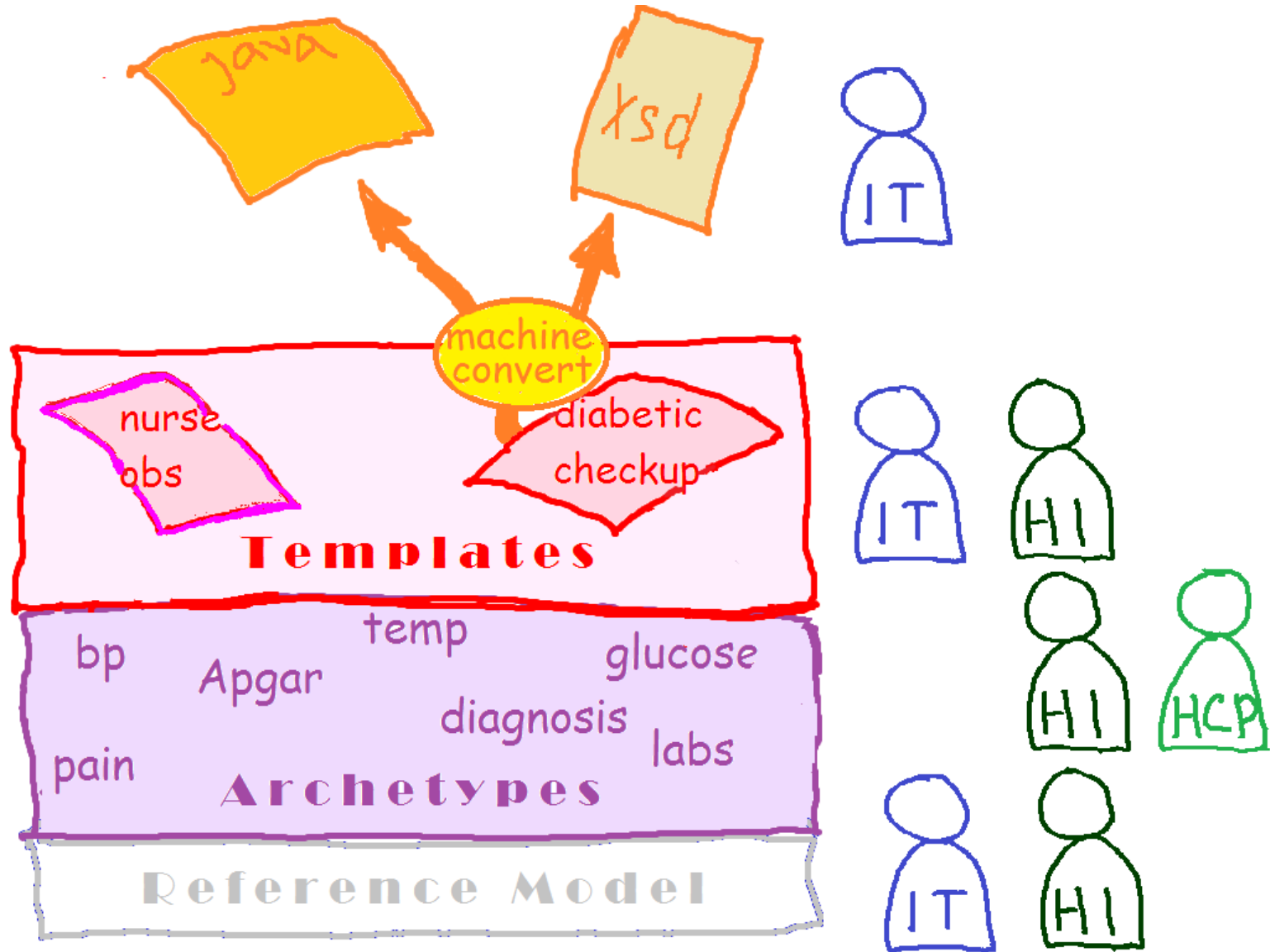
library of re-usable
clinical data points...
oh yeah, that's niice



