

DPS Schedule 5 (Order Form Template)

This Order Form is issued under the BIS DPS Agreement with the reference number **W4025** as part of a Call for Competition on **30th March 2022** for the provision of SNOMED CT - Reference set creation & maintenance.

Buyer	
Organisation	NHS Digital
Representative	[REDACTED]
Tel	
Email	[REDACTED]
Agent (if applicable)	
Organisation	N/A
Representative	
Tel	
Email	
Supplier	
Organisation	White Rose Healthcare Consulting Limited
Representative	[REDACTED]
Tel	[REDACTED]
Email	[REDACTED]

Title of Work	SNOMED CT reference set creation, maintenance, owner engagement and sign off for 2022/23 work package
Call-Off Reference	C72523
Proposed Start Date	10 th May 2022

Summary							
Scale of Standard (select as applicable)	New	X	Major Revision		Minor Revision		
Type of Standard (select as applicable)							
Professional	Direct Care		Indirect Care				
Semantic	Representation		Transformation	X	Modelling		
Technical	Architecture		Interface		Protocol		
Scope of Services (select one or more)							
Governance	Development	X	Assurance	X	Endorsement	X	
Publication	Promotion		Implementation		Evaluation	X	

Part A – Buyer Requirements

A1 - Objective

This work package describes the following services for the following:

- Maintenance of mission critical existing SNOMED CT reference sets (also known as refsets)
- Creation of new SNOMED CT references sets as agreed by the Customer
- Maintenance of existing of any other SNOMED CT reference sets where changes have been requested, or where there have been terminology changes that has significant impacts.

For the purposes of this work package the scope of “refsets” includes, where NHS Digital has become the de facto custodian for SNOMED CT reference sets for the UK Clinical extension. The number of mission critical ref-sets is currently around 70 ref-sets and examples include default exclusion filter, Summary Care Record inclusion and exclusion and General Practice Exclusions.

Historically, around 60% of ref-sets will remain static per release cycle.

The Customer requires, where they have agreed a request for a new refset that the supplier is to:

- Review and respond to Requests for new refsets
- Conduct clinical informatics reviews and provide endorsement for the Design and Membership to identified new refsets.
- Action the approved and endorsed refset design to the identified new refsets so that they can be created and published by NHS Digital.
- Advise the Customer if / when any refsets cannot be safely designed or maintained
- Provide the Customer with documentation for a new refset

The Customer will author and provide the SNOMED CT metadata concepts to support the new refsets.

The Customer will be responsible for documenting a new refset on DD4C.

The Customer requires where they have agreed a request for change to a refset that is to:

- Review and respond to Requests for Change to existing refsets
- Conduct clinical informatics reviews and provide endorsement for updates to identified refsets. Including review of inactivation's and impacts from hierarchy changes
- Action the approved and endorsed updates to the identified refsets so that they can be uplifted and published by NHS Digital.
- Advise the Customer if / when any refsets must be retired from use.

A2 - Background

NHS Digital produces national reference data for record keeping messaging, extraction and analysis. Historically there have been multiple ways of developing, governing, publishing, and maintaining and retiring content, from a multitude of access points. Emphasis has been

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upon the creation of reference data, with a lesser regard for maintenance and management, leading to content falling out of date.

As such NHS Digital has become the de facto custodian of many refsets when the original requestor, for example a programme of work, group, or a senior responsible officer, is no longer active.

NHS Digital provides on a regular basis the release files, subsets, mappings, and related documents for those using SNOMED UK Edition within their systems.

These updates require reviews to refsets to determine impacts, updates or withdraw.

These are decisions that NHS Digital can no longer make in the role of custodian.

A3 - Target Plan

The following timescales are for the purposes of setting the overall goals with respect to the timing of the work. The details for the iterative development or assurance activity will fall out of the ongoing management process.

Ref	Buyer Needs Descriptions	Target Date
M1	33.0.0 - Refset file delivered to NHS Digital	13 May 2022
M2	33.1.0 - Refset file delivered to NHS Digital	10 June 2022
M3	34.0.0 - Refset file delivered to NHS Digital	08 July 2022
M4	34.1.0 - Refset file delivered to NHS Digital	05 August 2022
M5	35.0.0 - Refset file delivered to NHS Digital	30 September 2022
M6	35.2.0 - Refset file delivered to NHS Digital	25 November 2022
M7	35.5.0 - Refset file delivered to NHS Digital	17 February 2023

A4 - Target Settings

The following table identifies the target health and social care settings relevant to this work and its potential impact on these settings. Please select all settings that apply.

