DPS Schedule 5 (Order Form Template)

This Order Form is issued under the BIS DPS Agreement with the reference number **Prj_3273** as part of a Call for Competition on 3rd September 2019 for the provision of 111 Online To Online Consultation (OTOC) Alpha and Beta.

Buyer	
Organisation	NHS Digital Urgent and Emergency Care Digital IntegrationProgramme
Representative	Redacted
Tel	
Email	Redacted
Agent *(if applicable)*	
Organisation	
Representative	
Tel	
Email	
Supplier	
Organisation	Health Online (Archway Primary Care Team NHS)
Representative	Redacted
Tel	Redacted
Email	Redacted

Title of Work	111 Online to Online Consultation Project
Call-Off Reference	
Proposed Start Date	15/10/2019

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

Part A – Buyer Requirements

A1-Background

NHS Digital has a goal to improve the interoperability of clinical systems by developing open connection standards and specifications. It is our intention for one of our new interoperability standards to be explored and validated while addressing an area of user need around 111 Online.

Currently, when a member of the public completes an NHS 111 online triage journey, they may be referred to a clinical service provider, such as a GP out of hours service, or be instructed to speak to their GP.

When a user is referred to a clinical service provider, the information that 111 online has gathered, such as patient demographics, questions and answers are sent across with the case to help provide context to the commissioned service.

The information that is currently sent across as an ITK (interoperability Toolkit) Message. The triage information (questions/answers) that is sent, is stored in an un-coded proprietary format, which makes continuation of triage by different systems challenging to do.

Where the user is told to contact a service, such as their GP service, as there is no standardised electronic referral mechanism in place, they would either need to use the GP's online service or ring up the service, which leads to the user repeating their details again.

NHS Digital, specifically the UEC Digital Integration (UECDI) programme, believe that there are better ways of doing this, that move away from a proprietary approach and support the ability to transfer triage data across different care providers using different systems.

The benefits of this approach are:

- Improved patient journey, with a reduction of information being re-entered
- Support interoperability between supplier systems
- Improved triage information, leading to better clinical decisions
- Better understanding of how users interact with NHS services

The UECDI programme/111 online is seeking to run a project that will validate and explore:

- the use of a national standard to transfer triage data to online consultation systems for meaningful re-use, starting with 111 online to online consultation.
- the benefits to patients, clinicians and service users of this approach
- the constraints, or restrictions of the standard, including clinical, technical and operational

The work required for this includes the following elements:

- 111 online will develop a FHIR-compliant version of the current API, to consume the Pathways clinical content
- UECDI will define the handover message specification, based on the interoperability content
- 111 online will develop to the handover message specification
- At least one online consultation supplier will develop to the handover message specification

- Through the alpha phase, UECDI to define a suitable scope for beta (i.e. the set of journeys which are appropriate to be sent to an online consultation system)
- UECDI to define appropriate transport protocol for handover messages

This would create a model that:

- a patient, parent or carer would not have to enter information multiple times,
- offer a better, digital journeys for 111 online users into GP online consultancies.
- may support automated triage or pre-triage within online consultation systems
- that may reduce time and effort when making clinical decisions

A2 - Objectives

The objective of the work is to develop, test and deploy to private beta a FHIR-based specification for the handover message from 111 Online to Online Consultation systems.

There are two phases of work which NHS Digital have classified as alpha and private beta.

We classify an alpha as only having test data, with no real patients being sent through to the online consultancy system.

A private beta allows patients to use it but its restricted to only a subset of users (e.g. by area, or GP practice)

Requirements: -

The message specification has the scope of all outcomes from 111 online which will require a handover message to a different system, though the testing and deployment are only scoped for primary care. Please refer to **A4 - Target Settings.**

The handover message must include (but is not limited to):

- All information gathered during the 111 online interaction in a coded interoperable form which is aligned with the CDS API Implementation Guide
- The recommendation from 111 online for the next step in the patient journey at the end of the 111 online interaction
- Which service the patient is directed to for the next step in the patient journey at the end of the 111 online interaction

The supplier is expected to have an existing deployment footprint sufficient to support the private beta (or give evidence for how this would be provided).