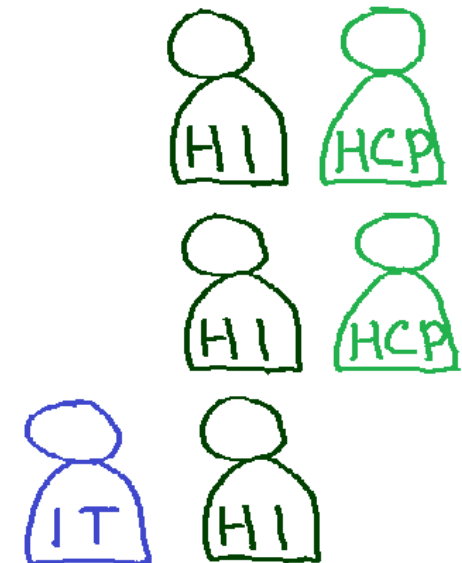
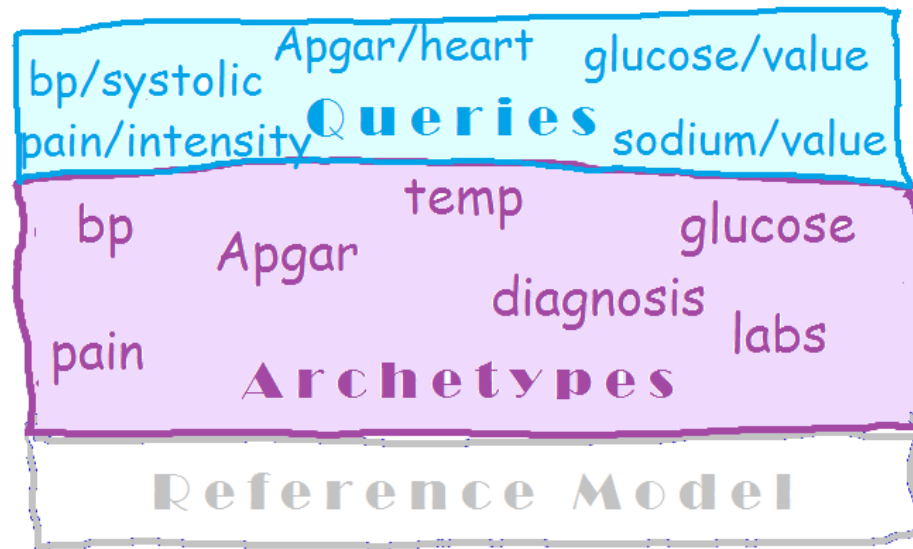
now I get it ... re-use
the bp and glucose in
different data sets...



and then convert the data-set to something those developers can use directly, I bet they like that...



the queries are based on the *archetypes*... so it doesn't matter what template was used to create the data... very cunning!



PLATFORM

Integrations

TrakCare
Portals
GP IT etc.

GG&C; FV

Product

ReSPECT

PLATFORM DEVELOPMENT

Extend
Integrations

Citizen
Authentication

Partner
Authentication

Products and Services

Not like this....



1



2



3



4

Like this!



1



2



3



4



5

ReSPECT

Recommended Summary Plan
for Emergency Care and Treatment

Preferred name

1. Personal details

Full name	Date of birth	Date completed
NHS/CHI/Health and care number	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort	Prioritise comfort, even at the expense of sustaining life
-----------------------------------------------------------------------	------------------------------------------------------------------

Considering the above priorities, what is most important to you is (optional):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below clinician signature	Focus on symptom control as per guidance below clinician signature
------------------------------------------------------------------------------------	--------------------------------------------------------------------------

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

SPECIMEN COPY - NOT FOR USE

CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature
-------------------------------------------------------------------	---------------------------------------------------------------------------------	------------------------------------------------------------------------------

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5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan? **Yes / No**

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
If so, document details in emergency contact section below

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):

A This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.

B This person does not have the mental capacity to participate in making these recommendations. This plan has been made in accordance with capacity law, including, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.

C This person is less than 18 (UK except Scotland) / 16 (Scotland) years old and (please select 1 or 2, and also 3 as applicable or explain in section D below):

1 They have sufficient maturity and understanding to participate in making this plan

2 They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.

3 Those holding parental responsibility have been fully involved in discussing and making this plan.

D If no other option has been selected, valid reasons must be stated here. Document full explanation in the clinical record.

