**APPENDIX - Information, Communication and Technology Requirements**

The Provider will operate a paperless environment, including electronic order communications; and shared care plans with other health and social care providers.

The Provider will ensure that it operates in line with the aims of whole-system digital strategies relating to the development of ICT and will meet the requirements relating to electronic referrals and IT systems outlined in the Contract.

Provider will co-operate, be involved in and share information to facilitate whole-system developments.

**Interoperability**

The Provider will use an Electronic Health Record (EHR) and Health Information Exchange (HIE). The EHR will be novated from the current contract holder and must be used. The HIE should be provided by the Provider, or the Provider can seek an arrangement with other local providers to share one. APIs to communicate with an HIE must be provided and maintained by the provider to facilitate the requirements set out in this contract, and meet current and emergent NHS standards, e.g. Care Connect.

Together, these will support safe and effective healthcare by the Provider, working in conjunction with patients and other providers across the local health economy, providing the following capabilities: inter-operability with other providers and patient facing services.

The Provider’s systems will have the following interoperability capabilities, including:

• Sharing of patient information with: GPs, via IT systems used by Medway GPs i.e. EMIS and Vision. Community records e.g. blood pressure, via one of the following, most preferable first;

* Viewable in-context through the GP system, e.g. community recorded blood pressures shown in-sequence with GP recorded blood pressures
* Viewable in a tab within the GP system
* Viewable via in-context launch of another system

• Sharing of patient information with: Care systems i.e. Ad Astra as used in MedOCC and SECAMB 111, and IBIS/Cleric as used in SECAMB 999 and Secondary Care providers, via APIs and/or MIG sharing out

* Going forward, this will also include the Kent Care Record.

It is expected that system providers will be members of INTEROpen and expect Provider systems to consume data from other systems including SCR, CPIS, MIG, PDS.

The Provider’s IT system (and/or it’s configuration and business processes) must be compliant with the following standard around patient consent: - Standard - Data Consent - NHS National Opt Out from 2020 – see htps://digital.nhs.uk/services/national-data-opt-out-programme

The system suppliers must be compliant with DCB0129: “Clinical Risk Management: its Application in the Manufacture of Health IT Systems”, or hold suitable exemptions. Providers must have a named Clinical Safety Officer supported by other staff trained in Clinical Risk Management. The Provider must deploy any new clinical system using DCB0160 – “Application of clinical risk management in the deployment and use of Health IT Systems”.

Providers must be compliant with the applicable standards in relation to records management: CareConnect and Transfer of Care Domain Message Specification (as per Standard NHS Contract); Public Records Standards Board (PRSB) standards such as clinical referral standard, crisis care, digital care and support plan, E-discharge, emergency care discharge, pharmacy information flows, outpatient letters, and PRSB standards for the structure and content of health and care records. Providers must be able to demonstrate they can transmit letters (where clinically required) following clinic attendance, in under 7 days and transmit discharge letters and summaries following treatment by Rapid Response services immediately. Further standards will be issued over time and the Provider must adopt the applicable ones as they become available.

Providers must be progressing well towards paperless working, and be able to provide evidence of their trajectory over the previous 48 months.

Mobile working – Providers will ensure that mobile devices for staff working in the community should be small and light and easy to transport. All devices should have a long battery life over 8 hours under normal use and cache or 'briefcase’, and later automatically synchronise with the EHR if there is a loss of connectivity.

Secondary Use of data - Providers will routinely contribute data sets for performance, commissioning, planning and risk stratification purposes to local health economy central data warehouse(s). Providers will contribute the Community Services Data Set (CSDS) into a regional data warehouse (similar to Kent Integrated Data Set). Providers should be able to contribute data greater in scope than simply the CSDS and be able to describe any additional benefits of the extra contribution, to the wider health economy. Providers should be able to contribute data sets at a weekly or higher frequency. Providers should have 95% patient records matched to NHS numbers.

