

Image and Report Sharing: Scotland's Approach

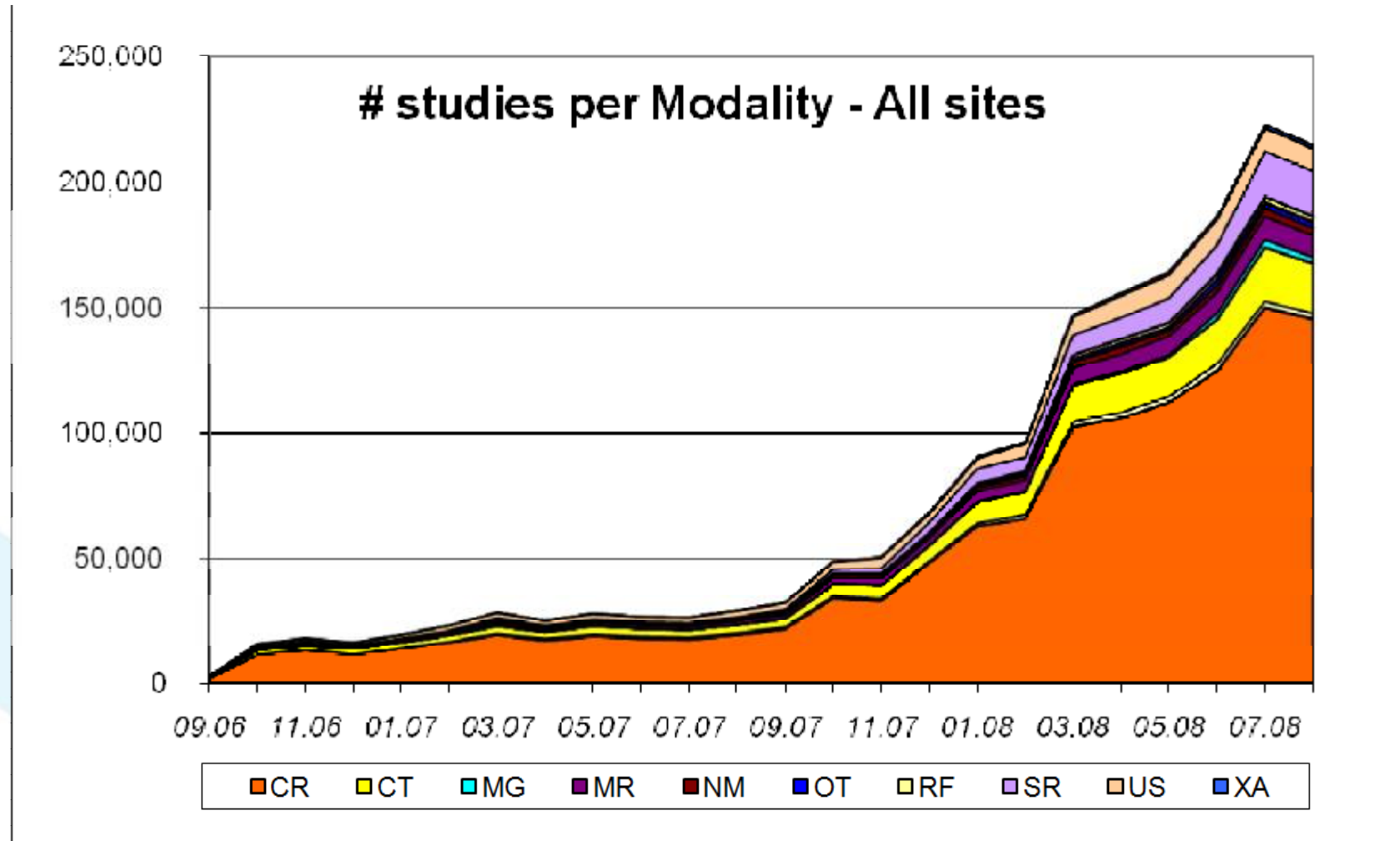
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Scope

