

Reference Number: FOI2021/349
From: Commercial
Date: 13 October 2021
Subject: Medical Device Integration, Inter-system Interfaces Integration Platform and Data Repository

Q1 Unfortunately, disjointed systems and incompatible devices create connectivity and device integration challenges that negatively impact care-team workflows and the utility of patient records. Unconnected devices necessitate manual data entry, which slows down workflows and increases the likelihood of errors of both omission and transcription. We are interested to learn the following:

1. Does the Trust currently have a solution to automatically send patient data from medical devices to the main hospital information system?
2. Does the Trust currently have a single interoperability platform for ALL medical devices that automatically sends data to the main hospital information system?
3. If the answer is YES in question A.1, who is the supplier and what is the name of the product?
4. If the answer is YES in question A.1, when does the contract end?
5. Is the Trust currently reviewing any projects that requires integration of medical devices to the main hospital information system?
6. If the answer is NO in question A.1, is the Trust currently looking at suppliers and product options for their medical device interoperability to their main hospital information system (PAS / EPR)?
7. If the answer is NO in question A.1, is the Trust interested in finding out about Enovacom's software only solution and learn how our other NHS customers are adopting our technology?
8. Who would be the lead person to contact about projects of this nature? (We would normally be directed to the Chief Clinical Information Officer at the Trust or Digital Transformation / Digital Change Team, name + email + phone number if possible)

- A1
1. Yes
 2. Yes, they go through a Trust Interface Engine (T.I.E)
 3. Drager and Mindray
 4. Draeger – contract ends 31/3/27. Mindray – No contract information held. Any supporting maintenance is undertaken by the in-house Medical Engineering team.
 5. No
 6. Information not held, as per A1 1 above
 7. No
 8. Andy Carter, andrew.carter@lhch.nhs.uk

Q2 We understand from them that there are several key priorities for all mental health trusts to achieve and I now respectively ask you several questions below that are related to a couple of core software products that are needed to meet NHS Digital's digital transformation aims.

1. Does the Trust currently have an integration engine? This is required to securely exchange data between software systems both internally and externally.

2. If yes above, what product is it?
3. Do you intend to change it?
4. When does the contract end?
5. If no in question B.1, do you intend to purchase an integration engine?
6. If yes in B.5 above, when do you intend to purchase?
7. Who would be the lead person to contact about projects of this nature? (name + email + phone number if possible)

A2 Liverpool Heart and Chest Hospital NHS Foundation Trust is a specialist cardiothoracic centre and does not treat patients for mental health conditions.

1. Yes
2. Rhapsody
3. No
4. August 2022
5. Information not applicable, as per A2 1 above
6. Information not applicable, as per A2 5 above
7. Andy Carter, andrew.carter@lhch.nhs.uk, 0151 600 1282

Q3 Our existing NHS clients must meet the mandatory requirement of sharing a basic level of data to their main ICS (Integrated Care Organisation). They have decided against a single centralised data repository stored in a regional external HIE solution, as some patient data is very sensitive. Instead, they have decided on a Federated Model, where they have their own local FHIR based data repository on premise and provide a reference to the file to the regional HIE

1. There are three main architecture patterns that Trusts can choose to deliver a Shared Care Record using a platform or product – based approach, to share data to the new ICS organisation, can you please identify the trust’s chosen option below?
 - a. **Centralised Model** – data stored centrally consolidated data repository. Data shared by HIE participants are normalised, housed in and accessed from a central data repository
 - b. **Federated Model** (sometimes known as Distributed Model) – de-centralised data held at source, maintain separate control of its data, typically in special “edge servers” at its own location and shares patient-specific data upon request from other HIE participants
 - c. **Hybrid** – a combination of a & b – builds on the Federated Model by adding a “record locator service” that tracks where patients have received care, and consequently where their source data can be requested.
2. Does the Trust currently have a data repository identified for the above requirement if selecting b or c above?
3. If yes, is it FHIR based?
4. What is the name of product?
5. Who is the supplier?
6. When is the contract renewal date?
7. Is the Trust looking to purchase a data repository?
8. If yes to question C.7, when does it envisage purchasing it?
9. Who is responsible for sourcing the data repository? (name + email + phone number if possible)

- A3
1. Federated Model
 2. Yes
 3. No
 4. HL7
 5. Philips Forecare
 6. Information not held. This is held by the Cheshire and Merseyside STP (Sustainability and Transformation Plans), which is held by Alder Hey Children's NHS Foundation Trust.
 7. No
 8. Information not applicable – as per A3 7 above
 9. Andy Carter, andrew.carter@lhch.nhs.uk