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NHS-HE Connectivity Resources - Update

NHS-HE Forum

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Advancing healthcare by sharing information and expertise in health, higher education and research

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Background

– Went live with a web site providing case studies to support connectivity between Universities and the NHS.

– What were we trying to achieve ?

- Access to NHS systems from University networks
- Access to University systems from the NHS
- Access to relevant internet based systems and web sites from within the NHS, when these would otherwise be blocked.
- To leverage to bandwidth available to University for students when they are on NHS sites.
- To put in place policies and procedures to support connectivity, whilst not increasing the risks of data security to either party.
- To give organisations confidence that they can move forward with confidence that they are implementing best / common practice.

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UHSM

Challenges in November

- The NHS is rightly worried about the security of the data it holds.
- In using and storing sensitive and confidential data, the NHS has a responsibility to ensure that it is kept securely.
- IT managers in NHS hospitals also have to manage their IT networks to ensure that;
    - Bandwidth is used appropriately and is targeted at business critical systems rather than casual browsing.
    - Their organisations get good value from their IT, rarely having the budgets to buy the latest and greatest.
    - Staff don't abuse the internet
    - Corporate systems that often aren't compatible with the latest operating systems and software (such as Internet Explorer, Flash, JAVA etc) continue to run reliably.

Challenges in November

– Innovative universities have of course seen the value the internet has in providing educational material and learning.

– Many of the sites such as YouTube, Facebook, and webmail have tremendous educational value, but are often blocked by NHS organisations.

– In the ideal world it would be possible to resolve these challenges.

– The work of the group has been to show how it is possible to provide the access that staff need despite theses challenges.

– A key aim of the group has been to find ways to live with the reality, rather than change it.

What have we delivered

1. A web site.
2. A series of case studies.
3. Sample policies and procedures.

Potentially leading to

1. Identification of best practice
2. National policies

Resources

- The web site provides access to resources to that will enable organisation to resolve these challenges
    - Information about the JANET-NHS N3 Gateway.
    - Guidance on resources that every medical student will require access to as part of their training from NHS desktops.
    - Case studies into how terminal services Sun Global Desktop and Citrix can be used to securely provide an NHS desktop on a PC connected to the university desktop and vice versa.
    - A sample process for how students should receive NHS user names, passwords and access;
    - Provides information on how STH has established a pseudonymised data warehouse to support research studies.
    - Information about how the NHS and HE can joint network capabilities, including wireless networks and eduroam.
    - Case Study from University of Edinburgh and NHS Lothian on how they have been able to appropriately share imaging data.
    - White papers on Wireless Guest Access and Reciprocal Wireless Access.

Success Stories Examples

- NHS Tayside have
    - agreed to provide University WIFI in NHS sites.
    - Established a gateway based on back to back Cisco ASA firewalls, initially allowing NHS staff to authenticate against a university system UNIFI, but will aid in future collaboration between the two organisations.
- University Hospital South Manchester
    - Today have engineers on site delivering 3 new SSIDs;
        - EDUROAM – providing a link to University systems (Though some issues with IP addresses).
        - BYOD – Allowing staff to bring in their own device into work and connect securely to a range of Trust systems (predominately via Citrix)
        - PIA - Patient internet access.
    - Remote access using three factor authentication via text message.
    - Allow for the possibility of restricting access by user, application and location.

Coming to a network near you soon…

- Apple sold 3m "new" iPads in the 4 days following its launch.
- It took 80 days to sell the same number of the original iPad.
- Sales of iPhone are thought to be double the iPad.
- Android sales are thought to be even higher.
- Connected device ownership is soon expected to hit 7 per person in the developed world.
- Tethering, MiFi, dongles and 3g data cards have made perimeter security almost pointless.
- Doctors, clinical academics, students etc are rampant adopters of the technology.

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NHS-HE Connectivity

Web 2.0 & Social Media in Education & Research

The NHS recognises the benefits of social media to patient communication and engagement and for feedback and dialogue with the public.