NHS Digital will:

- Manage the alpha implementation of the message specification in 111 online
- Manage and coordinate the overall alpha phase across all partners using an Agile Scrum methodology
- Document the message specification including curation
- Provide technical knowledge and resource on the CDS API Implementation Guide
- Manage any technical conformance assessment during the alpha phase
- Manage and coordinate the overall beta phase across all partners using an Agile Scrum methodology
- Manage all necessary conformance, e.g. technical, safety and Information Governance (refer to **A7 - Roles**) during beta phase

The supplier is expected to:

Phase 1:

- Develop, test and validate a message specification suitable for handover from 111 Online to an Online Consultation system, based on, and compliant with, the existing CDS API Implementation Guide (https://developer.nhs.uk/apis/cds-api-1-0-0/index.html)
    - The message must use Snomed encoding for clinical terms (this will be for a subset of pathways and questions)

  - The testing activity will be carried out as a collaborative piece of work with the 111 Online team and will be in line with NHS Digital testing standards and assessment criteria
  - Contribute to the curation of the message specification via conference call for a maximum of 3 calls per week over a period of 4 weeks
  - Work in a collaborative way with UECDI and 111 online teams, via emails or messaging tools (such as Slack)
  - Validation will be achieved when agreement is reached from all parties that the message specification is suitable for handover from 111 Online to the Online Consultation System. This will be subject to successful delivery of an alpha implementation of the message specification in 111 Online and the Online Consultation System
  - This may include provision for an API that will enable additional questions to be asked by 111 online from the Online Consultancy system

- Provide lightweight documentation cataloguing their experience of developing a solution, with a view to informing NHS Digital on factors such as feasibility, implementation challenges, suitability of the spec, lessons learned etc.

- Submit a Data Protection Impact Assessment detailing their data handling processes and procedures. This must be of sufficient detail and quality to inform NHS Digital of a supplier's suitability to handle user data during any potential private beta phase.

Suppliers that have demonstrably met their objectives during Phase 1 will be eligible for a proposed Phase 2. Please note that regardless of supplier performance during Phase 1, the decision to conduct a Phase 2 will be subject to NHS Digital's internal programme approval processes.

Phase 2:

Before commencing Phase 2 of this project, successful suppliers will be required to complete Joint Schedule 8 (Processing Data) within Part C of this document.

- Deploy the Online Consultation system which has implemented the message specification in a private beta
  - This includes all necessary conformance, e.g. safety and Information Governance

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
1	Supplier(s) to begin Alpha product development[1]	15/10/2019
2	Completed Data Protection Impact Assessment (DPIA) detailing supplier's data handling policies and procedures.	24/10/2019
3	Conclusion of Alpha phase. Supplier to deliver documentation and assets relating to the Alpha.	17/12/2019
4	Private Beta Implementation (subject to Alpha objectives having been met and relevant internal approvals)	9/1/2020
5	Project completion	2/04/2020

1 Subject to agreement with selected supplier

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	**Sig**	1
S02	Primary Care – Dentistry	Yes	Mod	3
S03	Primary Care - Pharmacy	Yes	Mod	3
S04	Primary Care - Optometry	Yes	Mod	3
S05	Primary Care - Out of Hours	Yes	**Sig**	1
S06	Other Primary Care setting *(please identify)*	No	N/A	
S11	Secondary Care – Ambulance	Yes	Mod	3
S12	Secondary Care - Emergency	Yes	Mod	3
S13	Secondary Care - General/Acute *(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)*	No	N/A	
S14	Secondary Care - Maternity	No	N/A	
S15	Secondary Care - Mental Health	Yes	Mod	2
S16	Other Secondary Care setting *(please identify)*	No	N/A	
S21	Community Care - Child Health	Yes	Mod	3
S22	Community Care - End of Life	Yes	Mod	3
S23	Community Care - Mental Health	Yes	Mod	3
S24	Community Care - Rehabilitation / Aids & Adaptations	No	N/A	
S25	Community Care - Treatment / Therapies	Yes	Mod	3
S26	Other Community Care setting *(please identify)*	No	N/A	
S31	Public Health - Health Promotion	No	N/A	
S32	Public Health - Immunisation & Vaccination	No	N/A	
S33	Public Health - Infection Prevention/Control	No	N/A	
S34	Public Health - Screening	No	N/A	
S35	Other Public Health setting *(please identify)*	No	N/A	
S41	Social Care - Advocacy services (*identify as Adult / Child / Both*)	No	N/A	
S42	Social Care - Disabilities services *(identify as Adult / Child / Both)*	No	N/A	
S43	Social Care - Domiciliary care *(identify as Adult / Child / Both)*	No	N/A	

