**Appendix 1 - Additional Information and Cases**

**Desired Outcomes for the Digital Control Centre patient referral platform**

Operational Excellence - Improve operational, efficiencies and resource management in patient referrals and transfers into the trust:

* Provide a secure referral platform to allow referrals to be made to specialist services at SRFT from other NHS organsiations
* Support coordination of clinical input either remotely or on other sites
* Provide a single point of information regarding patients awaiting transfer to SRFT
* Offer a high quality experience for staff, enabling them to do their jobs better/easier

Best Quality of Care

* Improve safety and quality of care across the organisation
* Support the delivery of standardised care pathways and clinical decision support
* Integrate with digital health records to ensure clinical information does not become fragmented

**The Requirements**

Salford Royal is seeking a strategic partner (consortium or single supplier) to:-

* Provide / co-design and build an electronic referral platform with allows secure, identifiable communications between hospital sites (secondary to tertiary referrals). This platform would:
	+ Comply with GDRP regulation
	+ Integrate with electronic health records
	+ Offer the ability to configure clinical fields to meet the needs of different specialist services
	+ Provide the ability to include clinical decision support
	+ Allow SRFT staff to define different methods of ongoing care (e.g. continued communication through the referral platform; in-person review; transfer of care)
	+ Provide waiting list functionality
	+ Offer data reporting to describe service needs.
* Within the same platform allow primary care providers to contact secondary care clinicians for advice and guidance
	+ Secure messaging between primary and secondary care
	+ Offer the ability to integrate with primary care electronic health records
* There is potential for the requirements to further extend to support interactions and referrals between secondary care clinicians within SRFT.
* Ensure the whole data value chain is fit for the purpose of the Digital Control Centre
	1. Data capture
	2. Data storage and aggregation
	3. Data analytics and output visualisation

For the purpose of this document, referrals are defined as requests for clinical advice made between different groups of healthcare staff.

**Other Key Considerations**

SRFT are looking for a partner who is able to deliver these requirements within a rapid timeframe. This PIN primarily relates to use case 1, with use case 2 being highly desirable (described below). Use case 3 is, at present, an option for discussion and exploration with potential partners.

**Digital Control Centre Use Cases**

**Use Case 1 – Secondary to tertiary referrals**

There are many patients referred from hospitals around the region to specialty doctors at SRFT. Typically, these referrals are made by telephone, impacting clinical workflows, and providing no clear medicolegal record of discussions. As different tertiary specialties within SRFT independently coordinate their waiting lists of patients requiring transfer, there is no overall view of pending regional admissions.

This has a negative impact on our ability to manage patient flow, and exposes the organsiation to risks associated with inability to document advice.

Any solution needs to include the following:-

* Provide a quick, simple and intuitive system to provide referring trusts with a standard, referral platform
* Provide a clear, identifiable record of messages sent and received
* Allow the ability to customise clinical fields to allow individual specialities to collect meaningful, structured data
* Allow SRFT clinicians the ability to create automated decision support to improve and expedite care delivery
* The ability to define different follow up strategies
* The ability to list patients for transfer to SRFT and to visualise the overall transfer list and transfer lists by individual speciality
* The ability to close cases, whilst preserving clinical information for future use (re-opened cases)
* The ability to provide data analysis at an overall and speciality specific level
* The ability to integrate a closed record in our electronic health record
* The ability to integrate with / within existing clinical systems as required (e.g. PAS, EHR)

**Use Case 2 – Primary to secondary care advice and guidance**

Many patient referrals to hospital can be avoided if primary care doctors have access to specialist advice. We would wish for the same platform to allow general practitioners to direct questions to specific clinical specialties.

 Any solution needs to include the following:-

* Provide a quick, simple and intuitive system which has the potential to integrate with primary care electronic health records
* Provide a clear, identifiable record of messages sent and received
* Ensure that requests for advice from primary care were clearly distinct from other referrals e.g. secondary to tertiary referrals.
* The ability to provide data analysis at an overall and speciality specific level
* The ability to integrate a closed record in our electronic health record
* The ability to integrate with / within existing clinical systems as required (e.g. PAS, EHR)

**Use Case 3 – Secondary to secondary referrals**

When admitted to hospital, many patients are seen by multiple medical or surgical specialties. At present, referrals within SRFT are made in a variety of ways. We would wish to explore the potential of extending the system provided for use cases 1&2 to provide a single system which also supports clinical referrals made within the hospital.

Any solution needs to include the following:-

* Provide a quick and simple method to allow clinical referrals within the trust to be made between specialities
* Provide time stamped data to offer information on any clinical delays associated with these referrals
* The ability to provide data analysis at an overall and speciality specific level
* The ability to integrate a closed record in our electronic health record
* The ability to integrate with / within existing clinical systems as required (e.g. PAS, EHR)