NHS social media policies highlight the potential risks of social media including:
- breach of patient confidentiality
- breach of copyright
- cyberbullying
- lapses in professionalism

These risks are very real

healthcarenetwork

Insight, reports and data for NHS innovators

Trusts reveal staff abuse of social media

Snapshot survey of some of England's biggest trusts suggests growing problem for the NHS

Sade Laja
Guardian Professional, Wednesday 9 November 2011 09.00 GMT

Comments (0)

Improper use of social media, especially Facebook, is leading to disciplinary action against staff at a number of English trusts.

Figures released to Guardian Healthcare show that 72 separate actions were carried out by 16 trusts against staff who inappropriately used social media between 2008-09 and October 2011.
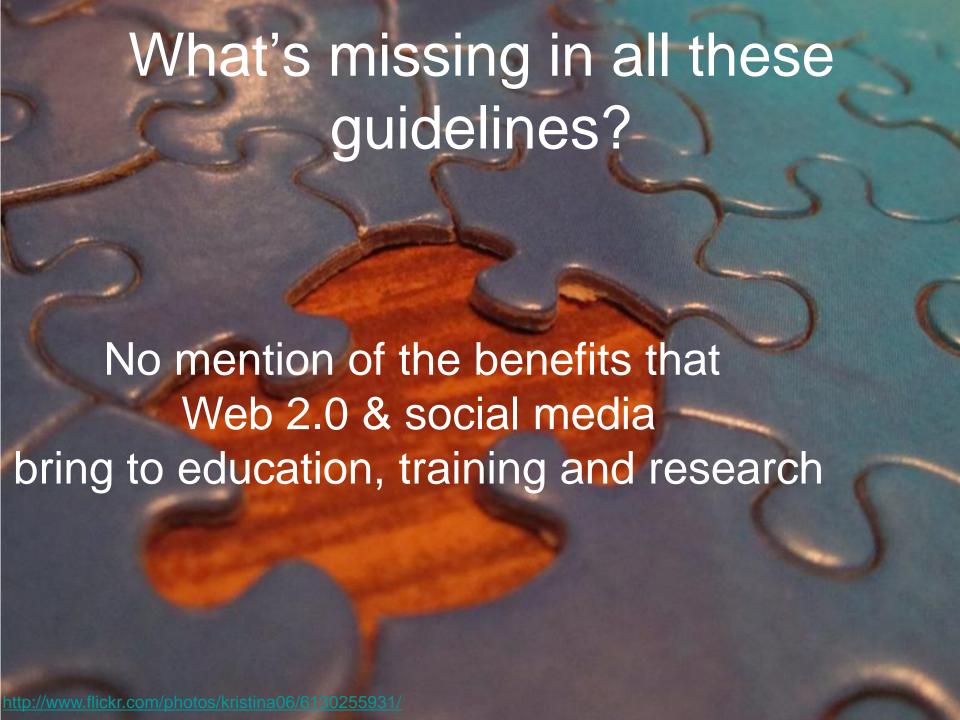
Guidelines from professional bodies

Again these guidelines focus on ... personal and ethical responsibilities relating to patient confidentiality and appropriate discussion of clinical practice ... also highlight the blurring of professional and personal boundaries

NMC - "We do not advocate blanket bans on nurses, midwives or students joining or using social networking sites, and employers and educators should not suggest that this is our position. Even if such bans could be imposed on workplace or university computer networks, personal computers and mobile devices offer easy access. Blanket bans are likely therefore to be both unenforceable and counter-productive. We support the responsible use of social networking sites by nurses, midwives and students."

What's missing in all these guidelines?