Ref	Service	Target	Potential Impact *(see definitions)*	Ref to Note
S44	Social Care - Needs assessments *(identify as Adult / Child / Both)*	No	N/A	
S45	Social Care - Residential care *(identify as Adult / Child / Both)*	No	N/A	
S46	Social Care - Safeguarding *(identify as Adult / Child / Both)*	No	N/A	
S47	Other Social Care setting *(please identify)*	No	N/A	
S51	Genomics	No	N/A	

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

Setting Notes are as follows:

1. The use of 111 Report data could have a significant impact on the way patients interact with General Practice and Out of Hours practice dependent on how future solutions re-use the data. Within the context of this Alpha we will not be using real patients or real data so the solutions being explored will not change current practice.
2. If a 111 online triage suggests some types of mental health issues a GP may make an appropriate referral on behalf of a patient without the need for a GP appointment
3. These settings are in scope of the specification, but not of alpha testing or beta deployment

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	Yes	Ind, Pop	2
A02	Registered health and social care professionals	Yes	Ind	1, 2
A03	Regulated health and social care professional bodies	No		
A04	Health and social care provider organisations	Yes	Ind	2
A05	Voluntary/third sector organisations	No		
A06	Dept of Health & Social Care and its Arm's Length Bodies	No		
A07	Central government *(its Depts and Parliament)*	No		
A08	Devolved governments *(their Depts and Parliaments)*	No		
A09	Local Government	No		
A10	International organisations / bodies representing other nations	No		
A11	Academia	No		
A21	Other Audience *(please identify)*	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).

Stakeholder Notes are as follows:

1. These stakeholders must be engaged during standards development
2. These stakeholders will be engaged during beta deployment

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)	Yes	Sec	1
D12	Research Proposal	No	N/A	
D13	Research Outcomes	No	N/A	
D14	Evaluation of Supporting Technologies/Standards	No	N/A	
D21	Assessment of Need	No	N/A	
D22	Assessment of Burden	No	N/A	
D23	Assessment of Risks	No	N/A	
D24	Assessment of Benefits	No	N/A	
D25	Assessment of Training Support	No	N/A	
D26	Assessment of Investment Options (inc Value for Money)	No	N/A	
D27	Clinical Hazard Log	Yes	Sec	
D28	Data Privacy Impact Assessment	Yes	App	
D29	User Research Log	Yes	Sec	
D30	Draft Design Specification	Yes	Sec	2
D31	User Guidance	Yes	Sec	3
D32	Other Developer deliverable (please identify)	No	N/A	
D41	Assurance Plan (inc methodology)	Yes	Sec	
D42	Clinical Safety Case Report	Yes	App	
D43	Information Governance Assessment	Yes	Rep	
D44	Updated User Guidance	No	N/A	
D45	Correspondence Log	No	N/A	
D46	Final Design Specification	Yes	Sec	2
D47	Other Assurer deliverable (please identify)	No	N/A	
D51	Endorsement	No	N/A	
D52	Other Endorser deliverable (please identify)	No	N/A	
D61	Pre-publication Assessment	No	N/A	
D62	Post Publication Assessment (including user feedback)	No	N/A	
D63	Other Publisher deliverable (please identify)	No	N/A	
D71	Promotion Plan (including methodology)	No	N/A	
D72	Promotion Outcomes (including correspondence log)	No	N/A	
D73	Other Promoter deliverable (please identify)	No	N/A	
D81	Implementation Plan (including methodology)	Yes	Sec	4
D82	Implementation Outcomes (including user feedback)	Yes	Sec	
D83	Other Implementor deliverable (please identify)	Yes / No	Sec / App / Rep	
D91	Evaluation Plan (including methodology)	No	N/A	

