**Introduction**

Walsall Healthcare NHS Trust is home to both acute and community services. The acute side of the Trust already has a well-established Electronic Patient Record (EPR) and use System C’s CareFlow. But the community side of the Trust does not have a community wide EPR in place.

The Trust current community system contract runs out in March 2025 and the Trust now needs to identify a suitable replacement that can be implemented by the above date.

A review has been undertaken to identify the full requirements and an Output Based Specification has now been completed and signed off. To enable the business case to be created, we now need to identify what the indicative costs would be for a new system implementation, resource requirements from the trust and what the deployment plan would look like and the associated timescales.

The high-level Requirements are as follows:

● Ability for Single sign-on

● Full view of patient pathway/s

● Chronological recording of information

● Robust scheduling and rostering

● E-referrals

● Ability to template by team

● Needs to work in both mobile and laptop/desktop format

The following will need to be taken into consideration when providing indicative costs.

That your solution can meet the high-level requirements stated above.

When submitting your response please confirm if and how your product meets the "Core" capabilities.

* Support for the provision of Community Health Service (Care provided in community settings or home cares and the patient's own home including, but not limited to, District nursing, Children's services, End of life and Palliative care, Physiotherapy and Musculoskeletal therapy, Podiatry, Speech, and language therapy, Falls prevention, Intermediate care, Specialist nursing, Rehabilitation, Wheelchair services, Health visiting, School nursing & Sexual health services)
* Provision to support Care Co-ordination (and Responsible Clinician) within the organisational boundary, including capability to assign care coordinators, key workers and care managers that change over time.
* Provision to support Caseload Management (as a specialised area for community services)
* Ability to accept and manage multiple inbound referrals (from a variety of systems) with the ability to refer onwards within the organisation to multiple services (as required per referral).
* Ability for offline patient data input/retrieval via mobile devices when connectivity is lost. Ability to upload when connectivity returns.
* Automatic upload of offline data and synchronisation when connectivity returns.
* Enable preparation and sharing of care planning with appropriate consent controls. Both within the EPR/trust boundary and local or national systems (as appropriate).
* Can record and provide access to safeguarding information (with links to local authority/ police - vulnerability status and child protection plans, Looked After Status or statutory orders, including CP-IS or integration with PDS)
* Provision to support accessible information requirements in support of care planning / information sharing.
* Can share and export data to support national data sets (for example Community Services Data Set (CSDS) & population health management initiatives.
* Provide secure 2-way communication with patients via appropriate channels. Further ability to send scheduled and ad-hoc messaging to support patient self-care management.
* Enable integration of clinical schedules and corporate calendars to support efficient staff availability management.
* Web enabled appointment solutions that support the management of joint electronic clinical/patient facing diaries.
* Confirmation is required against each of the following stating that there is full integration with the following Spine services:
  + Personal Demographic Service
  + Child Protection Information Sharing (CPIS)
  + eReferral
  + Spine Directory Service
  + MIG
  + Summary Care
  + Docman

Provide individual costs for any additional elements/modules that would be needed to successfully deploy the solution.