No mention of the benefits that
Web 2.0 & social media
bring to education, training and research

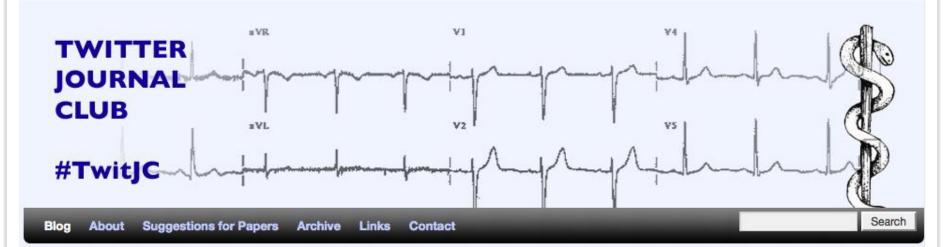# BMJ Group Blogs

BMJ Web Development Blog 🔊 SUBSCRIBE NOW

Twitter Journal Club: yet another 'revolution' in scientific communication?

15 Jul, 11 | by Claire Bower, Web Administrator, @clairebower

A junior doctor in the West Midlands and a medical student at Cambridge University have kicked off a new movement in the medical community by launching the first ever **Twitter Journal Club**. Heralded as a 'revolution' in scientific communication, it has enjoyed positive coverage from publishers and practitioners alike (e.g it was mentioned today at the ASME Annual Scientific Meeting). Now in its seventh week, the initiative has amassed over 950 followers on Twitter and last Sunday generated 448 tweets during a discussion of the following BMJ paper: *Effect of β blockers in treatment of chronic obstructive pulmonary disease: a retrospective cohort study*

f Like 16   **Tweet** 163

Week 14 – Discussion Points – Reducing drug errors in anaesthesia

Posted on December 4, 2011 by nsilvey

This was a single centre randomised trial. Was the methodology of the study robust enough? The absolute risk reduction in drug errors with the use of SAFERSleep was 2.5% and the NNT was 40. Most of the errors described are … Continue reading →

[f] [t] [✉] [share]   f Like   +1

Posted in Uncategorized | Leave a comment

Week 14 – Reducing drug errors in anaesthesia

Posted on December 4, 2011 by nsilvey

It is a sad truth that drug errors not only happen but cause harm to patients. Whether it is the wrong drug,

#gasclass

Case week 10 (w/c 05/12/11)

📅 December 5, 2011   👤 gasclass   💬 Leave a comment

This weeks case looks at Anaesthesia for one of the more unusual hospital procedures.

You have been asked to go to the nearby mental health hospital to anaesthetise patients undergoing electro convulsive therapy (ECT). What issues do you need to be aware of and what is your default technique?

You arrive at the mental health unit to assess your patient. The patient has been admitted within the previous 24 hours under the mental health act. This is her first ECT. She is severly depressed with marked catatonia. She has not been eating in the community and is severley cachexic. She currently weighs 37kg. The psychiatric team feel that ECT is indicated urgently.

How will you proceed?

Additional information

You discuss the urgency of the case with the mental health team. They have already commenced supervised re-feeding and have checked serum electrolytes. She remains hypokalaemic, hypophosphataemic and hypomagnesaemic although these are slightly better than on admission. The mental health team are keen to proceed as they don't feel she can wait 4 days until the next ECT session. The team have also requested muscle relaxation as they are concerned she may be severely oesteoporotic.

Would you anaesthetise the patient, if so, give details on how you would do it?

@gasclass

There are no trick questions on #gasclass. It is an educational tool only so please feel free to join the conversation. Remember to include the phrase #gasclass in your response. This is referred to

MOOCs

Massive Open Online Courses

Drafting a paper that provides ... an overview of how Web 2.0 technologies are being used to support teaching and learning ... to highlight ...

some of the benefits these tools can bring to education and training ... and identify ... possible users, risks ... and to ...

propose recommendations in terms of access and use so that the potential benefits may be realised.

Collate case studies and good practice

THE CASE STUDY

Future

– Proposing to bring together the group again to;

- Review progress.
- Collate ongoing best practice
- Pull information together on emerging issues of BYOD, cloud (Gcloud !)and the IGSoc.
- Make use of the gateway.

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