

# NHS – HE

## Edinburgh 21<sup>st</sup> November 2006

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NHSScotland

# Topics

- Why we need a national NHS-HE gateway
- Existing arrangements
- Options considered

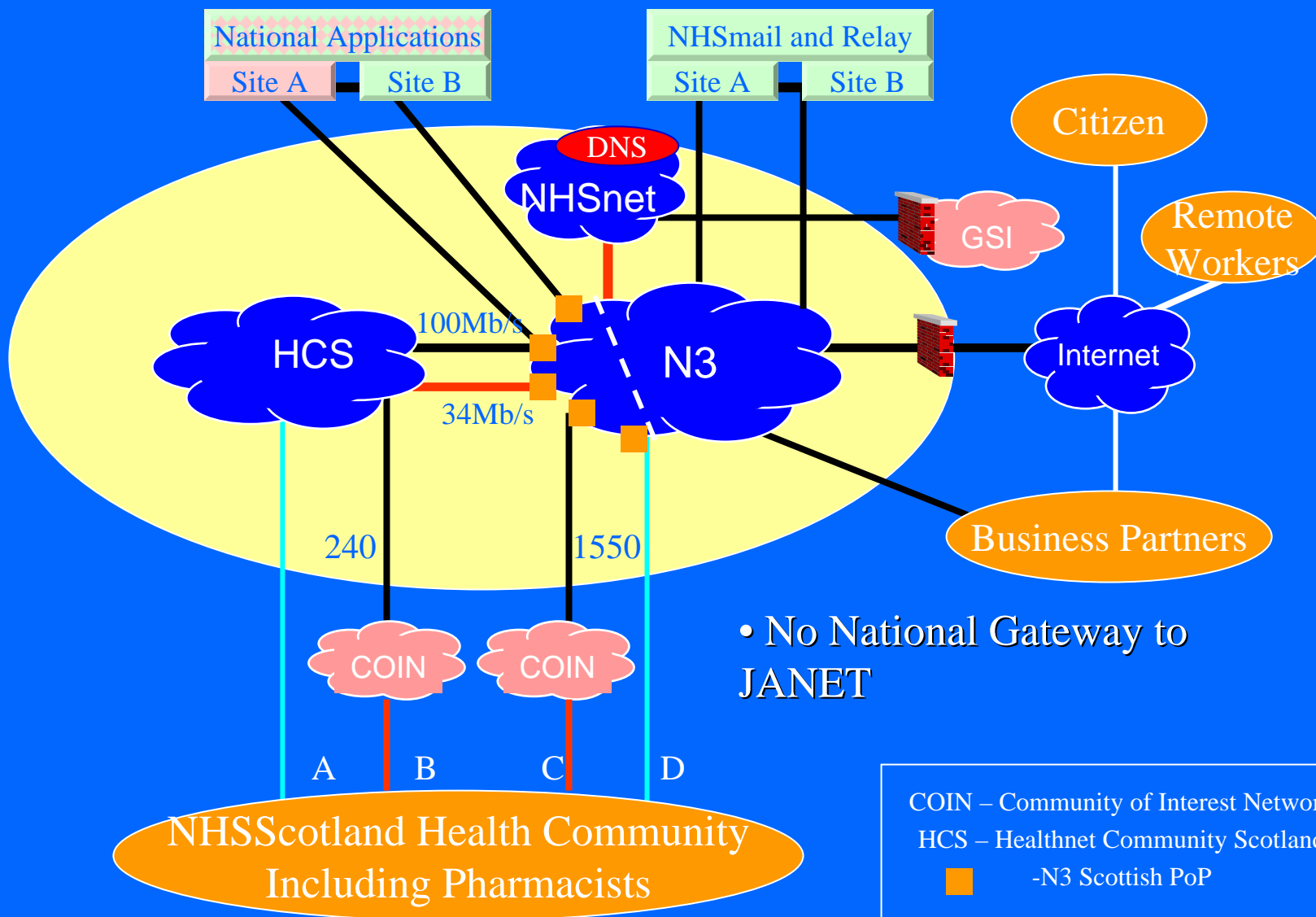
# Why a National N3-Janet Gateway

- To enable shared information between NHS and university staff.
- To allow flexible working.
- Numerous separate local gateways are difficult to manage.
- Reduce costs and improve security.

