

DPS Schedule 5 (Order Form Template)

This Order Form is issued under the BIS DPS Agreement with the reference number **W0537** as part of a Call for Competition on **26th December 2021** for the provision of Information Standards for PODAC.

Buyer	
Organisation	NHS Digital
Representative	
Tel	
Email	
Agent <i>(if applicable)</i>	
Organisation	
Representative	
Tel	
Email	
Supplier	
Organisation	Professional Records Standards Body
Representative	
Tel	
Email	

Title of Work	Development of new Information Standards for PODAC (community pharmacy, optometry, dentistry, ambulance and community) relating to sector views of the Shared Care Record
Call-Off Reference	C52156
Proposed Start Date	20 th January 2022

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

Part A – Buyer Requirements

A1 – Objective

To put in place Professional Information Standards that will improve the services and efficiency of the community pharmacy, optometry, dentistry, ambulance and community (PODAC) settings. Draft standards need to be published for consultation by July 2022.

A2 – Background

A programme of work is needed to implement NHSX's Strategy, Supporting Flourishing Systems of Care' that sets out digital priorities in community pharmacy, optometry, dentistry, ambulance and community (PODAC) settings for the next three to five years.

The PODAC settings are defined below:

Sector	In scope	Out of scope
Community pharmacy	Community pharmacy providers <ul style="list-style-type: none"> Independent contractors, multiples and online pharmacies that provide NHS services 	<ul style="list-style-type: none"> Hospital pharmacy (acute, community and mental health) Retail and private services
Optometry	General Ophthalmic Services providers <ul style="list-style-type: none"> Independent contractors and multiples that provide NHS services 	<ul style="list-style-type: none"> Hospital ophthalmology services
Dentistry	General Dental Service providers <ul style="list-style-type: none"> Independent contractors and dental corporates that provide NHS services Community dental services <ul style="list-style-type: none"> In-hospital and community-based 	<ul style="list-style-type: none"> Acute dental services Private dental services
Ambulance	NHS ambulance trusts	<ul style="list-style-type: none"> Air ambulances Private ambulances
Community health	CCG commissioned community services <ul style="list-style-type: none"> Focused on community NHS trusts and Community Interest Company (CIC) providers 	Local authority commissioned community services <ul style="list-style-type: none"> The large number of small and medium sized community providers, including the voluntary sector

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Work to date has included:

- digital design requirements to identify user needs;
- work to understand the IT system suppliers; and
- research into access to clinical information.

Draft blueprints, focusing on care management flows and data sets for NHS care have been developed. These blueprints define the draft minimum viable architecture needed for each PODAC setting. Subsequent work to define and prioritise high level requirements needed to implement the blueprints is already underway, with a final report due on 24th December.

The outputs of all work described, which evidences the need for the standards described above, will be available to the supplier on commencement of work.

Work already completed has evidenced the need to develop the following Information Standards:

- A Pharmacy view of the Shared Care Record, isolating any items that can be fulfilled from the GP Record alone.
- An optometry view of the Shared Care Record, isolating any items that can be fulfilled from the GP Record alone.
- A dentistry view of the Shared Care Record, isolating any items that can be fulfilled from the GP Record alone.
- An ambulance view of the Shared Care Record, isolating any items that can be fulfilled from the GP Record alone.
- A community view of the Shared Care record, isolating any items that can be fulfilled from the GP Record alone.

The purpose of this procurement is to develop these Information Standards, with the required scrutiny and validation through professional consultation, and publish them for formal consultation and national adoption.

The successful organisation must be able to demonstrate that standards have been through appropriate stakeholder review and that the standards are endorsed by the relevant professional bodies.

Implementation, adoption and evaluation are out of scope for this procurement.

The successful organisation must be able to:

- demonstrate a clear understanding of the PODAC settings and how they operate; and
- demonstrate experience of endorsing health standards and have access to professional bodies that support health, for example Royal Colleges.

