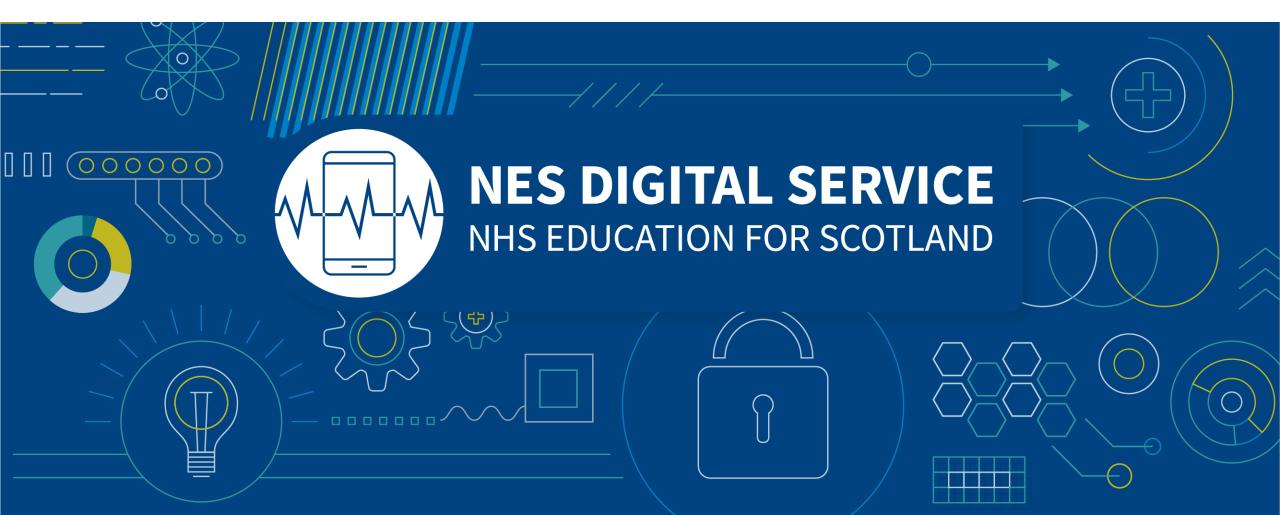
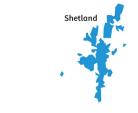


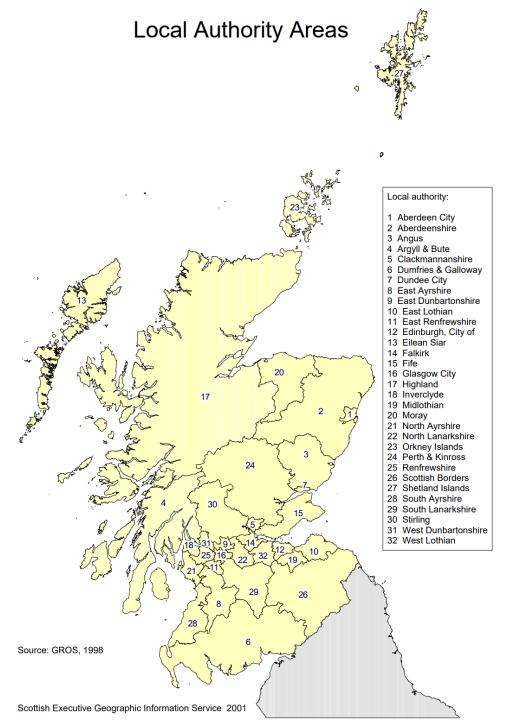
Scotland:

A National Person-centred Record Built on openEHR









"Hospitals are still full of hundreds of different systems that don't communicate, replicated data, and sad web portal projects, creating a thin veneer of optimism over a bottomless well of nihilistic denial" Thomas Beale

