**Digitalisation of the Continuing Healthcare End-to-End Patient Management System for NHS Somerset Integrated Care Board (‘ICB’)**

**Description of the Services - Draft**

The following provides a draft description of the services we require to be included within the system:

**Referral Portal (e-referrals) & Associated Digitalised Forms**

* Ability to configure and design a Digital checklist which can be completed and submitted.
* Ability to utilise NHS Somerset’s bespoke referral documentation associated with Fast Track and Notification of Admissions to a Nursing Home.
* Ability to utilise the details outlined in the checklist to be auto populated into the DST – the mandated fields/minimum data set such as NHS Number etc.
* Ability to auto populate client details from digital forms into database.
* Ability to automatically add contact details from the next of kin section and professional completing the digital Checklist to our Contacts tab.
* Ability to locally define form content and with customisable formats, such as drop-down lists.
* Robust version control.
* Forms must be compatible with Apple and Android Devices and all operating systems.
* Forms must be able to be exported.
* Forms must be able to be printed.
* Forms must be able to be amended then resubmitted (may work with the exported part but added just in case) To be able to change the completed document.
* Forms must be able to be uploaded to client portal.
* Ability to fill and sign digital forms.
* To be able to refer a fast track and complete it into portal.
* To request a checklist to be completed.
* For the referral to inform the service that a referral/request has been made.
* To use the portal to respond and confirm to the referrer.
* To only accept and send the referral when all required documents are received.
* Different access levels (professional/enquiries from others) individual /team access to portal/ self-registration for the portal.
* To be able to refer to the correct CHC team and workflow for initial referral (linked to GP surgeries).
* Need to have different access for internal viewing.
* Need to have administrative rights without additional charges.
* Need to have bespoke elements that work for NHS Somerset.

**Case Management System**

* + Storage of all client information.
  + Provide a user workflow dashboard/summary.
  + Provide workflow monitoring and reporting functionality.
  + Link to SPINE.
  + Link to LA for Social Worker booking.
  + Manage RIP notifications.
  + Able to record and save client notes including date and time.
  + Notes appear sequentially.
  + Emails and documents able to be saved into notes (drag and drop).
  + Search facility for notes – using date, word, or job role.
  + Audit trail of entries – identifying the person who made the entry and date
  + All amendments must be auditable.
  + Record and manage Liberty Protection Safeguards (LPS) as the standard.
  + Recording of Best interest decisions including case management reporting and flagging of review dates.
  + Record next of kin and Power of Attorney evidence.
  + Facilitate recording of MHA Section history.
  + Recording of Package of Care arrangements start / stop date package breakdown / cost / cost codes.
  + Provider Name from a drop-down menu.
  + Locality Name – Automatically generated by GP Post Code.
  + Finance Coding – Added to Packages of Care on new system, automatically generated from Funder Name, Locality and Care Category.
  + Locked Rehab / Secure Hospital Field.
  + PHB – A clear field to be yes/no.
  + A pop-up message that prevents a client being set-up with a FNC funder name and CHC care stay or care category plus any other incorrect combination.
  + Flexibility to incorporate pathways that fall outside of CHC, Placements (NON CHC) and FNC.
  + Risk Alert functionality on the front screen of each patients record.

**Workflow Management**

* + The system must be coded to be able to determine whether the data meets the criteria set. If not, it should not be able to be submitted.
  + Ability for checklists to be calculated as positive/negative.
  + Positive checklists to trigger actions for practitioners to gather necessary evidence for each of the correct fields.
  + Ability to upload evidence materials to the system.
  + Ability to highlight areas on the DST requiring further evidence and rejecting incomplete forms.
  + The ability for cases to be assigned to practitioners and administrators to create a caseload for practitioners to manage.
  + Notifications and reminders are sent to staff when a case is assigned to a member of staff, or an action is required.
  + RAG rating on workflow/reminders.
  + Ability to locally configure these notifications and reminders.
  + Ability to assign tasks to individuals as the work progresses and flag if not actioned within certain timescales.
  + Ability to determine whether the individual you wish to forward work to is unavailable (link to Calendars) - or when they are available.
  + Track and monitor 28-day deadline for each case.
  + Track and monitor other, as required e.g., Fast Track for each case.
  + Integration with Outlook Calendars and ability to book meetings from within the system.
  + Ability to configure meeting reminder alerts for practitioners.
  + Ability to send emails from within the system/database.

**Patient Portal**

* Ability to access the portal via webpage/mobile app.
* Two factor authentication for client portal/secure login.
* User friendly interface – minimal clicks, simple workflow aligned to client process.
* Ability to upload documents to the portal and store for future reference.
* Notifications and reminders are sent to clients via email or text when they need to conduct an action within the portal or if there has been an update/change to their application.
* Progress tracker/timeline to allow clients to track progress.
* Ability for CHC practitioners to upload documents that require client review.
* Portal to integrate with overall workflow management system to allow documents to link to client case.
* Notify clients of the outcome of their application.
* Live electronic message service for clients with speech impairments or hearing difficulties.

