

# E-zine



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## Welcome from the Chair

by Patrick Mitchell-Jones. Chair HL7UK

I would like to welcome you to the first edition of the HL7UK Ezine. This has been produced to provide up-to-date information on what is happening in the HL7 arena both in the UK and in the larger international scene. It will also provide a forum for discussion and knowledge transfer within the community. As we explore the use we can put it to, we would welcome input from our members in the form of contributions and requests for specific areas or issues to be covered.

We rely heavily on input from the community and the content will only reflect what is requested or submitted so please take up your pen and contribute.

HL7UK exists to serve the UK as a whole. It is not restricted to England or to the NHS/CfH. We have actively sought input from both Scotland and Wales on the use of HL7 v3. Implementation in Wales already

makes use of the HL7UK A.2 profile as do a number of suppliers in England. This is an implementation guide drawn up by interested parties within HL7UK using HL7 v2.4/5 specifically aimed at use within the realm. As part of the ongoing activities of HL7UK, a version 3 implementation guide (HL7V3GB) is being developed. This takes areas of the existing HL7 balloted standard and applies localisations appropriate to the UK as a whole. All the content will be submitted for Ballot via the HL7.org mechanism such that both international and affiliate members may comment and vote. It is pleasing to note that much of the feedback for change in some domains as a result of developing the UK profile has already been incorporated into the HL7 standard.

I am enthusiastic that the HL7V3GB implementation guide will provide a profile of the HL7 balloted standard for use within the UK and provide a common root for further constraint, where needed, for localisation in the realm. Suppliers, domain experts and implementers have all been involved in this guide and I would encourage anyone with an interest in V3 to become involved through the Working Meetings.

We are also keen to expand on the information available for CDA and SOA so that documents, services and structured data work together in a coherent manner.

HL7 is not without its faults or critics. As Version 3 emerges as a balloted standard, there is still much to do to make it fully implementable. For example issues have been raised around tooling, message size and

complexity and version management. These need to be progressed with input from HL7 members both in the UK and internationally.

Over the next few years, we (HL7UK) will be looking to involve a larger section of the supplier, implementer and clinical community by providing a focal point for the resolution of issues and requirements from both the HL7v2 and v3 standards. We will also be working with other organisations nationally and internationally to reduce the needless duplication and divergence of interoperability specifications and standards.



## Making Interoperability Work

by Charlie McCay

The HL7UK2007 conference will again be in the Russell Hotel on November 21-22nd. This is already looking to be an excellent opportunity to get

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a wide range of practical and relevant perspectives on the sharing of clinical information.

It will be a chance to hear from those who have been setting policy for interoperability at a national and international level, as well as those on the ground getting systems to talk together. We will be hearing from those in the UK and beyond who have been using CDA documents, HL7v3 messages, and IHE profiles to deliver interoperability. They will be sharing their successes, and also where things have not gone as expected, and how that was dealt with.

There will also be presentations by those that are responsible for developing and maintaining the profiles of HL7 standards that are used in implementation. Keith Boone will describe the IHE PCC and other CDA-based profiles for which he has been a lead editor.

HL7 International has been going through a major reorganisation and we will have the chair-elect (Ed Hammond) and the newly appointed CEO (Charles Jaffe) to give their visions of the future for HL7, and reactions to the evolving needs of those using HL7 standards.

More news about the conference and details of the program will be available at [www.hl7.org.uk](http://www.hl7.org.uk)

issues of the eZine I'm going to look at different building blocks of HL7 – I hope it may make it seem simpler.

The starting point for anyone asking an HL7 v3 question is the ballot pack.

If you are a complete newcomer do look at the Welcome section, it explains the colour scheme and which icons mean Informative, Normative or Standard. I won't repeat the definitions here, go and read the section if you need to be sure.

Also in this list of icons are Affiliate variants, and I want to dwell briefly on Affiliate Normative Ballot and Affiliate Normative Standard because HL7 v3 is really a hierarchy of standards of which the one we know and love (maybe) is the universal level. This universal level is exactly that, universal, it applies to all use of v3 everywhere, but to do this it has to accommodate the disparate business models everywhere and the different cultural imperatives everywhere. As a result the universal level tends to be too loose, and have more than one way to do things. Until very recently this was all there was, but the Canadians and now the UK have started to introduce material into the ballot process that constrains the universal content down to a national level (Realm level in HL7 speak). This reduces the flexibility, reduces the number of ways of doing things and makes it easier for everyone in one Realm to do things the same way. To see an instance of this look at the GB Domains section in the current ballot (May 2007) and you will find a section on Laboratory Messaging. This is a more tightly constrained subset of the content you will find for Laboratory under the Universal Domains.