Ref	Service	Target	Potential Impact (see definitions)	Ref to Note
S01	Primary Care - General Practice	No		
S02	Primary Care - Dentistry	No		
S03	Primary Care - Pharmacy	No		
S04	Primary Care - Optometry	No		
S05	Primary Care - Out of Hours	No		
S06	Other Primary Care setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc	Yes	Min	
S11	Secondary Care - Ambulance	No		
S12	Secondary Care - Emergency	No		
S13	Secondary Care - General/Acute (<i>please identify as Anaesthesia, Community sexual and reproductive health, General medicine, Intensive care medicine, Obstetrics and Gynaecology, Occupational medicine, Oncology, Ophthalmology, Paediatrics, Pathology, Pharmacy, Radiology and or Surgery</i>)	No		
S14	Secondary Care - Maternity	No		
S15	Secondary Care - Mental Health	No		
S16	Other Secondary Care setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc	Yes	Min	
S21	Community Care - Child Health	No		
S22	Community Care - End of Life	No		
S23	Community Care - Mental Health	No		
S24	Community Care - Rehabilitation / Aids & Adaptations	No		
S25	Community Care - Treatment / Therapies	No		
S26	Other Community Care setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc	Yes	Min	
S31	Public Health - Health Promotion	No		
S32	Public Health - Immunisation & Vaccination	No		

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Ref	Service	Target	Potential Impact (see definitions)	Ref to Note
S33	Public Health - Infection Prevention/Control	No		
S34	Public Health - Screening	No		
S35	Other Public Health setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc	Yes	Min	
S41	Social Care - Advocacy services (<i>identify as Adult / Child / Both</i>)	No		
S42	Social Care - Disabilities services (<i>identify as Adult / Child / Both</i>)	No		
S43	Social Care - Domiciliary care (<i>identify as Adult / Child / Both</i>)	No		
S44	Social Care - Needs assessments (<i>identify as Adult / Child / Both</i>)	No		
S45	Social Care - Residential care (<i>identify as Adult / Child / Both</i>)	No		
S46	Social Care - Safeguarding (<i>identify as Adult / Child / Both</i>)	No		
S47	Other Social Care setting (<i>please identify</i>)	No		
S51	Genomics	No		

Impact Definitions	
Min	The revised or newly created information standard could have a minimal but identifiable impact upon the current provision of care services within this setting
Mod	The revised or newly created information standard could have a tangible and measurable impact upon the current provision of care services within this setting
Sig	The revised or newly created information standard could have a substantial and disruptive impact upon the current provision of care services within this setting

A5 - Target Stakeholders

The following table summarises the target stakeholder groups for the work and the extent of engagement required of them. Please select all audiences that apply.

Ref	Audience	Target	Extent of Engagement (see definitions)	Ref to Note
A01	Patients, service users and citizens	No		
A02	Registered health and social care professionals	Yes	Ind / Org	
A03	Regulated health and social care professional bodies	Yes	Ind / Org	
A04	Health and social care provider organisations	No		
A05	Voluntary/third sector organisations	No		
A06	Dept of Health & Social Care and its Arm's Length Bodies	Yes	Ind / Org	
A07	Central government (<i>its Depts and Parliament</i>)	No		
A08	Devolved governments (<i>their Depts and Parliaments</i>)	No		
A09	Local Government	No		
A10	International organisations / bodies representing other nations	No		
A11	Academia	No		
A21	Other Audience (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc	Yes	Ind / Org	

Engagement Definitions	
Ind	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s)
Org	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s) and/or organisations representative of the selected stakeholder group(s).
Pop	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s) and/or organisations representative of the selected stakeholder group(s) and/or large user communities representative of the selected stakeholder group(s).

A6 - Target Deliverables

The following table lists the various deliverables which could be required from this work and the relative complexity of each. Please select all deliverables that apply.