The following standard provides an example of what we want to achieve for each PODAC setting:

Care homes view of shared care records - <https://theprsb.org/standards/carehomesview/>

Existing core standards in pharmacy can be viewed here - <https://theprsb.org/core-information-standard-v2-0/>

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.

Phase 1 - 2021/2

The following milestones will be completed by 31st March 2022.

Community pharmacy:

Ref	Buyer Needs Descriptions	Target Date
M1 (P)	<p>Set out proposal for work and agree with NHS Digital</p> <p>Create group of stakeholders who will be involved in defining and endorsing the standard and agree with NHS Digital</p> <p>Please provide:</p> <ul style="list-style-type: none"> • A plan covering all settings with additional detail about activities in pharmacy • A draft consultation and endorsement plan • Data Privacy Impact Assessment 	February 2022
M2 (P)	<p>Draft a model highlighting what information needs to be shared</p> <p>Please provide:</p> <ul style="list-style-type: none"> • Draft information Standard • Safety Case • Hazard Log • Evidence Review (for final report) 	March 2022

Optometry:

Ref	Buyer Needs Descriptions	Target Date
M1 (O)	<p>Set out proposal for work and agree with NHS Digital</p> <p>Create group of stakeholders who will be involved in defining and endorsing the standard and agree with NSH Digital</p> <p>Please provide:</p> <ul style="list-style-type: none"> • A plan covering all settings with additional detail about activities in optometry • A draft consultation and endorsement plan • Data Privacy Impact Assessment 	February 2022
M2 (O)	<p>Draft a model highlighting what information needs to be shared</p> <p>Please provide:</p> <ul style="list-style-type: none"> • Draft information Standard • Safety Case • Hazard Log • Evidence Review (for final report) 	March 2022

Dentistry:

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Ref	Buyer Needs Descriptions	Target Date
M1 (D)	<p>Set out proposal for work and agree with NHS Digital</p> <p>Create group of stakeholders who will be involved in defining and endorsing the standard and agree with NSH Digital</p> <p>Please provide:</p> <ul style="list-style-type: none"> • A plan covering all settings with additional detail about activities in dentistry • A draft consultation and endorsement plan • Data Privacy Impact Assessment 	February 2022
M2 (D)	<p>Draft a model highlighting what information needs to be shared</p> <p>Please provide:</p> <ul style="list-style-type: none"> • Draft information Standard • Safety Case • Hazard Log • Evidence Review (for final report) 	March 2022

Ambulance:

Ref	Buyer Needs Descriptions	Target Date
M1 (A)	<p>Set out proposal for work and agree with NHS Digital</p> <p>Create group of stakeholders who will be involved in defining and endorsing the standard and agree with NSH Digital</p> <p>Please provide:</p> <ul style="list-style-type: none"> • A plan covering all settings with additional detail about activities in ambulance • A draft consultation and endorsement plan • Data Privacy Impact Assessment 	February 2022
M2 (A)	<p>Draft a model highlighting what information needs to be shared</p> <p>Please provide:</p> <ul style="list-style-type: none"> • Draft information Standard • Safety Case • Hazard Log • Evidence Review (for final report) 	<p>March 2022</p> <p>(New Target date to be agreed and this will form part of Phase 2)</p>

Community:

Ref	Buyer Needs Descriptions	Target Date
M1 (C)	<p>Set out proposal for work and agree with NHS Digital</p> <p>Create group of stakeholders who will be involved in defining and endorsing the standard and agree with NSH Digital</p> <p>Please provide:</p>	February 2022

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	<ul style="list-style-type: none"> • A plan covering all settings with additional detail about activities in community • A draft consultation and endorsement plan • Data Privacy Impact Assessment 	
M2 (C)	Draft a model highlighting what information needs to be shared Please provide: <ul style="list-style-type: none"> • Draft information Standard • Safety Case • Hazard Log • Evidence Review (for final report) 	March 2022

Phase 2 for - 2022/3

The following milestones will be completed in 2022/3. Programme budgets have not yet been agreed. Funding for this work is expected but NHS Digital reserves the right to decide not to continue with milestones 3, 4 and 5. In addition, given the budget available in 2021/22 the Community Milestone 2 requirement will now form part phase 2.