Ref	Deliverable	Target	Degree of Complexity *(see definitions)*	Ref to Note
D92	Evaluation Outcomes (including consultation log)	No	N/A	
D93	Other Evaluator deliverable (please identify)	No	N/A	

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. This is expected to follow scrum principles, as outlined in sections B4, B6
2. This will be developed with input from NHS Digital, and will be based on the CDS API
3. This take the form of conformance statements for sender and receiver systems
4. This will be jointly agreed with the 111 Online project team

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, A		I	
Developer	A		R	
Assurer	R, A		I	
Endorser	R, A		I	
Publisher	R, A		I	
Promoter	R, A		I	
Implementor	A		R	
Evaluator	R, A		C	

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

If it is concluded upon commencing the work that a supplier's system cannot be effectively modified to validate the outcomes described in this document within agreeable timescales then we reserve the right to terminate the arrangement as per the terms and conditions of the framework.

A8.3 - Charging

Charging Method	Charging Method Selected
Fixed Price	Y/N

A8.4 - Special Requirements

The supplier MUST have an existing deployment footprint sufficient to support the private beta (or give evidence for how this would be provided)

Part B - Offer

003-BIS_DPS_Q3.doc
x

B1 - Qualification

001-BIS_DPS_Q1.doc
x

B2 - Approach

002-BIS_DPS_Q2.docx

B3 - Price

The sum of Redacted plus VAT as per attached schedule.

Health Online Price Schedule 3.2_AD cost

B4 - Product Backlog

As covered by Delivery Plan attached above.

B5 – Assumptions

As covered by Delivery Plan attached above.

B6 - Sprints

As covered by Delivery Plan attached above.

B7 – Completion Criteria

As detailed in Pricing Schedule – B3

B8 – Key Supplier Staff

As covered by Delivery Plan attached above.

B9 - Sub-contracting

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) [Must be included]	☒	Joint Schedule 5 (Corporate Social Responsibility) [Must be included]	☒
Joint Schedule 2 (Variation Form) [Must be included]	☒	Joint Schedule 6 (Subcontractors)	☐
Joint Schedule 3 (Insurance Requirements) [Must be included]	☒	Joint Schedule 7 (Rectification Plan) [Must be included]	☒
Joint Schedule 4 (Commercially Sensitive Information)	☐	Joint Schedule 8 (Processing Data) [Optional]	☐
Call-Off Schedule 1 (Transparency Reports)	☐	Call-Off Schedule 5 (Key Supplier Staff)	☐
Call-Off Schedule 2 (Staff Transfer)	☐	Call-Off Schedule 6 (Security)	☐
Call-Off Schedule 3 (Task Record) [Must be included]	☒	Call-Off Schedule 7 (Implementation Plan)	☐
Call-Off Schedule 4 (Additional Call-Off Pricing Details)	☐	Call-Off Schedule 8 (Call-Off Management) [Must be included]	☒

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:

[None

Special Term 1	
Special Term 2	
Special Term 3	

CALL-OFF TERM

Call-Off Start Date	15th October 2019
Call-Off Expiry Date	2nd April 2020

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	[insert date]	[insert]	[insert duration]
2	[insert date]	[insert]	[insert duration]

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.

If it is determined that the Supplier is acting as a Controller as well as, or instead of, acting as a Processor, then the Parties shall use their best endeavours to agree additional provisions with regard to any Processing.

Call-Off Contract	**Building Information Standards**
Date:	
Jurisdiction of processing:	
Description of Authorised Processing	**Details**
Identity of the Controller and Processor:	

Subject matter of the processing	
Duration of the processing	
Nature and purposes of the processing	
Type of Personal data	
Categories of Data Subject	
Plan for return of the data once the Processing is complete unless requirement under union or member state law to preserve that type of data	
Data Protection Officer	

ADDITIONAL INSURANCES

[Parties to insert details of any Additional Insurances which are required in respect of this particular Call-Off Contract]

PAYMENT METHOD

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

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

Where HSCIC is not the Buyer, insert below:

[insert]

Part D - Approval

Buyer Approval		
Authorised Representative	Print Name	
	Signature	Redacted
	Date	

Supplier Approval		
Authorised Representative	Print Name	
	Signature	*Redacted*
	Date	18 October 2019