Record date, names and roles of those involved in decision making, and where records of discussions can be found:

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7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/HCPC Number	Signature	Date & time

Senior responsible clinician

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend/other			
GP			
Lead Consultant			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/HCPC number	Signature



Close

Alexis Keddie

Address: Hamilton Practice, 5544 Ante Street, Kilsyth, Stirlingshire, LW2 2FA

D.O.B 26-Jun-1941

Age: 77

Gender: Female

CHI No. 2606412828

Phone: (011981) 32362

Home



Home > ReSPECT

ReSPECT



ReSPECT

Creating individualised recommendations for a person's clinical care in emergency situations

ReSPECT Sections



Section	Status	Date
1. Personal Details	To Complete	-
2. Summary of relevant information for this plan	To Complete	-
3. Personal preferences to guide this plan	To Complete	-
4. Clinical recommendations for emergency care and treatment	To Complete	-
5. Capacity and representation at this time	To Complete	-
6. Involvement in making this plan	To Complete	-
7. Clinicians' signatures	To Complete	-
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7. Clinicians' signatures	Completed	07-Feb-2019
8. Emergency contacts	Editing	-
9. Confirmation of validity	To Complete	-
10. Emergency view	Incomplete	-

8. Emergency contacts

Name	Role	Telephone
James Keddie	Legal proxy	(016977) 16163
Carolyn Cox	Friend	(01620) 126163
Geoff Carolyn D.	GP	(01492) 230201

Emergency contact

Role: Name:

Telephone:

Other details:



X Close

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Emergency contact

Role	Name
Legal proxy	

Telephone

Other details

Emergency Care Summary
Key Information Summary
Cancer/Care Summaries

Citizens

General Practice Staff

Social Care Staff

Voluntary and

Independent Sector Staff

Always safe, secure, role
based access!

More health boards

The logo for RESPECT, featuring the word "RESPECT" in a stylized, bold, purple font. The letter "O" is replaced by a yellow heart shape with a white outline.

Recommended Summary Plan
for Emergency Care and Treatment



ReSPECT (Anticipatory Care Planning) process (holds information about how a person would want to be treated if they were in crisis and not able to communicate)

Innovation Projects – COPD; dermatology; trauma; glucose monitoring in the community

Candidate projects – appointment systems; endocrinology; ophthalmology; prison healthcare; cancer...

PRODUCT DEVELOPMENT

Extend
Integrations

'Need to
know' services



Build on ACP

Citizen
Authentication

Appointments
/scheduling



First use
cases

Partner
Authentication

Precision
Public Health



First use
cases

Platform + Products and Services

FV Portal

GP

SAS, OOO,
...

NDP API

NDP Website

NDP Citizen Website

CDR

Staff Auth.

Citizen Auth.

EMPI



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Review date: _____ Designation (Grade/Speciality): _____ Clinician name: _____ GMC/NMC/HCPC number: _____ Signature: _____

CHI attempts recommended Adult or child: _____ **Full legal proxy: Child only, as detailed above** **CHI attempts NOT recommended Adult or child** **CHI attempts NOT recommended Adult or child**

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 CHI No. 2606412828
 Phone: (011981) 32362

Home > Home - ReSPECT

ReSPECT > ReSPECT
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Geoff Carolyn D.	GP	014920 230201	

Emergency contact	
Role	Name
Legal proxy	
Telephone	
Other details	

Alexis Keddie
 CHI 26064128128
ReSPECT

Alexis Keddie
 CHI 26064128128
 26-6-41 / F
ReSPECT
 Care Home View

SUMMARY
 Alexis stated preference for prioritising comfort over sustaining life. Alexis had full capacity when stating this preference. Signed by Dr G. Gupta, Roverford Surgery FK13 7SJ

CONFIRMATION OF VALIDITY
 Reviewed 25 March 2019
 Mrs L. Stanmore, FVRH

EMERGENCY CONTACTS
 Timothy Keddie 07489349332
 Alison Cranmore 07292282872

[VIEW FULL ReSPECT FORM](#)