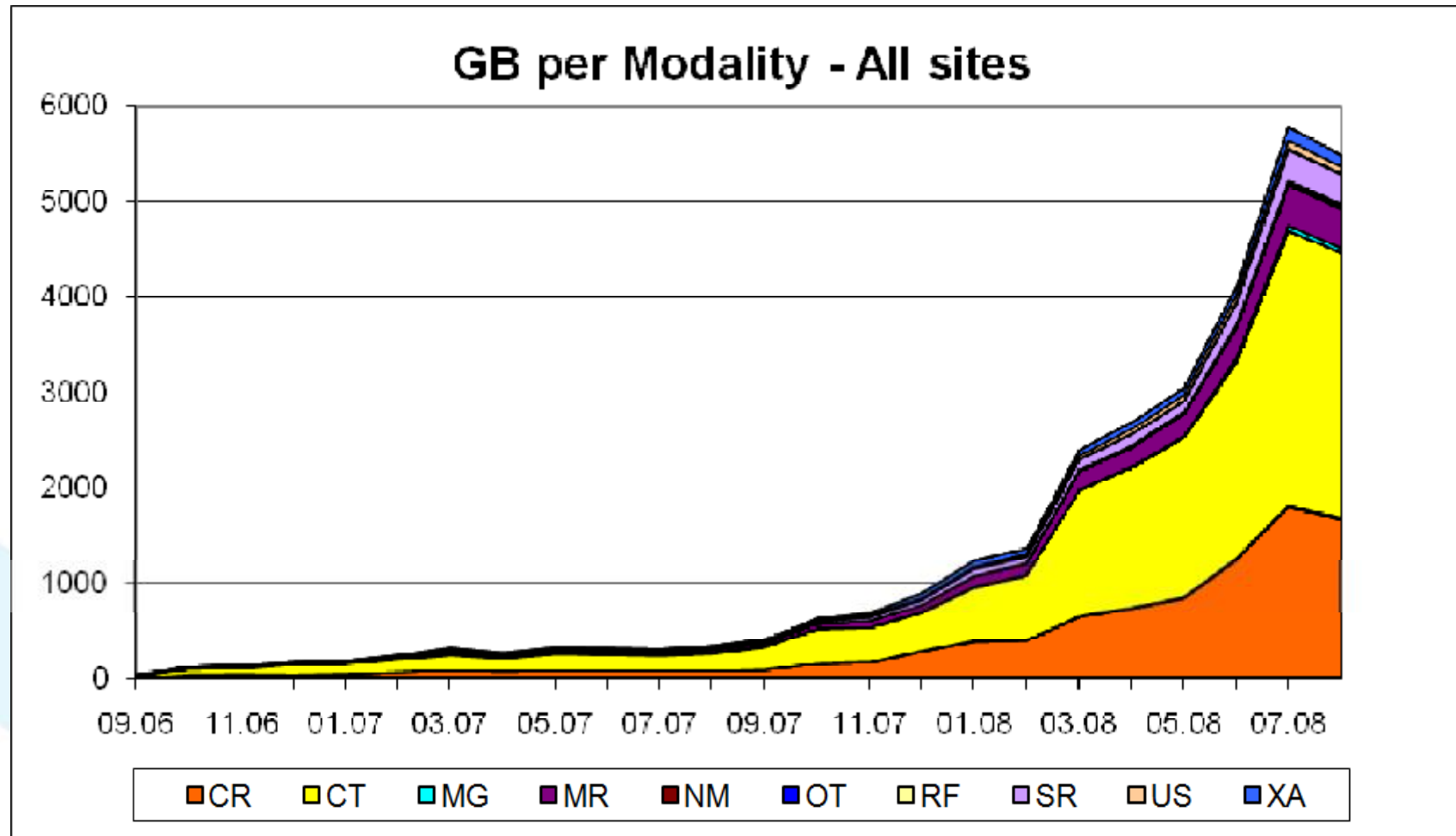
- Scottish PACS at a glance
- Benefits
- Why it works
- Examples
- Limitations & Problems



