**The techUK Interoperability Charter**

*A commitment from technology suppliers to the health and social care space*

**In order to sign up to the Interoperability Charter, health and social care suppliers will commit in writing to adhere to six key principles:**

1. We will make available to other suppliers, the NHS and local authorities the technical specifications of our existing interfaces without charge, either directly or indirectly (e.g., via partner programme fees).
2. We will make all efforts to reduce the use of commercial tools that may slow progress - for example, Non-Disclosure Agreements (NDAs), Collaboration or Teaming Agreements in order to expedite fast access to technical specifications.
3. Where there is customer demand, we agree to co-operate without charge with other suppliers in specifying new interfaces intended for mainstream use.
4. We will not reinvent the wheel and will use internationally recognised standards where relevant. In particular, if HL7 FHIR is to be used, if there is the UK Core FHIR standard, we will use that. Alternatively, where the use case does not fit the existing UK Core FHIR Standard, we will work to create an extension and share it via mechanisms provided by the NHS, so others can re-use it for the same or similar use case.
5. We will only charge reasonable and proportionate fees to the end user organisation for licensing, implementation, consulting and support services required for the interfaces.
6. Where new interfaces or enhancements to existing interfaces are required, we will not charge twice for the same software development.

**In return for these principles of interoperability, we ask that the NHS and local government reciprocate by guaranteeing that:**

1. Nationally defined interoperability standards are based on internationally recognised standards and upon pragmatic, real-world requirements driven by business needs, in partnership with appropriate industry bodies such as techUK. These interoperability standards must not only define the format of data as it should be produced or consumed by systems, but the standard APIs that should be common across all systems to access that data. These should apply to national systems developed and managed by the NHS, local systems developed by the NHS and social care organisations and third-party software suppliers.
2. Where accreditation or compliance testing is deemed necessary, this will be completed in a consistent way and where possible, kept light-touch, proportionate, open to all, adequately resourced, responsive, and free.

**Addendum**

This addendum is provided to define and help clarify the intention of the **techUK Interoperability Charter** together with some of the words and phrases used within. The addendum does not change any of the principles, rather it aims to enable suppliers and purchasers to have a better understanding of the meaning and intention of the Charter.

**Context**

techUK is the trade association which brings together people, companies and organisations to realise the positive outcomes of what digital technology can achieve. We create a network for innovation and collaboration across business, government and stakeholders to provide a better future for people, society, the economy and the planet. With over 870 members, hundreds of companies that we work with on a daily basis operate in the health and social care sectors, providing the vital technology needed to support patients, citizens and staff.

As we represent suppliers including a range of software and hardware companies, we want to ensure that this Charter is as widely applicable as possible. In the context of this Interoperability Charter, interoperability is defined as the ability of data to flow from one system to another. In reality, this is enabled by the use of Interfaces or APIs (see the *Definitions* section) which have definitions for the data they require to access them and the data they can then provide back to a requesting application. To this end, the API insulates the application providing data from the one that is requesting as it allows the requesting application to treat the providing application as a “black box”; it does not have to understand anything about the providing application, just how to access the API and what information it will get back from it. This protects vendors of applications having to give away intellectual property about what is behind their APIs in order to interface with different applications.

It is through the usage of common standards for message content (such as FHIR) and coding (such as DM+D and SNOMED CT) that data can be consumed by an application from a third party and it can understand that data so it can process it. It is through common interoperability standards we want to be able join up workflow across different applications.

**Background**

This Charter was initially created to show the commitments that suppliers are prepared to make in support of the NHS Five Year Forward View and the National Information Board’s Paperless 2020 agenda, with the aim of facilitating the sharing of patient data across health and care organisations. Now, in 2022, with the vertical integration required by the move to put Integrated Care Systems on a statutory footing in the 2022 Health and Social Care Act and the horizontal integration of Provider Collaboratives encouraged across England, this is more important than ever.

**Definitions**

Scope

The products for which interfaces are developed are those that store or process patient and citizen data. This includes GP systems, hospital information systems, specialty systems (e.g. maternity, PACS, medical diagnostic equipment, etc), social care systems, mental health, community systems, etc. It also includes systems for clinical repositories, medical data analytics, data integration services, medical devices, apps, etc. These are non-exhaustive lists but are given as examples of systems that are used in support, whether directly or indirectly, of patient health or citizen care.

Software products that are out of scope include cross- sector generic software including databases, operating systems, communication systems, and third-party commercial software add-ons such as UI frameworks, postal address verifiers, etc.

Patient data

The subject of care, or a cohort of subjects of care. The term ‘patient’ is used as shorthand for person or citizen, and ill-health should not be implied by its use.

Technical specification

A formal document that describes the information content and behaviour of an interface to a product with sufficient detail that would enable a software engineer to create software that is able to query the product to perform reads, writes and/ or updates to patient data. Other functions may be available via the interface.

Interface

The means by which information can be transferred or functions invoked by one information system to another. This is often referred to as an Application Programming Interface (API). A FHIR profile is an example of the message content of an interface and a RESTful API is an example of the technology that supports the messaging.

Customer demand

This refers to a number of committed customers who will implement the interoperability capability after it is available. The Charter’s purpose is to show a commitment to creating standard interfaces for use across many health and social care systems, not bespoke one-off interfaces.

International standards

International standards are those defined by organisations such as HL7, CEN, SNOMED International, WHO, etc.

Light-touch accreditation

This requires a low barrier to ensure that SMEs can compete on a level playing field. We strongly recommend that NHS England creates internet-based test harnesses that are freely available so that suppliers may test and validate their interfaces. The test harnesses should be auditable to provide evidence that the interfaces being tested meet the required standards. Additionally, suppliers want to be able to accredit once and then deploy many times and not have to accredit for each implementation as this has a danger of becoming impractical and uneconomic for both the service and suppliers to use.

Implementing the interfaces

Many suppliers have taken the next step from signing the Charter and are working with the INTEROPen initiative and are committing to implementing the standard FHIR profiles to accelerate interoperability in the health and social care sectors and to collaborate in relevant hackathons.

**Legal status**

Suppliers that sign up to the Charter are only making a statement of intent. There is no commercial or contractual commitment, implied or otherwise, in being a signatory. Purchasers are advised to add specific clauses to their procurement contract to ensure that suppliers make available the required interoperability functionality, particularly the support for UK Core and associated ISNs, but only where the content of the message is defined along with the method to produce and consume that content.