

# Minutes of INTEROPen

15<sup>th</sup> April 2016

**Present:**

Paul Cooper (PC)	IMS Maxims, C4H interop community board member
Amir Mehrkar (AM)	Orion, C4H interop community board member
Dougal Fleming (DF)	Orion
David Hancock (DH)	Intersystems
Neill McAnaspie	IMS Maxims
Pete Hughes (PH)	Cerner
Manuel Reyes (MR)	EMIS
John Parry (JP)	TPP
Richard Kavanagh (RK),	HSCIC, C4H interop community board member
David Stables (DS)	Endeavour Health, Chair

		<u>Discussion</u>	<u>Action</u>
<b>1</b>		<b>Introductions and actions from last meeting</b>	
	1.1	April Minutes discussed. C4H interop board members are not directors. Minutes amended and agreed. Minutes will be circulated and made available via Amir's publicly accessible drop box	DS/AM
	1.2	DH proposed that the chair and minute takers should rotate. DS heartily agreed	All
	1.3	AM And PC gave background to progress since the last minute and naming of the group as INTEROPen.	AM/PC
	1.4	AM/PC reported on the DHI interview and subsequent DHI article.	
	1.5	PC indicated that following the circulation of the URL to the invitation document the Group Membership expression of interest currently stands at 25 suppliers and this was expected to rise following the DHI article (further 5 have expressed interest).  It was agreed that founder members would no longer be highlighted separately from other members.	PC
	1.6	Other actions from last meeting rolled into the agenda	All
<b>2</b>		<b>GP Connect and NHS Connect</b>	
	2.1	<b>GP Connect</b> RK provided a summary of progress with GP-Connect. Main points were: <ul style="list-style-type: none"> <li>• GP-Connect focus is currently on the federated GP practice use cases of tasks and appointments.</li> <li>• The focus for Get Care Record is currently the HTML rendition</li> <li>• Draft structured care record resource profiles have also been published and further updates are expected to be published in the next few weeks</li> <li>• The spine service broker being developed as part of GP-Connect is a hub design enabling a many to one certificate exchange</li> <li>• Record Locator service Proof of concept being developed</li> </ul>	DS
	2.2	<b>GP-Connect versus NHS Connect</b>	

		<p>DS and AM reported that Martin Warden has been approached to request extending GP-Connect into multi-domain but as yet this has not been agreed although viewed favourably</p> <p>All suppliers present indicated that GP-Connect should include the non GP data requesting suppliers in the design process.</p> <p>RK explained that the main focus was on the resource profiles exposing the data that GP systems have, rather than match the profiles to the non GP domain use cases i.e. There is little point in a cute systems requesting data that GP systems don't have</p>	
	2.3	<p><b>FHIR profiles and APIs</b></p> <p>RK explained that GP-Connect work on the actual API definitions for the care record had just begun and there was an on-going debate around the use of FHIR operations.</p> <p>There was a general discussion around the depth to which FHIR should be supported. There was a general consensus that full support of FHIR query would be impractical and that a pragmatic balance needed to be established around use of API parameters linked to actual use cases.</p>	
	2.4	<p><b>Supplier Commitment to operate beyond GP-Connect</b></p> <p>Both GP suppliers (MR and JP) indicated commitment to work with the group to establish bi-directional interoperability across multiple domains in addition to engagement with GP-Connect. It was felt that GP-Connect work would be compatible with the wider ambition and thus a single development would be achievable</p>	
<b>3</b>		<b>C4H Interop board feedback</b>	
	3.1	<p>AM, PC and RK reported on the recent C4H interop community board</p> <ul style="list-style-type: none"> <li>• All members of the board supported the formation of, and remit of, INTEROpen group</li> <li>• It remains unclear as to whether the current C4H interop structure will continue in its current form.</li> <li>• Next meeting of the board 14<sup>th</sup> June</li> </ul>	
<b>4</b>		<b>Marketing and communication</b>	
	4.1	<p>PC discussed an imminent press release.</p> <p>Other than to remove the founding members names the draft release was agreed</p> <p>Mail shot from techUK to all Charter signatories, inviting them to join will be issued</p> <p><i>N.B. subsequently to this DH has brought in HIMMS journalist and interview has been done</i></p>	PC
	4.2	<p><b>Logo</b></p> <p>Options were considered including one kindly provided by Lou Sinclair and one found by MH on Google. Options to be considered with authority delegated to AM and PC to decide.</p>	AM/PC
	4.3	<p>AM offered his Drop box for document storage</p> <p>DS proposed use of openHealthhub for forum rather than create another one</p> <p>Web site to be established</p> <p><i>N.B. Subsequently openhealthhub INTEROpen category now formed</i></p> <p><i>Endeavour team have set up some example Web sites</i></p>	AM/DS
<b>5</b>		<b>Expanding the group- Future meetings</b>	
	5.1	<b>Meeting date</b>	All

		Provisional date arranged for 5 <sup>th</sup> July JP offered TPP offices.	
	5.2	<b>Next meeting agenda</b> Meeting of whole group, 2 members per organisation (e.g. 50) so TPP offices may not be big enough – AM to check with JP <b>Meeting confirmed at TPP offices</b> Meeting in two parts Part 1 – Overview of group Part 2- Technical workshop on APIs and message content for Connectathon	All
	<b>7</b>	<b>Main Work stream and Connectathon</b>	
	7.1	The objective of demonstrating at EHI has been dropped due to costs, logistics and there may be dozens of suppliers involved.  Therefore A Connectathon will be arranged independently	All
	7.2	<b>Clinical validation of profiles</b> AM reported on the proposal being established with PRSB to undertake clinical validation of the FHIR profiles needed for a number of use cases. Finalisation of the proposal will occur over the next few weeks.  Whether the proposal proceeds will be determined by outcome of any funding decision	AM/PC
	7.3	<b>Use cases</b> DS highlighted the potential for confusion with the TOC messaging agenda  An idea to design a set of usecases around a patient's story was floated.  Possible candidate was a patient with alcoholism, obesity and diabetes. Such a patient may touch mental health, GP, acute A&E, acute outpatient (Liver clinic), community, and have access to their record also  DS Volunteered resource (Paula Turnock) to collect the story	DS/All