**Clinical Decision Support Solution for Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (‘BOB ICB’)**

**Market Engagement Insights Questionnaire**

**PURPOSE OF THIS DOCUMENT**

This Request for Information Questionnaire is an information gathering exercise by BOB ICB to inform the development of its approach in the implementation and delivery of a document and information sharing platform for BOB ICB.

The ICB reserves the right to amend or change all and any aspects discussed in this exercise if a decision to move to formal procurement is made. This early engagement exercise **does not** guarantee the tendering of any services taking place.

All responses should be entered into the question submission boxes in this document and saved as a document that can be viewed in Microsoft Word. Other formats are not required.

**Please submit your responses and feedback by Tuesday, 9th May via email to** [**stevie.crawford2@nhs.net**](mailto:stevie.crawford2@nhs.net)

**BACKGROUND INFORMATION & SCOPE**

BOB ICB require a clinical decision support solution (CDSS) for use across the footprint. The CDSS will act as a repository for documentation including, but not limited to:

* Local and Regional clinical management guidelines and protocols;
* Referral pathways;
* Diagnostic tools;
* Medicines and prescribing guidance;
* Forms for referral or investigation where those do not integrate into a clinical system;
* Information leaflets;
* Our aim is to improve service delivery by accessibly providing the most up to date, well governed documentation.

There must be contingencies in a solution for migration of data from a mixed economy of pre-existing systems.

We are keen to hear from suppliers who can meet a set of user requirements:

| **REQUIREMENTS** | | | | |
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| **Feature** | **Must have** | **Should have** | **Could have** | **Won’t have** |
| Search | Fast results  Result categorisation  An ‘advanced search’ function  Ability to optimise results | Built in reporting for search analytics e.g. search terms  Assisted optimisation of metadata | Dynamic result ranking based on user features or system intelligence  Automated optimisation of resource metadata |  |
| Navigation / browsing | Overarching categorisation of features including by clinical area and resource type | Ability to create additional groups of resources e.g. by condition | Ability to create additional custom categories |  |
| User profiles | User profiles able to record some metadata about users | User fields to record email address and job role | Search history and resource access history  Favourites list | Login / user identification must be optional for the majority of resources |
| Interoperability with clinical systems | A documented strategy for optimising the interface between clinical systems and the CDSS | Case studies demonstrating integration with incumbent clinical systems | Direct integration with existing clinical systems  Open API support for New Market Entrants |  |
| Guidance |  |  |  |  |
| Digital Pathways | Categorisation to identify which resources are or contain pathway descriptions | Tools to develop pathways within the CDSS – visual process mapping to record and render pathways dynamically as a resource type, and integration with other CDSS objects | True if-this-then-that decision support making use of in vivo patient data in assisted pathway navigation  Pushback prescribing support  Pathway logging and reporting |  |
| Referral management | A category for referral stationery with downloadable (blank) forms where those forms which do not require clinical system integration | A mechanism for identifying which pathways have form-based referral available, and where those forms can be found | A true referral management system as a managed service  Integration with Digital Pathways resulting in assisted form selection and completion  ERS API integration for service selection and referral completion  Non-ERS pathway support e.g. refer by email / another mechanism  Structured data pushback to integrated clinical system |  |
| Directory of Services | System for recording the presence of local and distant services |  |  |  |
| Accessibility | Device responsive access via internet browser |  | Client application for personal computers  Smart application for mobile devices | Must not be constrained within HSCN firewall |
| Security | Appropriate web security |  |  |  |
| Timeline | System audit trail to record resource publication events | Surfaced change history for end-users | Users can record that they have noted the changes, so they know which changes they have already reviewed |  |
| Continuing professional development |  |  |  |  |
| Portability | A clear call-off plan for the termination of service, such that the resource integration and configuration can be migrated to a future CDSS  All resource attachments must be exportable with sufficient identifiers to make them easy to import into any subsequent system | Portable formats which can summarise resources e.g. pathway to PDF object generation  Clear Database Schemas | Ability to export database structured in portable format e.g. SQL |  |

User stories

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| As a | Health/Social Care worker in a consultation or encounter |
| I want | To have immediate access to the information that I require to guide my decisions while the patient is with me. |
| So that | I can improve my management to the patient with information that I may not otherwise access. I want to be able to make informed treatment and referral decisions immediately, involving the patient, where I might otherwise have to defer finding that information until later, losing efficiency and reducing my ability to involve my patient when I source that asynchronously. That means I must either access that knowledge through my native clinical system, or with a very efficient mechanism for finding me the right information first time. |