**Professionals Portal**

* That links to and harnesses organisation Active Directory structures, so that login uses existing user credentials to validate and allow entry, rather than the risk of creating yet another username and password to manage. This also means that when a member of staff changes role in the organisation or leaves, their access changes and / or is automatically removed.
* Ability for professionals involved in the patients care to upload evidence to the portal for CHC practitioners to then download.
* Ability for NHS Somerset to share information securely with external stakeholders.
* 2 factor authentication for those professionals uploading to the portal.
* Link professional portal with client’s case record.
* Notifications and reminders to be sent to MDT members when they need to conduct an action within the portal.

**Commissioning / Brokerage / Provider Marketspace / Provider Portal**

* + Contract management incorporated into system.
  + Flexible rate cards for domiciliary care.
  + Enabling of inflationary increases to unit costs.
  + Reporting e.g., average cost per week, highest, lowest, per care category.
  + A dynamic purchasing system (DPS) where adverts can be placed for placement/POC including transparent selection criteria for selecting providers.
  + Automated process for sharing Individual Patient Activity e.g., Patient Care Records.
  + A provider portal that shows all the existing rates and all the information relating to specific care providers including CQC ratings.
  + Provider Directory (to include available services and needs that can be met e.g., a Skills and Competency documentation).
  + A provider portal that shows provider capacity.
  + A provider portal that shows all company interdependencies/hierarchy (including ownership and co-ownership).
  + Locked-down rates for both residential and domiciliary providers (only allow the use of rates that are agreed with the Commissioning Team).
  + Improved reporting.
  + Improved, simplified and quicker process for making changes to the functionality of the system as needs change.
  + Process prompts that ensure that information is recorded correctly or built-in ‘how-to guides.
  + When adding a care package and funding, it automates the funding approval process.
  + Accurate summary of care package history.
  + Ability to pause and restart funding.
  + Option for Supported Living Care Type e.g., Domiciliary Care, Residential Care, Supported Living.
  + Simplified process for managing uplifts.
  + Filter and output financial information to Excel (currently on Finance tab).

**Personal Health Budgets and link to banking apps**

* + Indicative budgeting tool to calculate care needs cost.
  + Access for staff to see the details of the PHBs.
  + Fast set up of accounts for clients to be able to access funds (including Fast Track clients).
  + Payment’s system that enables staff to amend payment amounts.
  + Client portal – allow clients to access and control payments.
  + Links between NHS organisations (all) and Local Authorities.
  + Auditing tool – ability to track payments and flag any unusual activity.
  + Personalisation plan.
  + Facility for electronic signatures.
  + Able to record and populate documents for clients not eligible for CHC or Children’s and Young People’s Continuing Care.
  + Reporting available to support Quarterly reporting to NHS E.

**Bespoke Equipment Management**

* Ability to see at-a-glance which stage the application is at.
* Clinical triage to be included in the system.
* Drag and drop all relevant documents.
* Ability to distinguish equipment providers from other types of providers.
* Confirmation for each individual whether they have equipment or not.
* If equipment in place, then:
  + item description.
  + Name of provider e.g., purchased by self, provided by LA, equipment stores, wheelchair service, provided by NHS (note which department), provided by CHC Service.
  + Tick box Y/N if the CHC Service is responsible for this piece of equipment management and if not, who is.
* If CHC is responsible for this piece of equipment management then the following to be completed:
  + equipment purchase date.
  + who the equipment was purchased from.
  + purchase price.
  + warranty term.
  + Details of maintenance/safety check contracts and term.
  + equipment life expectancy term.
  + recycling / disposal arrangements.
  + who the equipment is allocated to.
  + date deployed to the individual.
  + equipment commissioning / de-commissioning requirements upon movement.
  + user checks and frequency.
  + user check reminder functionality.
  + user check confirmation checks complete functionality.
  + PAT check due date.
  + PAT check booked date and company completing the check.
  + PAT check confirmed complete date (upload of cert functionality).
  + maintenance check due dates.
  + maintenance check booked date and company completing the check.
  + maintenance check confirmed complete date (upload of maintenance record functionality).
  + alert function to case manager for any recommended check actions or replacements required or for end of maintenance contract or equipment life expectancy expiry.
  + replacement parts recommended frequency / due dates e.g., batteries.
  + alerts for overdue checks/replacements.
  + history of maintenance and repairs costs and details.
* Contact details /referral process for maintenance company including out of hours emergency referrals.

**Appeals**

* + Being able to run a report within the locally defined parameters.
  + Ability to track requests for supporting information.
  + Ability to filter by defined credentials.
  + Tracking mechanism to ensure timelines are met and documentation is received.
  + Linked to chair outlook calendars for booking meetings.
  + Linked to client portal to allow clients/families to make an appeal.
  + Drop down lists on portal for appropriate reasons for appeal.
  + Being able to be assigned to a named professional.
  + A quick view 90-day countdown (including a RAG system to inform Administrators and Practitioners of how much time is available).

**Retrospective Assessments**

* + Ability to track where evidence is held and when it was requested.
  + Linked to electronic DST for completion – with the ability to modify the DST slightly.
  + Linked to client portal to allow clients/families to submit their views and relevant forms.
  + Ability to allocate to a professional.
  + Ability to log when evidence is received.