Community pharmacy:

M3 (P)	Engage with stakeholders to inform the creation of the Information Standard	May 2022
M4 (P)	Publish Information Standard (in draft format) and publicise it Please provide: <ul style="list-style-type: none"> • Final report • Information model • Publication materials 	June 2022
M5 (P)	Secure endorsement from endorsing body or bodies Please provide: <ul style="list-style-type: none"> • Final project stakeholder list • Endorsement statements 	July 2022

Optometry:

M3 (O)	Engage with stakeholders to inform the creation of the Information Standard	May 2022
M4 (O)	Publish Information Standard (in draft format) and publicise it Please provide: <ul style="list-style-type: none"> • Final report • Information model • Publication materials 	June 2022

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M5 (O)	Secure endorsement from endorsing body or bodies Please provide: <ul style="list-style-type: none"> Final project stakeholder list Endorsement statements 	July 2022
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Dentistry:

M3 (D)	Engage with stakeholders to inform the creation of the Information Standard	May 2022
M4 (D)	Publish Information Standard (in draft format) and publicise it Please provide: <ul style="list-style-type: none"> Final report Information model Publication materials 	June 2022
M5 (D)	Secure endorsement from endorsing body or bodies Please provide: <ul style="list-style-type: none"> Final project stakeholder list Endorsement statements 	July 2022

Ambulance:

M3 (A)	Engage with stakeholders to inform the creation of the Information Standard	May 2022
M4 (A)	Publish Information Standard (in draft format) and publicise it Please provide: <ul style="list-style-type: none"> Final report Information model Publication materials 	June 2022
M5 (A)	Secure endorsement from endorsing body or bodies Please provide: <ul style="list-style-type: none"> Final project stakeholder list Endorsement statements 	July 2022

Community:

M3 (C)	Engage with stakeholders to inform the creation of the Information Standard	May 2022
M4 (C)	Publish Information Standard (in draft format) and publicise it Please provide: <ul style="list-style-type: none"> Final report Information model 	June 2022

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	<ul style="list-style-type: none"> Publication materials 	
M5 (C)	Secure endorsement from endorsing body or bodies Please provide: <ul style="list-style-type: none"> Final project stakeholder list Endorsement statements 	July 2022

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	Yes	Min	
S02	Primary Care - Dentistry	Yes	Mod	
S03	Primary Care - Pharmacy	Yes	Mod	
S04	Primary Care - Optometry	Yes	Mod	
S05	Primary Care - Out of Hours	No		
S06	Other Primary Care setting	No		
S11	Secondary Care - Ambulance	Yes	Mod	
S12	Secondary Care - Emergency	No		
S13	Secondary Care - General/Acute	No		
S14	Secondary Care - Maternity	No		
S15	Secondary Care - Mental Health	No		
S16	Other Secondary Care setting	No		
S21	Community Care - Child Health	Yes	Mod	1
S22	Community Care - End of Life	Yes	Mod	
S23	Community Care - Mental Health	No		
S24	Community Care - Rehabilitation / Aids & Adaptations	Yes	Mod	
S25	Community Care - Treatment / Therapies	Yes	Mod	
S26	Other Community Care setting	Yes	Yes	
S31	Public Health - Health Promotion	No		
S32	Public Health - Immunisation & Vaccination	No		
S33	Public Health - Infection Prevention/Control	No		
S34	Public Health - Screening	No		
S35	Other Public Health setting	No		
S41	Social Care - Advocacy services	No		
S42	Social Care - Disabilities services	No		
S43	Social Care - Domiciliary care	No		
S44	Social Care - Needs assessments	No		
S45	Social Care - Residential care	No		

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Ref	Service	Target	Potential Impact (see definitions)	Ref to Note
S46	Social Care - Safeguarding	No		
S47	Other Social Care setting	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

Target setting notes are as follows:

1 - Scope of Community to be agreed as work starts

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	Org	
A03	Regulated health and social care professional bodies	Yes	Org	
A04	Health and social care provider organisations	Yes	Org	
A05	Voluntary/third sector organisations	No		
A06	Dept of Health & Social Care and its Arm's Length Bodies	Yes	Ind	
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>)	No		

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.