10IMSCRCRE31

SCOTTISH IMMUNISATION AND RECALL SYSTEM COURSE DETAILS ENOUIRY

ddress

MARKET

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Dum Date Where Ant Date **Vaccine** Trans Payment Source Given Crs No. Given Given Batch No. Date Ind Bу Нo. Ind Due 98 G0614-1 Н 91 150313 Н 1078 00/00/0000 U **∽∽∽⇔⇔⇔⇔⇔⇔** H Ū 90 150313 Н F55133 00/00/0000 1078 H0485-1 92 98 150413 1078 00/00/0000 88 N 00/00/0000 Ū 91 150413 1078 BA5455A H0485-1 BA7387A 03 Н U Н 98 130513 1078 00/00/0000 88 91 89 25 92 Ū 1078 ----92 130513 00/00/0000 130513 1078 G15592 00/00/0000 Н A76CA242A 140114 1078 00/00/0000 U Н 00/00/0000 U 280214 1078 H017374 280214 1078 G34370 00/00/0000 H U 10 150217 1084 AC20B331CA 01/03/2017 98

Press SEND To Continue



It is no longer acceptable in this age that our health service is still using multiple incompatible systems...

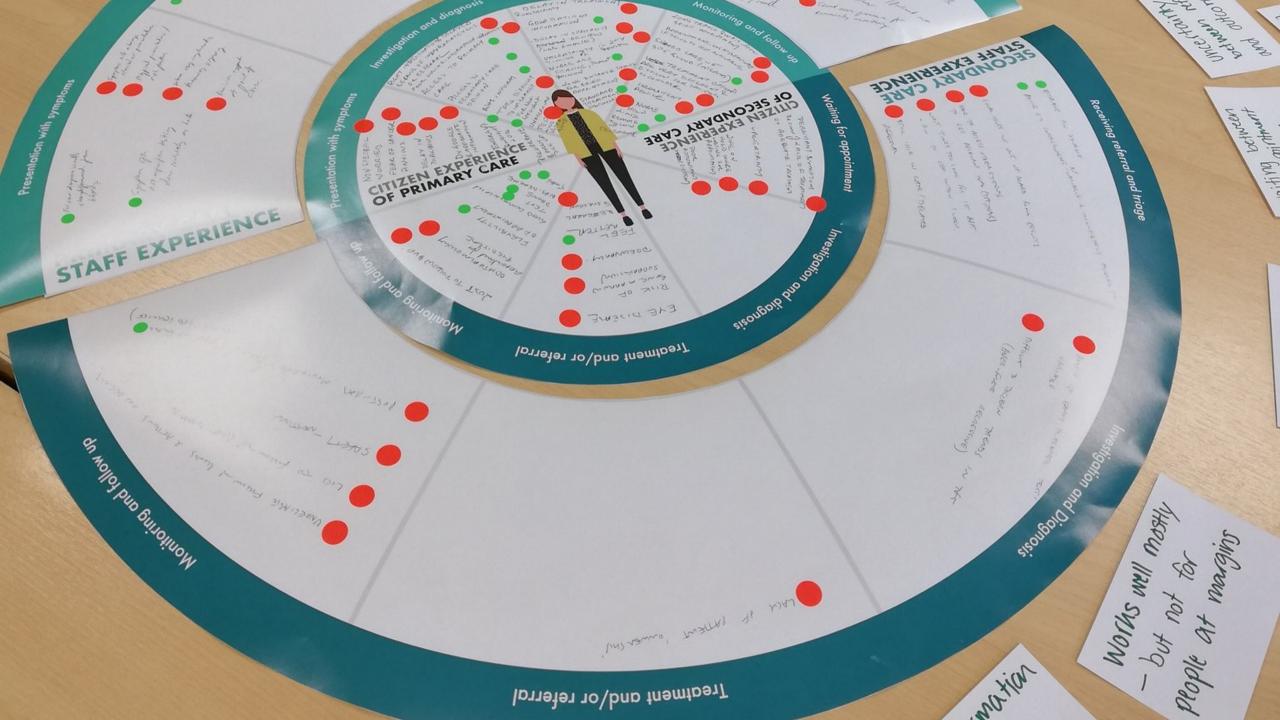
...the best way forward for data sharing is through a single platform...