Ref CSDS : <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set/community-services-data-set-technical-output-specification>

Ref Kent Integrated Data Set: <https://www.kpho.org.uk/data/assets/pdf_file/0004/74146/Kent-Integrated-Dataset-August-2017.pdf>

Future inter-operability will be via the Kent Care Record. The Provider should have capability to integrated with the Kent Care Record, which will have the following seven key capabilities: online patient services, universal care records, universal clinical access, universal transactional services, personal digital healthcare, shared health analytics and expert systems.

**Remote Treatment Services**

The Provider will be experienced in delivering a range of remote treatment options to support the urgent response function and day to day patient care including: telehealth, telecare, web portals and smart phone Apps; as well as and the delivery of care over SMS messaging, and phone support for patients with low digital literacy.

The Provider will need to be skilled in matching the right channel, and appropriate care, with the right groups of patients, to maximise clinical benefit. The Provider should be tracking benefits, and be able to present benefit forecasts to the commissioner for proposals to start or modify services.

The Provider should hold Tech Quality Code of Practice Certification for Telecare and Telehealth e.g. <https://www.tsa-voice.org.uk/standards/telecare-telehealth-integrated-code-of-practice>

**Digital Governance and Culture**

The Commissioner is looking to work with a Provider with a mature digital culture involving patients and clinicians, which is forward thinking and achieving national and international recognition.

The Provider should be involving patients and/or a patient voice in individual projects relating to the development of digital strategy, and able to evidence this as part of the procurement process.

The Provider should be promoting digital skills across their workforce. It is expected that core nursing and therapeutic staff can confidently coach patients to use Apps and other digital services, as part of routine care.

The Provider must engage clinical leadership across their digital services and programmes of change and have a named Chief Clinical Information Officer (CCIO) in place. The Provider must have digital programme governance in place, and be compliant with structured methods including PRINCE2 and Managing Succesfull Programmes, and/or other published change delivery frameworks.

The Provider should have implemented the following Wachter Report recommendation: There must be a senior clinician-informatician (chief clinical information officer, or CCIO), reporting at the level of the board or the CEO, whose primary job (>75% time) is to lead and manage the purchase, implementation, and evolution of the clinical information system. Reporting to this person must be a team of clinician-informaticians (whose clinical background may be medicine, nursing, or pharmacy, depending on the needs of the unit). To implement and optimise an EHR effectively, trusts must make such individuals available to major clinical … The Advisory Group estimates that an average-sized organisation needs at least 5 such individuals on staff.

Ref: <https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs/making-it-work-harnessing-the-power-of-health-information-technology-to-improve-care-in->

The Provider will ideally be local and national leaders in using digital services to support service delivery, and be a recognised successful innovator, with a track record of leadership within the local health system and at STP level.

The Provider should meet Service Condition 23, General Conditions 11, 17 and 21, and Particulars Schedules 5B and 6F around GDPR. The Provider should meet national data security standards recommended by the Caldicott review and the 10 data security standards in "Your Data: Better Security, Better Choice, Better Care" and the Data Security and Protection Toolkit, the successor to the Information Governance Toolkit, can be found at https://www.dsptoolkit.nhs.uk/

The Provider should have a strategy ensuring data quality, with reference to the following international standard – i.e. The Data Management Association (DAMA) DAMA-DMBOK2 Body of Knowledge Framework (DAMA International 2014), or equivalent published standard, or an internal standard.

**Patient Services – Portals, engagement and specific support**

Providers will work with patients to increase their digital skills and support their access to services.

Ref: <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion>

Providers should be supporting patients with communication issues by managing relevant data in their systems to achieve the NHS Accessible Information standard. Ref: <https://www.england.nhs.uk/ourwork/accessibleinfo/>

Providers should access and use clinical systems to enable the right support to be delivered to patients with safeguarding issues.

Providers must offer support to patients with Mental Health issues by ensuring their clinical systems are able to flag issues (including Learning Disabilities) to target appropriate intervention and support to patients with mental health needs.