[SEE YOUR FULL ReSPECT FORM](#)

NES Digital Service Roadmap

Current Status – Platform and Products

The NES Digital Service has delivered:

- Clinical Data Repository (EtherCIS), in a secure environment in the Azure Cloud
- Integration with NHS GG&C systems to allow the secure exchange of information (with IG, security, etc. in place)
- ReSPECT application, based on OpenEHR archetypes

The NES Digital Service is able to use or access:

- Azure Active Directories for authentication (in those areas with which we are currently directly collaborating including NHS GG&C and NHS FV);
- CHI or CHI analogues as required;
- NHS NSS Integration Hub for integrations where currently required

Platform Development

Platform Development: Citizen Authentication

During the next 12 months NDS would intend to:

- Use authentication methodologies currently available with products that are operational on the platform, to engage citizens in the design and development of citizen facing products;
- Work with the Scottish Government, Local Government Digital Office and others to identify the likely authentication solutions and how those will be integrated with the platform.

Within 36 months citizen access to products and services on the platform would be routine.

Platform Development: Non-NHS Staff Authentication

During the next 12 months NDS would intend to:

- Support the development of an agreed policy position on access, taking account of issues in relation to information governance, safety and security;
- Identify the technology that is required to support access, working with NES Digital, NHS GG&C and the Local Government Digital Office;
- Subject to progress on the above, deploy alpha solutions in relation to NDS products in one or two settings.

Within 36 months there should be settled policy in place and substantial coverage of key organisations.

Platform Development: Integration with Board Systems

During the next 12 months NDS would intend to:

- Connect at least two further boards, targeting opportunities to develop products as part of that extension;
- Establish – in consultation with eHealth leads – the future approach to integration for NHS Scotland

By the 36 month point all Boards and major systems should be connected to the platform and NDS should be managing integration across the system.

Platform Development: Cloud Environment

Complete procurement by end of 2019.

Re-platform if required within next 12 months.

Product Development

Product Development: 'Need to know services'

During the next 12 months NDS will make the ReSPECT product available to each Board that is connected to the platform and develop further functionality.

Within 36 months ReSPECT and other 'need to know' products will be available across all Boards and these services will be accessible by an appropriate range of NHS and non-NHS staff as well as citizens.

Product Development: Precision Public Health + Appointments Scheduling, Waiting Times, etc.

Work with the Transition Group and others to agree how NDS and Boards collaborate to deliver new products and services which can then be deployed across the system.

Outline product development roadmap, setting out NDS and Board activity.

Working with the Ecosystem

Working with the Ecosystem: NDS/Board Plans

Agree a common work plan with each Board to cover:

- Connecting the particular Board to the platform;
- Making ReSPECT and other 'Need to know' products available within the Board;
- Identifying work that can be taken forward within the Board that adds to the functionality of the platform and be deployed across Scotland on a 'once for Scotland' basis.

Systems and Processes

Systems and Processes

Clinical safety/MDR: within 12 months, initial documentation and processes in place and agreed by DSC; by 36 months mature versions of processes in place.

Clinical Modelling: within 12 months greater capability within team and Boards; by 36 months, significant general and specific capability across NHS Scotland.

Key Deliverables within 12 months?

- Progress on citizen and non-NHS staff authentication;
- More Boards connected to the platform and ReSPECT being rolled out;
- Platform is on a secure long-term cloud environment;
- ‘Need to know’ functionality extended;
- Road map of high value products agreed with Boards and work in train to deliver;
- Systems and processes developed and in place.

Matching Resources to the Workplan

12 month objectives have been framed against the agreed resources and how the team will grow over the period;

Significant unmet demand for progress (Cabinet Secretary priorities; clinical priorities; etc.) much of it in high value areas;

Boards need to play a greater role in meeting this demand, but if we respond to it will also put pressure on NDS, requiring reprioritization, or additional resources;

Beyond resources, barriers to faster action include pace of recruitment and a number of unresolved policy and governance issues.

Thank you.

@geoffhuggins

@ndsscotland

<https://nds.nes.digital/>

<https://scottishdigitalhealthblog.nes.digital/>



NHS Education for Scotland
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