Ref	Deliverable	Target	Degree of Complexity (see definitions)	Ref to Note
D11	Development Plan (inc methodology)	No		
D12	Research Proposal	No		
D13	Research Outcomes	No		
D14	Evaluation of Supporting Technologies/Standards	No		
D21	Assessment of Need	No		
D22	Assessment of Burden	No		
D23	Assessment of Risks	No		
D24	Assessment of Benefits	No		
D25	Assessment of Training Support	No		
D26	Assessment of Investment Options (inc Value for Money)	No		
D27	Clinical Hazard Log	No		
D28	Data Privacy Impact Assessment	No		
D29	User Research Log	No		
D30	Draft Design Specification	No		
D31	User Guidance	No		
D32	Other Developer deliverable (please identify)	No		
D41	Assurance Plan (inc methodology)	No		
D42	Clinical Safety Assessment	No		
D43	Information Governance Assessment	No		
D44	Updated User Guidance	No		
D45	Correspondence Log	No		
D46	Final Design Specification	No		
D47	Other Assurer deliverable (please identify)	No		
D51	Endorsement	Yes	Rep	1
D52	Other Endorser deliverable (please identify)	No		
D61	Pre-publication Assessment	No		
D62	Post Publication Assessment (including user feedback)	No		
D63	Other Publisher deliverable (please identify)	No		
D71	Promotion Plan (including methodology)	No		
D72	Promotion Outcomes (including correspondence log)	No		
D73	Other Promoter deliverable (please identify)	No		
D81	Implementation Plan (including methodology)	No		
D82	Implementation Outcomes (including user feedback)	No		
D83	Other Implementor deliverable (please identify)	No		
D91	Evaluation Plan (including methodology)	No		

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Ref	Deliverable	Target	Degree of Complexity (see definitions)	Ref to Note
D92	Evaluation Outcomes (including consultation log)	No		
D93	Other Evaluator deliverable (please identify) SNOMED CT RF2 simple reference file	Yes	Sec	2

Complexity Definitions	
Sec	The deliverable will be made up of one or more defined document sections (including references, glossary and bibliography elements) contributing to the body of a Buyer report
App	The deliverable will be made up of one or more defined document appendices (including references, glossary and bibliography elements), and potentially document sections, contributing to the body of a Buyer report
Rep	The deliverable will be a full report including all references, glossary, bibliography, appendices, version control and document management
Let	The deliverable will be a letter to the Buyer of the formal endorsement of the information standard by a body of responsible professional opinion or other recognised representative stakeholder organisation

Delivery Notes are as follows:

1. Individual endorsement of each change is not required; however, we do need to be confident that the supplier is in a position to do this endorsement - this could be done by a report with the names of who checked and who confirmed the changes. Essentially name of author (individual or group) and who signed it off (individual or group).
2. The file must be versioned with the correct effective Time as per the release schedule.
Only the simple refset file needs to be provided, not a complete SNOMED CT release.
All the refsets must be included in this single file.

For new refsets provide documentation for the refset detailing the design.

A7 - Roles

The table summarises which high level role each party (Buyer, Agent [if applicable], or Supplier including any work sub-contracted via the Supplier) will hold. It uses a slightly extended version of the standard RACI terminology as follows:

- (R)esponsible - the primary party responsible for delivery (only one per role). A lower case (r) can be used to indicate if another party has partial responsibility (under the management of the primary responsible party)
- (A)ccountable - the party who is accountable for the role (only one per role) who has the ultimate decision-making ability about the role
- (C)onsulted - any party who must be routinely consulted with regard matters relating to the role (with evidence that this is the case)
- (I)nformed - if a party should be informed

Role	Buyer	Agent	Supplier	Ref to Note
Custodian	R			
Developer	I		RA	
Assurer	I		R	
Endorser	I		R	
Publisher	R			
Promoter	R			
Implementor	R			
Evaluator	I		RA	

A8 - Management

A8.1 - Control

Unless agreed as otherwise between the Buyer and the Supplier, the frequency of progress meetings will be:

Every 2 weeks

The purpose of the progress meeting is to:

