

INTEROPen FHIR Curation Timeline

Summer 2016 to early 2017

After the [fourth INTEROPen community meeting](#), a team of vendors, including NHS Digital, began curating CareConnect FHIR DSTU2 profiles, documenting a [curation methodology](#), preparing the github sites and FHIR servers. This ran from summer 2016 to early 2017.

Members involved included: [Black Pear](#), [Cerner](#), [DXC](#), [Endeavour](#), [IMS MAXIMS](#), [NHS Digital](#), [Orion Health](#), [Stalis](#)

Spring 2017 to Spring 2018

In 2017, following agreement with NHS Digital's Senior Management Teams (P13, P14, GPconnect and IReS - Information Representation Services) and supported by the PRSB, a [trial INTEROPen FHIR curation process](#) was approved for key CareConnect FHIR profiles in STU3.

The following INTEROPen vendors were part of the FHIR curation team: [Cerner](#), [DXC](#), [Emis](#), [Epic](#), [IMS Maxims](#), [InterSystems](#), [Microtest](#), [OpenEHR](#), [Orion Health](#), [Stalis](#), [TPP](#), [Vision](#)

As a community we delivered what we set out to achieve:

- To create the CareConnect [Level 2 and Level 3 STU3 profiles](#) needed for the Transfer of Care use cases (defined using PRSB information models)
- to work with GPConnect on any areas of overlap, such a problem lists/diagnoses and medications
- to build on the DSTU2 curation process by documenting a [clinical and technical curation methodology](#) involving terminologists, clinicians and clinical informaticians, FHIR technical experts and vendors
- to involve clinical safety to produce a safety case report and [certificate of endorsement for the FHIR standards](#)
- to carry out a review of lessons learnt ([full feedback results](#) and [presentation](#))

Spring 2018 to Summer 2018

The overwhelming feedback from the INTEROPen FHIR curation trial was that it was necessary to develop fit for purpose CareConnect FHIR profiles for clinical use cases.

The review of lessons learnt demonstrated that:

- with well run and prepared meetings we could robustly curate FHIR standards virtually
- that a day-to-day multi-disciplinary core team was necessary to prepare the draft profiles for the community to review
- that for some complex areas, such as medication profiling, workshops helped with wider education and improved profile design
- that in the absence of commercial FHIR “curation” tooling, or funds to develop such, we had to continue using [a google spreadsheet \(the Design Decision Matrix\)](#), which was cumbersome.

In addition, listening to INTEROPen curation member feedback, our curation methodology was refined ([currently iteration 4](#) - see figure 1).

As a result of these improvements, the trial curation was extended for other NHS Digital projects: Reasonable Adjustments, and Integrating Pharmacy across Care Settings (IPaCS). This work was funded largely out of NHS Digital’s P13 budget.

Summer 2018

When INTEROPen began to curate the Digital Child Health profiles/events and plan for a pipeline of future profiles to review, it became clear that the existing INTEROPen curation funding and resourcing structure (*created initially for a trial curation for Transfer of Care and GPCconnect*) was:

- unable to meet Digital Child Health’s programme delivery time scales
- utilising many P13 resources assigned for other assignments
- not set up as a Business as Usual clinical interoperability service able to manage the demand of many NHS Digital programmes, NHS England commissioned projects and other requirements coming from the INTEROPen community.

In August 2018, the INTEROPen board took an action to prepare a paper to support a sustainable funding model for INTEROPen, including a FHIR curation and “standards into practice” Business as Usual function. This will be presented to Senior NHS Digital and NHS England leaders in October.