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| As a | Health/Social Care worker making decisions outside of an encounter |
| I want | Detailed, well governed and up to date information that has been produced regionally to inform my management within the constraints of the regional commissioning, which may differ from national guidance and commissioning. |
| To be able to access that information from home, on any device I choose, and to be able to rapidly identify whether I have found the correct information or not. I need to be able to search for documentation that I know or think may exist, but also be able to find information that I didn’t know existed. There must be different ways for me to find it, including browsing thematically in terms of the type of documentation, or the topic which might be specific to an area of clinical practice, a particular service or even a clinical condition. |
| So that | I can spend more time making decisions and less time just trying to find the information I need. |
| I can provide evidence-based, management to my patient that I know can be implemented within the commissioning constraints in which their care is being provided. |

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| As a | Manager, or commissioner of health and social care services |
| I want | The strategic and commissioning intentions that I have decided on to be reflected in trusted, well governed documents that effectively communicate to the health and social care workers who will implement those intentions. |
| So that | Those decision makers can access the documentation that will support their adherence to my strategic intentions, improving the outcomes that the ICS has prioritised as measured against our core goals.  The right people are managed well according to our best intentions, and effectiveness of our system resources is used well. |

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| As a | Service provider |
| I want | For those interacting with my service (e.g. referring to us) to have accurate information about my services, how they fit together in planned management and referral guidance, and how to communicate with us. |
| So that | The patients who are referred to our service have optimal treatment prior to entering a pathway, and to receive referrals for the people who will benefit most from our service, with the information we need to ensure their appropriateness, and make the best response to the referral whatever that might be. |

A clinical journey through a fully mature system

The Integrated Care System has defined its strategic aims, which are reflected in pathways, services and guidance optimised to prioritise them. All necessary stakeholders were included to ensure system-wide alignment. The complex documentation has been transformed into resources optimised for the end-users and is published within a managed CDSS.

The clinicians are aware of the system-wide strategic priorities, that there are pathways and management guidance available. They are familiar with them, know how to access them easily and trust them.

In this journey, a patient has self-identified issues relating to health needs which is a priority for the region. They have already considered their issues in the context of the accessible information the care system produced for them, and so are partially informed before the consultation, which they have booked with the most appropriate clinician according to the defined local pathway, in this instance a GP consultation. Self-referral would have been made available to the patient and promoted if that were an option. The patient has access to their medical record via patient facing services. They know what information is already recorded about them that is relevant to their assessment, which information the clinician is likely to need, and the information that they have prepared has been preserved in an accessible record in advance of their consultation.

The reason for the consultation was established during booking, sufficient for them to have been booked to see the right clinician to assess the need. The clinician knows the key reason for the consultation before the patient is called in to the appointment and the clinician has therefore had a chance to access to the relevant guidance to review before starting the consultation if necessary, and the information the patient has already prepared.

During the consultation, the clinician and patient affirms the most appropriate pathway to take, and the CDSS supports the assessment by rapidly making effective and valid use of pre-existing structured data in the patient record (and recorded by the patient), to safely accelerate the gathering of any outstanding information necessary to navigate the pathway using if-this-then-that decision support to reduce the number of questions/decisions to the minimum necessary to compile the clinical referral information. The CDSS supports the recording of the key decisions, and rapid conclusion of the pathway navigation, whether that is patient self-management, treatment, investigation and/or referral, and structures any information gathered during the navigation.

Self-management is supported through the delivery of resources to the patient, in the format most suitable for them, including digital or paper resources, and in whatever format they require for accessibility. Treatment advice can be transcribed into the patient record including a record of the advice given, and suggested medication can be added to the clinical system directly from the CDSS if necessary.

If Investigation is chosen from the pathway, the CDSS can coordinate those predefined requests directly, for example by an integration with Order Comms (lab requesting solutions such as the Integrated Clinical Environment - ICE) or other request pathways such as ERS diagnostic pathways or any requesting modality necessary e.g. electronic form sent by email. The CDSS knows which investigations have already been done within the necessary time frame, only requests missing information, but also supports the optimisation of care by asking the clinician to consider appropriate opportunistic investigations e.g. asking the clinician if the annual thyroid blood test due the following month can be done at the same time as the diagnostic tests being requested.

It will be transparent during the navigation which routes are high and low priorities for the care system, and consideration of eligibility for services will be supported directly by the CDSS through the pre-existing information known about the patient, and navigation decisions. If a patient and clinician wish to pursue a low priority pathway, the CDSS will support them in understanding the Individual Funding Request (IFR) process, empowering them to make their case, and submitting the application to the necessary team directly.