# Information Sharing Strategy

- All Clinical or sensitive data to be Encrypted
  - Not at network level.
- Moving to Secure Authentication and Identification of staff for access to Clinical applications in 3 years.
  - Currently user name and password.
- Information to be accessed by our Health Partners and the Citizen.

# Network Architecture – Oct 06



# Health Education current solutions

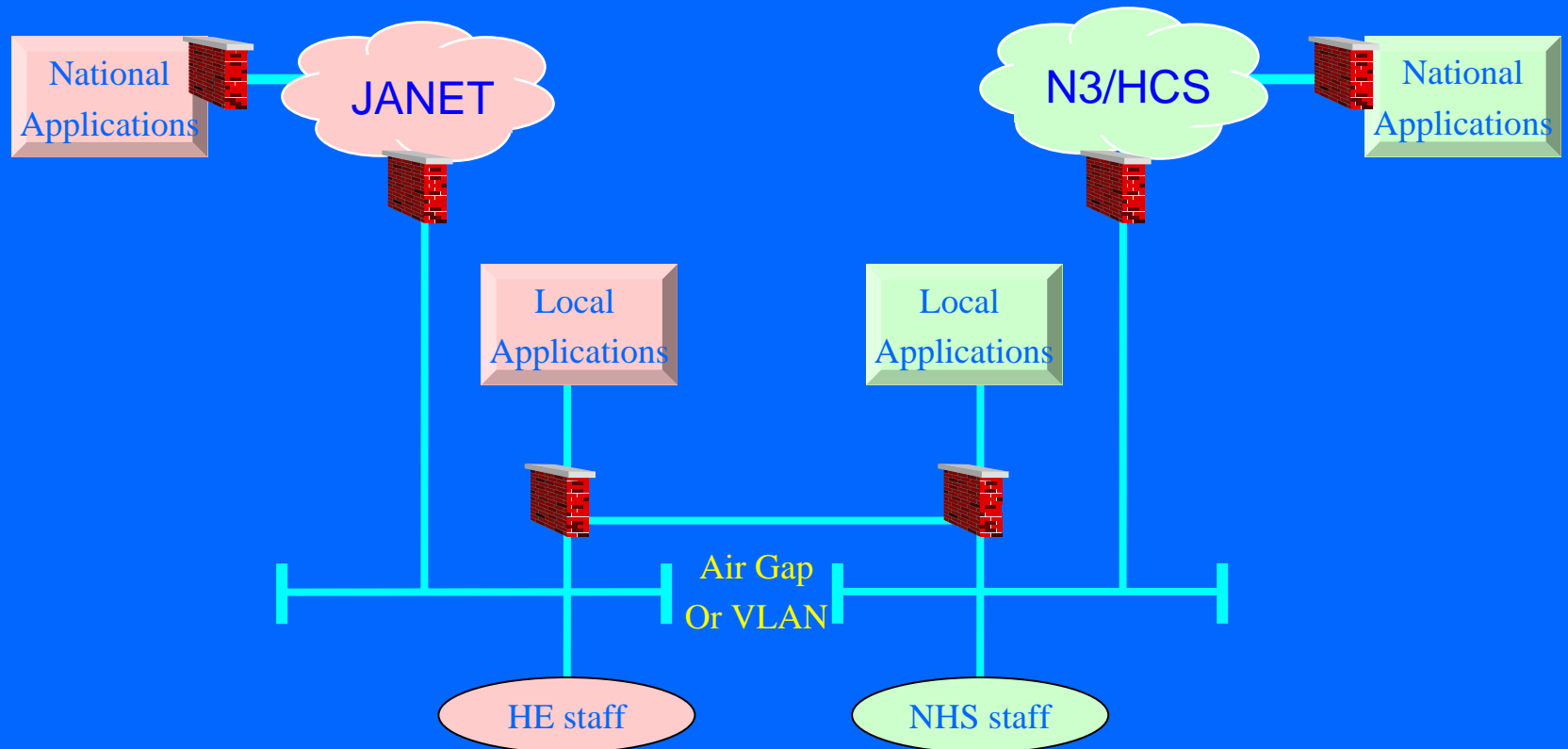
- VLAN on Teaching Hospital sites
  - Difficult to manage
- DMZ firewall approach to shared applications
  - Difficult to manage
  - Expensive
- IP sec VPN Remote access token
  - Suitable for occasional users
  - Token management
- Citrix server and SSL web access
  - Flexible and secure
  - High set-up costs