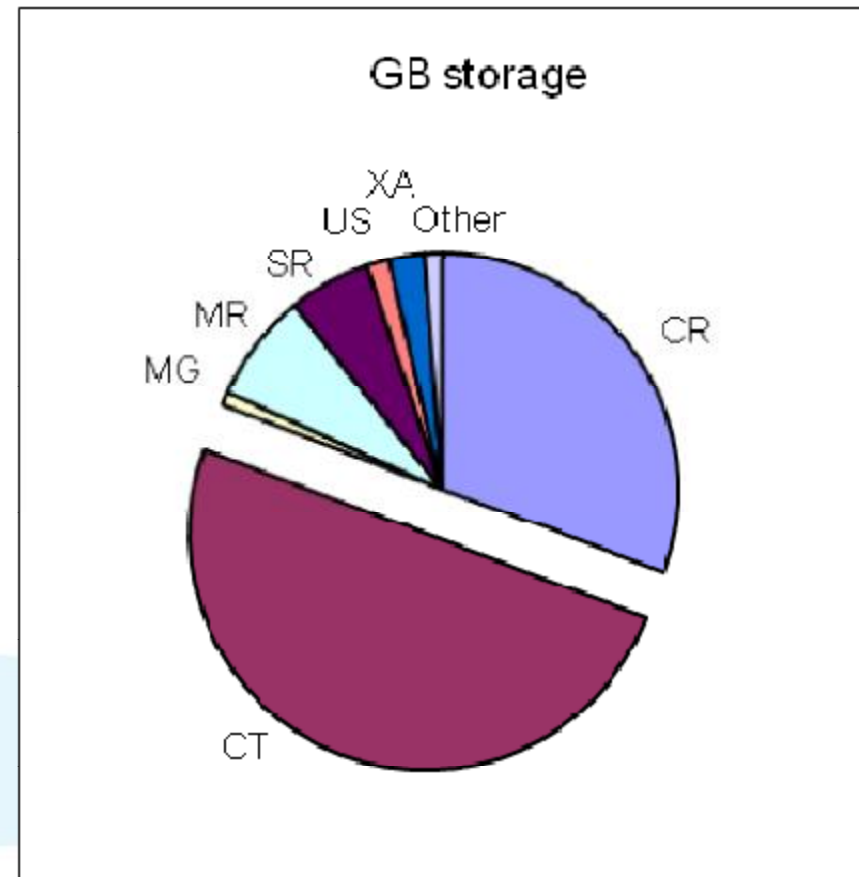
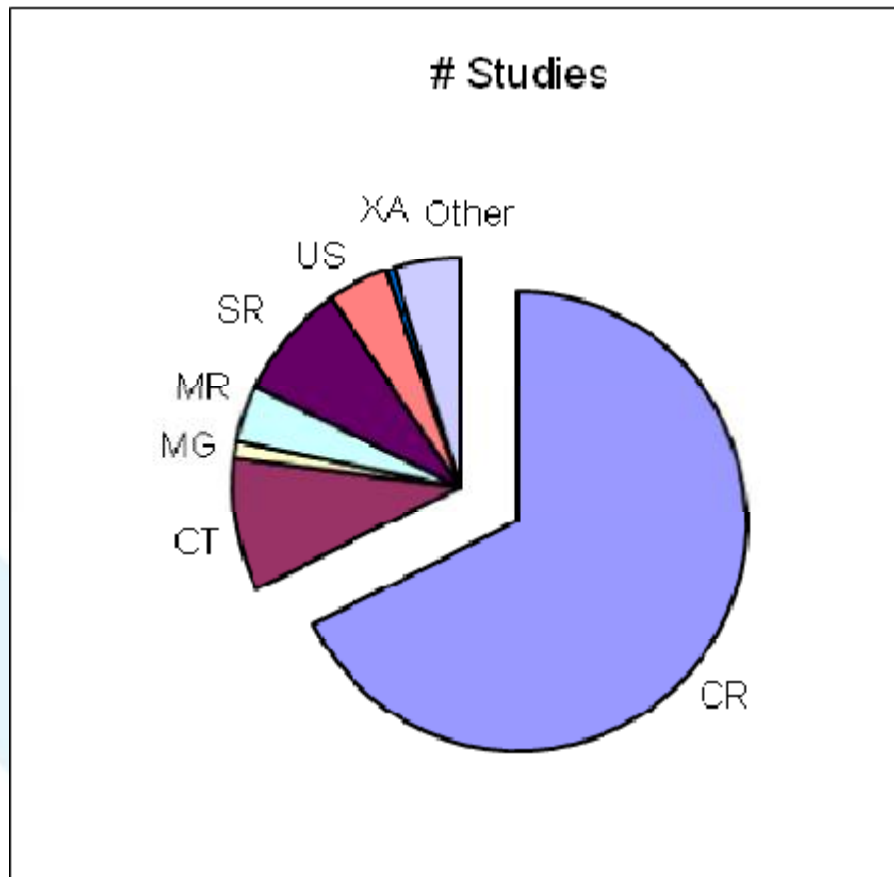
Monthly additions to archive



Monthly additions to archive



Monthly additions to archive



Datasharing in Scotland

- All studies stored in National Archive
- Indexed by NHS (CHI) number
- Includes DICOM SR report (sometimes!)

Benefits

- Immediate access to the entire patient radiology record
- Prefetches for reporting
- Second opinions / referrals
- MDTs

Why is datasharing successful?

- Integral to the design of National PACS

Why is datasharing successful?

- Direct contract with one supplier
 - No LSP
 - Makes integration simpler
 - Doctor training easier
 - Tied to that supplier
 - Still plenty of problems!

Why is datasharing successful?

- National ID number
 - NHS Number (CHI) mandated since 2006
(Current target >97% of encounters)
 - System uses CHI as primary ID
 - Stores studies without a CHI using temp ID
 - CHI 24 on line
 - Replaces temp ID with CHI when available

Why is datasharing successful?

Security

Balance favours clinical availability

ü Login / password / RBAC / Audit Trail

? Consent

û Legitimate relationships

û Care Records Guarantee

Some examples in practice...

Examples removed – although anonymised, they include real patient images & reports which I am reluctant to post permanently on the web

Limitations

- It is expensive
- Issues of retention & compression unresolved at present
- Handling of reports & addenda
(Z codes)

Limitations

- The system is complex, & prone to glitches
- Size of datasets
- Delays in transmission
- Loss of connectivity
- Pressure on servers