If Referral is chosen from the pathway, the CDSS uses the pre-existing information combined with any information collected during the navigation to prepare the clinical referral information bundle as structured data. The commissioner’s preferred services are promoted to the referrer and patient who nevertheless can rapidly find alternative services based on the balanced priorities of the patient. The clinic booking and transmission of the clinical referral information bundle to the service by the CDSS which provides direct integration into the NHS eReferral Service or the service’s record system, or by whichever system preserves as much of the structure of the data as possible. The data are recorded in the source record system and the structure is preserved such that the referrer has only entered the information once (in the CDSS) and selected pseudonymised data are kept in the CDSS for analysis.

The patient receives accurate and timely information in an accessible way (digital preferred) to support their engagement in the pathway, which would include their booking details and information on how to change the booking, safety netting information, self-management information, and is given the opportunity to prepare information that the service will require such as questionnaires, checklists, relevant family history which can then be incorporated into the clinical referral information bundle and selected relevant information can be fed back into the referrer's source record system if appropriate, as well as the service recipients record system.

During, and after the referral event, the service, referrer and patient should all have the ability to add intelligence to the CDSS’s recording of the interaction such as whether the pathway was effective or ineffective, from within the CDSS itself, and report bugs or issues seamlessly during an interaction or afterwards, either as microtransactional high level feedback (like/dislike) or substantive feedback (narrative submission). The CDSS should be able to provide both automated and custom reporting on which routes a patient encounter took through a pathway, to allow revision and optimisation later.

The CDSS will support the governance of the published resources by capturing the key metadata about a resource such as the ‘owner’, publication and review dates, feedback received and integrations with other resources. The high-level strategic aims will also be recordable, such that system overviews can be naturally created, showing which resources are being used and how effectively.

**QUESTIONS**

The ICB is engaging with the market to gain a better understanding of the potential services available to support its business requirements.

No questions in this questionnaire are scored. There are no word counts for any of the responses. Responses to this questionnaire will not impact any evaluation of any future opportunity. Your input, effort and support are very much sought and will be appreciated to aid and inform BOB ICB in developing the most appropriate strategy and approach. A response to this questionnaire does not guarantee an automatic invitation to any subsequent formal process, which BOB ICB will consider in due course. BOB ICB will not be liable for costs incurred by any interested party in participating in this exercise.

The responses to these questions could help to inform a possible market engagement event(s).

Thank you for your time and participation.

In order to process this questionnaire, we will ask you to provide some basic personal information, e.g. contact details. All information will be treated as **CONFIDENTIAL** and will only be shared amongst members of the Project Team. No details about your organisation, including names or contact details, will be shared without your express permission. The information will be destroyed following completion of this project. Further details on how we process personal information can be found on our Privacy Notice:   
<https://www.bucksoxonberksw.icb.nhs.uk/how-we-work/fair-processing-notice/>

This process is being managed by NHS South, Central and West Commissioning Support Unit on behalf of BOB ICB.

1. **PROVIDER/SUPPLIER DETAILS**

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| Name of authorised representative *(this should be completed by the supplier or a partner or an authorised representative in their own name)*: |

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| Position: |

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| For and on behalf of (*Please detail the company / organisation the abovenamed person is completing this questionnaire for)*: |

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| --- |
| Contact telephone number:  Email address: |

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| What is your organisation type e.g. limited company, sole trader |

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| What is your core business? |

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| What is your main business address and website address (if available)? |

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| If invited, would you be interested in attending market engagement events with the ICB regarding this procurement? YES or NO |

1. **REQUIREMENTS**

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| B1) Are there any requirements that are of concern to you? If yes, what and why? How might these be addressed? |

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| B2) Do you currently have experience of delivering a solution that can meet the Requirements within an NHS environment? What challenges do you think we should consider? What solution do you recommend to meet our Requirements and why? |

1. **SCOPE AND REMIT OF THE SERVICES**

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| C1) Do you subcontract or rely on third party suppliers in implementing and/or delivering and/or supporting the service? |

**provided.**

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| C2) For all elements of the service including implementation, please can you provide an indicative cost. Please can you explain how this has been calculated and any assumptions that you have made when deriving these costs for example, numbers of end users. |

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| C3) Please describe your recommendations for implementing the end-to-end solution including time frames, dependencies, assumptions, risks. |

1. **ANY OTHER INFORMATION**

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| D1) Please do share any information you would like us to review or consider. |

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**