



Trust Headquarters  
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West Sussex  
RH10 9BG

Date:

Email:

Dear,

Tel: 0300 123 0999  
[www.secamb.nhs.uk](http://www.secamb.nhs.uk)

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 240528.

You requested the following information, please also see our response below:

**Patient data is generated from various sources, but disjointed systems and incompatible devices hinder care-team workflows and the usefulness of patient records. Manual data entry, required by unconnected devices, slows workflows, and increases errors. Some brands even silo data, making it inaccessible for aggregation. This affects hospital care teams, administrators, IT staff, and patients.**

#### **Medical Device Integration**

1. **Is the Trust HIMMS accredited? If so, what level of accreditation has been achieved?**

No

2. **Does the organisation have an existing Electronic Patient Record (EPR) system? If yes, please provide details of the EPR product, including the provider and product name.**

Cleric Computer Services Ltd – Electronic Patient Clinical Records

3. **When is the renewal date for the current EPR system?**

5th September 2024

4. **Does the Trust have a solution in place to automatically send patient data from medical devices to the main Hospital Information System / EPR?**

No

5. Is there a single interoperability platform for all medical devices that automatically sends data to the main hospital information system?

No

6. If yes to question 5, who is the supplier and what is the name of the product?

7. If yes to question 5, when does the current contract end?

8. Is the Trust reviewing any projects that require the integration of medical devices with the main hospital information system / EPR?

No

9. If no to question 5, is the Trust currently evaluating suppliers and product options for medical device interoperability with the main hospital information system (PAS/EPR)?

No

10. If no to question 5, is the Trust interested in learning about Enovacom's software-only solution and how other NHS customers are adopting our technology?

Not at this time

11. Who is the lead person to contact regarding projects of this nature? Typically, we would connect with the Chief Clinical Information Officer, Chief Digital Transformation Officer, or EPR Programme Director.

Chief Digital Information Officer – Stephen Bromhall

### **Enterprise Application Integration**

12. Does the Trust currently have an integration engine for securely exchanging data between software systems both internally and externally?

No

13. If yes to question 12, what is the product name?

14. If yes to question 12, do you intend to change your current integration engine?

15. If yes to question 14, when does the contract for your current integration engine end?

16. If no to question 12, do you intend to purchase an integration engine?

Not at this time

**17. If yes to question 16, when do you plan to purchase it?**

**18. Who is the lead person to contact about projects of this nature? Please provide their name, email, and phone number if possible.**

Chief Digital Information Officer – Stephen Bromhall

### **Data Warehouse**

**Our existing NHS clients must share a basic level of data with their main ICS (Integrated Care System). They have chosen a Federated Model over a single centralised data repository in a regional external HIE solution, due to the sensitivity of some patient data. In this model, they maintain their own local FHIR-based data repository on-premises and provide a reference to the file to the regional HIE.**

**19. There are three main architecture patterns for delivering a Shared Care Record to share data with the ICS. Please identify the Trust's chosen option:**

**a. Centralised Model – Data is stored in a centralised, consolidated data repository. Data shared by HIE participants is normalised, housed in, and accessed from a central data repository.**

**b. Federated Model (also known as Distributed Model) – Data is held at source in a decentralised manner. Each participant maintains separate control of its data, typically in special “edge servers” at its own location, and shares patient-specific data upon request from other HIE participants.**

For reporting purpose Trust has its own data warehouse and data is shared as per the request, For shared care record the best fit may be Federated model, however, we need to think about the future options

**c. Hybrid Model – A combination of a & b. Builds on the Federated Model by adding a “record locator service” that tracks where patients have received care and where their source data can be requested.**

**20. Does the Trust currently have a data repository for the above requirement if selecting b or c?**

Yes

**21. If yes, is it FHIR-based?**

No

**22. What is the name of the product?**

NA

**23. Who is the supplier?**

In house

**24. When is the contract renewal date?**

NA

**25. Is the Trust looking to purchase a data repository?**

No

**26. If yes, when does it plan to purchase it?**

**Who is responsible for sourcing the data repository? (Please provide name, email, and phone number)**

Chief Digital Information Officer – Stephen Bromhall

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

[FOI@secamb.nhs.uk](mailto:FOI@secamb.nhs.uk)

Yours sincerely

**Freedom of Information Coordinator  
South East Coast Ambulance Service NHS Foundation Trust**