- Understand progress to date and capture actual time taken to complete identified tasks (backlog items) for the purposes of continuously improving forward estimates
- Review the outstanding tasks (backlog item list) re-prioritising them, or evolving them - ideally into sprint sized activities - as progress is made through the backlog item list, and amending, deleting or supplementing them as necessary (recording any changes to scope and any material impact on the Charges and/or timescales)
- Planning for the next sprint accordingly, ensuring that criteria for marking agreed tasks as “done” are agreed in enough detail; and, if necessary bringing the work to closure

- In the event of deciding to bring the work to closure, the Supplier acknowledges its obligations to bring the work to a mutually satisfactory conclusion (see termination) as part of final (sprint) planning

Unless otherwise agreed between the Buyer and the Supplier the Sprint duration will be the same duration as the frequency of progress meetings set out above.

A8.2 - Termination

The Customer will review this work package after each of the stated releases.

A8.3 - Charging

Charging Method	Charging Method Selected
Fixed Price	N
Incremental Fixed Price	N
Time and Materials	Y

A8.4 - Special Requirements

The Customer is not intending this to be a fixed price work package but rather reward based on the effort carried out for each of the stated releases.

The Customer will expect all identified errors and omissions to be resolved ready for inclusion in the relevant release.

The Customer will provide extracts of identified “mission critical” refsets via the NHS Dictionary for Care (dd4c) [1] and from internal MS Teams repository.

The format of the deliverable will be a SNOMED CT RF2 simple reference file [2] representing a Snapshot release of that file [3].

The file must be versioned with the correct effectiveTime as per the release schedule. Only the simple refset file needs to be provided, not a complete SNOMED CT release. All the refsets must be included in this single file.

NHS Digital can provide the Snapshot refset file to start from, alternatively this file is published in the SNOMED CT release, available from TRUD [4].

For new refsets provide documentation for the refset detailing the design.

Timescale of this work package cover the next three SNOMED UK Clinical addition updates for UK clinical content which are currently planned as listed below

Frequency of the SNOMED UK Clinical addition updates for UK clinical content which are in scope of this work package are currently planned [7] as 18 May 2022, 15 June 2022, 13 July 2022, 10 August 2022, 05 October 2022, 30 November 2022, and 22 February 2023

18 May 2022 release (Major release including July 2021 International Edition)

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Effective time: 11 May 2022
[REDACTED]

Draft data ready: 22 April 2022

Finalised data (modulated and versioned): Thursday 05 May 2022

Refset file delivered to NHS Digital: Friday 13 May 2022

15 June 2022 release

Effective time: 08 June 2022
[REDACTED]

Draft data ready: 20 May 2022

Finalised data (modulated and versioned): Thursday 02 June 2022

Refset file delivered to NHS Digital: Friday 10 June 2022

13 July 2022 release (Major release including January 2022 International Edition)

Effective time: 06 July 2022
[REDACTED]

Draft data ready: 17 June 2022

Finalised data (modulated and versioned): Thursday 30 June 2022

Refset file delivered to NHS Digital: Friday 08 July 2022

10 August 2022 release

Effective time: 03 August 2022
[REDACTED]

Draft data ready: 15 July 2022

Finalised data (modulated and versioned): Thursday 28 July 2022

Refset file delivered to NHS Digital: Friday 05 August 2022

05 October 2022 release (Major release including July 2022 International Edition)

Effective time: 28 September 2022
[REDACTED]

Draft data ready: 09 September 2022

Finalised data (modulated and versioned): Thursday 22 September 2022

Refset file delivered to NHS Digital: Friday 30 September 2022

30 November 2022 release

Effective time: 23 November 2022
[REDACTED]

Draft data ready: 04 November 2022

Finalised data (modulated and versioned): Thursday 17 November 2022

Refset file delivered to NHS Digital: Friday 25 November 2022

22 February 2023 release

Effective time: 15 February 2023
[REDACTED]

Draft data ready: 27 January 2023

Finalised data (modulated and versioned): Thursday 09 February 2023

Refset file delivered to NHS Digital: Friday 17 February 2023

Note: International SNOMED CT uplifts are **in scope** of this work package.