# NHSScotland Programmes

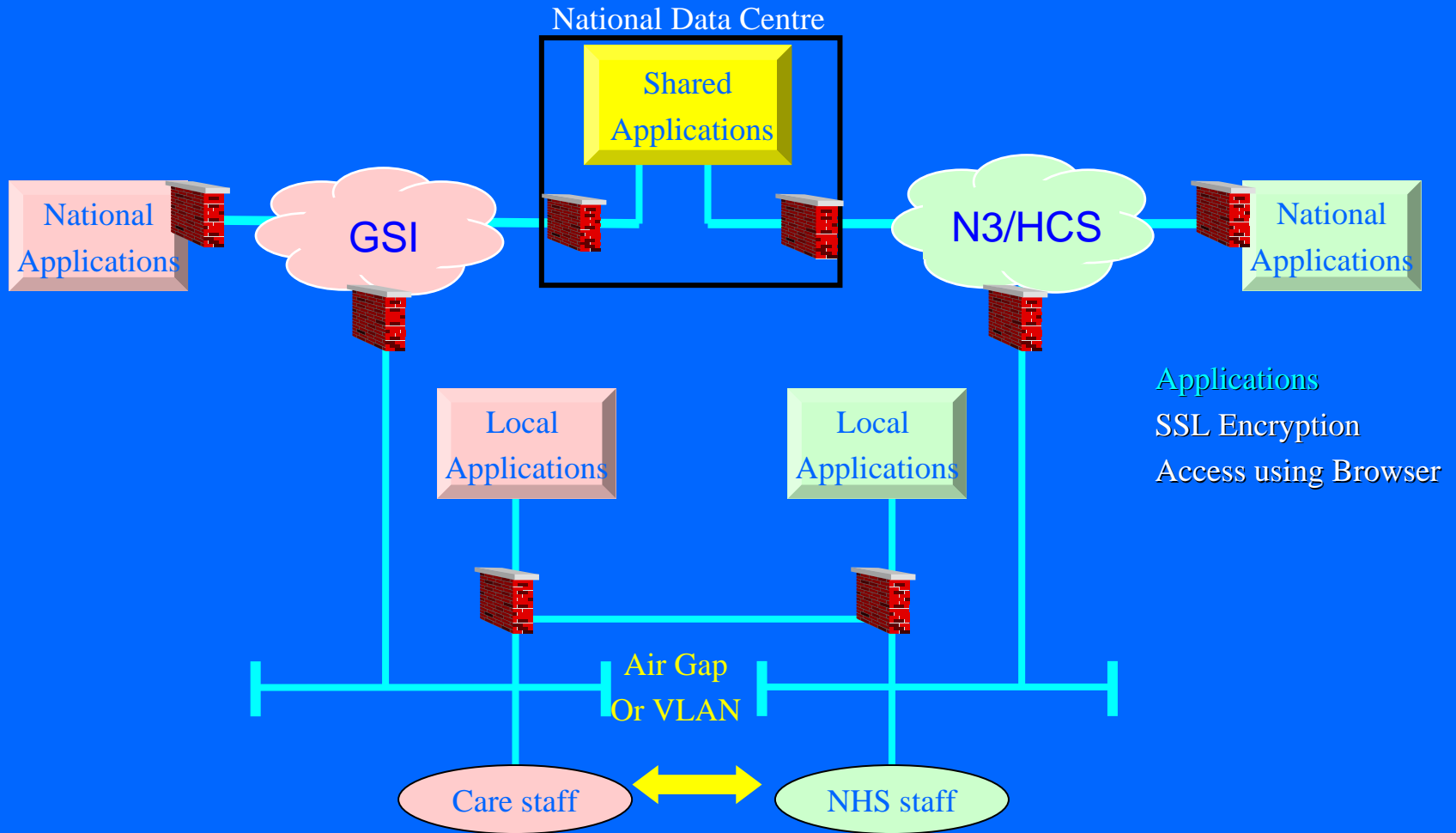
- Electronic Health Record
- Video conferencing
  - In support of Telemedicine and learning
- Staff Identification and Authentication