"But ..", you say, "I have a contract with the NHS and I have to do what it says in the MIM". Well this is true, but it is actually a further constraint of what is required at a Realm level, so that a contractual specification that both parties can agree to can be produced.

There are three levels of standard here, a loose, all encompassing universal level, a tighter Realm level, and a very restricted Implementation level. In an ideal world the Universal would be developed first, the realm

second and the implementation level last, but in reality there will always be push from the implementation level to move the higher levels forward.

Do we need all three? I think so, if you are only concerned with a single contract, you can work from the implementation level specification and only look at the higher levels if you need to; but if you aim to be a global player, you need to conform to the universal level in all its richness. If you are in the middle level and hope to have several different contracts then you have to start from the Realm level.

HL7 v3 aims to allow interoperability between systems, and there is good business sense in being able to conform to a standard that applies to as wide a customer base as possible. Layered standards improve our ability to do this.



## NHS Information Integration Events

*HL7 UK launches Information Integration Events*

HL7UK is to launch the first in a series of 'roadshow'-style events, designed to support the NHS IT Community learn and share best practice on healthcare

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## Ballots - Notes from the TC Chair

*by Hugh Glover*

HL7 v3 is not simple, but then healthcare isn't simple so we shouldn't be surprised! In this and future

interoperability standards and information integration.

The first of the events is to be held in Birmingham on June 6th and will feature talks and demonstrations by a range of suppliers of real world integration technologies including Sun Microsystems, Intersystems, Orion and Sentillion. Other discussions and talks will be headed by HL7UK Members representing both the public and private sector including Richard Kavanagh of NHS Connecting for Health who will be talking about the CfH Message Implementation Manual.

These events mark the first in a series of activities that HL7UK will be hosting throughout the country. Philip Scott, Head of IT Projects and Development at Portsmouth Hospitals NHS Trust, who has been the driving force behind the organisation of these events said: "HL7 UK wants to find new and more encompassing ways of communicating the standards for healthcare interoperability. Members of HL7 can benefit from these insights, but ultimately it's our role as members to be supporting the integration needs of the entire NHS IT community - and in providing these regional events, we can deliver this insight to all that work to deliver the NHS National Programme for IT."

Further events for the North and South of England are to be held in York on July 4th and London on July 24th. HL7 UK has set up a dedicated registration page on [www.hl7.org.uk](http://www.hl7.org.uk) for those wishing to register to attend one of the three events and further information on the presentations can also be found there.



## The BT e-Health Insider Awards Needs You!

The BT e-Health Insider Awards 2007 are recognising the hard work and bright ideas of information and communications technology staff in healthcare organisations.

Given the benefits and value that interoperability can deliver, it would be excellent to see winning entries that include accounts of the successful implementation of HL7 standards.

This year, entrants will be judged amongst five categories and we are calling all HL7 members with a story to tell in one of these groups, to put forward your case studies for the awards and to reap the recognition.

The five categories include:

- Primary Care ICT Team of the Year
- Acute Care ICT Team of the Year
- Community & Mental Health Care ICT Team of the Year
- Excellence in Health Information Management Award
- Healthcare Business ICT Support Team of the Year

This year, the awards see the introduction of a new, sixth category for Healthcare ICT Champion of the

Year which is an opportunity for healthcare IT professionals to be recognised for their achievements and outstanding contributions in the past year.

The closing date for entries is 5pm, Monday 2<sup>nd</sup> July 2007. Further information about the categories, and how to enter can be found at [www.ehealthawards.com](http://www.ehealthawards.com). We at HL7 UK are also always interested in stories about the use of our standards for inclusion in newsletters and other communications, so please also send any relevant case studies to [webmaster@hl7.org.uk](mailto:webmaster@hl7.org.uk)

## This Summer's Events

In each issue, we aim to update you on HL7 events for the upcoming quarter. Full details and booking information can be found on [www.hl7.org.uk](http://www.hl7.org.uk). Here's what to expect this summer:

### June 6<sup>th</sup>

HL7 UK Summer 2007 Roadshow: Midlands – Birmingham

### June 27<sup>th</sup>

HL7 UK Technical Committee Working Meeting, London

### July 4<sup>th</sup>

HL7 UK Summer 2007 Roadshow: North England – York

### July 24<sup>th</sup>

HL7 UK Summer 2007 Roadshow: London

### August 31 – Sept 1

International HL7 Interoperability Conference IHIC, Auckland, New Zealand

### Sept 16 – 21

HL7.org 21st Plenary & Working Group Meeting, Atlanta, GA, USA

For more information please visit  
[www.hl7.org.uk](http://www.hl7.org.uk)