External References

[1] Data Dictionary for Care (dd4c) <https://dd4c.digital.nhs.uk/dd4c/>

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[2] Simple Reference Set

<https://confluence.ihtsdotools.org/display/DOCRELFMT/5.2.1+Simple+Reference+Set>

[3] Snapshot Release

<https://confluence.ihtsdotools.org/display/DOCGLOSS/snapshot+release>

[4] Terminology Reference data Update Distribution (TRUD) <https://isd.digital.nhs.uk/trud3>

[5] SNOMED CT UK Clinical Edition release schedule

https://hscic.kahootz.com/t_c_home/view?objectId=27703504

Part B - Offer



Tech 01.docx



Tech 02.docx



SV 01.docx

Pricing



C72523 - SNOMED
CT - Reference set.crx

Part C – Contract Details

CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Schedules.
2. The following Schedules:

Joint Schedule 1 (Definitions and Interpretation)	<input checked="" type="checkbox"/>	Joint Schedule 5 (Corporate Social Responsibility)	<input checked="" type="checkbox"/>
Joint Schedule 2 (Variation Form)	<input checked="" type="checkbox"/>	Joint Schedule 6 (Subcontractors)	<input type="checkbox"/>
Joint Schedule 3 (Insurance Requirements)	<input checked="" type="checkbox"/>	Joint Schedule 7 (Rectification Plan)	<input checked="" type="checkbox"/>
Joint Schedule 4 (Commercially Sensitive Information)	<input type="checkbox"/>	Joint Schedule 8 (Processing Data)	<input type="checkbox"/>
		N/A	
Call-Off Schedule 1 (Transparency Reports)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Call-Off Schedule 5 (Key Supplier Staff)	<input type="checkbox"/>
Call-Off Schedule 2 (Staff Transfer)	<input checked="" type="checkbox"/>	Call-Off Schedule 6 (Security)	<input type="checkbox"/>
Call-Off Schedule 3	<input type="checkbox"/>	Call-Off Schedule 7 (Implementation Plan)	<input checked="" type="checkbox"/>

3. BIS DPS Core Terms

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of or added to this Order Form, or presented at the time of delivery.

CALL-OFF SPECIAL TERMS

The following Special Terms are incorporated into this Call-Off Contract:

Special Term 1	
Special Term 2	
Special Term 3	

CALL-OFF TERM

Call-Off Start Date	10 th May 2022
Call-Off Expiry Date	9 th May 2023

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

INVOICING

The Supplier shall invoice the Buyer for all Tasks that were planned and completed as part of any given sprint at the end of each sprint and such invoices shall be payable in accordance with the Core Terms. Each invoice rendered shall include the Charges for the Tasks that have been agreed as completed in each sprint.

ADDITIONAL CALL-OFF CHARGES

See details in Call-Off Schedule 4 (Additional Call-Off Pricing Details)

ADDITIONAL COMMERCIALLY SENSITIVE INFORMATION

In addition to those set out in Joint Schedule 4 (Commercially Sensitive Information), the Supplier should set out here any further information which it considers to be Commercially Sensitive Information.

No.	Date	Item(s)	Duration of Confidentiality
1			
2			

DATA PROCESSING

This table should be completed where Joint Schedule 8 (Processing Data) is to be used in the Call-Off Contract to which this Order Form applies.

Call-Off Contract	Building Information Standards
Date:	
Description of Authorised Processing	Details
Subject matter of the processing	N/A
Duration of the processing	
Nature and purposes of the processing	
Type of Personal data	
Categories of Data Subject	

ADDITIONAL INSURANCES

N/A

PAYMENT METHOD

Where NHS Digital is the Buyer, P2P payment only via invoice to:

NHS Digital,
T56 Payables A125,
Phoenix House,
Topcliffe Lane,
Wakefield,
WF3 1WE

To be sent as a PDF attachment by email to the following email address;
sbs.apinvoicing@nhs.net (one invoice per PDF) and emails must not exceed 10Mb and
quote, 'T56 Invoice Scanning' in subject line or alternatively invoices can be sent via post to
the above address.

Any queries regarding outstanding payments should be directed to the Customer's Accounts
Payable section by email at financialaccounts@nhs.net

Where HSCIC is not the Buyer, insert below:

Part D - Approval

Buyer Approval			
Authorised Representative	Print Name	<div></div>	
	Signature		
	Date		

Supplier Approval			
Authorised Representative	Print Name	<div></div>	
	Signature		
	Date		