"A single open platform be implemented by the health and social care which utilises open standards such as open APIs."



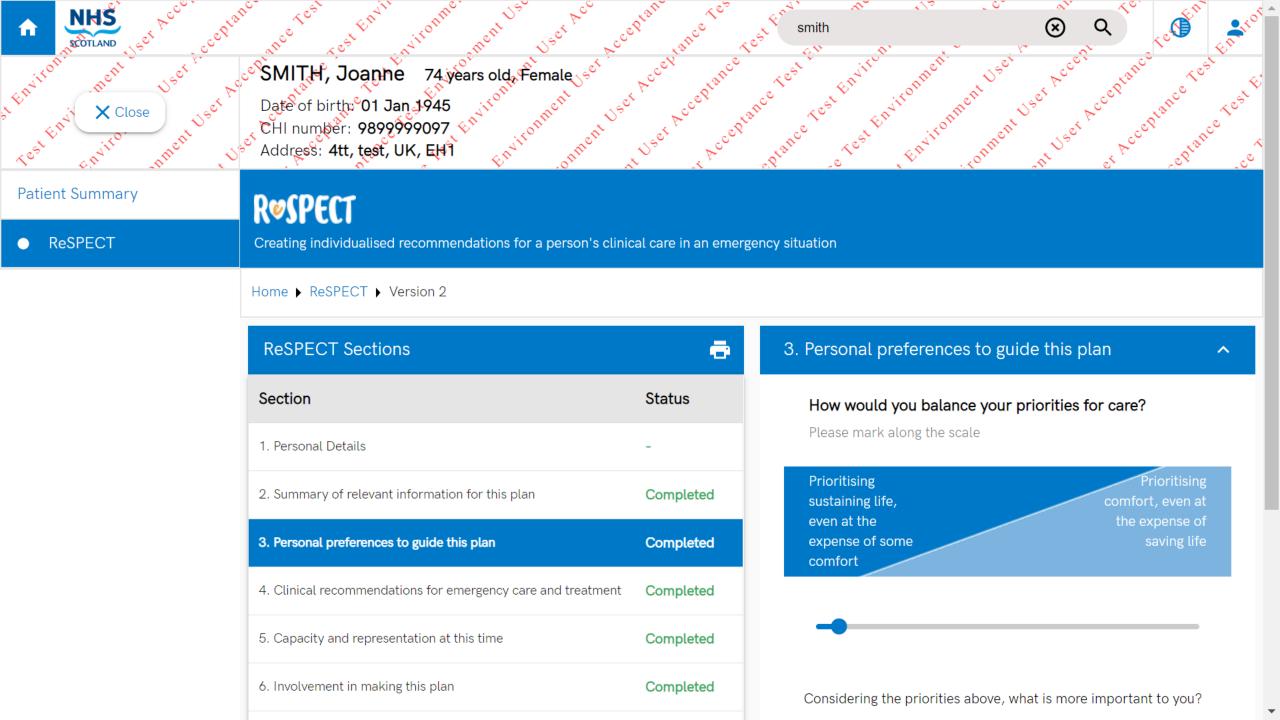
"national digital platform through which relevant real-time data and information from health and care records, and the tools and services they use, is available to those who need it, when they need, wherever they are, in a secure and safe way."

