



# **An Open Framework for 00 Technology Transfer**

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# Health-Care Object Oriented Information Systems Technology Transfer



# Overview

- ➔ Benefits of component-based software assumed
- ➔ Feasibility of generic (processed based) model of healthcare assumed
- ➔ NHS has low level of software development capability
- ➔ Therefore need technology transfer approach
- ➔ Tripartite – NHS “centre”, NHS orgs., software suppliers
- ➔ Originally aimed at “satellite applications”, but no intrinsic limits to scope

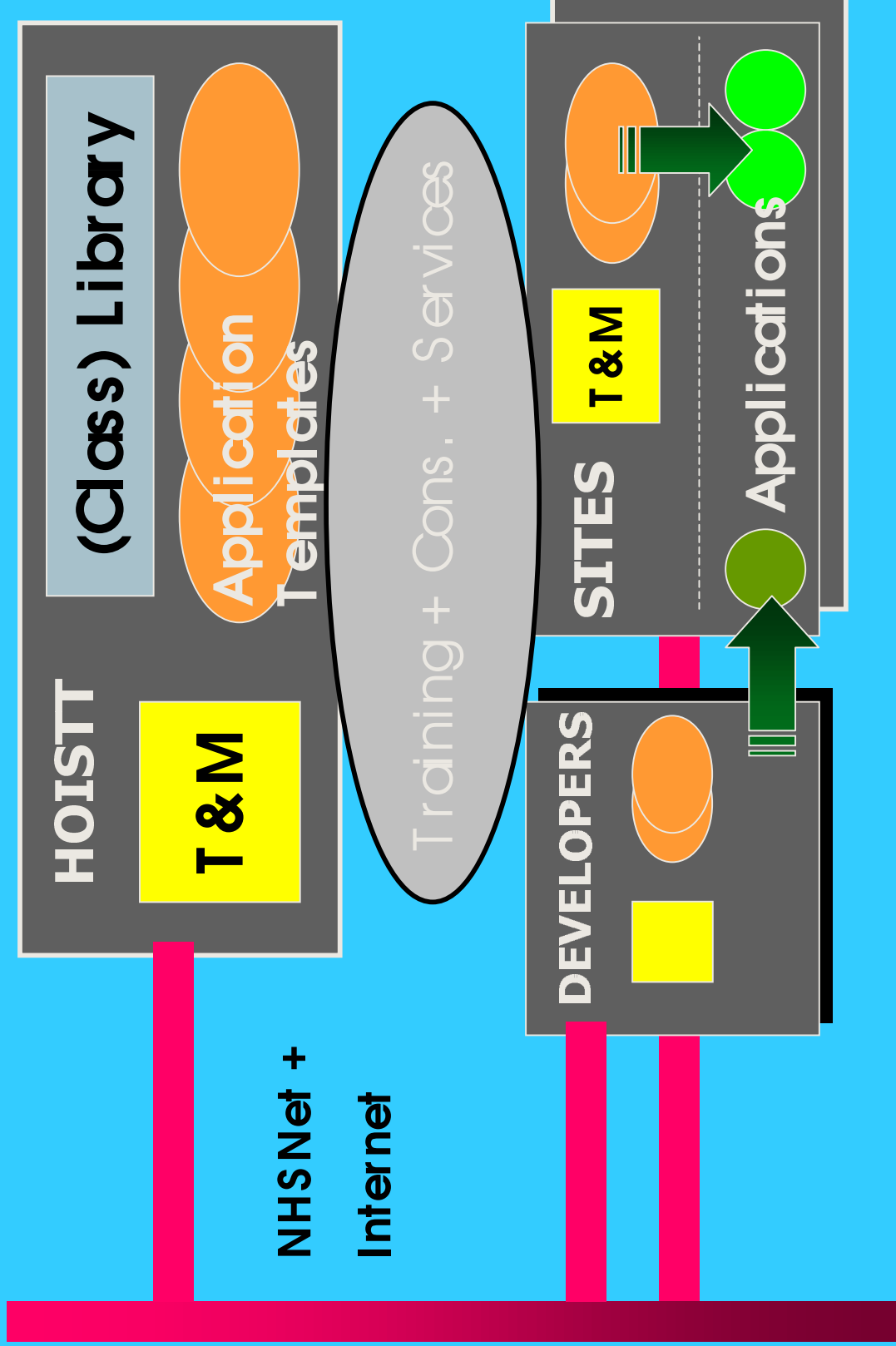
# Critique and Proposition

- ➡ Lack of IT flexibility is a brake on the reform process
- ➡ Most current systems are proprietary, which increases:-
  - the cost and complexity of systems integration.
  - operational costs
  - cost & time for development and maintenance
- ➡ So:-
  - use component based development
  - with access for both NHS orgs. and suppliers
  - using application templates for local customisation
  - based on open source model and open standards

# Deliverables

- ➔ Class & component libraries
- ➔ Library / repository management
- ➔ Software development methodologies and tools
- ➔ Education and training
- ➔ Application templates
- ➔ Supplier development and support services

# Schematic



# Benefits to NHS

- ⇒ Local flexibility
- ⇒ Non-proprietary code => improved interoperability
- ⇒ Central facilitation of national standards and strategy
- ⇒ Market driven take-up
- ⇒ Lifetime software costs << “bought in” option
- ⇒ Suppliers become more focussed on service / support

# “Pilot” Experience

- ➔ Contradiction – cannot achieve HOISTT benefits at local level alone
- ➔ Contract with supplier for modular system development & skills transfer
- ➔ Clinical activity / audit systems
- ➔ Technology & RAD approach OK (too good?)
- ➔ Severe scope creep by clinicians
- ➔ Lack of buy-in to concept at senior level



