

REQUEST FROM INTEROPen TO HL7 UK

Wednesday, 25 January 2017

TO

Phil Scott HL7 UK Chair
Rik Smithies HL7 UK Technical Committee Chair
Dunmail Hodgkinson HL7 UK Chair elect

CC'd email recipients: David Stables (INTEROPen); Paul Cooper (INTEROPen); Jonny Homer (Endeavour); Farzanah Nahid (NHSD); Richard Kavanagh (NHSD); Phil Koczan (PRSB); Jonny Rylands (Endeavour); Ben McAlister (Cerner); Richard Jefferson (NHSD); Luke Readman (C4H Chair); Strahan Keith (NHSD); Singh Inderjit(NHSE); Ian McNicoll (Ripple); Kate Bryan (Stalis); Michael Noonan(IMS MAXIMS); Will Jones (CSC)

Dear Philip, Rik and Dunmail,

I am writing to you **on behalf of INTEROPen, as its acting Chair, to request your support in together driving the NHS interoperability agenda forward for both patients and clinicians.**

The Request to HL7UK

INTEROPen would like to request a **HL7UK ballot on the draft INTEROPen CareConnect profiles (extensions and valuesets)**. If HL7UK supports this request, these CareConnect profiles will be moved into the **HL7/Develop** GitHub branch (*by Dunmail and Jonny Homer*).

INTEROPen curation members believe these V1.0 CareConnect FHIR profiles are a significant and necessary offering to the NHS to help create a national set of open standards to deliver the new models of care our NHS desperately needs. We have over 70 INTEROPen vendor and provider organisation members who support this vision (<http://www.interopen.org/about>). *Our website is in the process of being updated to include recent members.*

We believe the CareConnect FHIR profiles align with both the **techUK Interoperability Charter and the CCIO Newcastle Declaration**. Furthermore, we believe the movement of structured data within the health and social care setting is necessary to unlock the benefits of the [NHS Digital integrated, paper-free health and care system vision](#). The CareConnect FHIR profiles have a particular focus on Domain D (Integrated care and social care), as well as being key enablers for other domains.

We regularly update INTEROPen members with news of our progress and seek feedback on our RYVER collaboration platform.

Background to creation of CareConnect FHIR profiles

INTEROPen has curated 16 CareConnect FHIR resources (profiles of STU2), with [extensions](#) and valuesets. The latest set is in our GitHub repo: https://github.com/INTEROPen/CareConnect-profiles/tree/feature/initial_clinical_resources

These are also displayed using the INTEROPen FHIR viewer on our website: <http://www.interopen.org/candidate-profiles/care-connect/>

We have a curation review process that involves the following INTEROPen clinical and technical members (*GP suppliers are welcome to engage in this group*):

- Cerner, CSC, Endeavour Health, IMS MAXIMS, Orion Health, Stalis, NHS Digital (representing requirements from NHS Digital programmes, eg SCR, GPConnect)
- Blackpear, through Dunmail who has provided technical/GitHub/HL7UK input and advice
- Richard Kavanagh (NHS Digital and HL7UK) who has also inputted and advised
- In addition, PRSB (with input from a group of clinical informaticians), carried out a [FHIR proof of concept evaluation report](#) which looked at the Condition and MedicationStatement profiles as a first pass clinical review.
- The CareConnect FHIR profiles were initially taken from a candidate set provided by Endeavour and NHS Digital.
- New clinical requirements are discussed, often brought forward by NHS digital.
- Weekly google hangout calls are convened when necessary to discuss how best to incorporate clinical requirements into the INTEROPen CareConnect Profiles.
- All profiles are published on the INTEROPen website and Github which is openly visible.
- We have a set of google spreadsheets to track changes from STU2 (**this is managed by Ben McAlister, Jonny Homer and Farzanah Nahid**).
- They are linked to our RYVER platform forums and we intend to publish them to the website.
- All members of INTEROPen are working to our use case, [Michael's story](#)
 - Michael's story was agreed at the INTEROPen 4th meeting <http://www.interopen.org/events> on the 5th July when over 40 INTEROPen members were in attendance.
- NHS Digital's GPConnect team constrain the INTEROPen "generic" CareConnect profiles to create GPConnect versions.
 - To date 5 constrained GPConnect-CareConnect profiles have been shared with GP suppliers as part of the GPConnect GetRecord API (MedicationOrder, MedicationStatement, AllergyIntolerance, Condition, Immunization).
 - Other NHS digital programmes are also working on children of these INTEROPen "generic" CareConnect profiles.
- NHS Digital intends to support the CareConnect and INTEROPen work by carrying out [two projects](#)
 - *Point 13*: a FHIR tooling specification workstream (recently approved by the C4H interoperability community board)

- *Point 30*: a CareConnect API programme to help define a national set of APIs, in partnership with suppliers, and well as helping to improve the documentation and governance of the INTEROPen group which is still early in development.

Proposed GitHub methodology for review of CareConnect profiles to HL7UK Master Branch (UK release candidate)

- The CareConnect FHIR profile GitHub review process would be
 - Set up HL7/(INTEROPen) FEATURES branch: this contains the developing INTEROPen CareConnect profiles
 - Once INTEROPen members have completed their curation work these profiles then undergo a “sanity check” involving:
 - PRSB clinical review
 - Technical review ?HL7 and ?vendors
 - Incorporate feedback to make alterations
 - Profiles then move to HL7/DEVELOP branch: now considered draft UK CareConnect profiles
 - HL7 ballot process
 - Incorporate feedback to make alterations
 - Balloted and approved CareConnect Profiles move into HL7/Master branch – as the UK release candidate

In the current INTEROPen curation cycle, we recommend a pragmatic approach when moving profiles from FEATURES to the DEVELOP branch. The current INTEROPen curation review process has involved clinicians and technical experts in generating the CareConnect profiles. For some there have been PRSB involvement. In all stages, clinical input has existed, including feedback from NHS digital clinicians through the GPConnect work. Much of the profiling has including GPConnect requirements. Profiles have been published on INTEROPen for members to scrutinise.

A streamlined agile approach to creating and reviewing release candidates will benefit implementers and ultimately help with moving care data for clinicians and patients.

We hope we can work with HL7UK to move the current INTEROPen CareConnect FHIR profiles, extensions and values to become a UK release candidate.

Best wishes,
Amir

RESPONSE FROM HL7UK to INTEROPen

Monday, 13 February 2017

Dear Amir,

Further to our conversation, let me summarise the current position.

1. HL7 UK welcomes the opportunity to ballot the CareConnect profiles, as part of an increasingly open process of UK specification development and approval.
2. We have not executed a ballot process for several years, as successive national NHS bodies since NPFIT have until recently had a very centralised approach.
3. We are about to run a ballot for the 'CDA on FHIR' header. As this is a relatively simple artefact, it will enable us to test and refine the ballot process and mechanics.
4. Along with INTEROPen, we favour a collaborative approach that includes PRSB to provide clinical validation of content. The existing CareConnect profiles have not been through such a process, so we need to discuss with PRSB how their networks and experts might be involved in a formal ballot. One option to generate progress would be to invite PRSB network participation in the ballot, in lieu of formal project involvement. This is less than ideal but might provide some visible progress and learning. There is other FHIR work in the pipeline for PRSB so we need to ensure alignment.

Once the timing of the 'CDA on FHIR' ballot is confirmed we can estimate timings for subsequent ballots. I will ask the PRSB Board for their views (we have a meeting later this week).

Regards,

Philip