Deliverable	Target	Degree of complexity (see definitions)	Note
Development Plan (inc methodology)	Yes	App	
Research Proposal	No		
Research Outcomes	No		
Evaluation of Supporting Technologies/Standards	No		
Assessment of Need	No		
Assessment of Burden	No		
Assessment of Risks	Yes	App	
Assessment of Benefits	No		
Assessment of Training Support	No		
Assessment of Investment Options (inc Value for Money)	No		
Clinical Hazard Log	Yes	App	
Data Privacy Impact Assessment	Yes	App	
User Research Log	No		
Draft Design Specification	No		
User Guidance	No		
Other Developer deliverable (please identify)	No		
Assurance Plan (inc methodology)	No		
Clinical Safety Assessment	Yes	App	
Information Governance Assessment	No		
Updated User Guidance	No		
Correspondence Log	No		
Information Model	Yes	Sec	
Information Standard	Yes	Sec	
Evidence Review	Yes	Sec	
Stakeholder list	Yes	App	
Consultation and endorsement plan	Yes	App	
Publication materials	Yes	App	
Endorsement statements	Yes	Sec	
Final report	Yes	Rep	
Pre-publication Assessment	No		
Post Publication Assessment (including user feedback)	No		
Other Publisher deliverable (please identify)	No		

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Deliverable	Target	Degree of complexity (see definitions)	Note
Promotion Plan (including methodology)	No		
Promotion Outcomes (including correspondence log)	No		
Other Promoter deliverable (please identify)	No		
Implementation Plan (including methodology)	No		
Implementation Outcomes (including user feedback)	No		
Other Implementor deliverable (please identify)	No		
Evaluation Plan (including methodology)	No		
Evaluation Outcomes (including consultation log)	No		
Other Evaluator deliverable (please identify)	No		

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

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 NHS Digital	Supplier tbc	Commissioner NHSX	Ref to Note
Custodian			A	
Developer		R	A	
Assurer		R	A	
Endorser		R	A	
Publisher		R	A	
Promoter	R		A	
Implementor	R		A	
Evaluator			A	

A8 - Management

A8.1 - Control

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

Every week

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

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- 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

Standard

A8.3 - Charging

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

A8.4 - Special Requirements

N/A

Part B - Offer



Q1 Response -
FINAL.pdf



Q2 Response -
FINAL.pdf



Q3 Response -
FINAL.pdf



Q4 Response -
FINAL.pdf

Price

Phase 1 at a cost of [REDACTED] and phase 2 will be subject to programme budgets availability as detailed in the specification to a max value of £262,567.50 plus VAT.



C52156 -
Information Standard:

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) N/A	<input type="checkbox"/>
Call-Off Schedule 1 (Transparency Reports)	<input type="checkbox"/>	Call-Off Schedule 5 (Key Supplier Staff)	<input type="checkbox"/>
Call-Off Schedule 2 (Staff Transfer)	<input type="checkbox"/>	Call-Off Schedule 6 (Security)	<input type="checkbox"/>
Call-Off Schedule 3	<input checked="" type="checkbox"/>	Call-Off Schedule 7 (Implementation Plan)	<input type="checkbox"/>
Call-Off Schedule 4 (Additional Call-Off Pricing Details)	<input type="checkbox"/>	Call-Off Schedule 8 (Call-Off Management)	<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	20 th January 2022
Call-Off Expiry Date	31 st July 2022

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

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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	
	Signature	
	Date	

Supplier Approval		
Authorised Representative	Print Name	
	Signature	
	Date	11/2/22