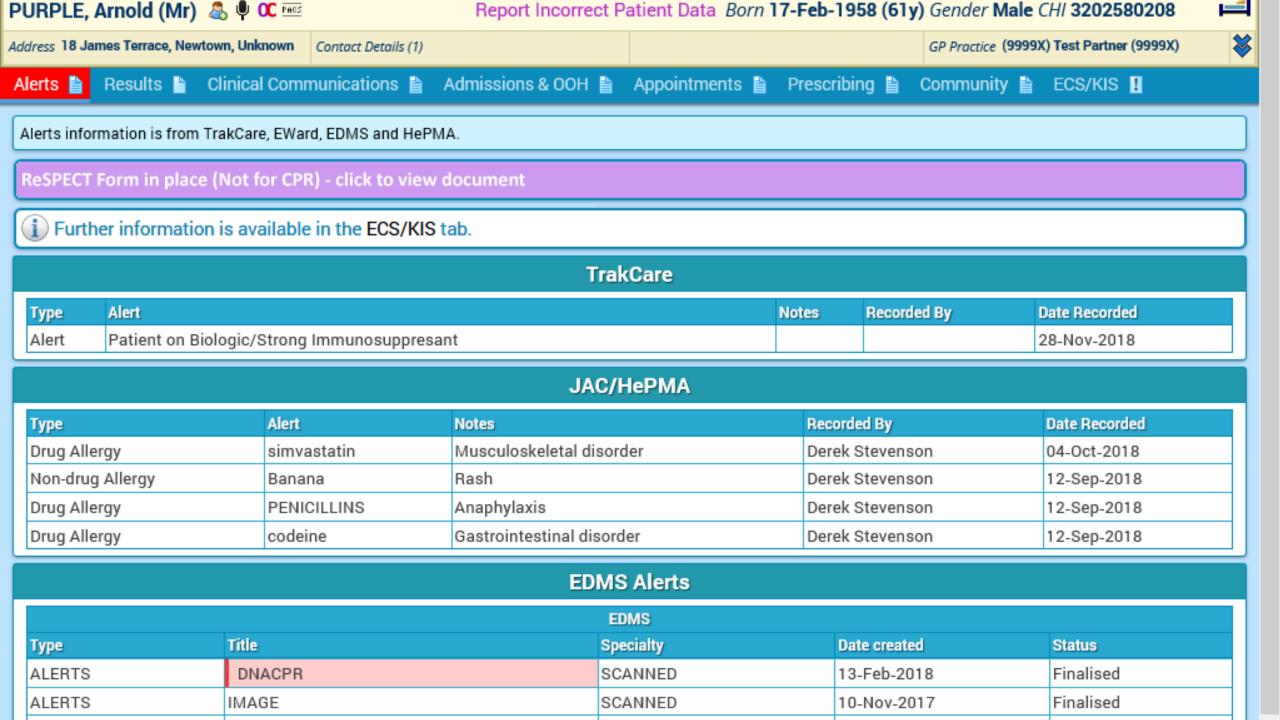


RUSPECT

Recommended Summary Plan for Emergency Care and Treatment

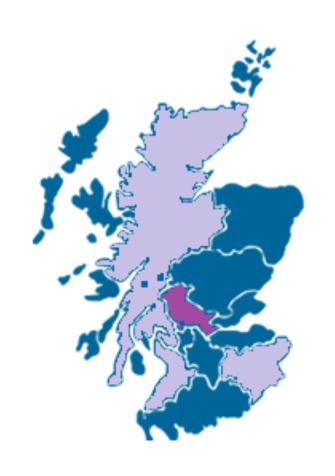
Description Recommended Summary Plan for Preferred name	\searrow 5. Capacity and representation at time of completion
1. Personal details	Does the person have sufficient capacity to participate in making the recommendations on this plan?
1. Personal details	Yes / No
Full name Date of birth Date completed	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
NHS/CHI/Health and care number Address	6. Involvement in making this plan
a d S S	The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):
2. Summary of relevant information for this plan (see also section 6) Including diagnosis, communication needs (e.g. interpreter, communication aids)	A This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.
and reasons for the preferences and recommendations recorded.	■ 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.
ReSPI	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):
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.	 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
3. Personal preferences to guide this plan (when the person has capacity)	D If no other option has been selected, valid reasons must be stated here. Document full explanation in the clinical record.
How would you balance the priorities for your care (you may mark along the scale, if you wish):	die dilliedi record.
Prioritise sustaining life, even at the expense of some comfort Prioritise comfort, even at the expense of sustaining life	Record date, names and roles of those involved in decision making, and where records of discussions can be found: SPECIMEN COPY - NOT FOR USE
Considering the above priorities, what is most important to you is (optional):	7. Clinicians' signatures
28 A	Designation Clinician name GMC/NMC/ Signature Date & time
	(grade/speciality) HCPC Number
4. Clinical recommendations for emergency care and treatment	(grade/speciality) HCPC Number
	(grade/speciality) HCPC Number
	Senior responsible clinician