**Independent Review Panels**

* + System must be able to capture all relevant steps in preparation of files and responses to outcome of reviews.
  + Ability to monitor consent to share information for all relevant parties.
  + Link with NHSE IR SharePoint system.
  + Link with client portal and professionals’ portals to enable collection of further information.
  + Allow for relevant changes when client is RIP.
  + Full client file recorded on database.
  + Link with calendars to allow for diary management.
  + Being able to update each step in real time.
  + Link to Reimbursements and Appeals.
  + Reports available.

**Freedom of Information Requests (FOIs) / Subject Access Requests (SARs)**

* + Able to input all requests into system.
  + RAG rating when timescales are getting close to breach.
  + Ability to report on activity and KPIs.

**Reporting**

* Being able to easily access reports and create our own.
* Reporting tool should have a set of standard management reports but then there should be the facility for us to create local reports as needed - tool must be user friendly.
* Being able to report on any field within the same report.
* Reports that can be run on a mixture of fields including but not limited to specific time frames.
* Reports in accordance with NHSE / I requirements for Continuing Healthcare including Personal Health Budgets and LPS. This includes being able to provide a patient level data set monthly in line with the NHSE/I requirement.
* Management reports showing the monthly / annual total numbers of referrals per referral type i.e., Fast Track, CHC, FNC, for each, the number found eligible, the number found not eligible (or no longer eligible) and a month total of those in receipt of that particular funding within the month.
* Exceptions report showing where data may not be entered correctly or is missing.
* Reviews and referrals reports showing due dates and if overdue, and if so, how long overdue
* Reports on Personal Health Budgets including where the individual is within the PHB process e.g., declined PHB, or PHB requested, paperwork sent etc. PHB type, PHB start and end dates, PHB package of care values, how PHB is managed and who by, PHB review date, reason for ending.
* PHB reports to be able to be pulled off as standalone reports as well as being able to merge with subsequent reports.
* Open and closed package of care reports per individual by provider by care type showing weekly and annual cost.
* Reports should include:
  + All the info in the NHSE quarterly benchmarking submission.
  + referral data.
  + checklists positive and negative.
  + 28-day compliance.
  + review compliance 3 and 12 months.
  + funding analysis - cost of packages / breakdown of types of packages e.g., home care, care home etc.
  + types of packages.
  + funding types CHC, LD, MH etc.
  + Appeals - numbers and stage in process.
  + Retros - numbers and stage in process.
  + IRPs - numbers and stage in process.
  + FNC - numbers, reviews.
  + Client History –to be able to maintain client history during fiscal years.
  + A report by client that shows any funding that has not been invoiced or paid by schedule to a given date.
  + Customisable report templates that have the ability to draw data from several sets of data.

**Payments**

* + Functionality for scheduled and non-scheduled payments.
  + The ability to add more than one payment for the same period if within the agreed funding.
  + The ability to add credit notes which will then make the funding for that period available again.
  + A scheduled payment process that links directly to the agreed funding. However, if a scheduled payment has been made, the system has the ability to still process an invoice using the same funding method.
  + Financial forecasting tools.
  + Live dashboard to summarise current financial position.
  + A direct link to NHS Shared Business Services.
  + Payment schedules:
    - Checking and updating payments.
    - A system which Cares Providers can access to verify schedules are correct before payment.
    - An option for queries to be raised by the provider which are automatically added to the client’s record, and we are alerted to respond to.

**Reimbursements**

* + Tracking system to keep control of evidence received.
  + Able to forward to Finance once all evidence is received.
  + Reminders to ensure timely payment is made once evidence is received.

**Integration and Interoperability**

* Meets the requirements/standards included within:
  + The Professional Records Standards Body (PRSB).
  + The Fast Healthcare Interoperability Resources (FHIR) R4 Standard and Capability.
* Ability to interface with other healthcare systems including the NHS Spine, NHS App, Patient Access, EMIS, RIO, NHS SBS and SIDeR (Somerset Integrated Digital e-Record).
* Seamless data flow of outcomes either directly, via an API or via Social Care and Health (MESH).
* Ability to export to/link to the national system to meet new data extraction requirements (PLDS).

**Transfer of historic data**

* + All historic data to be transferred from current system.

**Adaptability for non CHC functions**

* + Possibility of being able to adapt the system to include non CHC work (e.g., Complex Children’s Care, Mental Health).

**Information Governance**

* + Data Security and Protection (DSP) Toolkit assurance – all organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal data is handled correctly.
  + Industry standard data security accreditation e.g., ISO27001, Cyber Essentials Plus etc.
  + A dedicated expertise to understand and support data protection and UK GDPR 2018 requirements for system implementation such as Data Protection Impact Assessments (DPIA), Data Sharing Agreements (DSA) and Data Processing Agreements (DPA).

**Disaster Recovery**

* + Any provider must be able to provide off site mirror back up in the event of a disaster and this must be available instantly to ensure continuity and consistency.