# Typical current arrangement

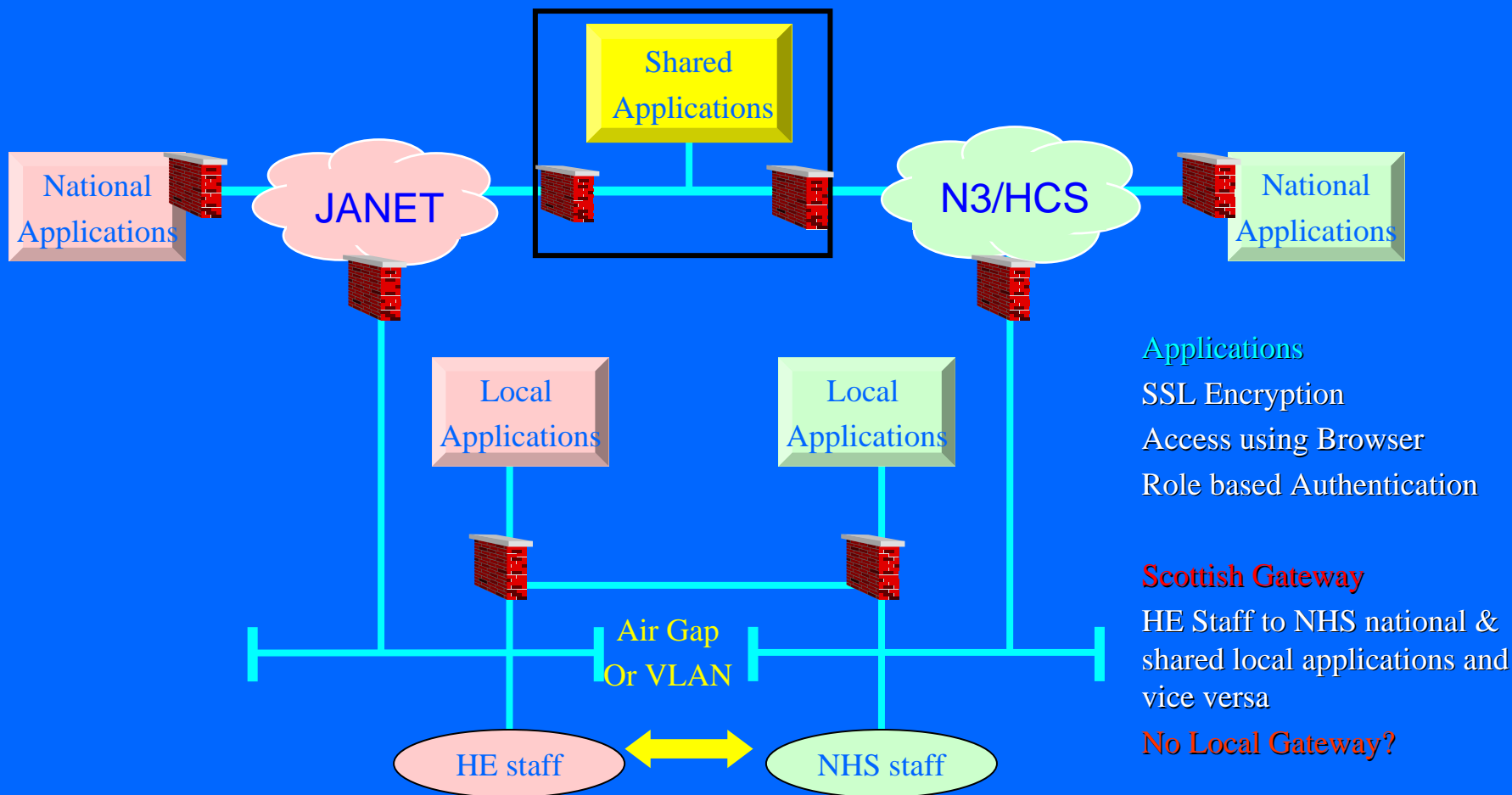
- No Access for HE staff to NHS national applications.



# Scottish e-Care Solution



# Scottish Interconnect & National shared hosted applications - Option



Unlikely that a national hosted shared application model would completely replace the need for local DMZ solutions

# National UK Gateway Demand

- For
  - If we need local HE to NHS national applications or vice versa
- Against
  - If demand is for only local application sharing
- A Scottish Gateway would only be considered if there is demand for a national hosted shared application environment or the N3 – Janet gateway failed to materialise.

- *Any Questions?*