Focus on life-sustaining treatment as per guidance below clinician signature Focus on symptom control as per guidance below clinician signature	8. Emergency contacts Senior responsible clinician
Focus on life-sustaining treatment as per guidance below clinician signature Focus on symptom control as per guidance below clinician signature	8. Emergency contacts Role Name Telephone Other details
Focus on life-sustaining treatment 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:	8. Emergency contacts Role Name Telephone Other details Legal proxy/parent
Focus on life-sustaining treatment 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:	8. Emergency contacts Role Name Telephone Other details Legal proxy/parent Family/friend/other
Focus on life-sustaining treatment 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	8. Emergency contacts Role Name Telephone Other details Legal proxy/parent Family/friend/other GP
Focus on life-sustaining treatment 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	8. Emergency contacts Role Name Telephone Other details Legal proxy/parent Family/friend/other GP Lead Consultant
Focus on life-sustaining treatment 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	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)
Focus on life-sustaining treatment 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	8. Emergency contacts Role Name Telephone Other details Legal proxy/parent Family/friend/other GP Lead Consultant
Focus on life-sustaining treatment 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 CPR attempts NOT recommended Adults a shill control on symptom control as per guidance below clinician signature CPR attempts NOT recommended Adults a shill control on symptom control as per guidance below clinician signature CPR attempts NOT recommended CPR attempts NOT recommended	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 Clinician name GMC/NMC/ Signature
Focus on life-sustaining treatment 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 For modified CPR CPR attempts NOT recommended	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 Clinician name GMC/NMC/ Signature