Providers must be able to use their systems to support patients reduce their consumption of health services, for example frequent flyers accessing urgent care services. Provider systems should be able to carry out a range of functions including:

• Track fluctuating demand, e.g. due to drug and alcohol issues, or illness

• Monitor uptake of other providers health services

• Identify root causes to address issues (listed above)

• Assess patient capacity for self- care

Providers must record and monitor the Patient Activation Measures [or equivalent], used to support patients manage their long term conditions. These should be available as part of the patient record and used to guide how care is provided during patient contacts.

Providers must have the capability to capture and record PROMS [or equivalent relevant to the services provided] as part of the patient record <http://proms2.org/>, and to use these to guide service auidts and improvements.

The Provider should support patients by offering online interactive services as part of the range of services offered, including: a basic booking service i.e. automation of clinic booking, rescheduling and reminder system. Systems should support patients to be able to choose how they receive confirmations and reminders online, by text message, or email. In addition, they will be able to change appointments, receive patient letters and access care plans. If patients are no longer able to make an appointment, they should be able to view other available times, select and book an alternative that works for them, and receive a confirmation. Patients should also be able to opt to receive letters via a patient portal, access care plans and clinical results.

**Generic ICT Best Practice Requirements**

* have up to date and appropriate licences, access, support arrangements, networks, systems, security, software and hardware to run the Services from the Service Commencement Date, and thereafter, for the life of the Contract;
* responsible for, and expected to provide all necessary hardware, software, peripherals and licencing to support their effective delivery of the Services;
* ensure it understands the existing clinical and other, systems currently in operation and have a clear plan to ensure transfer, transition and re-procurement of these, taking into account known national arrangements, including the local digital road map ;
* commit to working with existing providers, systems suppliers and other key stakeholders to deliver safe, robust, high quality clinical and support systems through point to point interoperability from the commencement of the contract, this includes ensuring that as any new partners join the local health economy the systems can communicate and maintain interoperability;
* have in place systems which are scalable to support new technologies and systems.
* Have, and further develop, clinical and support systems that are interoperable with two way messaging systems with local GP, social care and over time other all other local healthcare systems
* participate in national audits and make arrangements for submission of related data e.g. diabetes audit;
* have and retain ICT licences, access, support arrangements, networks, systems, software, security and hardware that are required and appropriate for an organisation delivering healthcare services;
* have in place IT hardware, software and licences to support the developments and changes to ways of working envisaged the service transformation programme
* maintain ICT, data and information security and sharing arrangements which:
* are appropriate for an organisation delivering healthcare services;
* have in place, as part of the clinical system, the ability to grant consent to share which is auditable and capable of adopting new consent technologies as they are developed.
* are compliant with data security, protection and sharing regulations for the public sector and specifically healthcare, for example the Public Service Network (PSN) Code of Connection (CoCo) or any subsequent codes of practice;
* allow access to HSCN and Spine, or any replacement networks, at sites where it is required;
* have in place ICT Incident Management and resolution appropriate for organisation delivering health care services, including support and service management availability in line with the operating hours for the Services. Have in place ICT resilience and business continuity arrangements to enable the Services to continue to be delivered in the event of an incident or emergency;
* comply with the European Community directive 2002/96/EC, known as the Waste Electrical and Electronic Equipment (WEEE) Directive;
* prepare and maintain ICT and data sharing improvement plans, which must include:
* ICT service management improvements and alignment to national standards such as ITIL or equivalents;
* ICT and digital developments aligned to local and national strategies and plans and MCP service and workforce developments. These developments are expected to improve access to services, integration, patient and carer experience and/or reduce costs within the MCP;
* improvements to service information and data and where appropriate, secure data sharing between systems and agencies; and
* compliance or plans to comply with relevant components of the ‘Universal Capabilities’ in line with the Kent STP Digital Road Map
* the EHR should support routing data collection and reporting to support Clinical Audits [to meet relevant NICE guidance, i.e. if the NICE guidance requires blood pressure to be measured every 6 months, a report proving this has happened across a team or service should be able to run off]