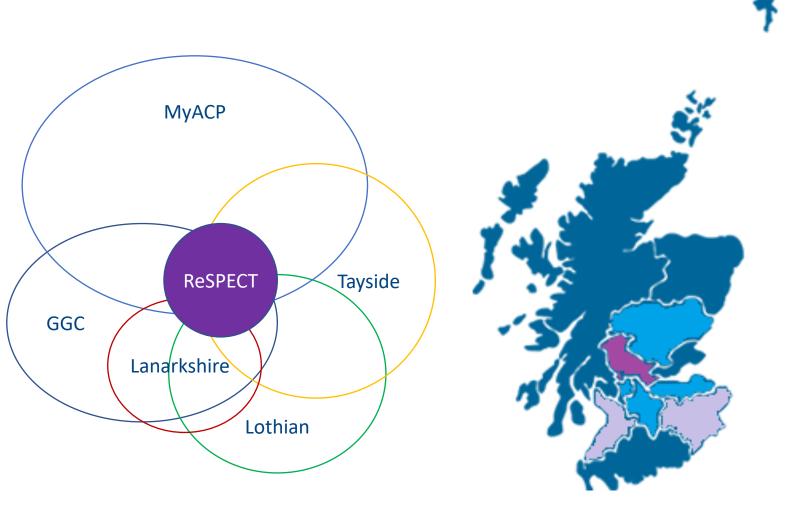


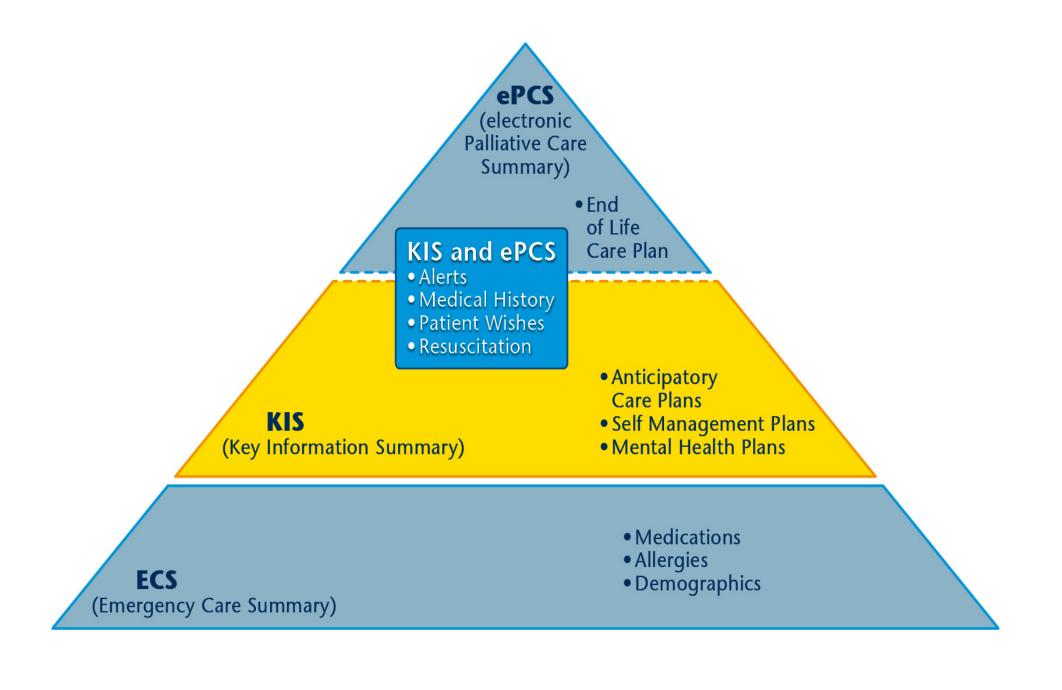
More ReSPECT regions

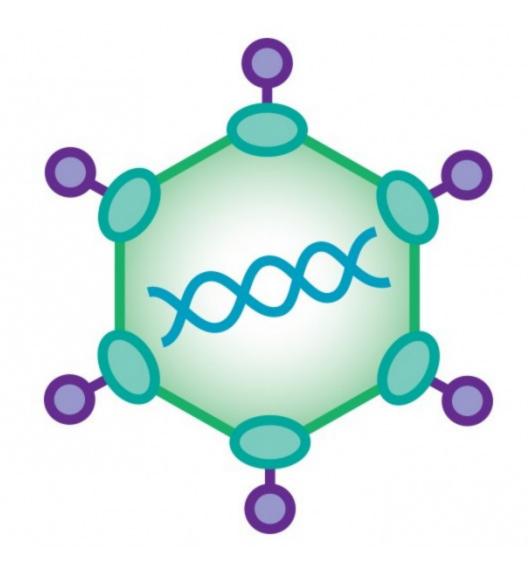




Generalised ACP (in a single platform)









"Minimum Viable open Platform (MVP)

• • •

- Authentication services;
- Master Patient Index (demographic service);
- Service Directory (staff and services)
- Clinical Data Repository (CDR) based on openEHR"



Check

Citizen Access

Patient Admin Systems x15

Query

GP Systems x3(?x14)

> Labs Systems x14?

Community **Systems** x14

Social Work Systems x32

Independent Contractors x(lots)

Care Home, hospice, etc. x(lots²)

Order

Staff Access



Patient Index

INTEGRATION **Stream**

Push

LAYER **Data Store**

New Data

Components



Quality Score 9.38

Request

Notify

Update

Book

View













Citizen Access

Staff Access



Patient Index

Data Store

New Data

Components



INTEGRATION LAYER

the experience

